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**Child Health Outcomes in sub-Saharan Africa: The Interrelated Effects of Neighbourhoods and Families on Child Health.**

Ms Oluwaseyi Somefun, University of Witwatersrand, seyiwaltine@yahoo.com

Background

During the 15-year lifespan of the Millennium Development Goals (MDSs), health outcomes have dramatically improved overall, but progress has been highly uneven in the developing countries. The rates of infant and child mortality in a sizeable number of countries in sub-Saharan Africa remain a prominent global concern. While existing studies have identified socio-economic factors, environmental conditions and access to health care as key determinants of child health and survival, the role that family structure plays in protecting children’s health in sub-Saharan Africa has received little attention. This research is stimulated by the recognition that negative child health outcomes may be as a result of disruption in existing family structures such as increasing parental deaths and high number of single parenting. We hypothesize that the impact of family structure on child health outcomes is in part explained by the different types of communities within which families reside and that community characteristics moderate the impact of family structure on child health outcomes.

Methods

Using weighted data from recent demographic and Health Surveys in Burundi (5,954), Cameroon (11,023), Congo DRC (14,182), Malawi (18,041), Mali (8,480), Niger (9,209), Nigeria (27,451), Rwanda (8,501), Zambia (5,410) and Zimbabwe (6,725), we examine the relationship between family structure and child health practices. Child health outcomes were measured in three areas: child’s immunisation status (yes or no), mortality (dead or alive), and nutritional status (stunted or not). Although there are numerous community level characteristic that might be examined, the analysis is restricted to four variables that previous research suggests are important for understanding child health outcomes. The data are structured so that respondents are nested within communities; hence, a multilevel statistical model is used to estimate the impact of community characteristics, family structure and the other explanatory variables on child health outcomes.

Results

Results also showed that 28% of the children in the selected countries were not fully immunized and child stunting was higher in male headed households. Compared with children whose parents were married, children born to never-married single mothers were significantly more likely to die before age 5 in 4 of the selected countries (odds ratios range from 2.34 in Nigeria, 1.46 Burkina Faso, 1.23 Cameroon and 1.56 Malawi). In addition, two community level variables have significant effects on child health outcomes but their inclusion does little to alter the effects of family structure.