



## “PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

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### **Parallel session 6: Public health research issues: measurement of health; community based health services; prescription practices; and determinants**

#### **PS 06/7**

#### **The challenge of measuring need for health care in household surveys**

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**Background:** A growing number of analyses of household survey datasets in African (and other low- and middle-income) countries have highlighted problems with the use of self-reported illness as an indicator of need for health care. In particular, these analyses have found that, in most cases, self-reported illness by households produces the counter-intuitive finding that poorer socio-economic groups report less illness within a specified recall period (usually two weeks or a month) than richer groups. In contrast, other indicators that are sometimes included in household surveys, such as anthropometric measures and infant and child mortality, show a very clear socio-economic gradient with the highest occurrence in the lowest socio-economic groups. However, these indicators are difficult and time consuming to include in household surveys.

The objectives of this research were:

- To investigate whether self-assessed health status demonstrates a clearer socio-economic gradient than self-reported illness as an indicator of the relative need for health care; and
- To explore reasons underlying the counter-intuitive findings of self-reported illness.

**Methods:** This research draws on three household survey data sets, undertaken as part of a larger research project, in Ghana, South Africa and Tanzania. Households are divided into quintiles using a specially designed composite index of socio-economic status. The socio-economic gradient of self-assessed health status is compared with that of self-reported illness. The interpretation of these analyses is underpinned by a review of relevant literature.

**Key findings:** Although the analysis of these household surveys is yet to be concluded at the time of abstract submission, we hypothesise (based on preliminary research in South Africa) that this research will demonstrate that self-assessed health status reflects a socio-economic gradient that is more in line with measures of morbidity (such as anthropometric measures) and mortality (such as infant and child mortality) than self-reported illness. There is a growing literature on the greater likelihood of 'ignoring' illness among lower than higher socio-economic groups, which impacts on the reliability of using self-reported illness as an indicator of the relative need for health services. Based on this research, we will argue that the use of self-assessed health status should be prioritised over self-reported illness in household surveys, to promote more accurate estimation of the relative need for health care.