Child Health Analysis Report

Cameroon Demographic and Health Survey 2018

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Data Sources: Tables_DIAR.xls, Tables_ARI_FV.xls, Tables_Size.xls

Executive Summary

This report presents a comprehensive analysis of child health indicators in Cameroon based on the 2018 Demographic and Health Survey (DHS). The analysis focuses on childhood morbidity (diarrhea, fever, and acute respiratory infections), treatment-seeking behaviors, and feeding practices during illness.

Key Findings

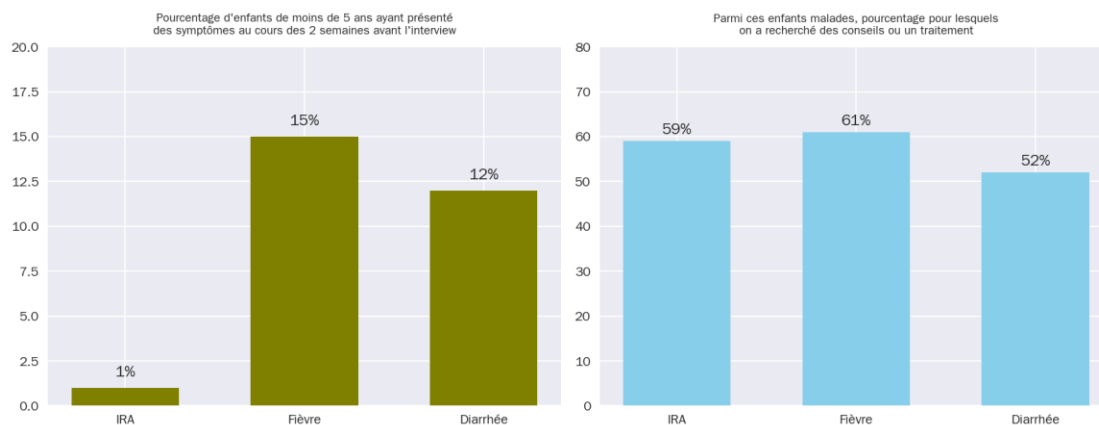| Indicator	Prevalence	Treatment Seeking
Diarrhea	11.9%	51.6%
Fever	15.4%	61.0%
ARI Symptoms	1.0%	59.2%

1. Childhood Morbidity Overview

1.1 Prevalence of Childhood Illnesses

Among children under 5 years of age in Cameroon, the two-week prevalence rates were:

- **Fever:** 15.4% - the most common childhood illness
- **Diarrhea:** 11.9% - affecting approximately 1 in 8 children
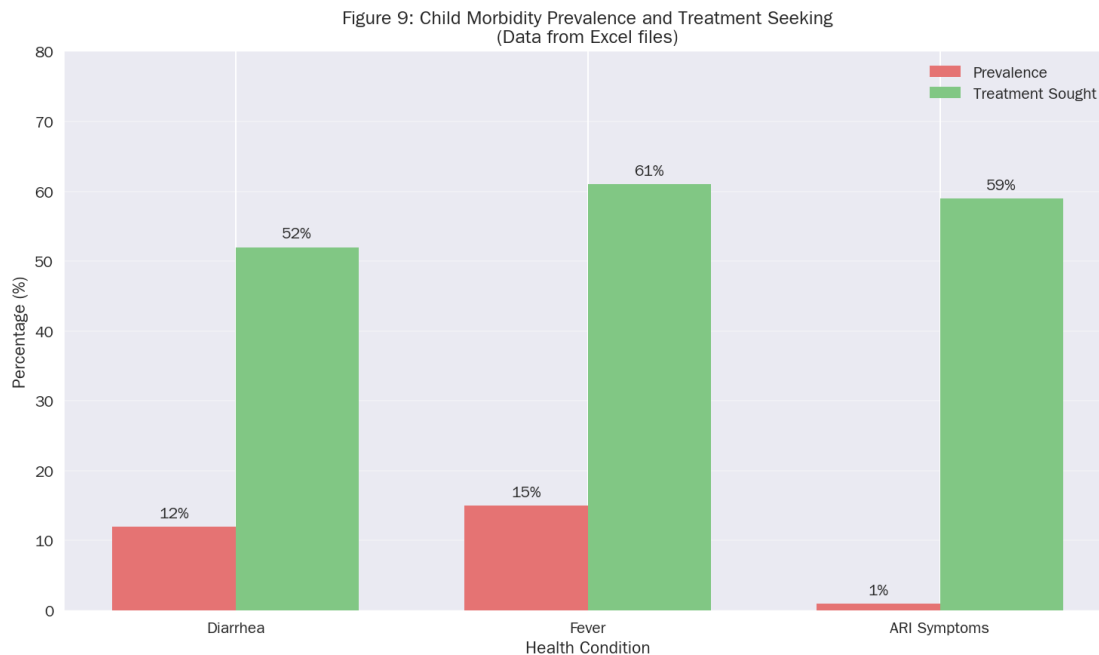- **ARI Symptoms:** 1.0% - relatively rare but potentially severe

Graphique 10.8 Prévalence et traitement des maladies infantiles

Graphique 10.8: Prévalence et traitement des maladies infantiles

1.2 Treatment-Seeking Behavior

Treatment-seeking rates varied by illness type: - **Fever:** 61.0% sought treatment (highest rate) - **ARI:** 59.2% sought treatment - **Diarrhea:** 51.6% sought treatment (lowest rate)

Figure 9:

Child Morbidity Prevalence and Treatment Seeking

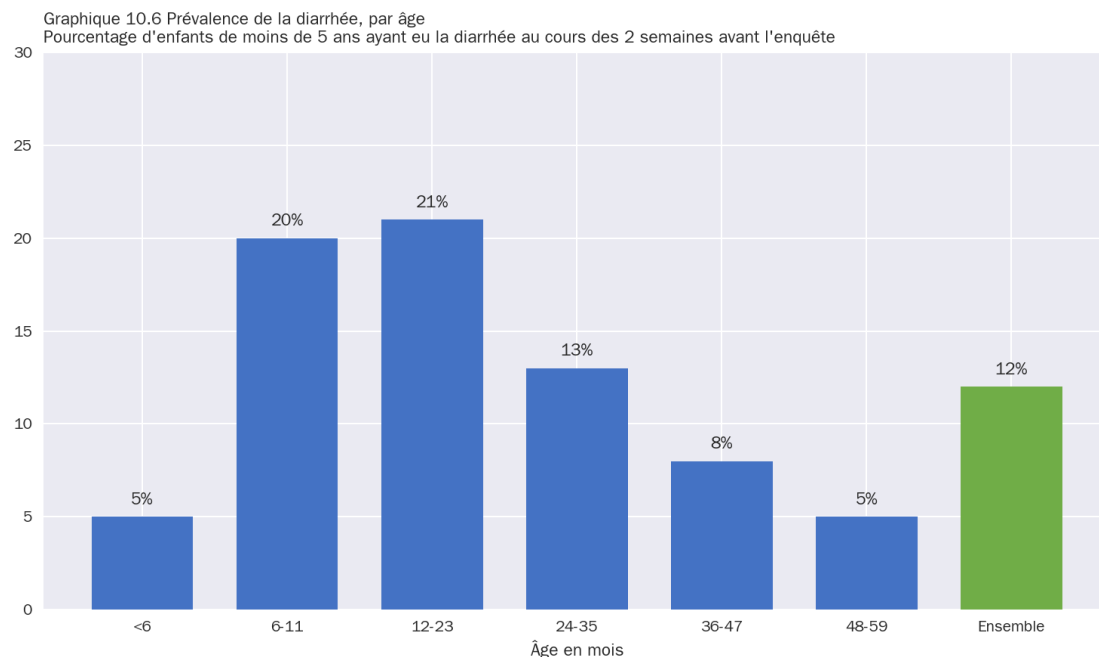
2. Diarrhea Deep Dive

2.1 Age-Specific Prevalence

Diarrhea prevalence follows a characteristic age pattern, peaking in the 6-23 month age range:

Age Group	Prevalence
<6 months	5.0%
6-11 months	20.4%
12-23 months	21.1%
24-35 months	13.4%
36-47 months	7.7%
48-59 months	4.9%

Graphique 10.6 Prévalence de la diarrhée, par âge
Pourcentage d'enfants de moins de 5 ans ayant eu la diarrhée au cours des 2 semaines avant l'enquête
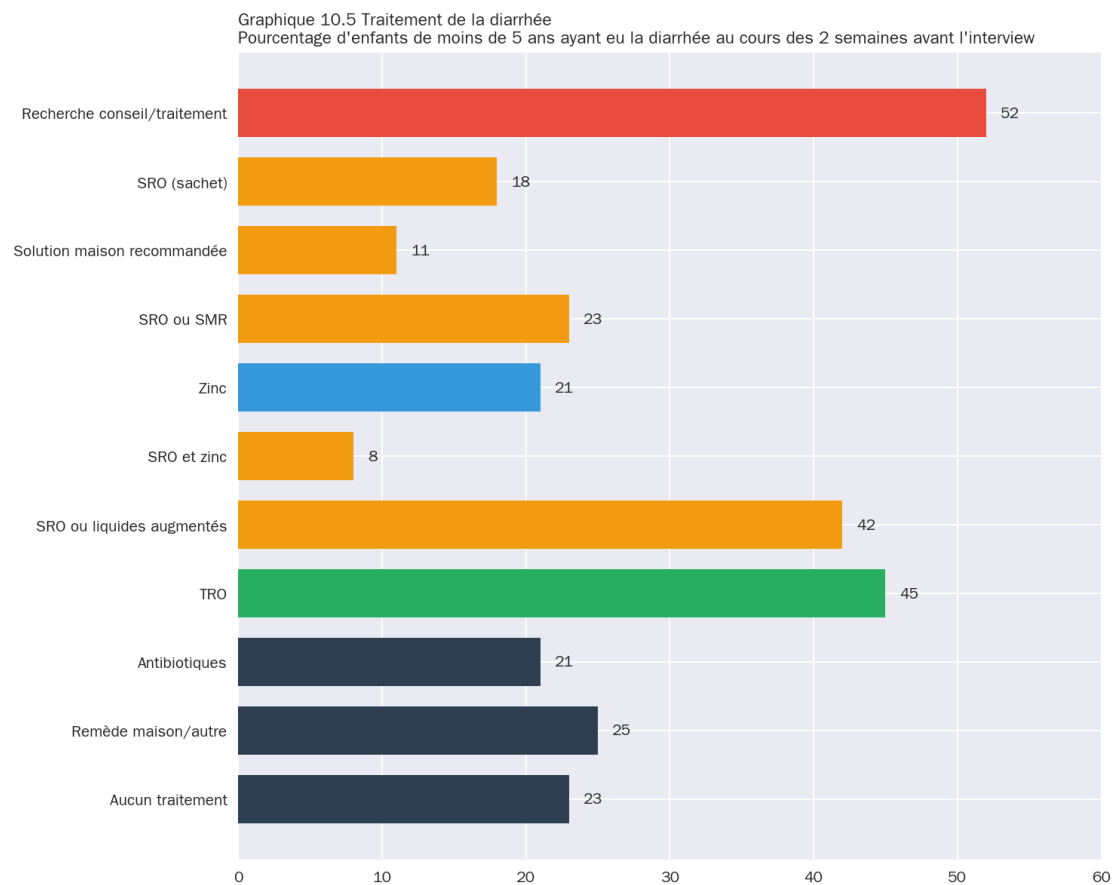
Graphique 10.6: Prévalence de la diarrhée par âge

2.2 Treatment Patterns

Various treatments were used for childhood diarrhea:

Treatment	Percentage
TRO (Oral Rehydration Therapy)	44.6%
ORS or increased fluids	42.0%
ORS (sachet)	17.9%
Zinc	20.6%
ORS and Zinc (combined)	7.7%
No treatment	23.4%

Graphique 10.5 Traitement de la diarrhée
Pourcentage d'enfants de moins de 5 ans ayant eu la diarrhée au cours des 2 semaines avant l'interview

Catégorie	Valeur
Recherche conseil/traitement	52
SRO (sachet)	18
Solution maison recommandée	11
SRO ou SMR	23
Zinc	21
SRO et zinc	8
SRO ou liquides augmentés	42
TRO	45
Antibiotiques	21
Remède maison/autre	25
Aucun traitement	23

Graphique 10.5: Traitement de la diarrhée

3. Socio-Economic Determinants

3.1 ORS Use by Wealth Quintile

Access to ORS treatment shows a clear wealth gradient:

Wealth Quintile	ORS Rate
Poorest	9.2%
Poorer	12.5%
Middle	19.3%
Richer	21.8%
Richest	29.9%

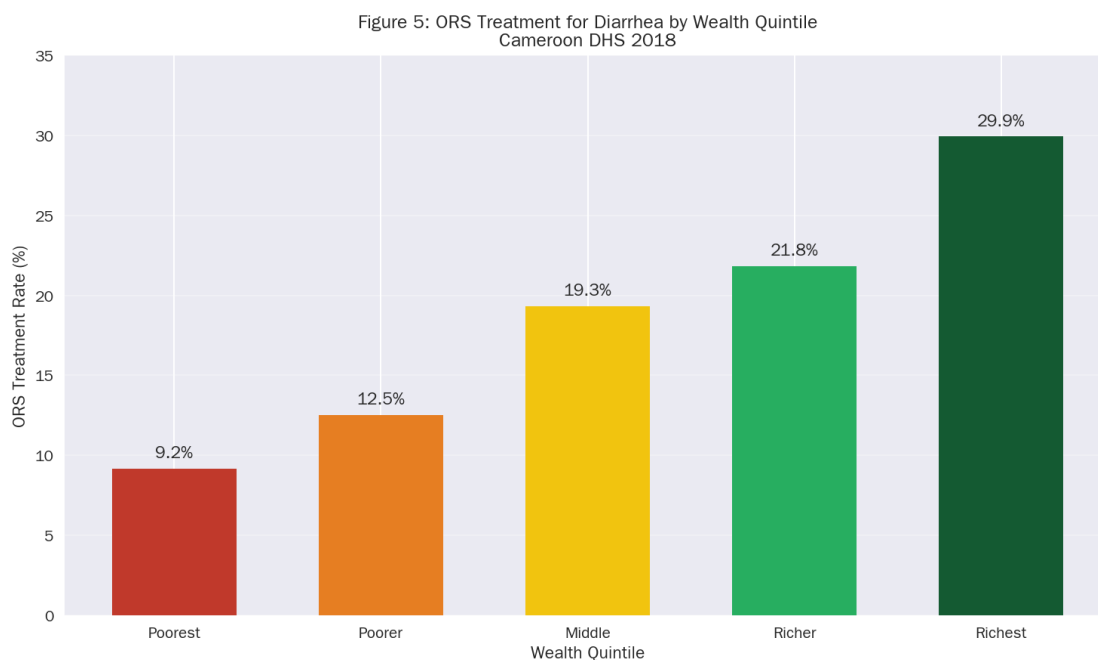Figure 5: ORS Treatment for Diarrhea by Wealth Quintile
Cameroon DHS 2018

Figure 5: ORS Treatment for Diarrhea by Wealth Quintile

3.2 Care-Seeking by Mother's Education

Education Level	Care-Seeking Rate
No Education	51.1%
Primary	63.7%
Secondary	65.6%
Higher	63.9%

Figure 7: Care-Seeking for Fever by Mother's Education
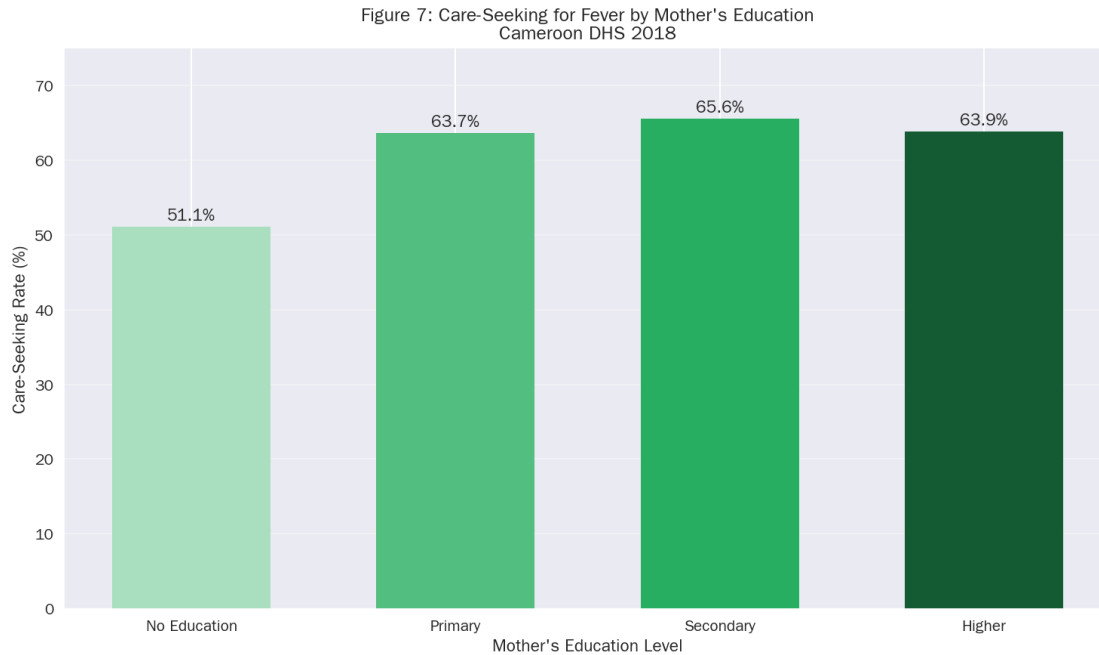Cameroon DHS 2018

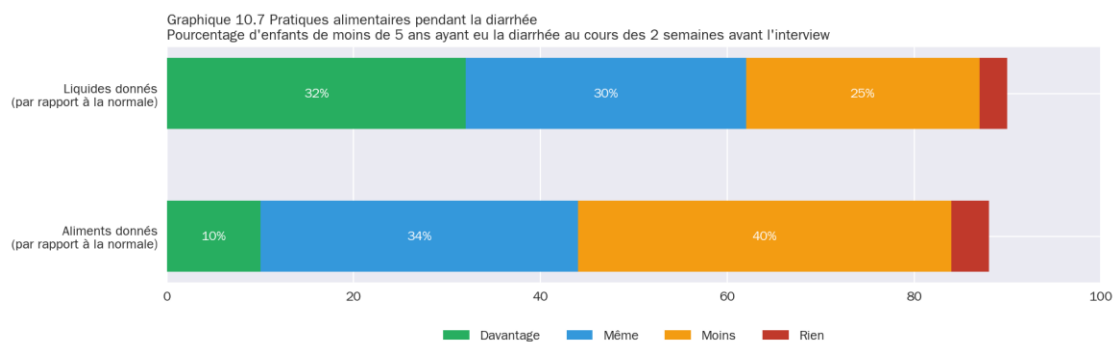*Figure 7: Care-Seeking for Fever by Mother's Education*

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4. Feeding Practices During Illness
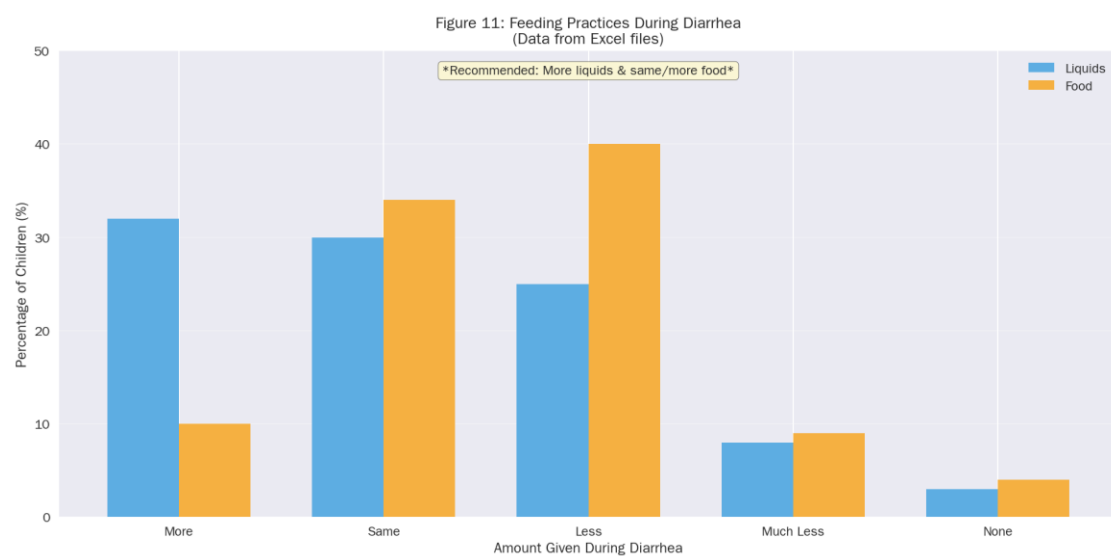
4.1 Fluid and Food Intake During Diarrhea

WHO recommends increasing fluids and maintaining food intake during diarrhea:

Liquids given: - More: 32.3% - Same: 30.1% - Less: 25.2% - None: 2.5%

Food given: - More: 10.3% - Same: 33.7% - Less: 39.6% - None: 3.9%

Graphique 10.7: Pratiques alimentaires pendant la diarrhée

Figure 11: Feeding Practices During Diarrhea
(Data from Excel files)

Recommended: More liquids & same/more food

Figure 11: Feeding Practices During Diarrhea
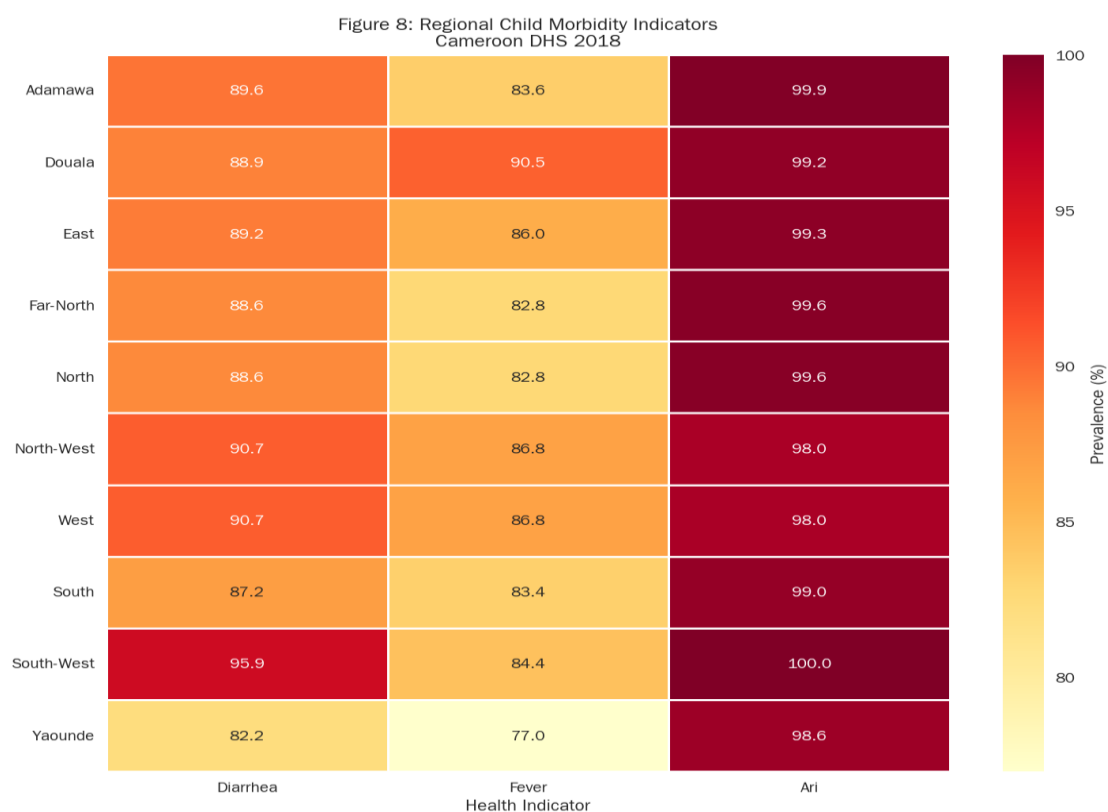
5. Regional Analysis

Figure 8: Regional Child Morbidity Indicators

6. Conclusions and Recommendations

Key Findings:

1. **Fever** is the most prevalent childhood illness (15.4%)
2. **Diarrhea** peaks in children aged 6-23 months (21.1%)
3. **ORS treatment** shows significant wealth disparities (9.2% poorest vs 29.9% richest)
4. **Combined ORS+Zinc** use remains low at 7.7%

Recommendations:

1. Target diarrhea prevention for 6-23 month age group
2. Improve ORS access in poorest wealth quintiles
3. Promote combined ORS+Zinc treatment
4. Educate caregivers on feeding practices during illness

Data Sources

All data extracted from: - `Tables_DIAR.xls` - Diarrhea prevalence and treatment - `Tables_ARI_FV.xls` - ARI and Fever data - `Tables_Size.xls` - Birth weight data

References

5. Institut National de la Statistique (INS) and ICF. 2020. *Enquete Demographique et de Sante du Cameroun 2018*. Yaounde, Cameroun, and Rockville, Maryland, USA: INS and ICF.

6. World Health Organization. 2020. *Children: improving survival and well-being*. WHO Fact Sheets.

7. UNICEF. 2019. *Levels and Trends in Child Mortality*. UN Inter-agency Group for Child Mortality Estimation.

8. The DHS Program. *Guide to DHS Statistics*. ICF International.

9. World Health Organization. 2016. *Integrated Management of Childhood Illness (IMCI)*. Geneva: WHO.

Appendix: Statistical Tables

A.1 Sample Characteristics

The analysis utilized pre-tabulated summary statistics from the DHS 2018 standard tables, covering: - Children aged 0-59 months for morbidity indicators - Recent births for birth weight analysis

A.2 Data Quality Notes
- All percentages are based on weighted estimates
- Missing data were excluded from analysis
- Regional classifications follow DHS standard definitions

Analysis conducted following DHS Chapter 10 (Child Health) methodology