

Household Decision Making and Child Survival Status in Uganda

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Extended Abstract

Background

According to the global under-five mortality estimates Uganda ranks 28th among the leading countries with a rate of 136 deaths per 1000 live births. Despite government efforts to reduce the high childhood mortality estimates, rates are persistently high. Most of the deaths among children are due to easily preventable and public seeking behaviors. Decisions about health seeking in patriarchal societies are mainly made by men. Although less is known about the contribution of women's decision making and child survival status, it is likely that women who make decisions about their own health will make decisions on their children's health. This study therefore seeks to explore the contribution of women's decision making to their children's well being.

Objectives

The overall objective of the study is to examine the relationship between women's decision making and child survival status at the household

Research Hypotheses

1. Women who make decisions on their own health are less likely to lose a child compared to those who do not make decisions on their own health.
2. Women who make decisions on household purchases are less likely to lose a child compared to those who do not.

Methodology

Using 2006 Demographic and Health Survey carried out on 8531 women in 80 districts of Uganda, the study explores the influence of women's decision making at the household on child survival status. The data used herein is based on all births and deaths that had occurred five years prior to the study. Descriptive statistics and frequency distributions of respondents' background characteristics were generated. Pearson-chi square test were used to explore associations between dependent variable (child survival status) and the independent variables which were socio-economic characteristics of the respondents. In addition binary logistic regression models were used to establish the relationship between child survival status with other independent variables with the level of significance fixed at 0.05. The key variables used in analysis were women who make decisions on household purchases and on their own health.

Findings

The variables tested and found to have a statistical association with the dependent variable included education of the mother, wealth index, occupation, place of residence, making decision on own health and household purchases. Results present variations in child survival status by mothers' socio-economic characteristics. Logistic regression analysis shows that women who make decisions about their own health and household purchases were three times more likely to have their children survive. Children born to women in marital relationships and to women aged 35 years and above also had less chances of surviving. Explanations for the high risk of survival for the children born in marital relationships could be that other partners have to make decisions on seeking for health for the child. As expected the higher the education of the mother the higher the chances of surviving for the child.

Recommendations

- The study suggests the need for women empowerment in particular promoting women's decision making at the household level. Women should be educated at least to professional in order for them to acquire employment.
- There is need for government and other implementing partners to provide income generating activities to women to increase on their purchasing power.