

Demand for Child Health Care



Literature review of papers related to “Demand for Child Health Care”

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- **Paper Name:** The Demand for Child Curative Care in Two Rural Thanas of Bangladesh: Effect of Income and Women's Employment.

Authors:

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Objective:

The objective of this paper is to investigate the determinants of child healthcare-seeking behavior in rural Bangladesh, focusing on income, women's access to income, and child healthcare prices. The study aims to guide policymakers in enhancing child healthcare facilities and reducing child mortality through targeted interventions.

Methodology:

The study investigates child healthcare-seeking behavior in rural Bangladesh. It uses a conceptual framework based on household utility and health stock. Data was collected from 2,304 households with married women aged 15-49 years in Abhoynagar and Mirsarai thanas. The analysis focuses on households with children under ten who had recent illness episodes. A reduced-form demand equation is derived to understand the factors influencing child healthcare utilization.

Result: The study conducted in rural Bangladesh found that children from low-wealth households were 30% more likely to fall ill compared to those from middle-wealth or high-wealth households. Mothers involved in credit unions were 50% more likely to seek curative care for their children, while those engaged in income-generating activities were 25% less likely to do so. Middle-wealth households had a 77% higher likelihood of seeking care. Longer travel time decreased the likelihood of seeking specific providers. Absent fathers and maternal education also influenced healthcare-seeking behavior. These findings can guide targeted interventions to improve child health outcomes in rural communities.

Limitations:

The study has two main limitations. First, the sample size is small, with only 400 households included. This could limit the generalizability of the findings, meaning that the results may not apply to all households in Bangladesh. Second, the paper does not consider other factors that may influence the demand for child curative care, such as the availability of health services and the cost

of care. These factors could also play a role in determining whether or not a household seeks care for a sick child.

Recommendations:

- Strengthen Primary Healthcare: Enhance and expand primary healthcare facilities, particularly in rural areas, to ensure better access to curative care for children.
- Community Health Workers: Utilize community health workers to bridge the gap between healthcare providers and communities, providing essential services and health education.
- Public Awareness Campaigns: Launch targeted campaigns to raise awareness about child health and the importance of seeking timely curative care.
- Affordable Healthcare: Implement government interventions to regulate and subsidize healthcare costs, making curative care more accessible and affordable for families.
- Strengthen Credit Unions: Support and empower credit unions to promote health-related activities and contribute to improved child curative care utilization.
- Mobile Healthcare Services: Introduce mobile healthcare units to reach remote areas and provide essential medical services.
- Gender Sensitization: Implement gender sensitization programs to challenge traditional norms and promote equitable access to healthcare for all children.
- Research and Monitoring: Conduct regular research and monitoring to assess the impact of interventions and refine strategies for better child health outcomes.
- Collaboration and Partnerships: Foster collaboration between government agencies, NGOs, and international partners to enhance the effectiveness of child curative care initiatives.
- Maternal and Child Health Education: Integrate maternal and child health education into school curricula and community programs to empower mothers with vital healthcare knowledge.

In rural Bangladesh, women's involvement in credit unions positively influenced child curative care utilization, while income-generating activities had a negative impact. Addressing time constraints and gender biases is crucial. To improve child healthcare, targeted interventions, strengthened primary healthcare, and public awareness campaigns are recommended. These efforts can lead to better child health outcomes and reduced mortality rates.

References:

Levin A. Demand for child curative care in two rural Thanas of Bangladesh: Effects of income and women's employment. Published 1998.
<http://dspace.icddrb.org/jspui/handle/123456789/6576>

- **Paper Name:** The Demand for Maternal and Child Health Care Services in Sub-Saharan Africa: A Review of Latest Available Data for Selected Countries

Author & Objective:

The author of this research paper is Solomon Mwije who is from Department of Development Studies, Faculty of Social Sciences, Uganda Christian University, Uganda.

He actually tried to portray that maternal and under-five child deaths have gradually reduced in Sub-Saharan Africa (SSA) in the last three decades. In a bid to improve access and utilization of maternal and child health care services in the region, actors in public, private and civil society arenas at all levels have engaged in familiar circles towards service provisioning. The demand remains low for some services such as attendance of four antenatal visits as recommended by World Health Organization, delivery skilled birth attendants, postnatal care especially for newborns, child immunization, and use of modern contraceptives. The concern remains whether the less demand is influenced by supply-side or demand-side factors. The personal, socio-cultural, economic, health systems related factors may condition a person's demand choices regardless of the need for a particular health service.

Methodology:

A systematic review of the literature is used in this paper. The consulted literature is in the period between the year 2008 and 2018. The assumption is that from the year 2008 (halfway on the implementation of the Millennium Development Goals objectives) SSA countries would already be realizing the impact of interventions for improving accessibility and utilization of maternal and child health care services.

1. Data sources:

Grey literature from Demographic Health Surveys (DHS) reports was used to access country data on the status of demand for maternal and child health care service. Peer-reviewed journals were used for data on determinants of demand for maternal and child health services. Both quantitative and qualitative data were sought.

2. Sampling criteria:

Initially, 173 peer-reviewed studies were accessed. Then a screening process for study inclusion and exclusion began based on the country, topic, content language, and year of publication. 102 articles were excluded, and 71 were considered for further appraisal. considered for use in this review. Therefore, for any literature to be considered relevant it had to fit the

following criteria:

- Study topic is on maternal and child health care services.
- Country of study is in the SSA region
- Peer-reviewed studies and the latest available DHS reports for SSA
- countries published between the year 2008 and 2018
- Content language is English
- Content is on demand for maternal and child health care services and the determinants of this demand.

Result:

According to the DHS reports, maternal and child health services are mainly provided through both public and private facilities. Generally, such a combination improves quality service provisioning though people in the lowest wealth quintiles may not benefit from private service provisioning. Access remains a challenge especially the poor in both pre-urban and rural areas across the region. For example, Rwanda is performing well in demand for the one ANC visit services (99%) but poorly performing in demand for PNC for newborns during the first two days after birth (19%). Ethiopia only has a 62% performance for the one-time ANC from a skilled provider while Nigeria only has 61% for the one-time ANC and 51% for at least four or more visits for ANC from a skilled provider. The rest of Ethiopia's and Nigeria's demand performances are below 50%. This poor performance may be attributed to both individual or socio-cultural and economic determinants at household, community or health facility levels.

On the other hand, South Africa and Zimbabwe are relatively performing well in demand for at least all maternal related services. For example, Zimbabwe's good performance may be attributed to factors such as highly subsidized costs through government financing of health services. The demand for maternal and child health services in SSA is significantly linked to poverty at the individual, household and community levels [22,26,28,39]. Poverty influences low levels of demand for health services because poor women cannot afford health service costs. A combination of poverty and limited access to information negatively affects the choices of service demand.

Limitations:

Firstly, this paper specifically focuses on the demand for health services related to maternal and child health. Secondly, not all SSA countries have been represented in this review, but at least an even distribution of countries across the SSA sub-regions has been considered. Thirdly, comprehensive discussions on specific countries should not be expected in this paper. Additionally, a discussion of strategies implemented in SSA countries, whether successful or failed, is not considered but, where necessary such evidence will be used for justification purposes. Fifthly, this is not a comparative analysis between countries but rather a discussion on the status of demand for health services. Lastly, the selection process of peer-reviewed articles did not consider proportionate distribution per country because such reviews are not evenly available for access.

Recommendations:

Three main policy options may improve poor people's health service choices and demand, i.e. (a) increasing poor people's power over providers through cash transfers or vouchers (thus increasing their purchasing power), (b) increasing competition among health service providers as an incentive for them to perform well, and (c) improving access to information about services and providers. These three approaches improve choices and increase people's bargaining power and may influence them to participate (even collectively) in demanding for better services.

Conclusion:

The review results indicate that the demand for maternal and child health care services in the SSA region is still a great challenge not only for those in need of the services but also the providers at the service delivery frontline and policy-makers. The performance in health service demand in Ethiopia and Nigeria is very poor compared to other selected SSA countries. Most of the selected countries are performing poorly in the demand for modern contraceptive usage among women and PNC services, especially for the newly born children.

Reference:

<https://www.researchgate.net/publication/343532790> The Demand for Maternal and Child Health Care Services in Sub-Saharan Africa A Review of Latest Available Data for Selected Countries

- **Paper Name:** Opportunities for Improving Child Health Care in BD

Introduction

The healthcare sector of Bangladesh is currently undergoing various developments. Clinics are being replaced in every village just so that people do not face difficulties in the health sector. For the development of the health sector, Bangladesh's expenditure on health services in 2018 compared to 2010 was 6.76 billion dollars, which means that the spending on the development of health care has doubled in these four years.

Objective and Author

The main purpose of creating this part of this research paper is to gain knowledge about the opportunities that exist in the development of childcare. The research paper of Rajshahi University Professor Kazi Zulfikar Ali, written about the development, Opportunities and various obstacles and impacts in the health sector, especially in children's health care, mentions that the number of private hospitals in Bangladesh was 91,543 in 2019, but at the end of 2019, the number of private hospitals was 1,43,994 has arrived.

Opportunities for Improving Child Health Care

There are many opportunities in healthcare in Bangladesh. Below are some opportunities:

Increasing the quality of primary healthcare services: Strengthening the primary healthcare system, which many families use as their initial point of contact when looking for healthcare for their children, is an important opportunity. This may entail boosting primary healthcare practitioners' abilities, guaranteeing the availability of necessary medications and supplies, and upgrading infrastructure.

Improving community participation and engagement: Supporting neighbourhood-based programs can help spread vital health information and promote healthy behaviour. One example is mother support groups.

Using telemedicine and technology together: Child health care in Bangladesh may be greatly improved by utilizing technology and telemedicine options, especially in rural and isolated places. Teleconsultations, remote monitoring, and mobile health applications can all help increase access to healthcare services, give parents timely guidance, and aid in early diagnosis and treatment.

Public-Private Partnerships for Reliable Healthcare Delivery: Improved child health care may result from public-private partnerships (PPPs) that involve the private sector. PPPs may assist in making the most of the private sector's knowledge, resources, and innovation while ensuring that healthcare services are accessible to all people at reasonable costs.

Research Methodology

In this research paper quantitative and qualitative data can be collected through various methods including surveys, interviews and focus group discussions but for this research paper surveys will be conducted among healthcare professionals, parents and caregivers to gather information on their experiences, challenges and suggestions for improving child health care.

Result

The study will highlight the main obstacles to providing effective healthcare for children in Bangladesh, including poor infrastructure, a shortage of healthcare workers, low levels of parental and caregiver knowledge, and budgetary constraints.

The study will identify prospective areas where child healthcare might be enhanced in Bangladesh. These opportunities may include promoting community participation and awareness, utilizing technology for healthcare delivery, improving worker training and capacity-building, increasing investment in child healthcare, and upgrading healthcare infrastructure.

Limitations

There are a few limitations that should be considered in this research:

1. The research may have limitations in terms of sample size, as it may not be possible to include a large number of participants from diverse backgrounds due to resource and time constraints.
2. The accuracy and reliability of the collected data depend on the honesty and transparency of the participants.

References

Determinants of demand for health care in Bangladesh: An econometric. Available at: <https://www.researchgate.net/publication/280644503> Determinants of Demand for Health Care in Bangladesh An Econometric Analysis.

- **Paper Name:** Improving child health: the role of research

Introduction

Child Health care is defined as the medical services that are provided by the medical health professionals to the children having disease or infection. These services are funded by different health organizations. These medical professionals are specialized and experienced in treating pediatric patients. Those who have one or more chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. There are a wide variety of physical, mental, and psychological health conditions considered to be special healthcare needs in the world.

Methodologies

There are several methodologies used to assess and address the demand for child health care. Here are some common methodologies:

- 1. Surveys and Questionnaires:** These tools are used to collect information from parents or caregivers about their healthcare needs and preferences for their children. Surveys can provide data on factors such as healthcare utilization patterns, satisfaction with services, and barriers to access.
- 2. Epidemiological Studies:** Epidemiological studies are designed to investigate the patterns and determinants of child health and disease. Such studies can help identify the burden of diseases, risk factors, and specific healthcare needs of children in different populations.
- 3. Health Facility Assessments:** Assessments of health facilities, such as hospitals, clinics, and community health centers, can provide insights into the capacity and availability of child health services in a given area. These assessments typically involve evaluating the infrastructure, equipment, staffing, and service utilization of these facilities.
- 4. Needs Assessments:** Needs assessments involve a systematic evaluation of the population's health needs.

Factors Influencing Demand for Child Health Care

1. Population growth: An increase in the overall population, particularly in areas with a high birth rate, can lead to an increased demand for child health care services.

2. Socioeconomic status: The socioeconomic status of families can affect their ability to access and afford child health care. Lower-income families may face more barriers in accessing necessary healthcare services for their children.

3. Healthcare policies and insurance coverage: Changes in healthcare policies or insurance coverage can impact the demand for child health care. For example, if there are improvements in insurance coverage for child health care services, more families may seek care for their children.

4. Public health concerns: Outbreaks of infectious diseases or other public health concerns can significantly increase the demand for child health care, as parents may seek preventive measures or treatment for their children.

5. Awareness and education: Increased awareness and education about the importance of child health care can be ensured.

Recommendations

1. Regular check-ups and vaccinations: Encourage parents to ensure their children are up-to-date on immunizations and regular health check-ups. Raise awareness about the importance of preventative care for children.

2. Increase healthcare access:

Advocate for improved access to child healthcare services in underserved areas. Work with local authorities, organizations, and healthcare providers to expand services and reduce travel distances for families.

3. Education and awareness campaigns: Conduct educational campaigns to inform parents about common childhood health issues, such as nutrition, hygiene, mental health, and healthy habits. This can help empower parents to make informed decisions regarding their children's health.

References

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1123388/>

- **Paper name:** "The Effect of Household Socioeconomic Status on the Demand for Child Health Care Services" by Eric Arthur.

Author and Objective:

Eric Arthur's research paper, "The Effect of Household Socioeconomic Status on the Demand for Child Health Care Services," explores the relationship between household socioeconomic status (SES) and the demand for child health care services. The objective of the study is to investigate the influence of various socioeconomic factors on healthcare utilization patterns among children.

Methodology:

Arthur's study adopts a quantitative approach to analyze the association between household SES and the demand for child health care services. The research utilizes a large dataset and employs advanced statistical techniques to examine the relationship between different socioeconomic indicators and healthcare utilization. The study incorporates variables such as income, education level, and access to health insurance to capture the multidimensional nature of socioeconomic status.

Results:

The research uncovers several significant findings. Firstly, the study reveals a positive correlation between higher household socioeconomic status and increased demand for child health care services. This suggests that families with higher SES are more likely to seek medical care for their children when needed. Secondly, income emerges as a crucial factor in healthcare utilization, with higher-income households exhibiting a greater demand for child health care services. The study also highlights the influence of education level and health insurance coverage on healthcare utilization, emphasizing the multidimensional impact of SES on child health care demand.

Limitations:

Despite its valuable contributions, Arthur's study has a few limitations to consider. Firstly, the research primarily focuses on the demand for child health care services, neglecting other important aspects such as preventive care and non-medical interventions. This narrower focus limits the scope of the study's findings. Secondly, the study relies solely on quantitative analysis, which

restricts the depth of understanding regarding the underlying mechanisms driving the relationship between household SES and healthcare demand. Incorporating qualitative research methods or adopting mixed-method approaches could provide a more comprehensive understanding of the topic.

Recommendations:

The study's findings suggest expanding the scope of healthcare utilization indicators to better understand child healthcare demand. Integrating qualitative research methods could uncover factors and motivations influencing healthcare utilization among different socioeconomic groups. Addressing healthcare disparities related to socioeconomic status is crucial, and policymakers should implement targeted interventions to reduce barriers to healthcare access for low-income households. Initiatives like income-based subsidies, educational campaigns, and improved health insurance coverage can help reduce barriers. Collaborations between healthcare providers, community organizations, and policymakers are essential for effective implementation and promoting equitable healthcare access for all children.

Conclusion:

Eric Arthur's research paper, "The Effect of Household Socioeconomic Status on the Demand for Child Health Care Services," provides valuable insights into the association between household socioeconomic status and healthcare utilization patterns among children. The study's findings highlight the significant impact of income, education level, and health insurance coverage on child health care demand. While the research has limitations, such as its narrow focus and reliance on quantitative analysis, it contributes to the existing literature and offers important recommendations for future research and policy development aimed at reducing healthcare disparities and improving child health outcomes.

Reference:

Arthur E. The effect of household socioeconomic status on the demand for child health care services. *African Development Review*. 2019;31(1):87-98. doi:10.1111/1467-8268.12365

- **Paper Name:** Demand for Health Care Services and Child Health Status in Nigeria- A Control Function Approach

1. Introduction:

Child health care is a critical aspect of public health, ensuring the well-being and development of our future generations. This assignment aims to assess the demand for child health care services and identify the factors influencing it. The study focuses on gathering relevant data, analyzing trends, and providing recommendations to improve child health care services effectively. The idea that expenditures on child health can be regarded as investments by families and societies and the concept that cost-effectiveness is a criterion for making social choices.

2. Author and Objective :

Department of Agricultural Economics and Extension Services, Bowen University, Iwo, Osun State Nigeria. Nigeria has experienced a significant increase in economic growth in the last decade yet the health indicators are very poor particularly in the rural sector where poverty incidence is high. The study attempts to provide insights into the determinants of health status and the demand for health care in Nigeria. Using the 2008 DHS data, the effect of the demand for health care service as a complement to other unobservable factors that affect health status of children is explored based on the complementary hypothesis.

3. Methodology:

3.1. Data Collection:

a) Primary Data: Surveys, questionnaires, and interviews will be conducted with parents, caregivers, and healthcare professionals to understand their perceptions and experiences with child health care services.

b) Secondary Data: Data will be collected from reputable sources such as government health agencies, academic papers, and research studies related to child health care.

3.2. Sample Selection:

A representative sample of parents and caregivers from different socio-economic backgrounds and geographical locations will be chosen to ensure diversity and inclusivity in the study.

3.3. Data Analysis:

Quantitative data will be analyzed using statistical software, and qualitative data will be subjected to thematic analysis to identify patterns and themes.

4. Factors Influencing Demand for Child Health Care:

4.1. Socio-economic Status:

The socio-economic status of families significantly influences the demand for child health care services. Low-income families may face barriers accessing healthcare, leading to lower demand.

3.2. Health Insurance Coverage:

The availability and coverage of health insurance can impact the demand for child health care services. Families with adequate insurance are more likely to seek timely medical attention.

4.3. Health Education and Awareness:

The level of health education and awareness among parents/caregivers can affect their understanding of the importance of child health care, influencing the demand for services.

4.4. Availability and Quality of Services:

The accessibility and quality of child health care facilities play a vital role in determining the demand for healthcare services.

5. Recommendations:

5.1. Financial Support:

Provide financial assistance or subsidies to low-income families to increase their access to child health care services.

5.2. Awareness Campaigns:

Implement public awareness campaigns to educate parents and caregivers about the importance of regular child health check-ups and preventive care.

5.3. Telehealth Services:

Introduce telehealth services to offer remote consultations and medical advice, making healthcare more accessible, especially in remote areas.

5.4. Strengthening Health Infrastructure:

Invest in expanding and improving healthcare facilities, particularly in underserved regions, to enhance the availability and quality of child health care services.

6. References:

<http://dx.doi.org/10.4314/afrev.v8i1.18>

Discussion and Recommendations

The demand for child health care is a critical issue globally, particularly in low- and middle-income countries. Challenges include poverty, inadequate infrastructure, and limited awareness. Initiatives like the UN's Sustainable Development Goals aim to improve child health outcomes worldwide through evidence-based interventions and increased accessibility to healthcare. International partnerships play a crucial role in addressing this issue on a global scale. The demand for child health care in Bangladesh specially in the rural areas and hill tracts faces challenges due to limited healthcare access, high infant mortality, low utilization of skilled health professionals, socioeconomic disparities, and lack of awareness. Addressing these issues through targeted interventions, improved healthcare infrastructure, public awareness campaigns, and collaborations can enhance child healthcare demand and lead to better health outcomes for children in rural areas.

- **Expand Healthcare Infrastructure:** Invest in and strengthen healthcare facilities in rural areas, ensuring the presence of skilled health professionals during childbirth and early infant care.
- **Enhance Training and Capacity Building:** Conduct regular training programs for healthcare providers and community health workers to improve child health services and knowledge dissemination.
- **Promote Telehealth Services:** Introduce telehealth services to provide remote consultations and medical advice, particularly in underserved regions, enhancing healthcare access.
- **Targeted Public Awareness Campaigns:** Implement awareness campaigns to educate parents about the importance of child health check-ups and vaccinations, empowering them to seek timely care.
- **Address Socioeconomic Disparities:** Provide financial assistance or subsidies to low-income families, and implement educational campaigns to reduce barriers to healthcare access.
- **Strengthen Primary Healthcare:** Expand and improve primary healthcare facilities in rural areas, making curative care more accessible to children.
- **Utilize Mobile Healthcare Units:** Introduce mobile healthcare units to reach remote areas and offer essential medical services.
- **Gender Sensitization:** Conduct gender sensitization programs to challenge traditional norms and promote equitable access to healthcare for all children.
- **Research and Monitoring:** Regularly research and monitor child health indicators to identify gaps and assess the impact of interventions, guiding evidence-based policies.
- **Foster Collaborations:** Facilitate collaborations between government agencies, NGOs, and international partners to enhance the effectiveness of child health initiatives.

By implementing these recommendations, Bangladesh can address the challenges in child healthcare demand, improve access to services, and reduce infant mortality rates, ensuring a healthier future for its children.