

Colloque international

Le retour des **INÉGALITÉS ?**

Ce que disent les sciences des populations

SESSION 4: Inequalities and CHILDREN HEALTH

Change in inequalities of child mortality in Côte d'Ivoire, 1994-2012

Abdul Dosso (ENSEA)

(...)

Measuring the impact of socio economic status on post natal health: evidence from France

Lidia Panico, Maxime Tô (Ined / University College London)

Theoretical and empirical considerations raise concerns about how socio economic status (SES) is interpreted and measured in health research, and particularly in research relating to health inequalities. In this paper, we compare associations between various indicators of socioeconomic status and three postnatal health outcomes in a representative sample of 2011 French births. We use data from the French birth cohort study, Elfe, to analyse the gradients obtained using different socioeconomic indicators and different markers of postnatal health. To better understand the different mechanisms that lead to variations in these gradients, we propose a decomposition into a set of dimensions that describes the channels through which SES may be linked to postnatal outcomes. This decomposition allows determining the extent to which the SES indicators are linked to each of these dimensions, and the mechanisms and postnatal health that these indicators actually describe. The presentation will highlight the need to assess the impact of socioeconomic status on health from early life, and that the definitions of SES status and health outcome must be made as explicit as possible.

Trends in inequalities in mortality (1992-2012): the case of under-fives in Niger

Younoussi Zourkaleini (Université de Zinder)

An examination of the results of the Demographic and Health Surveys (DHS) carried out in Niger shows that the mortality rates of infants and children have decreased steadily in the last 20 years. According to the results of the 2012 DHS, roughly one child in eight (12.7 %)

failed to reach their fifth birthday compared with one in three (318 ‰) according to the 1992 DHS. The levels, trends and characteristics of child mortality depend on the health, environmental, socio-economic and cultural conditions prevalent in the various strata of the population. The mortality rates of children aged under five differ according to age, sex, weight at birth, the environment and the region of residency, and the level of education of the parents. Drawing on the results of four DHSs (1992, 1998, 2006 and 2012) and on the basis of calculations of the index trend, our objective is to highlight changes in inequalities in line with these variables and the different mortality rates of under-fives (neonatal, post-neonatal, infant, child).

***Children and humanitarian aid in displaced persons camps in Burundi:
investigating the hypothesis of discrimination***

Claire Kersuzan, Christophe Bergouignan (UR 1303-ALISS, INRA / COMPTRESEC,
Université de Bordeaux)

This paper seeks to verify the discriminatory nature of the substantial differences in humanitarian aid received by displaced persons camps in Burundi in 2002. A number of arguments – including the conflict situation, ethnic clashes, regional rivalries and the results of an opinion survey led in two camps – point to possible discrimination in the distribution of aid. Focused on children, a particularly vulnerable population among displaced people, this investigation is based on the results of a socio-demographic survey carried out in 2002 of which the strata concerning displaced persons camps includes nearly 9,200 individuals aged under 18 from 40 sites. A series of multivariate analyses of the intra-cluster correlations among the 40 sites leads to a two-fold conclusion. One, there is a strong likelihood of discrimination between children in the same camp on the basis of the mortality of their parents. Those whose fathers were killed by the crisis during the massacres in 1993 would appear to benefit from preferential aid while those whose parents were killed by the crisis at a later date would appear to be at a disadvantage. Two, it is probable that discrimination exists between camps based on the year they were set up and the dominant religion practiced by the families. However, this disadvantage could be explained by geographical, logistical and safety reasons, including difficulties in accessing the sites and the continuing dangers involved in delivering aid.