

Policy Brief

Explaining the Health Status of Children in Sierra Leone: Parental Socioeconomic Status and Demand for Health Inputs.

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Key Points

- The risk of child mortality influences mothers' use of child health care services
- Maternal education has a positive and significant effect on delivery care
- Relative to children born in poorer households, the likelihood of infant and under-five mortality is lower for children born in richer households
- The Likelihood of infant and under-five mortality is higher if the child is one of multiple births

1. Background

In most developing countries, maternal and child health issues have received considerable attention in public health policies and pose formidable challenges. Several studies provide evidence of a strong relationship between socioeconomic factors such as economic growth, poverty, water and sanitation, education and gender and health outcomes. A good number of researchers have shown that a mother's use of child health care is influenced by the risk of child mortality. It is thus been emphasized in the literature that the decision to obtain health inputs is confronted with the

potential issue of self-selection and hence endogeneity.

Sierra Leone is one of those countries having the poorest health indicators in the world, with an infant mortality rate of 89 per 1,000 live births and an under-five mortality rate of 140 per 1,000 live births (SLDHS, 2008). This is probably due to the fact that about 72 percent of birth cases are delivered at home whereby only 42.4 percent of the women had skilled attendant at delivery and about 25 percent are delivered in health facilities, mostly public facilities. Thus it is imperative for a study to examine the dynamics of the relationship

between households' socioeconomic status, demand for child health care and the risk of childhood mortality. Against this background, the study is designed to examine whether the socioeconomic status of households matter in improving the rate of delivery in health care facilities and in reducing childhood mortality in Sierra Leone.

Recent efforts by the government in collaboration with development partners have been directed towards addressing poverty and the persistent health problems. Nevertheless, in spite of these policy interventions, the country has been consistently ranked among the least developed countries in the UNDP Human Development Index. The United Nations Human Development Report (2009) ranked Sierra Leone 180 out of 182 countries. The gross national income (GNI) per capita in 2009 was recorded as \$340 and a significant proportion of the population continue to live below the poverty line.

Although policy interventions in recent years have concentrated on strategies aiming at overcoming supply-side bottlenecks, however, addressing poverty in the health sector should focus not solely on this aspect of health care provision. Rather, it also suggests the need for greater understanding of household constraints in accessing health care to foster the demand side and enhance the health of mothers and

newborns. Given that decisions on the consumption of health care are made within the household, there is need for greater understanding of how the socioeconomic status of individuals and households influence the demand for child health inputs to facilitate the design and implementation of policies aimed at ameliorating poverty and improving the utilization rates of child health care.

Against this background, this study raises important policy questions with the objective of providing empirical guide for policy formulation. Does the socioeconomic status of households matter in improving the rate of delivery in a health care facility and in reducing childhood mortality in Sierra Leone? Does increased delivery of babies in a health care facility reduce the risk of childhood mortality? Assessing these issues is timely given the crucial need for policy makers to address the dismal health situation for sustained reductions in poverty levels in accordance with the MDGs targets.

2. Method of Analysis e0018990

The conceptual framework underpinning our analysis is based on the expositions of Ajakaiye and Mwabu (2009). Following Grossman (1972), it is assumed that the demand for health has both consumption and investment components. We further argue that the

socioeconomic status of households, which in part determines the availability of resources for child services, influences childhood mortality. Parents often influence the survival chances of their children by investing in their health with inputs of their own time and the provision of other factors such as sanitary environment and access to medical care (Avogo and Agadjanian, 2007). Improving the socioeconomic status of the parents influences child health status through the increased demand for medical care. The study uses data from the Sierra Leone Demographic and Health Survey (SLDHS, 2008). The survey gathered information from a nationally representative sample of 7,374 women between the ages of 15 and 49 and 3,280 men aged 15- 59 from 7,758 households. Three types of questionnaires were administered in the SLDHS (2008); household, men's and women's questionnaires. The women's questionnaire was administered to capture information on several issues such as background characteristics such as education, residential history, media exposure, etc., reproductive history, child mortality and use of health care services. The SLDHS also collected information on asset ownership such as availability of household durable goods, characteristics of dwellings and ownership of agricultural land and farm animals, which were

used to generate the wealth index of households.

3. Key Findings

- Maternal education has a positive and significant relationship with delivery care at relatively lower years of completed schooling. However, it is found that mother's education at higher levels of attainment does not seem to exert any significant influence on delivery care.
- Relative to children born in poorer households, the likelihood of infant and under-five mortality is lower for children born in higher income households. This highlights the beneficial impact of improved socioeconomic status of households in addressing the appalling levels of childhood mortality in the country.
- The likelihood of both infant and under-five mortality is higher if the child is one of multiple births. This is because, children of multiple births are likely to suffer from smaller sizes and hence lower birth weights which increase their risk of mortality.
- Relative to urban residence, the likelihood of both infant and under-five mortality is significantly lower if the child is born in a rural area as compared to urban area.

4. Policy Implications

- A key finding from the study indicates that women's health knowledge is enhanced through reading newspaper or magazines, thereby increasing their likelihood of obtaining delivery care services. Therefore, maternal adult literacy programmes should be encouraged to ensure the effective dissemination of health information through the print media.
- Poorer families are highly exposed to both infant and under-five mortality. This implies that the higher the level of poverty in the society the higher the likelihood of infant and under-five mortality. This therefore calls for more robust actions for poverty reduction with a view to reducing infant and under-five mortality rates.
- Finally, the risk of mortality is higher among children of youngest and oldest mothers. This suggests the need for health policy makers to formulate and implement policies aimed at encouraging the use of modern non-terminal methods of contraception to reduce adolescent childbearing. Likewise, cancelling programmes for women could also be vital to encourage the use of delivery services and thus reduce reliance on experience gained over time to facilitate home deliveries.

5. Policy Recommendations

The research findings indicate that the likelihood for both infant and under-five mortality is significantly reduced if a child is delivered in a health care facility. This reinforces the beneficial impact of enhancing expectant mothers' access to delivery care services. From a policy perspective, the results underscore the need for the authorities to focus attention on the effective implementation of the free health care policy in all health facilities and district hospitals to address the health of the poor majority. In addition, the government should ensure continued support and effective monitoring and evaluation of the programme; and investment in improving the quality of services is also vital. Additionally, it is imperative that the government facilitates the establishment of a National Social Health Insurance Scheme to ensure access and affordability of quality care services to all Sierra Leoneans.