**The Effects of Health Care Access on Child Nutritional Status in Kenya**

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**Background**

One third of Kenyan children suffers from stunted growth and about 2.1 million children under the age of five years are malnourished. Despite interventions put in place to address poor child health indicators, nearly 45% of the under-five’s deaths occur due to poor nutrition. Child health depends on access to health care services such as immunization, proper nutrition and quality management of childhood illnesses. However, little is known on the significance of these variations on the utilization and impacts on the ultimate health status of the children and hence the basis for this study.

**Aim**

To explore the effect of healthcare access on child nutritional status in Kenya.

**Method**

This study utilizes a cross sectional Kenya Demographic Health Survey of 2014. We employed binary probit model to estimate the probability of a child being stunted. Access to care was the outcome variable and was measured using distance as being near or far from health facility. Nutritional status was the dependent variable and was measured using height for age z scores. Confounding variables were maternal factors such as age of the mother, education, breastfeeding, place of residence, and regions. We controlled for sample design, and heterogeneity from unobserved characteristics correlated with stunting.

**Results**

Access to child health significantly influences the probability of a child being stunted in Kenya. Older women and secondary education were found to reduce stunting. On the other hand, being married, breastfeeding, and living in urban area were associated with increased stunting. In terms of regions, the coast, north eastern, eastern, and Nyanza lowered the probability of a child being stunted.

**Conclusion**

More efforts are required to enhance prioritization of policy formulation for better child nutritional outcomes. This includes the need for government intervention to address distance barriers of access to essential health care hence achievement of Sustainable development goal number 2.2 and enhance primary healthcare. Both regional and specific county health policies should be designed in the respective and significant regions that is geared towards integrated people-centered care systems. Overall, the government needs to address barriers in healthcare access for its citizens either financial or distance in order to achieve universal health coverage.

Key words: *stunting, child health, access*

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