

# Encyclopedia of Social Problems

## Infant Mortality

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Infant mortality is the death of an infant less than 1 year old. It is commonly described by the infant mortality rate (IMR), which is calculated by dividing the number of newborns dying at under a year of age by the number of live births during the year within a population. Analysts can use such data to compare the health and well-being of people across and within countries. The health status of infants in a society is a gauge of the overall health of the population and is an important predictor of the next generation's health. The significance of infant mortality to public health and epidemiology is that the rate can determine how successful a population is in preventive health measures for pregnant women, the access to and quality of prenatal care, and rate of immunization in a community.

Historically, infant mortality was responsible for the deaths of a significant percentage of children born around the world, and the death of an infant before his or her first birthday was a common occurrence. However, since the 20th century, improvements in basic health care, sanitation, and living conditions have led to a significant decline of IMRs in the West.

## Infant Mortality in the United States

Major causes of U.S. infant mortality include congenital abnormalities, preterm/low birth weight, pregnancy-related problems, respiratory distress syndrome, and sudden infant death syndrome (SIDS). The dramatic decrease in the U.S. IMR during the 20th century primarily reflected fewer babies dying from pneumonia and influenza, prematurity, and low birth weight as a result of better, more available technology and medicine. However, among developed countries, the United States has the second worst newborn mortality rate. The poor IMR in the United States is due to substantial disparities in race/ethnicity, education, income, and health within the population. Overall, not all U.S. racial and ethnic groups have benefited equally from the long-term downward trend in infant mortality.

In the United States, prematurity/low birth weight (less than 5.5 pounds at birth) is one of the major determinants of infant mortality and has been the leading cause of death for black infants for more than a decade. In New York City, for example, infants born

to black non-Hispanic mothers have an IMR more than twice the rate of those born to white non-Hispanic mothers. This difference is especially stark in communities with a high percentage of black residents. The factors that contribute to these disparities are difficult to isolate as they interact with each other, but some areas studied include the overall health of the mother, socioeconomic status, and social stressors. The stress of marginalization associated with racism has been investigated as a cause of poorer health among minorities. It is probable that these stressors can have an effect on women before conception as well as during pregnancy, which may contribute to poor birth outcomes. There are also disparities between whites and other ethnic groups. For example, compared with non-Hispanic whites, SIDS deaths among American Indian and Alaska Natives are 2.3 times greater. U.S. efforts to decrease infant mortality across ethnic groups focus not only on the individual behaviors of women but also on the communities in which they live, their economic standing, and their social status, since many factors can affect pregnant women and the health of their babies.

## Infant Mortality in Developing Countries

Each year about 2 million babies worldwide die within their first 24 hours, and over 7 million babies born in [p. 494 ↓] sub-Saharan Africa, Asia, Latin America, and the Middle East do not live to their first birthday. Their deaths most commonly result from pneumonia and dehydration caused by diarrhea. In developing nations, IMRs correlate inversely with a nation's per capita income, and in countries where people make less money the IMR is significantly higher. The relationship between poverty and infant mortality is closely related because the structural conditions of poverty such as poor sanitation, lack of primary health care, malnutrition, and lack of access to clean water can be detrimental to newborns, particularly vulnerable ones.

Social factors within developing countries also have an effect on infant mortality and the ability of newborns to survive their first year. The age at which women have children can affect birth outcomes, with adolescents and women over 40 years old more at risk for giving birth to low birth weight babies. The spacing between births is another factor that can affect birth outcomes. Babies born less than 2 years apart are at greater risk of being born with a vulnerable condition, particularly when they are born to mothers who are malnourished or in a weakened physical state. Influencing interval length between

births is access to, and use of, modern contraception methods to control the timing between pregnancies. High IMRs also correlate with high fertility rates, as many families attempt to balance infant deaths by having more babies to ensure the survival of some children to eventually help support the family. Unfortunately, poor parents are often unable to devote enough resources, for such things as education, to each child within a large family, making it difficult to rise out of poverty. Both reducing the IMR within developing countries through improved health conditions and shifting social norms regarding women and childbirth can have a dramatic effect on improving the quality of life of the society.

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*See also*

#### Further Readings

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