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Discussion Paper BRIEFS

Food Consumption and Nutrition Division of the International Food Policy Research Institute

Discussion Paper 126

Health Care Demand in Rural Mozambique: Evidence From the 1996/97 Household Survey

Magnus Lindelow

Health is a fundamental dimension of well-being and a key component of human capital. Conversely, poor health and the inability to cope with episodes of illness can be considered important dimensions of deprivation. Public spending on the provision of health care has the potential of bringing considerable health benefits to the population. As a result, both policymakers and researchers have directed attention to the question of how broad access to health services can be ensured. Early policy and research initiatives focused on the need to improve physical access through an expansion of the network of facilities. A growing literature on health care demand has, however, pointed out the need to look beyond the supply side. Actual consumption of health care will differ in accordance with demand factors, such as income, cost of care, education, social norms and traditions, and the quality and appropriateness of the services provided.

Investigating Why People Seek Health Care in Mozambique

This paper investigates the determinants of access to public health care facilities in Mozambique, and provides some quantitative evidence on the importance of individual, household, and community characteristics on individuals' care-seeking decisions during episodes of illness. The research provides new empirical evidence on how different factors affect health-seeking behavior.

Background: The Health Sector in Mozambique

The health sector in Mozambique has long suffered from adverse conditions, low levels of financing, and limited technical capacity. Still, recent years have seen a dramatic expansion of the rural health network aimed at increasing access to health services for the population. Given years of colonial neglect, and systematic destruction of health facilities during the civil war, the need for an expansion of physical access is apparent. However, insofar as the ultimate objective of the provision of curative services is to ensure that those in need of care receive effective treatment, it is also necessary to consider the demand side. Specifically, we need to consider how individuals behave during episodes of illness, and what factors affect this behavior. There are likely to be a range of policy trade-offs—for example, between physical access to care and quality, or between investments in the health network and policy initiatives in related sectors—that are likely to be overlooked if demand issues are ignored.

The Data

With this perspective in mind, the paper reports descriptive statistics and results from empirical analysis based on the 1996/97 Mozambican household survey. The data suffer from many weaknesses, particularly on health variables, and offer only a limited perspective on complex individual and household responses during illness episodes. Still, the Inquérito Nacional aos

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Agregados Familiares Sobre as Condições de Vida (IAF) was the first national household living standards survey fielded since the end of the civil war, and due to the size of the sample and the fact that it is representative at both national and provincial levels, it constitutes the most relevant source of data at this point in time.

The Empirical Framework and Model

The paper notes that observed outcomes reflect a complex interaction of numerous factors and do not shed light on how different explanatory variables affect outcomes conditional on other variables. Only by controlling for these complexities can meaningful policy inferences be made. Drawing extensively on the existing literature on health care demand, the paper therefore estimates a behavioral model of health care demand. The author defines demand as the probability of seeking different types of care conditional on illness, given the relevant characteristics of the individual, the household, and the wider community.

Results and Analysis

Some strong results emerged from the research. In particular, the data suggest that even relatively small price changes would have a substantial impact on access to public health care, in particular for poorer households.

The paper also finds that level 1 primary education has a very strong positive effect on the probability of individuals seeking care at a health post or hospital in the event of illness. Conversely, the results indicate that the eradication of income poverty, independent of improvements in physical access to health care or education, has only a negligible effect on health care choices.

In the absence of information on costs of different policies aimed at improving access to health care, their relative merits cannot be evaluated. Nonetheless, the results in this paper offer some strong indicative results that can inform and motivate future research.

Keywords: health care, Mozambique, public policy

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