

Issue Brief



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Innovations for equity

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How to improve child health service utilisation in Ethiopia



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Child health in Ethiopia

Ethiopia successfully achieved Millennium Development Goal 4 of reducing under-five mortality by more than two-thirds between 1990 and 2015. Adoption of the health extension programme, and implementation of the integrated management of neonatal and childhood illnesses (IMNCI) and the integrated community case management (iCCM) models of care, contributed to this achievement. However, child mortality remains high at 67 per 1,000 live births. The top six major causes of child morbidity and mortality are pneumonia, malaria, diarrheal diseases, malnutrition-associated illnesses, measles and perinatal causes.

Underutilisation of child health services

According to the [Ethiopian 2016 demographic and health survey report](#), coverage of all basic childhood vaccinations is 34 per cent. The percentages of children under 5 years of age that are stunted (chronic malnutrition), wasted (acute or recent nutritional deficits), and underweight (stunted, wasted, or both) are 38 per cent, 10 per cent, and 24 per cent, respectively. The percentage of children aged six to 23 months being fed the minimum acceptable diet is only 7 per cent, and exclusive breastfeeding among infants less than six months of age is 58 per cent. Furthermore, only 30 per cent of children with acute respiratory tract infections and 43 per cent of children with diarrhea sought healthcare. A systematic literature review of 17 quantitative and five qualitative studies was recently carried out to summarise the reasons for underutilisation of immunisation and nutritional services, and to identify barriers to healthcare seeking for common childhood illnesses in Ethiopia.

Priority actions

- 1 Improve the quality of child healthcare delivery: ensure child health and ambulance services are available 24/7, expand respectful and compassionate care, and provide essential medicines and equipment.
- 2 Raise community awareness of the importance of timely recognition of danger signs to avoid delays in healthcare seeking for common childhood illnesses.
- 3 Enable access to health information to improve health literacy about the benefits of child health services, and the dangers of use of traditional medicine in children.
- 4 Improve women's autonomy for decision making through gender equality and socio-economic empowerment.

Key findings

- 1 **Access to health services:** children from higher income families and living in urban areas have better access and utilisation of child health services. Cost of transportation (a proxy for geographical access) is associated with delay in seeking healthcare for children.
- 2 **Social factors:** the number of children in a household is negatively associated with the degree of full immunisation, whereas women's autonomy for decision-making and having less workload is associated with better use of child health services.
- 3 **Health-related beliefs and perceptions:** mothers' positive experiences and perceptions of health services are associated with better use of child health services.
- 4 **Facilitators of child health service utilisation:** the ability to recognise signs of "severe" illness, provision of child health services at low cost (or fee exemption), family support, proximity of child health services to the community, and knowledge about the benefits of child health services.
- 5 **Barriers:** the use of traditional healers, maternal fear of potential side effects of medications, community perception that services in health posts are unavailable or of poor quality, and lack of transportation.
- 6 **Inconclusive results:** maternal education, being married, and having a male child are positively associated with healthcare seeking while birth order is negatively associated with utilisation of child health services. The age of the child was associated with better use of healthcare for common childhood illnesses.

Implications

The health status of children has improved dramatically because of improved access to child health services mainly as a result of the health extension programme. However, child mortality remains high due to underutilisation of child health services. One important reason for delayed healthcare seeking of common childhood illnesses is that parents often take sick children to traditional healers as a first port of call. However, awareness raising interventions can help address this issue. Access to health information through mass media and community conversations can help improve health literacy, assure people about the benefits of child healthcare, and normalise beliefs associated with the potential side effects of medications (including vaccines) in children.

The availability of child health services, essential medicines, and vaccines in all healthcare facilities at all times requires attention to ensure the continuity of care. Enhanced quality of healthcare delivery is also needed to fulfil the community's expectations and to improve child health service utilisation. Underutilisation of child health services due to maternal workload in and outside of home, and to mothers' degree of autonomy for decision-making can be addressed through gender equality and socio-economic empowerment.

Key references

Central Statistical Agency (CSA) [Ethiopia] and ICF (2016), [Ethiopia Demographic and Health survey 2016](#), CSA and ICF: Ethiopia and USA

CREDITS

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