Socio Demographic Factors Affecting Infant Mortality Rate | 5f30514894cfa5538376ddfd8487b4e0


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. 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. Funded by ADB and Embassy of Sweden. 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 slope 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" -- 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?

Introduction

Exclusive 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 mothers 2019 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 Methods A 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 infant's2019 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 Odds 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, cesarean 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.

Conclusion

The 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 workplaces seemed to be an important goal to target. It is seen in this study that appropriate support to Cesarean delivery mothers enabled them to initiate and continue EBF contrary to other studies. In a diverse population, a clear understanding of the sociodemographic factors is crucial to implement baby-friendly 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. This cross-sectional research was intended to characterize the situation of child development, and to investigate the factors associated with development status, in children aged 3-5 years in Muangphrai Primary Care Unit Selaphum District Roi-et Province. 210 participants were studied. Data were collected with 2 forms: (1) A questionnaire that developed by the researcher and based on the Maternal and Child Care Handbook, the Encouragement of Early Child Development Handbook, and the related literatures, the questions measured factors potentially affecting child development (independent variables). These were divided into 3 groups; a) Socio demographic, b)
Birth, nutrition and medical history, and c) Developmental history. (2) Using the assessment of child development Anamai’49 that developed by the Department of Health to assess the child development, the assessment had provided child development on 2 ways, either normal development or delayed development. This was the dependent variable. The collected data were analyzed by the statistics of Frequency, Percentage, Crosstabs, Chi-square, and Multiple Logistic Regression, the research reported that, the children aged 3-5 years in Muangphrai Primary Care Unit were in normal development for 58.1% (122/210), and in delayed development for 41.9 percent (88/210). Data were further analyzed by 3 steps of multiple logistic regression to find what factors were statistically significantly associated with delayed development. In the final logistic model, 11 independent variables showed significant associations. These were age (P=0.043), birth order (PStudy conducted in East Godavari and Medak districts of Andhra Pradesh. The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists. Within the continuum of reproductive health care, antenatal care provides a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention. It has been established that, by implementing timely and appropriate evidence-based practices, antenatal care can save lives. Endorsed by the United Nations Secretary-General, this is a comprehensive WHO guideline on routine antenatal care for pregnant women and adolescent girls. It aims to complement existing WHO guidelines on the management of specific pregnancy-related complications. The guidance captures the complex nature of the antenatal care issues surrounding healthcare practices and delivery, and prioritizes person-centered health and well-being --- not only the prevention of death and morbidity --- in accordance with a human rights-based approach. 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. 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. 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. 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. 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 intervention 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. 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, 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. 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.Ne2V5Khz.dpuf

Each year more than 4 million children are born with birth defects. This book highlights the unprecedented opportunity to improve the lives of children and families in developing countries by preventing some birth defects and reducing the consequences of others. A number of developing countries with more comprehensive health care systems are making significant progress in the prevention and care of birth defects. In many other developing countries, however, policymakers have limited knowledge of the negative impact of birth defects and are largely unaware of the affordable and effective interventions available to reduce the impact of certain conditions. Reducing Birth Defects: Meeting the Challenge in the Developing World includes descriptions of successful programs and presents a plan of action to address critical gaps in the understanding, prevention, and treatment of birth defects in developing countries. This study also recommends capacity building, priority research, and institutional and global efforts to reduce the incidence and impact of birth defects in developing countries. 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. Infant mortality is a worldwide problem with the highest rates being 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 93.6% 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. 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 13 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
This report provides neonatal and perinatal mortality estimates by country, regional
groupings and globally. For countries that do not have data, models were developed to estimate
mortality. Since data on deaths come from a number of different sources, the methods used to
obtain the estimates are also described. Country-specific estimates of stillbirth and early neonatal
deaths are published here for the first time. Estimates of stillbirth deaths that occur during
delivery (intrapartum) by regional groupings, as well as estimates of sex ratio in neonatal, early
neonatal and stillbirth mortality for the developing world are also included.--Publisher's
description.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.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.This book is about being disabled and being poor and the social, cultural and political
processes that link these two aspects of living. Environmental barriers, limited access to services
and discriminatory attitudes and practice are among key elements that drive disabled people into
poverty and keep them there. ‘Disability and poverty’ explores the lived realities of people with
disabilities from across the developing world and examines how the coping strategies of individuals
and families emerge in different contexts.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.
Copyright code: 5f30514894cfa5338376ddfd8487b4e0