

Gendered Mortality differentials in Iganga and Mayuge Health and Demographic Surveillance Site in Uganda (2007-2016).

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Extended Abstract

Introduction

This paper argues that the mortality patterns of males is consistently different from that of females in the Iganga/Mayuge HDSS site of Uganda. A study was conducted to understand the gendered mortality patterns in Iganga and Mayuge HDSS site (IMHDSS) in Uganda. The main purpose of the study was to establish the relationship between gender of the deceased and the socio-economic factors.

Methods

The Iganga and Mayuge Health and Demographic Surveillance Site (IMHDSS) is a research platform established by Makerere University in 2004 in collaboration with Karolinska Institutet-Sweden and partnership with Iganga and Mayuge districts. Iganga and Mayuge HDSS site situated in Eastern Uganda is one of the 3 Health and Demographic Surveillance Sites in Uganda that has monitored death patterns among the population for over 10 years. The IMHDSS site operates in 65 villages and currently follows over 85,000 people from seven (7) sub-counties and two districts of Iganga and Mayuge. This study used verbal autopsy data collected by the HDSS site from the population from the years 2007-2016. Socio-economic characteristics of the deceased was also collected from the HDSS site. The research protocol was approved by Makerere University School of Public Health Internal Review Board (MUSPH IRB protocol number 831). The study also got clearance from the Uganda National council of Science and Technology. (UNCST Licence registration number SS539ES). Stata 15.0 software was used in analysis to generate descriptive, Pearson chi-square tests and binary logistic regressions.

Results

The study findings revealed that IMHDSS experienced 3,947 deaths with majority being males (51.5%) than females (48.5%) between the year 2007 and 2016. Most of the deaths occurred among infants below 1 year (male=464, female=463), underfive children (male=398, female=340), and the elderly aged 60 years and above (male=515, female=594). Majority of the death happened at home (male=966, female=944), health facilities (male=739, female=768), on the way to the hospital (male=171, female=118) and other areas (male=157, female=84). On the level of education, majority were either in primary (male=477, female=324), secondary (male=194, female=118) or had no formal education (male=194, female=374) . Majority of the deceased were married and were engaged mostly in farming and petty businesses. Majority of the deceased lived in rural areas (male=1,824, female=1,724) and only few lived in urban areas (male=209,

female=190). The main leading causes of death in Iganga and Mayuge HDSS site were; Malaria (male=464, female=417), AIDS (male=116, female=140) and hypertension (male=83, female=180). It was also revealed that age ($p=0.000$), education level ($p=0.000$), marital status ($p=0.000$), cause of death ($p=0.001$) and place of death ($p=0.000$) had a statistically significant relationship with gendered probability of death. In addition, there was a significant Logistic regression results show that deaths among persons aged 60 years and above (OR=0.553) had lower odds of being males than deaths among infants aged less than 1 year (reference category). Similarly, deaths among persons aged 15-19 (OR=0.157) were less likely to be among males unlike those aged below 1 year(reference category). Deaths at home (OR=0.567) had higher odds of being male gendered than deaths at the hospital (reference category). Deaths among persons with secondary education (OR=1.916) had higher odds of being male gendered unlike those with no education. Lastly, deaths of married persons(OR=2.800) had higher odds of being male gendered than their counterparts who are never married.

Conclusion and Recommendations

In conclusion, the study shows that gendered mortality outcomes have a significant relationship with age, education level, marital status, cause of death and the place of death. To this end therefore, the study proposes gendered health programmes to improve on the health of people in Iganga/Mayuge HDSS sites in Uganda.