Measuring child poverty across Africa and exploring the social and economic correlates of child health

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Background

⇒ Global child poverty has been declining up until the COVID –19 pandemic.

⇒ Unfortunately, Sub Saharan Africa has not shared in that decline as over 50% of the population still live in extreme poverty according to the World Bank (2018) estimates.

⇒ Millions of children in the continent lack access to clean water, adequate sanitation services, food, education, healthcare, information and live under poor housing conditions etc.

⇒ The persistence of poverty and its unequal distribution in the continent can be associated to poor governance, corruption, lack of political commitment, Africa's state of dependency where capitalist policies and postcolonial structures have enhanced underdevelopment and socioeconomic inequalities.

⇒ Poverty and material deprivations have public health implications in terms of infectious disease spread (ARI, malaria, diarrhea related infections and NTDs)

⇒ Hence the reason why I in 13 children in SSA are more likely to die before reaching their 5th birthday compared to 1 in 264 children in countries like Australia and New Zealand (UN IGME, 2020)

## Conceptual Framework
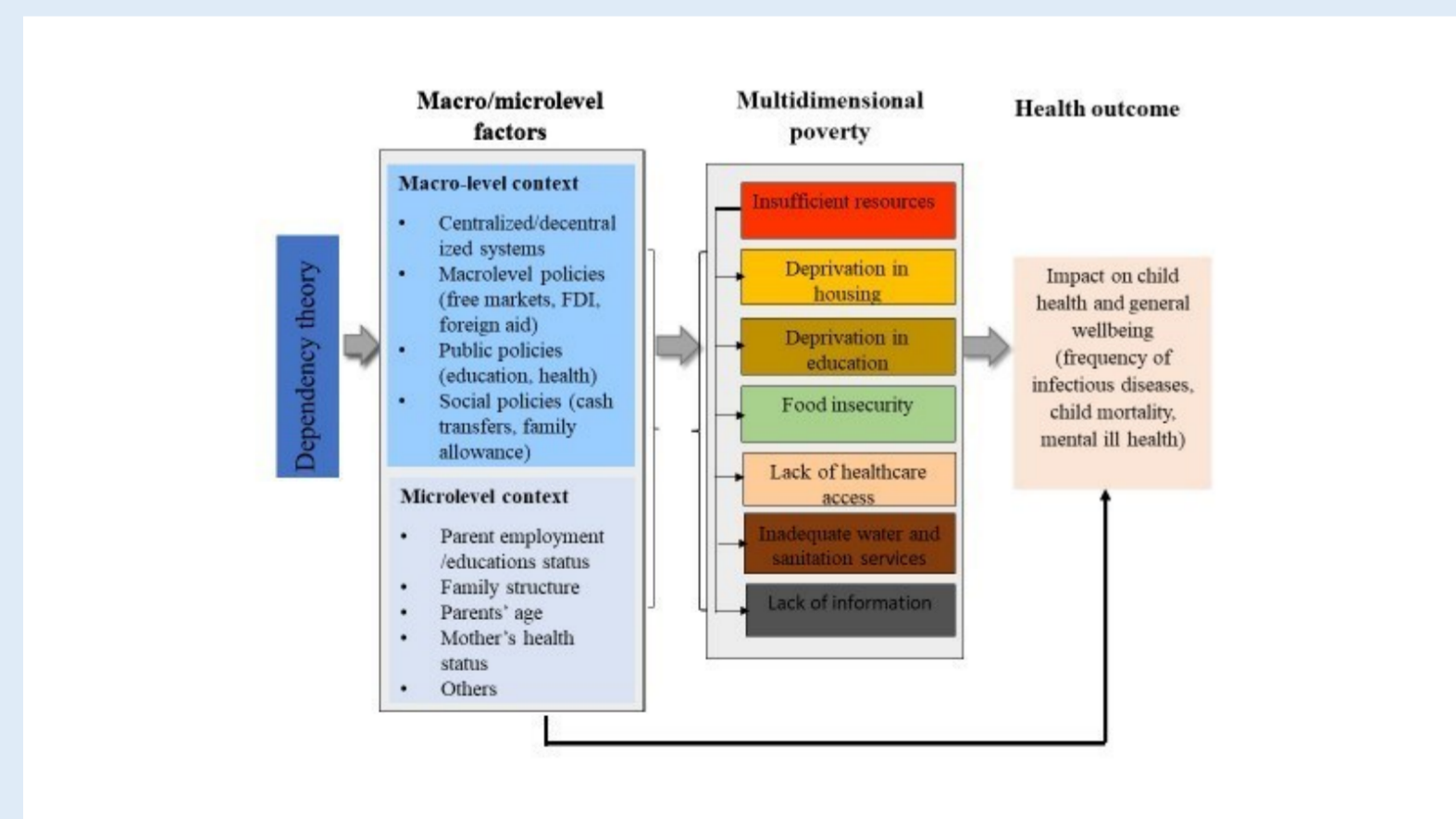
Source: Authors construct

⇒ The rational underpinning this research highlight three things children encounter. First the reliance on the state and familiy for their health and survival. Secondly, the fact that children's needs, according to Townsend (1979) are dependent on family resources. And lastly, the reality that the social, economic and political environment of a society shape children's health and wellbeing .

Objectives

⇒ To provide robust child poverty and deprivation estimates across 30 African countries

⇒ To examine the relationship between child poverty and physical health (under 5 mortality rates and infectious disease spread)

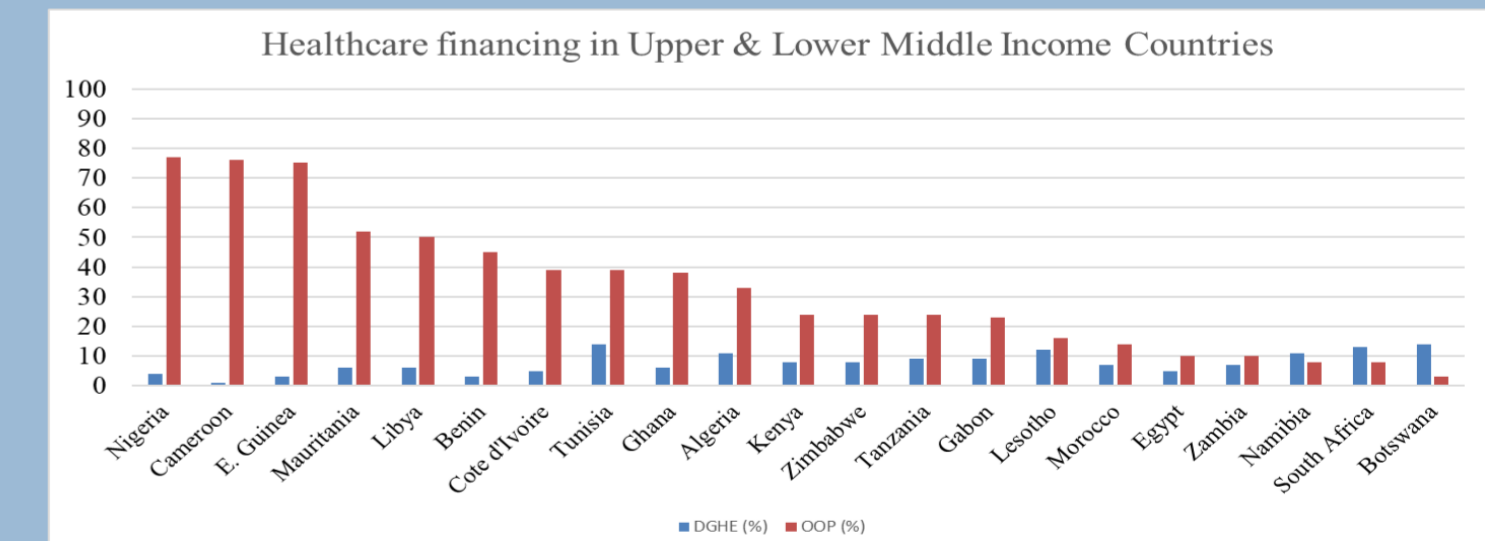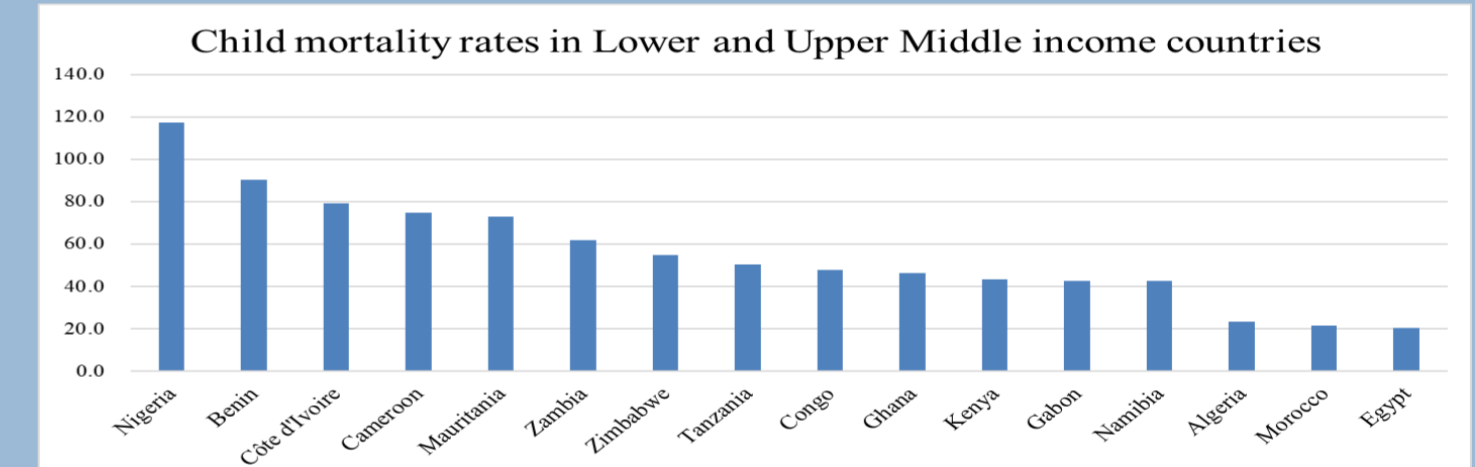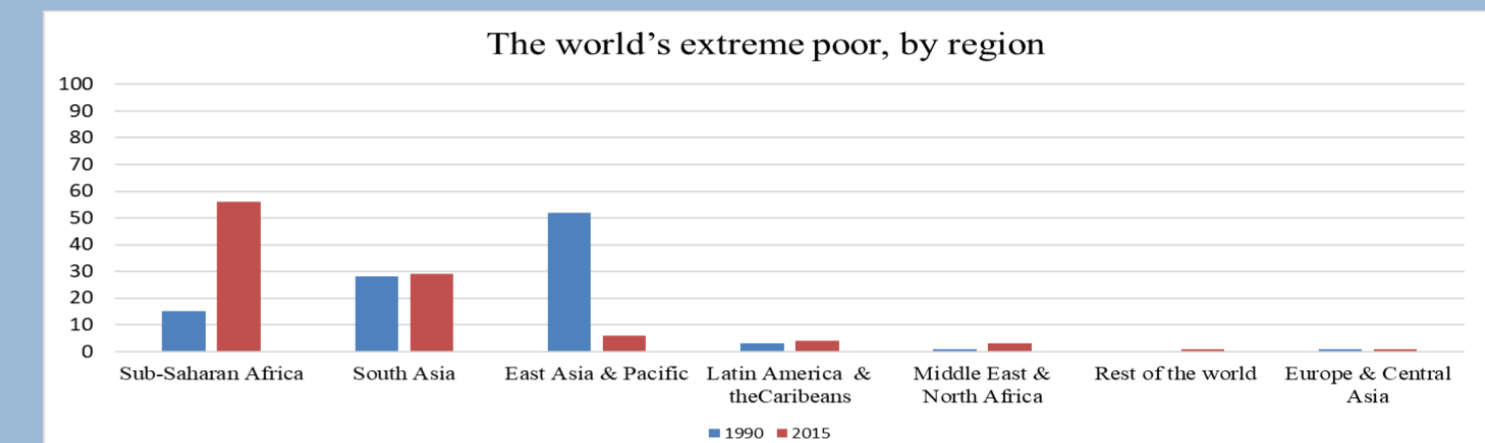⇒ To determine the social and economic correlates that impact on child health

Methods

⇒ Secondary data will be used for this study and data will be drawn from multiple sources including Demographic Health Surveys (DHS), Multiple Indicators Cluster Surveys (MICS), Global Health Observatory Network among other sources.

⇒ Child poverty will be measured using and SDG updated Gordon et al. 2003 methodology. Gordons method will be updated to reflect current SDG standards.

Source: Adapted from Gordon and Nandy 2012
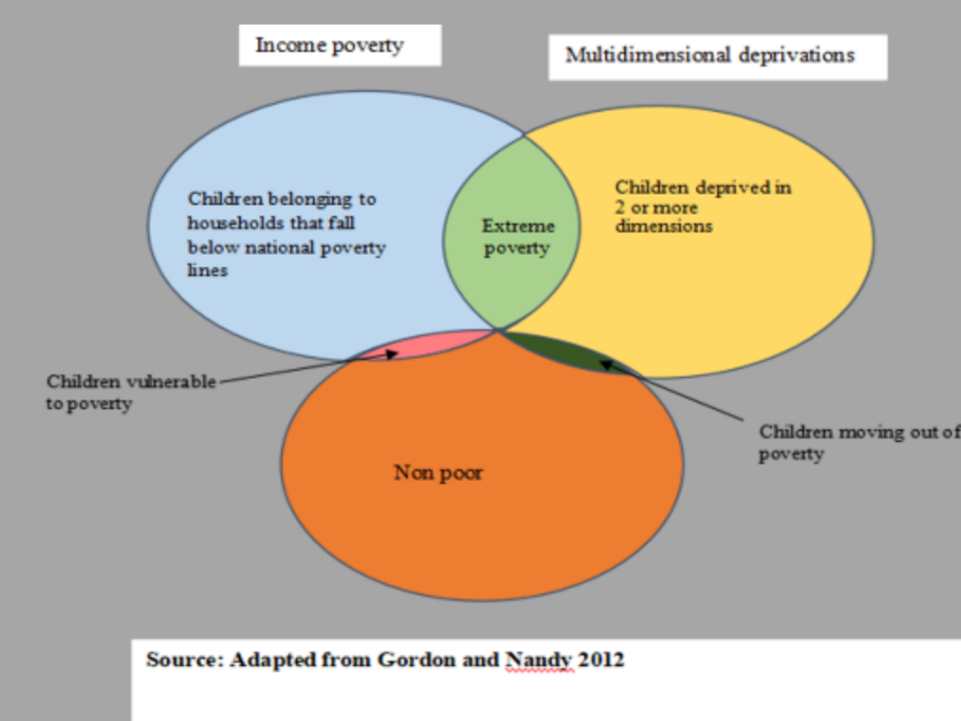
⇒ Child poverty is conceptualized using monetary and non-monetary measures. Children are poor if they fall below either thresholds, and extremely poor if they fall below both poverty thresholds

⇒ The second part of the analysis will use a multilevel analysis to examine the relationship between child poverty and physical health and determine the social and economic correlates of child health both macro and microlevel.

⇒ The dependent variables are, child mortality rates and frequency of infectious diseases. The independent variables will include colonial structures, the extent of a country's economic dependency state, domestic general government health expenditure, parent employment status etc,

Preliminary results– Descriptive statistics

The world's extreme poor, by region

Child mortality rates in Lower and Upper Middle income countries

Healthcare financing in Upper & Lower Middle Income Countries

Conclusion

⇒ Sub-Saharan Africa bears the highest burden of poverty with underlying implications on the health and general wellbeing of children.

⇒ Managing child health must not stop at the clinics. Rather, it is equally important to explore the social, economic and political processes that shape children's health so as to inform policy makers.

⇒ In the words of Gordon and Townsend (2000, p.30), *'the fight against poverty requires a full rehabilitation of the state, first of all in the mind-set of all who shape public policies or govern public opinion*