



# Health seeking behavior in Uganda; are orphans more disadvantaged?

Lubaale Yovani A Moses

SSAE, Makerere University Kampala

[ylubaale@isae.mak.ac.ug](mailto:ylubaale@isae.mak.ac.ug)



# Outline

- Objectives
- Methodology
- Findings
- Conclusion
- Recommendation
- Appreciation



- [Vulnerability](#)
- According to Smart (2003) and Kaare (2005), a “*vulnerable child*” is anyone below the age of 18 years who is currently either experiencing or likely to experience lack of adequate care and protection



# Objective of the study

- The main objective of the study was to find out if orphans had higher levels of morbidity than non orphans and the health care seeking behavior for children reported sick within Uganda
- Specifically, the study looked at factors affecting child morbidity and health seeking behavior in Uganda



# Methodology

- The source of data
  - The 2005/6 Uganda National Household Survey (UNHS).
- Data was analyzed at three levels.
  - Description of the type of illness children suffered and health seeking behaviour
  - Bivariate analysis – compared morbidity and Health Seeking behaviour between orphans and non-orphaned
  - Two logistic regression models were run to predict the determinants of morbidity and health seeking behavior



# Findings

<b>Had some illness within 30 days</b>	<b>Number (weighted)</b>	<b>Percent</b>
Yes	6,071,815	38.5
No	9,682,275	61.5
Total	15,754,090	100.0



# Specific type of illness

Symptom/disease	Number	Percent
Malaria	2,549,604	42.1
Cough	1,784,758	29.4
Chills -feeling hot and cold	1,265,325	20.9
Severe headache	863,138	14.2
Fever acute	629,468	10.4
Weakness	610,614	10.1
Vomiting	584,696	9.6
Diarrhea acute	499,139	8.2
Skin rash	474,574	7.8
Abdominal pain	411,001	6.8
Fever recurring	356,415	5.9
Difficulty Breathing	224,555	3.7



# Specific illness cont'd

<b>Wound</b>	<b>173,281</b>	<b>2.9</b>
Diarrhea chronic	59,079	1.0
Sore throat	57,509	1.0
Fainting	33,774	0.6
Weight loss major	29,311	0.5
Fracture	27,614	0.5
Burn	19,064	0.3
Coughing blood	12,904	0.2
Genital sores	9,532	0.2
Mental disorder	11,375	0.2
Pain on passing urine	7,935	0.1



# Morbidity levels by survival status of parents

	Suffered from illness		Consulted someone	
	Number	Percent	Number	Percent
Both alive	18,701	39.5	7,365	88.6
Only Mother dead	703	28.2	198	81.3
Only Father dead	2,016	37.1	743	88.6
Both parents dead	822	28.8	237	84.0
	p=0.000		p=0.002	
Non-Orphan	18,701	39.5	7,365	88.6
Orphan	3,541	33.4	1,178	86.4
	p=0.000		p=0.031	
Mother alive	20,722	39.3	8,108	88.6
Mother dead	1,525	28.5	435	82.8
	p=0.000		p=0.000	
Father alive	19,434	38.1	7,573	88.4
Father dead	2,840	34.7	981	87.5
	p=0.000		p=0.380	
Total	22,274	38.6	8,554	88.3



# Morbidity by other selected characteristics

- Age:
  - The proportion of children reported sick was highest among children aged 1 year at 66.5 percent. This reduced steadily to 24.5 percent among those aged 17 years
  - proportion of children whose caretakers sought health consultations decreased with increasing age



# Morbidity cont'd

- Sex- No difference in the proportion sick and in health seeking by sex
- Region-Geographical factors dictate disease distribution in Uganda and this agrees with MOH reports (2009)
- Rural-urban, rural had a higher proportion sick, but had lower proportion of those who sought consultation



# Conclusion

- The claim that orphans were the most vulnerable children in terms of morbidity did not arise based on these findings
- Although not significant, maternal orphans were slightly worse off than paternal orphans
- The analysis further found that poverty seemed to be the leading cause of poor health outcomes in terms of high morbidity and poor health seeking behaviour
- Good health seeking behavior depended much on the survival status of mothers



# Recommendation

- The results from the study point to the fact that poor maternal knowledge of the danger signs of childhood illness warrants the need for a complementary introduction of community based integrated management of childhood illness programmes to improve family's care seeking behavior and their ability to recognize danger signs of childhood illness.



# Appreciation

- Financial support from IFRA which made concentrate and finalize this paper, and being given the opportunity to present the paper
- Also allow be to thank the following
  - Dr. Valérie Golaz, IRD CEPED/SSAE- her love to promote others is invaluable:
  - SSAE- For the space and contact
  - Dr. G. Rutaremwa who has made friends like Dr. VG
- In case you need the complete [paper](#), it is ready for publication and sharing