Socio Demographic Factors Affecting Infant Mortality Rate

The purpose of this report is to summarize the literature concerning the relationship of breastfeeding and various infant and maternal health outcomes. Two key questions are addressed: 1. What are the benefits and harms for infants and children in terms of short-term outcomes, such as infectious diseases (including otitis media, diarrhea, and lower respiratory tract infections), sudden infant death syndrome (SIDS) and infant mortality, and longer term outcomes such as cognitive development, childhood cancer (including leukemia), type I and II diabetes, asthma, atopic dermatitis, cardiovascular disease (including hypertension), hyperlipidemia, and obesity, compared among those who mostly breastfeed, mostly formula feed, and mixed feed; and how are these outcomes associated with duration of the type of feeding? Do the harms and benefits differ for any specific subpopulations based on socio-demographic factors? 2. What are the benefits and harms on maternal health short-term outcomes, such as postpartum depression and return to pre-pregnancy weight, and long-term outcomes, such as breast cancer, ovarian cancer, diabetes and osteoporosis, compared among breastfeeding, formula feeding, and mixed feeding, and how are these associated with duration of the type of feeding? Do the harms and benefits differ for any specific subpopulations based on socio-demographic factors?

This study focuses on determinants of infant mortality in Namibia in 1992 and 2000. Three group factors that influence the level of child mortality were examined. These included demographic characteistics of mothers, socio-economic and houshold environmental facros. The demographic, socio-economic and households environmental factors examined in the study are found to have a positive influence in infant mortality.

This book presents recent efforts and new approaches to improve our understanding of the evolution of health and mortality in urban environments in the long run, looking at transformation and adaptations during the process of rapid population growth. In a world characterized by large and rapidly evolving urban environments, the past and present challenges cities face is one of the key topics in our society. Cities are a world of differences and, consequently, of inequalities. At the same time cities remain, above all, the spaces of interactions among a variety of social groups, the places where poor, middle-class, and wealthy people, as well as elites, have coexisted in harmony or tension. Urban areas also form specific epidemiological environments since they are characterized by population concentration and density, and a high variety of social spaces from wealthy neighborhoods to slums. Inversely and coherently, cities develop answers in terms of sanitary policies and health infrastructures. This balance between risk and protective factors is, however, not at all constant across time and space and is especially endangered in periods of massive demographic growth, particularly periods of urbanization mainly led by immigration flows that transform both the socioeconomic and demographic composition of urban populations and the morphological nature of urban environments. Therefore this book is an unique contribution in which present day and past socio-demographic and health challenges confronted by big urban environments are combined.

Like other developing countries, in South and South-East Asia, infant and child mortality has been given paramount importance by both academicians and policy makers. This is because this mortality is comparatively high here. This book illustrates infant and child mortality and factors affecting it in the context of different programmes and policies implemented by various conutries of the region. Also the book compares intra-country and inter-country comparisons of infant and child mortality levels. The book extensively discusses various child health programmes and their effects on infant and child mortality from 1970 to 2006. In addition to that the book also discusses various aspects of demographic, socio-economic and cultural practices that significantly affect infant and child mortality in this region. The book is of immense use in studies related to demography and public health.

Study conducted in East Godavari and Medak districts of Andhra Pradesh.

Feeding during the first two years of life is very important for the nutrition and growth of an infant. It has a great effect on early morbidity and mortality and long-term effects on health. Breastfeeding has many benefits for both the infant and mother, whereas formula feeding, although associated with disadvantages and problems, can be life-saving for infants who need it. This book examines many aspects of infant feeding and nutrition with chapters covering such topics as the impact of the first 1000 days of nutrition on child health and development, breastfeeding, factors behind the decision to breastfeed or formula feed, and the relationship between breastfeeding and gut microbiota, among others.

The aim of this study was to describe the demographic and socio-economic factors influencing infant feeding practices in the Amathola district, South Africa. A survey was chosen as the design method and a structured questionnaire was used to collect information regarding the socio-economic and demographic factors and related infant feeding choices. The study population consisted of 100 women with infants up to the age of 14 weeks, who brought their infant for immunization at the selected community health clinic (the largest clinic in the Mdantsane area). Infants up to the age of 14 weeks were used because all the visits up to 14 weeks coincide with the local immunization program, and according to WHO guidelines all infants should be exclusively breastfed until they reach the age of 6 months of age. The study found that there are many families in the Mdantsane area that suffer from poor conditions and inadequate services such as a lack of electricity, working taps or flush toilets within their dwelling, which in turn has an impact on infant feeding practices. It was found that even in poor demographic and socio-economic conditions, formula feeding is still the chosen feeding practice for the majority of mothers.

This book presents the three most important parameters of exclusive breast feeding namely knowledge, attitude and practice. Exclusive breast feeding is the practice of feeding the infant for the first six months of life on breast milk only, without any other type of food, not even water. This is the critical stage where the future of the child is determined and that is why exclusive breastfeeding is recommended as the best feeding alternative for infants up to six months. The socio-demographic and availability of health services in an area determines the level of practice of exclusive breast feeding. In relation to this, exclusive breastfeeding practices of women in urban areas are changing fast due to the change in urbanization and the growing challenge for the poor women in securing their daily bread. This book investigates the socio demographic factors in determining the knowledge, attitude and exclusive breastfeeding practice of women in Bahir Dar City (Ethiopia) and draws policy implications for improving the situation.

Infant mortality is a worldwide problem with the highest rates beings recorded in developing

countries. Low infant birth weight and stunting are among the major contributing factors towards the problem. Over 20 million infants worldwide are born with low birth weight with more than 95.6% of these infants being born in developing countries. An infant's birth weight and length are dependant on a number of factors including maternal related factors. This book highlights the Relationship between Maternal Anthropometry (height, delivery weight and MUAC), Socio-demographic Factors and Infant Anthropometry (weight and length) at birth. The findings are useful in providing a new insight of other interventions that may be incorporated in the Antenatal Clinics in addition to the existing ones to curb the high rates of infant mortality in developing countries.

IntroductionExclusive Breastfeeding (EBF) has been recognized by WHO to be the optimal nutrition in infants the first six months of life. However, every culture has challenges and it is vital to assess socio-demographic factors that influence a mothersu2019 intention, and ability to continue EBF. Objective To assess the prevalence of EBF at six months of age and socio-demographic factors affecting EBF among the mothers of diverse cultures delivered at Adan Hospital inu200b Kuwait.Patients and MethodsA cohort of mothers of healthy infants u2265 34 weeks, delivered in Adan hospital between March 1st, 2014 and May 31st, 2014 were interviewed prospectively on breastfeeding (BF) practices and data collected at different stages during the first six months of infantsu2019 life at one week, one month, three months and six months of age. We present the data at one week and six months here. Respondents were categorized by nationality, age, educational status, employment status, parity, and mode of delivery. Exclusion criteria included the admission of the neonate to the Neonatal ICU or Special Care Baby Unit for more than 48 hours or major congenital anomaly. Chi-square or Fischer exact test was done to find any association or difference between categorical variables. Descriptive statistics are described as percentages or number for categorical variables. Logistic Regression analysis was done to assess the socio-demographic factors that predict factors influencing EBF and presented as adjusted Oddu2019s ratio along with 95% Confidence Interval. Results Of 1492 deliveries in Adan hospital, 856 mothers were included in the study. Overall, EBF was 88.5%, 74%, 49.8% and 38.2% for infants aged one week, one month, three months, and six months respectively. Significantly higher rates of EBF were noted at six months in mothers who were non-Kuwaiti mothers, non-working mothers, maternal age >30 years, below secondary school education, cesareanu200b delivery. Kuwaiti national, working mother and maternal age u2264 30 years were identified by logistic regression analysis and adjusted odds ratio to have higher odds of discontinuing BF or giving mixed feeding at six months. Although primiparous mothers were noted to have higher BF rates at initiation and at six months of age, regression analysis did not show that it influenced BF at six months. ConclusionThe outcome of this study enabled understanding to reasons that resulted in lower BF rates in this community. Increasing awareness among the Kuwaiti population is of immense importance and finding avenues for mothers to continue BF at workplacesu200b seemed to be an important goal to target. It is seen in this study that appropriate support to Cesarean delivery mothers enabled them to u200binitiate and continue EBF contrary to other studies. In a diverse population, a clear understanding of the sociodemographic factors is crucial to implement baby-friendlyu200b practices and achieve global nutrition targets. Protecting and improving the health of mother eventually will have a significant impact on both society and the economy.

Master's Thesis from the year 2011 in the subject Medicine - Public Health, grade: B, Atlantic International University (Social and Human studies), course: Master of Public Health, language: English, abstract: Limited information exists currently on factors associated with "virtual elimination of paediatric HIV" in resource constrained settings since the publication of new PMTCT guidelines by the WHO in 2010. In this study, we aimed to assess predictors of unfavourable infant clinical outcomes (Mortality and HIV infection) at 2 years follow-up in

PMTCT program. Using data collected from registers (PMTCT and ANC) at Sichili Mission Hospital, 151 women were enrolled in the program from 2008 to 2010 and 80 of them fulfilled the inclusion criteria. An in-depth interview with HIV positive women was conducted using structured questionnaires. Factors associated with "virtual elimination of paediatric HIV" were determined by multivariable regression analysis models. At 2 years follow-up, 8 (10%) children died 47(87%) were HIV negative and 7(13%) were HIV positive on HAART. Socio-demographic factors age and education level were correlated with poor infant outcomes in PMTCT program (Pearson coefficient correlation1). Socio-demographic factors, PMTCT specific indicators and infant's variables are potential determinants to successful attainment of "Virtual elimination of paediatric HIV by 2015". KEY WORDS: PMTCT, Virtual Elimination of Paediatric HIV, Sichili Mission Hospital, Socio-demographic variables, infant outcomes, Zambia.

The increasing prevalence of preterm birth in the United States is a complex public health problem that requires multifaceted solutions. Preterm birth is a cluster of problems with a set of overlapping factors of influence. Its causes may include individual-level behavioral and psychosocial factors, sociodemographic and neighborhood characteristics, environmental exposure, medical conditions, infertility treatments, and biological factors. Many of these factors co-occur, particularly in those who are socioeconomically disadvantaged or who are members of racial and ethnic minority groups. While advances in perinatal and neonatal care have improved survival for preterm infants, those infants who do survive have a greater risk than infants born at term for developmental disabilities, health problems, and poor growth. The birth of a preterm infant can also bring considerable emotional and economic costs to families and have implications for public-sector services, such as health insurance, educational, and other social support systems. Preterm Birth assesses the problem with respect to both its causes and outcomes. This book addresses the need for research involving clinical, basic, behavioral, and social science disciplines. By defining and addressing the health and economic consequences of premature birth, this book will be of particular interest to health care professionals, public health officials, policy makers, professional associations and clinical, basic, behavioral, and social science researchers.

ABSTRACT: The period 1980-2000 was important for infant health in Florida and the United States more generally. This period of dramatic social change and substantial improvements in therapeutic technology has produced striking improvements in infant health and survival. Despite overall declines in all-cause infant mortality, some evidence has suggested that racial disparities have persisted and even widened during this period. While the maternal socio-demographic factors associated with these racial disparities are well-established areas of research, several points remain unclear. First, it is not well- known which causes of death have contributed to the widening racial disparities in infant mortality. Second, it is uncertain how the changing social context may have affected these patterns. Finally, it is unknown which has been more influential, changes in the social context or changes in individual maternal socio-demographic characteristics.

The current research addresses the "nature versus nurture" question by examining interrelationships between socio-demographic variables, early childhood socialization, child temperament, and the outcomes of aggression and delinquency. Measures of parenting and child maltreatment were used to capture socialization. Measures of temperament were used as proxies for biological and genetic influences. The analysis contains three components: (1) an initial test of overlap between socialization and temperament measures to assess the extent to which they are analytically independent, (2) a comparative test of temperament versus socialization as mediators of effects of socio-demographic variables on child aggression and delinquency, and (3) a test of the interactive influences of temperament and socialization on these outcomes. Data come from the Project on Human Development in Chicago

Neighborhoods (PHDCN). The analysis consists of a series of hierarchical linear models addressing the above research goals. Results of the overlap test show the socialization measures to account for approximately 15 percent of variation in child impulsivity, 10 percent of child emotionality, 2 percent of child activity level, and 1 percent of child sociability. Results of the mediation analysis show that, contrary to what was predicted, both the temperament and socialization factors mediate effects of many of the same socio-demographic variables on aggression and delinquency, including those of both the child and caregiver (e.g., child sex, caregiver income, caregiver age, intact family, hispanic). Results of the third stage of analysis show that effects of temperament traits conducive to aggression and delinquency (i.e., impulsivity) become stronger in response to negative socialization in households. Conversely, protective dimensions of socialization (i.e., supervision, punishment avoidance) were found to reduce the effects of negative temperament dimensions (i.e., impulsivity) on aggression and delinquency. The implications of these results are discussed in the final section of the dissertation.

This report describes the study design and summary data from the first year of data collection for the Urban Child Institute Conditions Affecting Neurocognitive Development and Learning in Early Childhood Study: participant demographics, prenatal and birth measures; child and family health and nutrition; mothers mental and behavioral health; and cognitive performance, psychosocial measures, and biological samples for mothers and children."

Master's Thesis from the year 2017 in the subject Sociology - Gender Studies, grade: 4.0, Obafemi Awolowo University (Faculty of Social Sciences), course: Demography and Social Statistics, language: English, abstract: This study assessed the pattern of breastfeeding practices among mothers; and determined the relationship between women's socio-demographic characteristics and their breastfeeding practices in Northern Nigeria; examined the relationship between women's socio-demographic characteristics and infant mortality and ascertained the relationship between breastfeeding practices and infant mortality. The study employed both primary and secondary sources of data collection. Forty in-depth interviews (IDIs) were conducted in four randomly selected states. Plateau and Kaduna states were selected from North Central and North West respectively. Ten IDIs were carried out in each of these four states. Five IDIs were conducted in randomly selected rural and urban areas of each of these four states. Content analysis was employed to analyse responses from IDIs. The secondary data for the study were obtained from the Nigeria Demographic Health Surveys (NDHS 2008). The Survey elicited information from 33,385 women of reproductive age between 15 and 49 years, as well as information from 28,647 children whose ages were below five years. The 2008 NDHS data on women of reproductive age between 15 and 49 years in Northern Nigeria who have had at least a child in the past five years preceding the survey were extracted for 12,210. The 2008 NDHS Data on children of age below five years old in the North of Nigeria were extracted for 19,552. The secondary data were analysed using frequency distribution, chi-square test, binary logistic and cox regression statistics. The results on the pattern of breastfeeding practices among mothers showed that complementary breastfeeding was more practiced among mothers who were dwelling in the urban areas than mothers that were residing in the

One in three babies in India are born with moderate to severe malnutrition with birth weight of 2500 gm or below. Babies having low birth weight are more susceptible to infection and they do not grow to their full potential of physical and mental abilities and start their life at disadvantage leading to high infant morbidity and mortality. Hence it is imperative to identify the newborns with low birth weight and to offer them adequate and needed care instantly for their survival 147. A prospective longitudinal community based study was carried out in the field practice area of Urban Health Centre, Chetla, Kolkata from May 2004 - April 2005 among 126 infants born during the first three months of the study period to analyze the following

objectives: 1. To study the incidence of low birth weight babies among the study subjects and find out the effect of certain socio demographic factors on their causation. 2. To compare the physical growth pattern of low birth weight and normal birth weight babies under study. 3. To find out the frequency and type of morbidity among low birth weight and normal birth weight babies under study.

Infants need to develop effective, secure attachment to their primary caregivers in the first year of life. Researchers have not been able to identify all the factors that may influence the development of infant attachment. Most of the studies in this area have been done without regard to infant feeding as a potential factor. Maternal responsiveness appears to be key in the child's development of secure attachment behaviors, yet even after decades of research on infant attachment and maternal responsiveness, there is little evidence available to assist with early identification of families at risk and few interventions known to be effective in promoting maternal responsiveness. The research questions for this study were: 1) Do mothers who exclusively breastfed their infants for at least 6 weeks report more maternal responsiveness behaviors 2-4 months after delivery compared to mothers who exclusively formula feed their infants? 2) How well does breastfeeding duration predict self-reported maternal responsiveness at 2-4 months once socio-demographics and maternal characteristics (i.e., self-esteem, satisfaction with life) are statistically controlled? A cross-sectional survey design was used to assess the variables of maternal responsiveness, feeding patterns, and maternal characteristics in a convenience sample of 200 mothers in the first 2-4 months after delivery. The 60-item instrument included scales to measure maternal responsiveness (MIRI: Amankwaa et al., 2002), self-esteem (RSE: Rosenberg, 1965), and satisfaction with life (SWLS: Diener et al., 1985) as well as infant feeding and socio-demographic questions. A mixed mode data collection strategy was used combining Internet data collection with traditional paper-and-pencil survey methods. Somewhat surprisingly, mothers who exclusively breastfed for at least 6 weeks did not report any more maternal responsiveness behaviors compared to mothers who formula fed their infants. Hierarchical multiple regression analysis revealed that satisfaction with life, self-esteem, and parity, but not breastfeeding, explained a significant portion of the variance in self-reported maternal responsiveness scores. Further research in this area is needed. It should be noted that this is one of few studies of maternal responsiveness using a self-report instrument and may also be the first study of maternal responsiveness using Internet data collection.

The evaluation of reproductive, maternal, newborn, and child health (RMNCH) by the Disease Control Priorities, Third Edition (DCP3) focuses on maternal conditions, childhood illness, and malnutrition. Specifically, the chapters address acute illness and undernutrition in children, principally under age 5. It also covers maternal mortality, morbidity, stillbirth, and influences to pregnancy and pre-pregnancy. Volume 3 focuses on developments since the publication of DCP2 and will also include the transition to older childhood, in particular, the overlap and commonality with the child development volume. The DCP3 evaluation of these conditions produced three key findings: 1. There is significant difficulty in measuring the burden of key conditions such as unintended pregnancy, unsafe abortion, nonsexually transmitted infections, infertility, and violence against women. 2. Investments in the continuum of care can have significant returns for improved and equitable access, health, poverty, and health systems. 3. There is a large difference in how RMNCH conditions affect different income groups; investments in RMNCH can lessen the disparity in terms of both health and financial risk.

This detailed examination of recent trends in fertility and mortality considers the links between those trends and the socioeconomic changes occuring during the same period.

Preventable mortality of children has been targeted as one of the UN's Sustainable Development Goals for the 2015-30 period. Global decreases in child mortality (4q1) have been seen, although sub-Saharan Africa remains an area of concern, with child mortality rates remaining high relative to global averages or even increasing in some cases. Furthermore, the spatial distribution of child mortality in sub-Saharan Africa is highly heterogeneous. Thus, research that identifies primary risk factors and protective measures in the geographic context of sub-Saharan Africa is needed. In this study, household survey data collected by The Demographic and Health Surveys (DHS) Program aggregated at DHS sub-national area scale are used to evaluate the spatial distribution of child mortality (age 1 to 4) across 27 sub-Saharan Africa countries in relation to a number of demographic and health indicators collected in the DHS surveys. In addition, this report controls for spatial variation in potential environmental drivers of child mortality by modeling it against a suite of geospatial datasets. These datasets vary across the study area in an autoregressive spatial model that accounts for the spatial autocorrelation present in the data. This study shows that socio-demographic factors such as birth interval, stunting, access to health facilities and literacy, along with geospatial factors such as prevalence of Plasmodium falciparum malaria, variety of ethnic groups, mean temperature, and intensity of lights at night can explain up to 60% of the variance in child mortality across 255 DHS sub-national areas in the 27 countries. Additionally, three regions - Western, Central, and Eastern Africa - have markedly different mortality rates. By identifying the relative importance of policy-relevant socio-demographic and environmental factors, this study highlights priorities for research and programs targeting child mortality over the next decade. - See more at: http://dhsprogram.com/publications/publication-SAR13-Spatial-Analysis-Reports.cfm#sthash.Ne2VSKhz.dpuf

Background: The government in Taiwan has promoted breastfeeding in recent years yet, exclusive initiation rates and continuation of breastfeeding remain low. Maternal attitudes have been found to be better predictors of infant feeding method during the postpartum period than socio-demographic factors. Understanding maternal attitudes related to infant feeding in Taiwan will support the development of better targeted, more effective health promotion programs aimed at increasing breastfeeding rates. Objectives: To examine maternal attitudes toward breastfeeding and the relationship of these factors to breastfeeding duration at six weeks postpartum. The Iowa Infant Feeding Attitude Scale (IIFAS) was translated into Chinese for this study; a secondary aim of the study was to assess the psychometric properties of the translated tool. Design: A prospective longitudinal study. Setting: A public hospital in Taichung City, Taiwan. Participants: Using convenience sample. 140 in-hospital breastfeeding mothers were recruited in the hospital setting to complete the IIFAS. A total of 120 (86%) completed 3 week follow-up interview and of those who continued to breastfeed 102 women (100%) were contacted at 6 weeks and completed the study protocol. Methods: Following a systematic translation procedure, mothers completed IIFAS questionnaire in the hospital. Then, participating women were contacted by telephone at three weeks and six weeks postpartum to obtain information regarding infant feeding status and duration. Results: Maternal breastfeeding attitudes were the only predictive factor of the breastfeeding duration (p=0.05). The Cronbach0?9s alpha for internal consistency was 0.73. In-hospital IIFAS scores significantly predicted infant feeding methods at six

weeks postpartum. 72.9% (n=102) of the mothers were breastfeeding their infants, of which 37 mothers (26.4%) were exclusively breastfeeding, 65 mothers (46.4%) were partially breastfeeding at three weeks postpartum. These102 breastfeeding mothers were continued to be followed through six weeks postpartum. 62.1% (n=87) were still breastfeeding their infants, of which 34 mothers (24.3%) were exclusively breastfeeding and 53 mothers (37.9%) were partially breastfeeding at six weeks postpartum. Insufficient milk supply was the reason most often given for discontinuing breastfeeding. Conclusions: Maternal attitudes were related to breastfeeding duration. This study provides evidence that the translated version of the IIFAS is a valid and reliable tool to assess breastfeeding attitudes among Taiwanese mothers in the population tested. Breastfeeding rates showed that the low rates of exclusive breastfeeding. Health professionals might use this tool to identify mothers at increase risk for not continuing with exclusive breastfeeding and intervention strategies need to be developed to improve rates of successful exclusive breastfeeding.

This book constitutes the thoroughly refereed proceedings of the second International Symposium on Intelligent Systems Technologies and Applications (ISTA'16), held on September 21–24, 2016 in Jaipur, India. The 80 revised papers presented were carefully reviewed and selected from 210 initial submissions and are organized in topical sections on image processing and artificial vision, computer networks and distributed systems, intelligent tools and techniques and applications using intelligent techniques.

Preventable mortality of children has been targeted as one of the UN's Sustainable Development Goals for the 2015-30 period. Global decreases in child mortality (4q1) have been seen, although sub-Saharan Africa remains an area of concern, with child mortality rates remaining high relative to global averages or even increasing in some cases. Furthermore, the spatial distribution of child mortality in sub-Saharan Africa is highly heterogeneous. Thus, research that identifies primary risk factors and protective measures in the geographic context of sub-Saharan Africa is needed. In this study, household survey data collected by The Demographic and Health Surveys (DHS) Program aggregated at DHS sub-national area scale are used to evaluate the spatial distribution of child mortality (age 1 to 4) across 27 sub-Saharan Africa countries in relation to a number of demographic and health indicators collected in the DHS surveys. In addition, this report controls for spatial variation in potential environmental drivers of child mortality by modeling it against a suite of geospatial datasets. These datasets vary across the study area in an autoregressive spatial model that accounts for the spatial autocorrelation present in the data. This study shows that socio-demographic factors such as birth interval, stunting, access to health facilities and literacy, along with geospatial factors such as prevalence of Plasmodium falciparum malaria, variety of ethnic groups, mean temperature, and intensity of lights at night can explain up to 60% of the variance in child mortality across 255 DHS sub-national areas in the 27 countries. Additionally, three regions - Western, Central, and Eastern Africa - have markedly different mortality rates. By identifying the relative importance of policy-relevant socio-demographic and environmental factors, this study highlights priorities for research and programs targeting child mortality over the next decade. - See more at: http://dhsprogram.com/publications/publication-SAR13-Spatial-Analysis-Reports.cfm#sthash.Ne2VSKhz.dpuf

"Background:Congenital syphilis (CS) is an easily preventable and treatable infectious disease acquired by the fetus in the uterus before birth. Despite a noted global decline in CS rates during the early 2000s, recent data suggest alarming worldwide incidence rates, especially in developing countries. In Brazil, Latin America's most populous country, the incidence of CS has more than tripled since 2010. CS is related to abortion, stillbirths, premature delivery, neurologic sequelae of newborns, and other impairing conditions. A better understanding of these current trends and potentially underlying proliferating factors are critical to inform urgently needed public policies to revert this concerning development. Objective:This research aims to understand the current trends in maternal and congenital syphilis rates in one of Latin America's highest density populations, the city of Sao Paulo, Brazil. Employing an ecological research approach, this study explores the association between maternal syphilis (MS) & CS incidence rates and population-level socio-demographic factors, and mother & child health indicators. Methods:Epidemiological surveillance data collected at Sao Paulo's administrative district and technical health supervision (STS) level were extracted for the years 2007 to 2018. The data was linked with mother & child health indicator variables available from 'Data SUS', the Brazilian national health information system. In addition, socio-demographic data was obtained from 'Rede Nossa Sao Paulo,' a research network that aims at increasing inclusiveness, equity, and transparency in public policy. Descriptive analysis and linear mixed effects regression models were used to characterize time trends in MS and CS incidence rates. In addition, graphical modeling using smooth spline functions was applied to assess direction, magnitude, and consistency of ecological associations between MS / CS incidence rates and socio-demographic and mother & child health variables.Results:Both maternal and congenital syphilis rates have increased since 2007 with a stronger incline in MS rates (increase of 2.1 vs 0.5 / 1000 livebirths per year). The respective increases for both MS and CS were below the Brazilian national average. However, there was large heterogeneity in incidence rates across districts and STS levels. Profound inverse associations were detected between MS / CS incidence rates and infant mortality rates as well as the rate of adolescent pregnancies in the respective district / STS, suggesting that effective prenatal care helping lowering infant mortality is currently not sufficient for effective prevention of congenital syphilis. Conclusion:The study findings indicate large variation in MS and CS rates across districts and STS within the city of Sao Paulo. Therefore, within the local context of the city, there are opportunities to further investigate why certain territories perform better (or much worse) in terms of disease control and prevention than others. Factors contributing to the aggravating MS and CS syphilis epidemic may not only be sought at the population level but also at the local health care provision level"--

Strategic health planning, the cornerstone of initiatives designed to achieve health improvement goals around the world, requires an understanding of the comparative burden of diseases and injuries, their corresponding risk factors and the likely effects of invervention options. The Global Burden of Disease framework, originally published in 1990, has been widely adopted as the preferred method for health accounting and has become the standard to guide the setting of health research priorities. This publication sets out an updated assessment of the situation, with an analysis of trends observed since 1990 and a chapter on the sensitivity of GBD estimates to various sources of uncertainty in methods and data.

This study is an effort to depict the spatial and temporal variations in fertility and infant mortality and its determinant within the state with the view that a better understanding of fertility and infant mortality transition taking place in Bihar either when might be possible fertility and infant mortality transition taking place in Bihar. This study begins with the discussion on how is changing in fertility and infant mortality at district level over the period and socio-economic and demographic factors affecting fertility and infant mortality at state level through the combination of statistical analytical tools viz. multiple regression and cox regression. Moreover try to

understand that when Bihar will be obtain replacement level of fertility and when will be achieve target of infant mortality according millennium development goal through the analytical tool gompertz model.

Associated with breastfeeding support from the women's husbands, mothers, and health care providers, and if the women were breastfed when they were children. In the stratified analyses, support from the women's husband, mother, and health care providers was the strongest predictor of breastfeeding intention in all the regions. Additionally, in the stratified models, certain regional differences became apparent. Hispanics women in the Northeast were more than 6 times as likely to intend to breastfeed compared to White women, and women living in that region who planned to work during the first year postpartum were significantly less likely to intend to breastfeed. Education was positively associated with breastfeeding intentions for women living in the South. Breastfeeding intention is an important predictor of future infant feeding behavior. Health initiatives should be directed at promoting breastfeeding during the prenatal period and towards understanding why certain subgroups of women intend to breastfeed while others do not. Identifying the socio-demographic and regional factors associated with women's lack of intent to breastfeed can help health professionals improve breastfeeding intention rates by designing tailored breastfeeding interventions for the populations of women at risk for not intending to breastfeed.

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