

SOCIO-ECONOMIC AND HEALTH FACTORS AFFECTING CHILD
SURVIVAL IN BOGUSERO SUB-LOCATION OF
KISII DISTRICT.

BY

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A B S T R A C T.

This study first examines mortality differentials of Kisii district by divisions. It then looks at the factors affecting child survival at the district by taking a special case study of a sub-location in the district namely Bogusero sub-location. For the mortality differentials 1979 population census was used and the differentials were evaluated according to maternal education, marital status, and place of residence. At the sub-locational level, the factors affecting child survival are investigated through socio-economic, socio-cultural, health, demographic and sanitation variables.

Using Brass-Trussell method and the 1979 census data mortality differentials were arrived at while data collected by simple stratified sampling was analysed by simple cross tabulation and regression model based on Preston-Trussell approach. This study has found that the major child mortality differentials among the various divisions of Kisii District may be explained in the context of socio-economic status of various divisions. Cross tabulation has also shown that socio-cultural factors are more closely related to number of children dead per individual mother. Graphical analysis has shown that child mortality has been declining in the district between 1966 and 1978. In the divisions child mortality has been declining since 1966 but there was a slight increase between 1971 and 1973 in all divisions apart from Ogembo division. In Ogembo

division child mortality seemed to remain fairly constant between

1966 and 1978. Multivariate regression analysis has indicated a significant relation between the ratio of observed to expected deaths (mortality index) and length of breastfeeding, age at introduction of supplementary foods, water treatment, maternal education and attendance of antenatal clinics by pregnant mothers.

Education seems to be very important and significant in affecting ratio of observed to expected deaths because without maternal education in the regression equation, length of breastfeeding of the baby and the age at introduction of supplementary foods to the baby become more significant while attendance of antenatal clinics is not significant.

Women breastfeeding for longer periods showed a decline in the ratio of observed to expected deaths when compared with those who do not breastfeed. Catholics indicated a lower ratio of observed to expected deaths when compared with those women reporting that they were not affiliated to any religion. Age at first marriage showed a negative relationship with ratio of expected to observed deaths. Further the regression analysis showed that those women staying in houses with iron sheets as the roofing material indicated a lower ratio of observed to expected deaths when compared with those staying in houses with grass thatch as the roofing material. Women who boil water before use showed a lower ratio of observed to expected deaths when compared with those who do not treat their water. Attendance of antenatal clinics by

pregnant mothers resulted into a lower mortality index when

compared with those who do not attend. Lastly increase in education levels was associated with lower ratio of observed to expected deaths.

There is no significant relationship between toilet facility, source of water, treatment of cord, ethnicity and ratio of observed to expected deaths (mortality index) which is the dependent variable. Hence conclusive results cannot be derived between relationships where there is no significance.

One of the major conclusions that can be derived from the results of the study is that education is a very important factor influencing the use of antenatal services by women. The study also recommends that antenatal services for women should be increased in the rural areas because a majority of the women still give birth at their homes.