Dimensions of Governance and Child Health in Sub-Saharan Africa: A Subnational Analysis

Acheampong Yaw Amoateng
https://orcid.org/0000-0003-3320-116X
North-West University, Mafikeng Campus
yaw.amoateng@nwu.ac.za

Tim Heaton
Brigham Young University, Provo, Utah
tim_heaton@byu.edu

Abstract

There is broad consensus in the literature on development that effective governance is one of the keys to development. It is against this background of the relationship between good governance and socioeconomic development that the African Union (AU), following its establishment in 2000, indicated good governance in its constitutive act as part of its policy framework for member states in line with the tenets of the New Partnership for Africa's Development (NEPAD) and the African Peer Review Mechanism (APRM). The present study examined the relationship between good governance and less child deprivation using pooled data from Afrobarometer surveys and Demographic and Health Surveys conducted in sub-Saharan African countries since 2000. The study examined the relationship between such dimensions of governance as democracy, voting, effectiveness and transparency as measured by trust and corruption as well as measures of child outcomes such as availability of toilet facilities, vaccinations, nutrition and mortality. The study found that the relationship between regional governance and children's well-being was weak and inconsistent. It indicated that although a deepening of democracy might lead to improvements in the long-term outcomes of nutrition and child survival, these improvements would be relatively small. Further, results suggested that, in terms of good governance, trust was not particularly helpful and that corruption was not as harmful as many would suggest.

Keywords: governance; democracy; corruption; child health; effectiveness

Introduction

Effective governance is widely held to be a key factor in development (Acemoglu and Robinson 2012). Recent evidence from 68 low- and middle-income countries indicates that poor quality of governance is associated with child deprivation (Halleröd et al.

UNISA university of south africa PRESS

Politeia
https://upjournals.co.za/index.php/Politeia
Volume 38 | Number 2 | 2019 | #4878 | 20 pages

https://doi.org/10.25159/0256-8845/4878
ISSN 0256-8845 (Online) | ISSN 0256-8845 (Print)

2013). Halleröd et al. (2013) conclude that quality of governance impacts on children's access to safe water, nutrition, health care and information. Moreover, they indicate that a general indicator of good governance is the extent to which the polity succeeds in reducing child deprivation.

In contrast, Kudamatsu (2012) has found that after the establishment of democracy in African countries, infant mortality dropped by 1.2 per cent. However, other findings suggest that good governance is not a unitary concept and that different dimensions of governance may have different consequences (Coppedge, Alvarez, and Maldonado 2008).

The aim of this study was to extend research on the relationship between governance and child well-being in two ways. To achieve this aim, the study explored different dimensions of governance to determine which aspects of governance were the most critical for child outcomes, for example, sanitary conditions, access to health care, and health status. Secondly, the study considered subnational measures of governance to provide geographically and politically specific indicators of governance. Geographically, sub-Saharan Africa was chosen since it is the region where governance and child well-being issues are particularly pertinent due to the large proportions of children in the populations.

The African Union (AU) agrees with the global consensus that governance is central to economic growth, human development and political stability. This principle has guided the organisation for more than a decade now (United Nations Economic Commission for Africa (Uneca) 2009).[1] Indeed, according to the African Governance Report of Uneca (2009), the crisis of governance largely explains the slow rate of economic progress and social development on the continent.

Governance Context in Sub-Saharan Africa

Almost every country in sub-Saharan Africa was subjected to colonialism at some point in its history. Because of the economic exploitation and racial bigotry associated with colonialism, the majority of post-colonial sub-Saharan African states flirted with centrally planned socialist economies (Ake 1990; Ayittey 1991; Davidson 1992). However, because of the market-oriented nature of the Washington Consensus (which refers to prescribed principles for the economic reform of countries in crisis), the cost

1 The first author of this article was a member of the Country Mission under the African Peer Review Mechanism (APRM) programme that assessed Zambia in 2011. Fundamental to a review process is the principle that governance underwrites economic growth. Therefore, the APRM pays attention to economic governance and corporate governance. Socio-economic development is another focus area.

of the adherence to this approach to development is usually felt in the domain of social policy and in areas such as education, health, and housing.

Thus, a major limitation of the policy prescriptions that came with structural adjustment packages associated with the Washington Consensus was that they were based on a narrow quantitative concern for economic growth and macro-economic stability with little or no concern for questions of equity, livelihoods and human security (AU 2008). This failure of social policy has been manifested particularly in the health sectors of most African countries where the prevailing population dynamics have included high infant and child morbidity and mortality rates, high maternal mortality, high prevalence of human immunodeficiency virus (HIV) infections and acquired immune deficiency syndrome (AIDS), and low life expectancy. It is against this background of the lack of "inclusive" development in the continent that the AU recognises the necessity for the development of a social policy framework that combines economic dynamism (including pro-poor growth policies), social integration (inclusive, stable, just societies based on the promotion and protection of human rights), non-discrimination, respect for diversity, and participation of all peoples in the polity.

Delivery of Health Care

As far as the health sector is concerned, several African countries and the AU have in recent years adopted strategies with the aim of improving the health of people in the African region. These strategies include the African Health Strategy, 2007–2015, the Gaborone Declaration of 2005, and the Alma-Ata Declaration on health for all through primary health care.

Moreover, several African countries have intensified efforts to develop strategies for health-care financing, which includes delivering on the commitment in the Abuja Declaration of 2001 that 15 per cent of national budgets should be allocated to health, community participation and mobilisation for health-care provision, extensive training of community health workers, establishment of district health committees and the restructure of government expenditure in the health sector in favour of preventive and community health care. Other focus areas include giving attention to maternal and child health services such as immunisation, family planning programmes, public health education, nutrition, sanitation, provision of safe drinking water, and ensuring equitable access to health for everybody via adequate social protection mechanisms (AU 2008).

As a result of these initiatives, progress has been made by several countries in the health sector. But progress has been mixed. For instance, during the 1990s, limited advancement was made in reaching the Millennium Development Goal (MDG) of a two-thirds reduction in the under-five mortality rate (MDG 4). Since 2000 there has been progress according to estimates by the Institute for Health Metrics and Evaluation (Rajaratnam et al. 2010). For example, the institute found that in 13 regions of the world,

including all regions in sub-Saharan Africa, there was evidence of accelerating declines in the under-five mortality rate from 2000 to 2010 compared with the rate from 1990 to 2000. Within sub-Saharan Africa, rates of decline have increased by more than one per cent in Angola, Botswana, Cameroon, Democratic Republic of the Congo, Kenya, Lesotho, Liberia, Rwanda, Senegal, Sierra Leone, Swaziland, and Gambia. According to UN data, an average annual decline of seven per cent would have been needed to put sub-Saharan Africa on track to achieve MDG 4 (UN 2009).

Even though these declines in the mortality of children under five years of age show promise, they are the exception rather than the rule. In fact, the MDGs on maternal and child health in sub-Saharan Africa are lagging far behind target despite the progress that has been made in several low-income countries. Overall, in sub-Saharan Africa maternal mortality is still high and the levels have improved only five per cent between 2000 and 2010 (UN 2009).

The real significance of this regression in social policy is that it fits into a broader trend of the reversal of the democratic gains the continent has made since the wave of democratisation that has gripped the continent from the early 1990s. As Mkandawire (2006) has correctly observed, the general optimism that greeted this era of Africa's rebirth is gradually giving way to a sense of despair as far as the governance of the continent is concerned. To examine the effect of governance on child well-being in the continent, the next section of this article looks at the concept of governance.

Dimensions of Governance

The core idea underlying this study is that good governance will be responsive to the needs of all citizens both in agenda setting and ability to provide services, will have sufficient public support to be able to generate resources to respond to public needs, and will be less likely to extract resources from its citizens to benefit the elite (Halleröd et al. 2013).

Establishing efficient public institutions such as schools and health delivery systems that are not undermined by corruption should be one of the major mechanisms for achieving these ends. Several other aspects of good governance have also been identified as contributors to positive development such as better sanitary conditions, access to health care and general economic growth. This study will, however, examine participatory governance, performance, trust and corruption as major dimensions of good governance.

Participatory governance invites public input, increasing the likelihood that government policies will be responsive to local needs and increase the accountability of a government to its citizens. *Performance* is necessary for available resources to be used for programmes that actually work. *Transparency* is necessary before people are willing

to support government programmes, but *corruption* undermines equal access to government programmes and therefore the trust in government (Ajaz and Ahmad 2010; Ansell and Gash 2008; Fischer 2012; Kosack and Fung 2014; Parkinson 2012).

The Participatory Dimension

Participatory governance is generally celebrated as a positive dimension of governance, and some political scientists argue that it helps to stabilise a government (Robinson 2012). Scientists also argue that participatory governance improves public service delivery, empowers citizens and deepens democracy in developing countries (Speer 2012). For these reasons, political participation is generally recommended as a primary objective in development.

However, the elements of exactly what constitutes participatory governance and the appropriate measures for it are debatable (Wampler and McNulty 2011), and some authors question the overall effectiveness of participatory governance (Geissel 2009). Even though researchers disagree about such elements of participation as belonging to a political party, working in a political party, and taking part in political protests, democracy is to some extent generally accepted as an important element, whereas voting is widely accepted as the primary indicator of participation (Wampler and McNulty 2011).

Stimson, Mackuen, and Erikson (1995) argue that voting influences governmental policy because with each election people are voted into office to make legislation. Although in theory voting brings in officials who are responsive to the desires of the population, these officials do not necessarily follow through with the promises they make because powerful interest groups or elites influence them (Berry and Wilcox 2015).

Additionally, a person showing up to vote could be half the battle won. According to Harder and Krosnick (2008), getting a person to vote depends in the first place upon three primary factors: the ability to vote (a person's capacity to understand the issues at hand), the motivation to vote, and the difficulty of the task (i.e. location, restrictions). High voter turnout is maximised when these three elements are improved. If these three elements are not developed, then a government may be considered electoral but may not necessarily reflect a good representation of the people. Voting and democracy do not necessarily coincide. Even though a country may have high rates of voting, this does not ensure the other dimensions of democracy (Campbell 2008). Therefore, democracy, in terms of freedom and equality, should be evaluated differently than voting.

The Performance Dimension

The most contact people generally have with their government is through the basic facilities it provides, for example, schools, health clinics, paved roads, or the post office. If a government provides services, then the conventional assumption the study makes is that more people will be in contact with the government. However, providing a service is one thing; the service actually being effective is another thing altogether.

The public sector often provides infrastructure (e.g. schools, clinics, roads) for a number of reasons. First, such infrastructure displays important characteristics of "public goods." Such goods are usually not profitable for the private sector to produce because once they have been produced they are available to anyone who wants to use them; as a result, they are often provided by the public sector. Secondly, because such infrastructure is costly to build, though less expensive to operate and maintain, having competing services is not practical. As a result, such "natural monopolies" are often either provided directly by the government or regulated by it.

All services have limited benefit unless they are efficiently executed. As defined by Kaufmann, Kraay, and Mastruzzi (2009, 6), effective governance captures "perceptions of the quality of public services, the quality of the civil service and the degree of its independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies." Yang (2010) posits that governmental effectiveness is important because it helps to foster the cyclical relationship between economic growth and better human development.

Yang (2010) also indicates that, regardless of a country's democracy rating, its effectiveness will still have an impact on the economic and human development relationship. Furthermore, it appears that local-level delivery of these public goods and services tends to be cost-efficient and more effective (UN Capital Development Fund 2010).

Trust and Corruption

A government focused on meeting human needs may be more effective if there is a high level of trust and limited corruption. Hetherington (1998, 803) points out that:

> Higher levels of trust are of great benefit to both elected officials and institutions. More trust translates into warmer feelings for both, which in turn provides leaders more leeway to govern effectively and institutions a larger store of support regardless of the performance of those running the government.

However, there are several perspectives about how to maximise the trust relationship. Boeckmann and Tyler (2002) have found that public trust and governance are directly

related: local civic engagement and local decisions cause people to be more trusting of others. Brehm and Rahn (1997) allude to the belief that the relationship between interpersonal trust and civic engagement is reciprocal. Therefore, trust in the citizenry fosters trust in governance, and, in turn, trust in governance fosters trust in the citizenry.

But in a multivariate analysis, Chanley, Rudolph, and Rahn (2000) have found that trust in the government rises and falls in accordance with the economy and crime. Additionally they speculate that when government is characterised by dishonest acts, it negatively affects the trust that the public has in government. Thus, the relationship between governance and public trust has little to do with direct governance itself and more with the levels of corruption and governance effectiveness. Chang and Chu (2006) support the notion that corruption in the government can lead to the people's lack of trust in the government.

Moreover, a lack of trust by the people in the government can lead to an increase in corruption (Morris and Klesner 2010). In this scenario, officials plead for help to combat corruption, and because the people do not trust their officials they do not vote for them despite their promise to combat corruption, or they later do not accept the anti-corruption policies and help implement them. This only causes the corruption-trust cycle to continue (Morris and Klesner 2010).

Mauro (1997) has found that corruption slows down economic growth and weakens gross domestic product (GDP). He predicts that if a country can improve its corruption score by two points, the country will improve its investment-GDP by four per cent. This is especially poignant for African nations that often suffer the effects of lower GDP. Gupta, Davoodi, and Alonso-Terme (2002) take this argument a step further by positing that corruption is a considerable contributor to income inequality and poverty. Apart from economics, corruption is also shown to have a strong correlation with health.

Witvliet et al. (2013) have found that in 20 African nations the perceived level of corruption is directly associated with the poor health of men and women regardless of age. It has been hypothesised that around 140,000 children deaths around the world per year can be indirectly attributed to corruption (Hanf et al. 2011) and that corruption impedes efforts to combat HIV and AIDS (Transparency International 2006).

Child Health

Halleröd and colleagues (2013) give several reasons for the need to focus on child health. For one thing, the environmental conditions during childhood have a long-term impact on human capacity during adulthood because they influence physical and cognitive development. Children are also particularly vulnerable to disease and deprivation. Three aspects of child health are considered in this study, namely, sanitary conditions in the home, access to health care, and health status.

Governments can play an important role in providing infrastructure such as water and sewerage, and in establishing an effective health-care system that provides effective treatments such as immunisation and access to professional care at health centres. In addition to these services that are directly related to health, governments support education systems and economic development that also benefit children. The measures we consider in this study are whether there is a flush toilet in a home, whether a child has received any vaccinations, whether a child was delivered by a skilled birth attendant, what the nutritional status of a child is as indicated by height-for-age z-scores, and child mortality.

The Subnational-Level Analysis

Research on development generally relies on national-level data. Organisations, such as the World Bank and the World Health Organization (WHO), compile and report data at a national level, which makes it easy for researchers to use this level of analysis. To the extent that national or federal government policies are implemented uniformly throughout a country, national-level analysis is appropriate. On the other hand, there are several conditions that favour more localised units of analysis. Some programmes and aid projects are implemented on a smaller scale.

Many nation states are conglomerates of various ethnic groups that are dissimilar in culture, health-related practices, and strength of ties with dominant political groups. Geographic constraints to development and access to resources also vary dramatically within countries. One issue pointed out by Rokkan (1969) is "the whole-nation bias," which comes from aggregating statistics across a nation to form a single statistic. This approach neglects significant variation within a country (Moncada and Snyder 2012).

It was not by chance that the democratisation that engulfed sub-Saharan Africa following the adoption of the structural adjustment programmes in the early 1990s occurred in tandem with the process of decentralisation as many of these countries sought to empower local communities through "devolving" political and fiscal powers from their previously centrally planned political-economic systems (Banful 2009). To the extent that decentralisation results in the meaningful devolution of powers to local governments, subnational analysis will more accurately reflect the relationship between governance and child well-being.

Thus, not only does the subnational approach eliminate the biases pointed out by Rokkan (1969), but it has significant advantages as well. By comparing data within a country at a subnational level, a researcher can compare more observations and can control for various factors that may vary within countries due to historical or cultural influences (Snyder 2001). In so doing, a researcher can better track the variance within a country (Lijphart 1971).

Using the subnational-level approach to study politics, economics, or development is not new. In fact, it is a growing methodology used in research, as the studies by Remmer and Wibbles (2000), Rithmire (2014), and Libman and Obydenkova (2014) attest. The present article examines the recent impact of governance dimensions on child health access and outcomes at the subnational level in sub-Saharan Africa. This analysis should point to aspects of governance that may have the greatest potential to improve child well-being. Subnational measures are used because there is substantial within-country variation in governance and child health.

Data and Methods

In order to assess the relationship between good governance and child health at a subnational level, this study combined measures from Afrobarometer (http://www.afrobarometer.org) and Demographic and Health Surveys (DHS) (http:www.//dhsprogram.com/). Afrobarometer is a national probability survey of the social, political and economic performance in various African countries. Generally speaking, DHS is a programme that assists developing countries to collect and use data to monitor and evaluate population, health and nutrition programmes. The study created six measures of governance from the surveys that were taken at about the same time as the Demographic and Health surveys.

Afrobarometer measures assess the participatory dimension (democracy and voting), the performance dimension (services and efficiency), and trust and corruption. Thus, the analysis of the present study combined governance measures from Afrobarometer survey data with child health indicators from DHS programmes conducted since 2000 in 14 sub-Saharan African nations.

In this study, variables were calculated as the regional mean of each item or index from the respective individual surveys. VOTED indicated the percentage who reported voting in the most recent national election. DEMOCRACY indicated the rating of the degree of democracy, ranging from 1 for "not a democracy," 2 for "democracy with major problems" and 3 for "democracy with minor problems" to 4 for "full democracy." SERVICE indicated the mean number of services provided in the neighbourhood, including electricity, piped water, sewage system, school, health clinic and paved road.

EFFECTIVENESS indicated the sum of the responses to 16 questions about how well the government was handling the economy, improving living standards of the poor, creating jobs, keeping prices down, narrowing income gaps, reducing crime, improving health services, fulfilling educational needs, delivering water and sanitation services, ensuring there was enough food, fighting corruption, resolving violent conflicts, combating HIV and AIDS, maintaining roads, empowering women, and maintaining electricity supply. Responses ranged from 1 for "very badly" to 4 for "very well."

TRUST indicated the sum of the responses to questions about the extent the respondents trusted their president, parliament or national assembly, national electoral commission, tax department, local government council, ruling party, opposition party, police, army, and courts of law. Responses ranged from 0 for "not at all" to 3 for "a lot." CORRUPTION indicated the sum of the responses to questions regarding how many people paid bribes for government documents, water or sanitation services, or to avoid problems with the police. Responses ranged from 0 for "none of them" to 3 for "all of them." These regional means were merged with individual-level DHS data from matching regions. In order to create comparability across measures, governance measures were recalibrated to a score ranging from 0 to 1 where 0 was the lowest possible score and 1 was the highest possible score.

DHS is a national probability survey of women who are of child-bearing age. Questions focus on child and reproductive health. The present study made use of this set of surveys to obtain measures of child well-being and household characteristics. Children under the age of five were included in the analysis. The study used several child health indicators to cover several dimensions of well-being, including: (1) existence of basic sanitary conditions, measured by whether there was any type of toilet available; (2) access to health care, measured by whether the child had been delivered by a skilled birth attendant (doctor or nurse), and whether the child had ever had any vaccinations; and (3) general health status, measured by height-for-age z-score and child survival rates.

Household and individual characteristics play a major role in children's well-being. The study controlled for these characteristics to assess the independent influence of regional government. The variables included maternal education (scaled from 0 for no education to 5 for post-secondary education), household wealth (a standardised score based on household possessions and living conditions constructed by DHS), mother's age at birth of first child, length of the preceding birth interval in months, child's age and sex, whether the father of the child was present and what his education level was, household size, and urban residence.

Different statistical models were used, depending on the distribution of the outcome. Logistic regression was used for dichotomous outcomes (e.g. toilet facilities, vaccinations, and delivery by a skilled birth attendant). Least-squares regression was used for height-for-age z-score because this variable is continuous. The Cox regression model, which is designed for survival analysis, was used to assess influences on the mortality outcome. Dummy variables were included for each country to adjust for any unobserved country characteristics that might affect child outcomes.

Results

Table 1 shows the countries that were included in the study and the years of the surveys. The times of the two surveys were generally closely matched. The number of regions and sample sizes varied widely across countries.

Table 1: Surveys: countries and years

Country	Year, DHS	Year, Afrobarometer	No. of regions	Sample size
Benin	2011–12	2011	12	13,407
Burkina Faso	2010	2011	13	15,044
Ghana	2008	2008	10	2,992
Kenya	2008–9	2008	8	6,079
Lesotho	2009	2008	10	3,999
Madagascar	2009	2008	22	12,448
Malawi	2012	2012	27	2,283
Mali	2006	2008	9	14,238
Namibia	2007	2008	13	5,168
Nigeria	2013	2013	37	31,482
Senegal	2012	2013	14	6,862
Uganda	2011	2012	5	7,878
Zambia	2007	2009	9	6,401
Zimbabwe	2011	2012	10	5,563

Table 2 reports the means and standard deviations of variables in the study. Respondents in the Afrobarometer surveys tended to rate democracy as a little more than halfway between no democracy and a full democracy, and 74 per cent reported voting in the last presidential election. Respondents reported having fewer than three of the six possible services (e.g. school, health clinic, sewage, piped water, electricity, and paved road), they rated efficiency as average, but they regarded the government as effective in handling problems. Trust was moderate and paying bribes was not very common (on average, 10% only).

The DHS surveys indicated parental education to be low; on average, mothers and fathers had some primary education. About three-fourths of the children had a father present. Wealth was standardised to have a mean of zero. On average and if applicable, children were born 39 months apart. The average age of mothers was 19 years when they had their first child. The households of these children were relatively large. Children were divided evenly between males and females, and 28 per cent lived in urban areas. A slight majority of children had access to some form of toilet facilities, three-fourths had had at least one vaccination, and fewer than half were delivered by a skilled

birth attendant. The nutritional status of the children was below the WHO's height-for-age standard, and eight per cent had died at the time of the survey.

Table 2: Means and standard deviations

Variable	Mean	Standard deviation
Democracy	2.78	.34
Voted	.74	.10
Services	2.73	.97
Efficiency	36.19	3.91
Trust	15.74	2.74
Corruption	7.62	2.06
Maternal education	1.19	1.43
Husband present	.77	.42
Husband's education	1.07	1.44
Household wealth	-.02	.22
Prior birth interval	39.07	19.52
Mother's age at first birth	19.14	3.76
Household size	7.19	4.21
Female child	.49	.50
Urban	.28	.45
Child age	28.96	17.29
Toilet facilities	.61	.49
Vaccination	.76	.42
Skilled birth attendant	.42	.49
Nutritional status	-1.24	1.75
Child still alive	.92	.27

The results suggested that regional governance had a mixed influence on child outcomes (see Table 3). Both measures of participation—percentage voted and trust—were negatively associated with basic sanitation as measured by access to toilet facilities. These same measures also showed a negative or minimal influence on access to health care as measured by ever having had a vaccination or having been delivered by a skilled birth attendant. Democracy was associated with better nutritional status and lower mortality, but voting indicated the opposite pattern. In fact, the percentage who had voted was consistently related to worse child outcomes. It may even make sense to speculate that people voted if they were dissatisfied with the health of their children.

Measures of government performance showed a different pattern. Access to services and perceptions of efficiency tended to have a positive relationship with having access to toilet facilities and health services, even though the effects were not large. On the

other hand, measures of performance showed small or inconsistent relationships with general health outcomes (nutritional status and mortality). Having more trust in government was associated with more negative health outcomes, including less access to toilets, fewer vaccinations, fewer deliveries by a skilled attendant, and lower height for age.

Corruption had negative relationships with delivery by a skilled birth attendant and nutritional status, but the relationship with vaccination, having a skilled birth attendant and mortality indicated that corruption might be beneficial for some outcomes. These results suggested that trust was not of particular importance to child health and that corruption was not as detrimental as many would suggest. The study summarised the effects of governance by compiling an index of each of the separate dimensions. This measure was negatively associated with having a toilet facility and nutrition, positively associated with vaccination and having a skilled birth attendant, and negatively associated with child mortality.

Table 3: Regression models predicting child health outcomes

	Odds of toilet facility	Odds of any vaccination	Odds of skilled birth attendant	Height-for-age z-score	Mortality rate
Democracy:	.305*	1.107	.870*	.320*	.756*
% voted	.203*	.300*	.696*	-1.122*	1.189
Services	1.145*	.905*	1.186*	-.048*	.918*
Efficiency	1.074	1.136*	1.042*	-.001	1.001
Trust	.984*	.953*	.942*	-.028*	1.001
Corruption	1.097*	1.010	.925*	-.013*	.989
Controls:					
Maternal education	1.240*	1.186*	1.477*	.130*	.925*
Husband present	1.172*	.903*	.886*	-.035	.888*
Husband's education	1.294*	1.1.9*	1.239*	.064*	.939*
Household wealth	–	2.314*	2.954*	.230*	.974
Prior birth interval	1.006*	1.004*	1.007*	.004*	.988*
Mother's age at first birth	1.015*	1.002	1.018*	.011*	.985*
Household size	1.048*	.998	.986*	-.004*	.938*
Female child	.995	1.058*	.964*	.144*	.902*
Urban	4.795*	1.293*	2.831*	.192*	.827*
Child age	–	1.031*	.999*	-.020*	–
n	85441	38001	85025	53566	82146

Note: Dummy variables are included for each country.

n = absolute numbers

*p < .05

Discussion

Overall, the relationship between regional governance and children's well-being was weak and inconsistent. While a deepening of democracy might lead to small improvements in long-term outcomes of nutrition and child survival, and the provision of services in an efficient manner might improve access to health services, these relationships were found to be relatively small. Further, the study's results suggested

that trust was not particularly helpful and that corruption was not as harmful as many would suggest. There are several possible explanations for these findings. The most obvious one is that regional governance is not as important as other factors such as economic development and household characteristics. Household characteristics, including parental education, wealth, and reproductive behaviours, had much larger effects than governance measures in the results reported here.

Another possibility is that at the subnational level it matters more to consider national governance matters than to consider variables. To take this possibility into consideration the study included the national governance effectiveness measure used by Halleröd et al. (2013). It was found that national government effectiveness had a larger influence on vaccinations than did any of the regional governance measures, but that regional governance measures were stronger predictors of other outcomes. For each outcome, regional measures had significant coefficients even when the national measure was included.

The study also examined the degree to which a set of dummy variables for each country explained the variance in governance indicators. The finding was that if most regions within a country were similar, explained variance would be high, implying that subnational variation was not important. The country explained over half of the variation in voting (R^2 = .57) and a substantial share of the variance in democracy, effectiveness and trust (R^2 = .42, .42 and .37 respectively). But there was large intra-country variation in bribery and services (R^2 = .19 and .12 respectively). In sum, there was ample evidence that subnational variation was relevant.

It is also possible that governance in these particular countries was not very strong. These countries showed an average national effectiveness z-score of -.56. Regional measures were also low. On the other hand, there was substantial regional variation in governance measures (see Table 2). Despite the post-independence preoccupation with democratisation and decentralisation in several sub-Saharan African states, the political and economic elites in these societies ensured that the fundamental structure of the unitary state, which exercised central control over national resources, remained the same. Thus, decentralisation did not live up to expectations in terms of the actual "devolution" of political and fiscal powers to regions. For example, in a study that examined how funds were transferred under Ghana's District Assemblies Common Fund, Banful (2009) observed that these coveted central government resources were transferred to different regions within a country, which showed widespread patronage and ethnic cronyism.

In the case of voting, where coefficients ran counter to the hypothesised direction, it was possible that more people voted if they thought government was not doing a good job. Most of the measures were based on public perceptions. If people gave socially

desirable responses, if they feared that negative evaluations might have repercussions, or if they simply did not have reasonable experience with good governance, their responses might not reflect actual government performance. Further studies that include actual voting turnover might shed more light on this issue.

Measurement of governance is problematic in emerging democracies such as in sub-Saharan Africa. Respondents may tend to give socially desirable responses, particularly if they are concerned that their responses are not confidential. Moreover, responses may not reflect aspects of governance that are directly related to child health outcomes. Overall performance of the economy and services that matter on a daily basis, such as electricity and security, may have more direct bearing on responses than do health services. Corruption, such as giving government favours and misusing government funds, may not be clearly evident to individuals when they access health care.

Perspectives on how to promote effective development are diverse, reflecting the range of disciplines that address this issue. The study's attempt to explore the relationship between child outcomes and governments that were participatory, effective and free of corruption and mistrust was frustrating because the sources that the study used did not identify larger or consistent effects across governance measures and child outcomes. This undoubtedly reflects the fragility, unevenness and tenuous nature of the democratic process in the continent on the one hand and the challenges that remain in the sphere of social policy on the other hand. Until social policy targets general socioeconomic challenges, such as low economic growth, poverty, illiteracy and disease, this weakness and unevenness that characterise governments' attempts to improve child health will remain intractable.

In conclusion, the study has shown that even though improving governance, in the absence of other changes, might not have an immediate and strong impact on child health, it is still critical relative to other possible avenues in improving the lives of children in sub-Saharan Africa.

References

Acemoglu, D., and J. Robinson. 2012. *Why Nations Fail: The Origins of Power, Prosperity, and Poverty*. New York, NY: Crown. https://doi.org/10.30541/v51i3pp.276-278.

Ajaz, T., and E. Ahmad. 2010. "The Effect of Corruption and Governance on Tax Revenues." *Pakistan Development Review* 49 (4): 405–17. https://doi.org/10.30541/v49i4iipp.405-417.

Ake, C. 1990. "Sustaining Development on the Indigenous." In *Long-Term Perspective Study of Sub-Saharan Africa*, Background Papers Vol. 3: Institutional and Sociopolitical Issues. Washington, DC: World Bank.

Ansell, C., and A. Gash. 2008. “Collaborative Governance in Theory and Practice.” *Journal of Public Administration Research and Theory* 18 (4): 543–71. https://doi.org/10.1093/jopart/mum032.

AU (African Union). 2008. First Session of the AU Conference of Ministers in Charge of Social Development, Windhoek, Namibia, October 27–31, 2008.

Ayittey, G. 1991. *Indigenous African Institutions*. New York, NY: Transactional Publishers.

Banful, A. B. 2009. *Can Institutions Reduce Clientelism? A Study of the District Assemblies Common Fund in Ghana.* Accra, Ghana: University of Ghana Press.

Berry, J. M., and C. Wilcox. 2015. *The Interest Group Society*. New York, NY: Routledge.

Boeckmann, R., and T. Tyler. 2002. “Trust, Respect, and the Psychology of Political Engagement.” *Journal of Applied Social Psychology* 32 (10): 2067–88. https://doi.org/10.1111/j.1559-1816.2002.tb02064.x.

Brehm, J., and W. Rahn. 1997. “Individual-Level Evidence for the Causes and Consequences of Social Capital.” *American Journal of Political Science* 41 (3): 999–1023. https://doi.org/10.2307/2111684.

Campbell, David F. J. 2008. *The Basic Concept for the Democracy Ranking of the Quality of Democracy*. Vienna: Democracy Ranking.

Coppedge, M., A. Alvarez, and C. Maldonado. 2008. “Two Persistent Dimensions of Democracy: Contestation and Inclusiveness.” *Journal of Politics* 70 (3): 632–47. https://doi.org/10.1017/s0022381608080663.

Chang, E., and Y. Chu. 2006. “Corruption and Trust: Exceptionalism in Asian Democracies?” *Journal of Politics* 68 (2): 259–71.

Chanley, V., T. Rudolph, and W. Rahn. 2000. “The Origins and Consequences of Public Trust in Government: A Time Series Analysis.” *Public Opinion Quarterly* 64 (3): 239–56. https://doi.org/10.1086/317987.

Davidson, B. 1992. *The Black Man’s Burden: Africa and the Curse of the Nation-State*. New York, NY: Times Books. https://doi.org/10.1086/ahr/98.2.540-a.

Fischer, F. 2012. “Participatory Governance: From Theory to Practice.” In *The Oxford Handbook of Governance*, edited by David Levi-Faur. Oxford Handbooks online. https://doi.org/10.1093/oxfordhb/9780199560530.013.0032.

Geissel, B. 2009. “Participatory Governance: Hope or Danger for Democracy? A Case Study of Local Agenda 21.” *Local Government Studies* 35 (4): 401–14. https://doi.org/10.1080/03003930902999522.

Gupta, S., H. Davoodi, and R. Alonso-Terme. 2002. “Does Corruption Affect Income Inequality and Poverty?” *Economics of Governance* 3 (1): 23–45.

Halleröd, B., B. Rothstein, S. Nandy, and A. Daoud. 2013. “Bad Governance and Poor Children: A Comparative Analysis of Government Efficiency and Severe Child Deprivation in 68 Low- and Middle-Income Countries.” *World Development* 48 (8): 19-31. https://doi.org/10.1016/j.worlddev.2013.03.007.

Hanf, M., A. van-Melle, F. Fraisse, A. Roger, B. Carme, M. Nacher, and J. Beeson. 2011. “Corruption Kills: Estimating the Global Impact of Corruption on Children Deaths.” *PLoS ONE* (online) 6 (11): E26990. https://doi.org/10.1371/journal.pone.0026990.

Harder, J., and J. Krosnick. 2008. “Why Do People Vote? A Psychological Analysis of the Causes of Voter Turnout.” *Journal of Social Issues* 64 (3): 525–49. https://doi.org/10.1111/j.1540-4560.2008.00576.x.

Hetherington, M. 1998. “The Political Relevance of Political Trust.” *American Political Science Review* 92 (4): 791–808. https://doi.org/10.2307/2586304.

Kaufmann, D., A. Kraay, and M. Mastruzzi. 2009. “Governance Matters VIII Aggregate and Individual Governance Indicators 1996–2008.” Policy Research Working Paper. Washington, DC: World Bank. https://doi.org/10.1596/1813-9450-4978.

Kosack, S., and A. Fung. 2014. “Does Transparency Improve Governance?” *Annual Review of Political Science* 17:65–87. https://doi.org/10.1146/annurev-polisci-032210-144356.

Kudamatsu, Masayuki. 2012. “Democratization and Infant Mortality in Sub-Saharan Africa.” *Journal of the European Economic Association* 10 (6): 1294–317. https://doi.org/10.1111/j.1542-4774.2012.01092.x.

Libman, A., and A. Obydenkova. 2014. “International Trade as a Limiting Factor in Democratization: An Analysis of Subnational Regions in Post-Communist Russia.” *Studies in Comparative International Development* 49 (2): 168–96. https://doi.org/10.1007/s12116-013-9130-2.

Lijphart, A. 1971. “Comparative Politics and the Comparative Method.” *American Political Science Review* 65 (3): 682–93. https://doi.org/10.2307/1955513.

Mauro, P. 1997. “Why Worry about Corruption?” Economic Issues No. 6. Washington, DC: International Monetary Fund. https://doi.org/10.5089/9781557756350.051.

Mkandawire, T. 2006. “Disempowering New Democracies and the Persistence of Poverty.” New York, NY: UN Research Institute for Social Development.

Moncada, E., and R. Snyder. 2012. “Subnational Comparative Research on Democracy: Taking Stock and Looking Forward.” *APSA Newsletter on Comparative Democratisation* 10 (2): 1–9.

Morris, S., and J. Klesner. 2010. “Corruption and Trust: Theoretical Considerations and Evidence from Mexico.” *Comparative Political Studies* 43 (10): 1258–85. https://doi.org/10.1177/0010414010369072.

Parkinson, J. 2012. *Democracy and Public Space: The Physical Sites of Democratic Performance*. Oxford: Oxford University Press.

Rajaratnam, J. K., L. N. Tran, A. D. Lopez, and C. J. L. Murray. 2010. “Measuring Under-Five Mortality: Validation of New Low-Cost Methods.” *PLOS Medicine* 7 (4): e1000253. https://doi.org/10.1371/journal.pmed.1000253.

Remmer, K., and E. Wibbels. 2000. “The Subnational Politics of Economic Adjustment: Provincial Politics and Fiscal Performance in Argentina.” *Comparative Political Studies* 33 (4): 419–51. https://doi.org/10.1177/0010414000033004001.

Rithmire, M. 2014. “China’s ‘New Regionalism’: Subnational Analysis in Chinese Political Economy.” *World Politics* 66 (1): 165–94. https://doi.org/10.1017/s004388711300035x.

Robinson, W. I. 2012. “Global Capitalism Theory and the Emergence of Transnational Elites.” In *Global Elites*, edited by A. Kakabadse, and N. Kakabadse. London: Palgrave Macmillan. https://doi.org/10.1057/9780230362406.0007.

Rokkan, S. 1969. “Models and Methods in the Comparative Study of Nation-Building.” *Acta Sociologica* 12 (2): 53–73. https://doi.org/10.1177/000169936901200201.

Snyder, R. 2001. “Scaling Down: The Subnational Comparative Method.” *Studies in Comparative International Development* 36 (1): 93–110. https://doi.org/10.1007/bf02687586.

Speer, J. 2012. “Participatory Governance Reform: A Good Strategy for Increasing Government Responsiveness and Improving Public Services?” *World Development* 40 (12): 2379–98. https://doi.org/10.1016/j.worlddev.2012.05.034.

Stimson, J., M. Mackuen, and R. Erikson. 1995. “Dynamic Representation.” *American Political Science Review* 89 (3): 543–65.

Transparency International. 2006. *Global Corruption Report 2006*. Ann Arbor, MI: Pluto Press.

United Nations. 2009. “Millennium Development Goals Report 2009.” New York, NY: United Nations Department of Economic and Social Affairs. https://doi.org/10.18356/6cd11401-en.

United Nations Capital Development Fund. 2010. *Global Forum on Local Development Report: Pursuing the MDGs through Local Governments.* https://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=360&menu=35.

United Nations Economic Commission for Africa. 2009. *African Governance Report*. Addis Ababa, Ethiopia: Uneca.

Wampler, B., and S. McNulty. 2011. *Does Participatory Governance Matter? Exploring the Nature and Impact of Participatory Reforms*. Washington, DC: Woodrow Wilson International Center for Scholars, Comparative Urban Studies Project.

Witvliet, M., A. Kunst, O. Arah, and K. Stronks. 2013. “Sick Regimes and Sick People: A Multilevel Investigation of the Population Health Consequences of Perceived National Corruption.” *Tropical Medicine and International Health* 18 (10): 1240–7. https://doi.org/10.1111/tmi.12177.

Yang, Ko-Hsin (Christina). 2010. “Human Development and Government Effectiveness.” Master’s thesis, Georgetown University, Washington, DC.