Determinants of two major early-childhood diseases and their treatment in the Philippines: Findings from the 1993 National Demographic Survey

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Using data on infants and children from the 1993 National Demographic Survey (NDS) of the Philippines, this report investigates the conditions under which young children remain healthy or become ill with acute respiratory infection (ARI) or diarrhea and either receive or do not receive treatment. It focuses on three types of outcome: the current morbidity status for ARI and diarrheal disease of children under 5 years of age, the type of health-care services used (if any) by parents of an ill child, and the mother's knowledge about and use of oral rehydration therapy (ORT). The objective is to identify the major social and economic determinants of these outcomes in order to improve the design and implementation of health-care programs.

Whereas earlier NDS reports have presented descriptive statistics (marginal frequencies and bivariate tabulations) based on the survey’s morbidity data, here we concentrate on the results of multivariate logit analyses. Broadly speaking, our findings may be grouped under five thematic headings: social and economic development, “culture,” family and gender relations, parental underinvestment, and situational factors.

As expected, we found several instances in which conventional indicators of socioeconomic status (e.g., parental education, father’s occupational status, residence in Metro Manila) were related negatively to current illness and positively to the quality of health-care treatment provided. We also identified three deviations from the expected pattern. First, morbidity rates for both ARI and diarrheal disease were higher in urban than in rural barangays (political subdivisions). Second, mothers working in white-collar jobs were somewhat less likely to bring a child ill with ARI for treatment than were other mothers. Third, mothers who scored low on a media-usage scale tended to fare somewhat better on both the morbidity and treatment indicators than did other mothers.

The major “cultural” finding concerned Filipino Muslims. This group was particularly unlikely to bring children with ARI to any health-care specialist. Muslims were also less knowledgeable about ORT than other groups and less likely to use ORT.

Family and gender factors (work status of the mother, single-parenthood status, sex of the child) were generally found to play minor roles as determinants of disease or treatment. In addition, the results lend modest support to parental underinvestment theory: unwanted children and those born after short birth intervals fared poorly on several comparisons.
Two situational factors, the age of the child and the severity of the child's symptoms, were related rather consistently to the morbidity and treatment factors. Children tended to have low levels of disease in infancy and again around age 5 and higher levels in between, with peak levels at about 18 months of age.

In general, the data indicate that two of the "intermediate technologies" now being advocated by the Philippine Department of Health's primary health-care program—ORT and the use of community health stations—are accepted more fully by lower-status couples than by the wealthier and better educated. Efforts are evidently needed to increase the acceptance of ORT among all classes of Filipinos, especially in view of the health benefits associated with this type of therapy.

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