November 2000

PMS policy brief No. 5

The state of Malawi's poor: Their health

Special points of interest:

- The educational level of the mother interacts with wealth status to explain fertility rates and child nutrition status.
- The poor in Malawi appear to have a higher threshold of feeling poorly before they consider themselves to be ill.
- Where one lives in Malawi, rural or urban, is more important than wealth status in acquiring quality medical care.
- Immunization coverage is consistently high across wealth groups and rural-urban.

PMS Poverty Monitoring System

The Poverty Monitoring system is an activity under the Poverty Alleviation Programme of the Government of Malawi. The core research activities of the PMS involve four institutions:

- *National Economic Council,*
- *National Statistical Office,*
- *Centre for Social Research of the University of Malawi,*
- *International Food Policy Research Institute.*

The poverty monitoring research program has been designed to gain a comprehensive understanding of poverty in Malawi. The findings presented here are part of a series of briefs designed to inform policy makers about the current state of poverty and the methodologies used to measure poverty.

The PMS is funded by a grant from the Danish government which is administered by the World Bank.

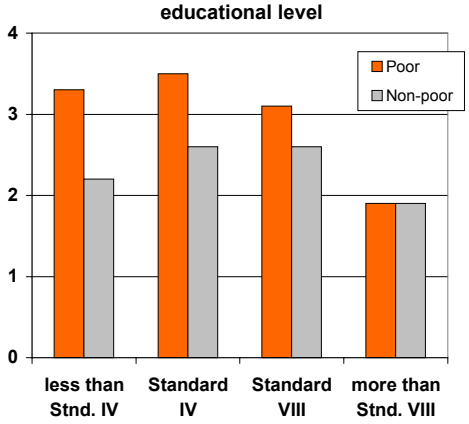
The fertility of poor women

Fertility levels of women are shown in the analysis to not only be correlated to poverty status, but also to educational level: more educated and non-poor women have fewer children. The more education a woman has, the later would be the age of her first birth and the greater would be her knowledge of family planning methods, resulting in lower fertility overall for such women.

The graph shows this to be the case, but only for those women who have greater than a Standard IV level of schooling. Women who have very little or no schooling have lower fertility levels relative to women with a Standard IV education. This finding demands additional research.

It is important to note, however, that the inverse relationship between the wealth status of the woman and the level of her fertility indicator is quite consistently maintained at all levels of education.

Mean number of children ever born to women aged 15-45, by mother's educational level



Child survival in poor households

The findings from the IHS on child survival reveal very little difference between wealth groups. Overall, non-poor women who have given birth are slightly less likely to have had a child die, but the children born to poor women are slightly more likely to still be alive.

The more important contrast is rural-urban, which is presented in the table here: The children of rural mothers are more likely to die than those of urban mothers.

The conclusion is that receiving good quality health care for children in Malawi is more a function of where one lives than whether one is living in poverty or not.

Although the data is not presented here, the IHS analysis also reveals that the more education the mother has, the greater the number of children who will have survived. Coupled with whether one is living in a rural or urban setting, the educational level of the mother would seem to be more important than the wealth status of a household in determining whether the children in a household will remain alive and healthy.

	Rural		Urban	
	Poor	Non-poor	Poor	Non-poor
Children ever born to women aged 15 to 45 who are still alive (%)	78.5	76.4	87.4	89.7
Women aged 15-45 who have given birth who have had no children die (%)	55.2	57.3	73.4	78.2

Morbidity

The table below provides a summary of the information on the level of illness over the previous two weeks by wealth group - what percentage of individuals considered themselves ill, what percentage were ill enough to stop their normal activities, and what percentage sought medical attention.

The pattern revealed is counter-intuitive – theoretically we would expect the opposite to be the case. Although the differences are not great, the trend is for the non-poor to be more likely to be ill than the poor. One would expect that, given the level of deprivation under which they live, the poor would be more subject to illness than would be the relatively better fed, better housed, and better clothed non-poor.

In assessing this information, one should realize that whether one was ill or not in the previous two weeks was self-reported. As such, the poor may very likely have a higher threshold in regards to feeling out of sorts before they would classify themselves as "ill". Consequently, the *illness* of the poor may not be directly comparable to the *illness* of the non-poor.

The non-poor also were more likely than the poor to seek medical attention when ill, although the differences are not significant.

(percent of individuals)	Poor	Non-poor
Ill	24.4	28.7
Stopped normal activities	15.3	17.2
Sought medical attention	3.9	4.8

Child nutritional status in poor households

Height and weight measurements were taken for many of the children aged 6 to 59 months in the sample households of the IHS. Using reference distributions, one could then determine whether a child was stunted, wasted, or underweight.

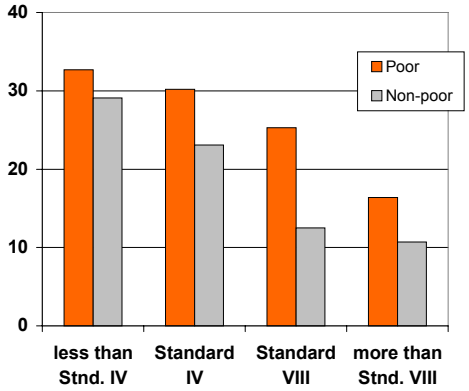
- Stunting, a low ratio of height for age, is indicative of long-term or chronic malnutrition.
- Wasting, low weight for height, results from acute malnutrition, as in a situation of famine.
- Underweight, low weight for age, is a combination of the effects of wasting and stunting.

As shown in the table, any correlations between poor anthropometric indicators and wealth status is not strong. Children from non-poor households are only slightly less likely to be in poor nutritional condition than those from households under the poverty line. This is surprising as malnourished children should not be found in what should be well-fed, non-poor households. Yet, quite high rates are found, particularly for stunting. Further investigation is needed.

Note that there are no significant differences between boys and girls.

One important factor in child nutrition, is the educational level of the mother. The chart above presents the pattern for underweight children: the higher the educational level of the mother, the lower the incidence of underweight children. Here the interaction with wealth status is more clearly seen.

Underweight children as percentage of children aged 6 to 59 months, by educational level of mother



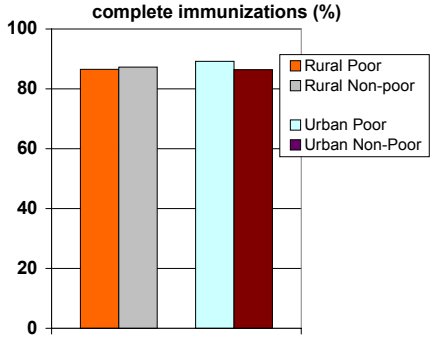
(pct. of children age 6 to 59 mo.)	Poor		Non-poor	
	Boys	Girls	Boys	Girls
Stunted	63.6	58.5	56.9	53.3
Wasted	9.3	10.1	9.3	7.9
Underweight	34.3	29.3	26.6	23.1

Immunization

Immunization coverage for children aged 6 to 59 months is presented here. Quite high levels of coverage are found consistently in poor and non-poor and in rural and urban households. The health services of the nation would appear to be doing a good job in providing children with protection against these diseases.

However, the IHS did not inquire as to the timeliness of the vaccinations. Consequently, medical professionals argue, one should distinguish between children who are *fully* vaccinated – all vaccinations received *and* at the proper time – and those who are *completely* vaccinated – all vaccinations received. Here information of the latter sort is provided.

Children aged 6 to 59 mo. with complete immunizations (%)



Other policy briefs

- *Activities of the Poverty Monitoring System*
- *The state of Malawi's poor: The incidence, depth, and severity of poverty*
- *The state of Malawi's poor: Who they are*
- *The state of Malawi's poor: Their education*
- *The state of Malawi's poor: Their economic characteristics*
- *The state of Malawi's poor: Agriculture and making a living from the land*