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Health System Factors Which Influence the Occurrence of Diarrhoeal Diseases among Children Below Ten Years in Bundibugyo Town Council

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Abstract
This study assessed the Health System Factors which Influence the Occurrence of Diarrhoeal Diseases among Children below Ten Years in Bundibugyo Town Council. The research aimed at assessing the health system factors which influence the occurrence of diarrhoeal diseases among children below ten years in Bundibugyo Town Council.The study adopted a cross-sectional survey that provided a baseline data on the community's views on assessing the health system factors which influence the occurrence of diarrhoeal diseases among children below ten years in Bundibugyo Town Council.72.2% of the respondents reported that they did not have access to medical facilities as 86.5% percent reported their children had diarrhoea during the time of the study. This indicated that healthcare services accessibility is significantly related to occurrence of diarrhoea among children in Bundibugyo Town Council.General sanitation was lacking in most areas and households, some households still shared houses with domestic animals, the district lacked manpower to handle sanitation/health education of the households at the village level.
Keywords: Health System Services, General Sanitation

1. Introduction

Of the estimated total 10.6 million deaths of the children younger five years of age worldwide, 42 percent occur in the World Health Organization African Regions (Bruce et al., 2005). Although the mortality rate among these children has declined worldwide from 149 per 10000 in 1970 to 79 per 1000 in 2003 (WHO), the situation is still very different in Africa. As compared with other regions of the world, Africa's reduction rate is very slow. The under-five mortality rate in the African regions is seven times higher than the European regions (WHO, 2003). During the 1990s, the decline of the under-five mortality rates in the 29 countries stagnated and in the 14 countries the rates went down but later increased again. Most of these countries are in the African regions (WHO, 2003).

Global estimates of deaths due to diarrheal diseases have shown a decline from 4.6 million in the 1980s (Snyder and Merson, 1982) to 3.3 million in 1990s (Bern et al., 1992) to 2.5 million in the year 2000 (Kosek et al., 2003).

Diarrheal diseases continue to be the most important causes of high morbidity and mortality worldwide and despite improvement in health technology, improved management especially in the European countries and some parts of African regions, as well as increased Oral Rehydration Therapy (ORT) in the past decades, diarrheal diseases remain the major killers of children under five and below ten years of age.

In contrast to mortality trends, morbidity to diarrheal diseases have not shown a decline and global estimates remain between 2 and 3 episodes of diarrhea per child under five years of age (Kosek et al., 2003) and the median incidence of diarrheal is estimated to be 3.2 episodes per child-year in the year 2000 (Jamison et al.,1993).

Diarrheal diseases remain the major cause of mortality and morbidity in the Sub-Saharan Africa, a region where unique geographic, economic, political, social cultural and personal factors interact to create distinctive challenges to control and prevention. Childhood mortality rates are expected to decreases by 30 and 50 percent in most areas in the world, with the decrease in Sub-Saharan Africa being at 3%. Consequently, about 40% of the child deaths from diarrhea worldwide have occurred in the Sub-Saharan Africa in the year 2000. (Davidson, H.,1998).

Every year there are about two billion cases of diarrheal disease worldwide. Diarrheal diseases are leading causes of child mortality and morbidity in the whole world. Diarrhoeal infections are widespread throughout developing countries.

There are a number of factors in the Sub-Saharan which contribute to high morbidity from acute and persistent diarrhoeal cases. These factors are social, political and economic.

Diarrheal diseases remain the main killers of children under ten years in Uganda (Uganda Red Cross, 2007/ 2009). Over 400 people die of diarrhea in Uganda every day (Juliet Waiswa and Aidah Nanyonyo, 2008). Most of them are children below ten years.

According to the Bundibugyo Child Survival Project carried out in 1991 by World Vision, in every 60% of

the population visited, 8 out of 20 children had dead due to diarrheal related diseases. (World Vision, 2006).

5. Conclusion

Findings of the research indicated that healthcare services accessibility were significantly related to occurrence of diarrhea among children in Bundibugyo Town Council.

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Table 14: Chi-Square Tests on influence of health accessibility on diarrhea

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.037 [b]	1	.001		
Continuity Correction [a]	10.215	1	.001		
Likelihood Ratio	11.549	1	.001		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.008	1	.001		
N of Valid Cases	379				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 34.16.