Journal of the Knowledge Economy
https://doi.org/10.1007/s13132-022-01056-0

Analysis of Household Wealth and Child HealthCare Utilization in Nigeria

Anthony Orji[1] · Celine Onyinyechi Obochi[1] · Jonathan E. Ogbuabor[1] · Onyinye I. Anthony-Orji[1] · Chinonso Akudo Okoro[2]

Received: 2 November 2021 / Accepted: 14 September 2022

Abstract

This study investigates the relationship between household wealth and child healthcare utilization in Nigeria. The study employed descriptive statistics and poison regression analysis with cross-sectional data sourced from a demographic and health survey. The results from the study indicate that wealth is statistically significant to child healthcare utilization or household decision on seeking healthcare services for their child. Also, education of the household head, cost of healthcare services, health insurance status of the child, age of child, and household size or number of household members are socioeconomic factors that impact child healthcare utilization in Nigeria. The study also finds that households in higher wealth index are more likely to seek healthcare for the child, while households with higher education and health insurance and those within the middle to richest wealth quintiles are more likely to seek appropriate healthcare for the child compared to those in the poorer to poorest wealth quintiles. The findings also indicate that cost of healthcare services is a major socioeconomic factor that influences child healthcare utilization. Low cost of healthcare services is likely to aid household demand for child healthcare compared to the high cost of healthcare services. In addition, the study finds that the demand for child healthcare falls with the age of the child. The study concludes that differences in the utilization of child healthcare among households may be caused by wealth inequality and other factors. This is supported by the fact that most households in the lower wealth quintile and socioeconomic status seek healthcare for the child from the traditional means and chemist instead of going to hospitals with qualify doctors and nurses.

Keywords Household · Wealth · Child health · Care utilization

JEL H15 · 114 · J13 · P36

✉ Chinonso Akudo Okoro
chinonso.okoro@unn.edu.ng

Extended author information available on the last page of the article

Published online: 28 November 2022

Introduction

Nigeria is a very populous country in Africa, with a fast growing population of 166.2 million in 2012, 127.85 million in 2016, 195.88 million in 2018, and 201.5 million as at 2019 (UN Department of Economics and Social Affairs (UNDESA), 2019). Children make a significant proportion of the population with 40.9% of the significant proportion being within age bracket 0–15 years of age. About 2.3% of the world's population is from this great country. Thus, 1 out of every 45 individuals in the entire universe is from Nigeria (World population review (WPR), 2018).

Accumulated wealth (net worth) is important in describing the economic state of households. A combination of accumulated wealth (or net worth) and income gives the actual understanding of being healthy. When an unfavorable situation befalls a household, such as unemployment, illness, or divorce, the wealth accumulated by the household is a reliable income source for the provision of its daily necessities. Household heads and other individuals who are above the official working age rely on the accumulated wealth of the family as a post retirement source of income for financing consumption (Lettau & Ludigson, 2004).

In Nigeria, the health of the child is threatened by nutritional deficiencies and illnesses. These illnesses include malaria, diarrhea diseases, acute respiratory infections, and vaccine preventable diseases. These diseases have caused high rate of death among infant and children. The under-five mortality rate is 120 out of every 1000 live birth. There is also the menace of underweight among Nigerian children, as a consequence of malnutrition. 31.5% of children under the age of 5 are moderately underweight while 11.5% are severely underweight (measured with the WHO standard). Stunted growth is also prevalent among these children. 43.6% of the children below the age of 5 are moderately stunted (low height for age) while 22.8% are severely stunted. Moreover, the rate of wasting and overweight is low among these children, with 13.7% and 1.5% rate of wasting and overweight respectively (UNICEF, 2017).

The state of health of an individual is one of the important components of human capital. This is because, the level of investment on health affects productivity which also affects economic growth. Theoretically, health and economic growth interact in important ways with wealth affecting health (ijaya, 2011) as cited by Adeoti and Awoniyi (2014). Generally, a country's health outcomes have been used to assess its economic growth. Improvement in health status has a relationship with increase in national wealth (Fagbamigbe et al., 2015). The general well-being and wealth is centered in health (Arthur, 2012). The rate at which quality healthcare services are used by the people may be affected by poverty, dominantly among the poor parents of under-five children. Health can strengthen wealth while wealth can also strengthen health, but the health system works as their catalyst (MeKee et al., 2012). Thus, healthier individuals can be more productive and be able to generate more income, but financially disadvantaged persons may have difficulty in accessing healthcare services and become poorer. Accessing and utilizing healthcare services and facilities can be affected