



Sources for Sick Child Care in Ghana

Jessica Scramton

The public sector is the primary source of care in Ghana; however, care-seeking patterns vary by socioeconomic status. Understanding if and where sick children are taken for care is critical to improve case management interventions. This brief presents a secondary analysis of the 2014 Ghana Demographic and Health Survey to examine where treatment or advice is sought for sick children who experience at least one of three treatable illnesses: fever, acute respiratory infection, or diarrhea. These illnesses represent some of the leading causes of death in children under five years old.

Key Findings

- 76% of Ghanaian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Among caregivers who seek sick child care, 57% access public sector sources and 40% use private sector sources.
- The wealthiest and poorest caregivers seek care outside the home in nearly equal proportions.
- More caregivers from the poorest quintile (66%) seek care from the public sector than those from the wealthiest quintile (50%).
- Almost one-third (30%) of caregivers from the poorest wealth quintile and half of caregivers from the wealthiest quintile (49%) seek care from the private sector
- Both the public and private sectors are important sources of sick child care in Ghana, serving the poorest and wealthiest families.

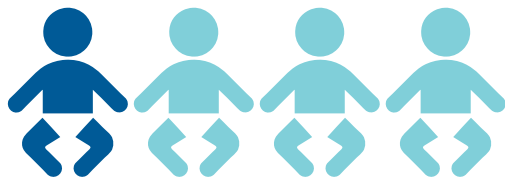
Illness prevalence

According to mothers interviewed across the country for the Ghana Demographic and Health Survey, 23 percent of Ghanaian children under five experienced one or more of the following illnesses: fever (14 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(4 percent), and/or diarrhea (12 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Ghana (76 percent) seek advice or treatment outside the home.² For children with fever, the care-seeking rate is slightly higher (80 percent). Comparatively, the level is slightly lower

1 out of 4 children in Ghana experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.



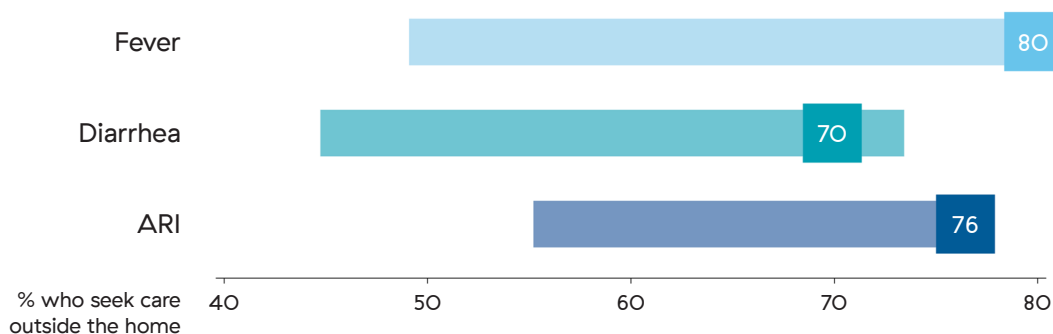
for diarrhea (70 percent), possibly because the illness can often be effectively managed at home. The overall rate of care-seeking in Ghana is higher than the average rate (65 percent) across West and Central African maternal and child survival priority countries (“USAID priority countries”).³ Ghana is a regional leader in this area and is well positioned to share best practices regarding interventions and policies to encourage care seeking for childhood diseases.

Sources of care

The public sector is the primary source of sick child care in Ghana. Among caregivers who seek treatment or advice outside their homes, 57 percent use public sector sources and 40 percent go to private sector sources. Very few caregivers (1 percent) seek care from both the public and private sectors. All public sector care seekers report going to a clinical facility such as a hospital or a clinic, rather than seeking care from a community health worker. In contrast, one-quarter of private sector care seekers go to a clinical facility, while the remainder use non-clinical sources such as a pharmacy, market, or shop. This analysis shows where caregivers go for treatment, regardless of their level of access to different sources of care. It does not reflect where caregivers might choose to go if they had access to all sources of care.

Figure 1. Regionally, Ghana’s care-seeking rates are among the highest

The bars indicate the care-seeking range in the region. Squares show the care-seeking rates in Ghana.



¹ All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced ARI symptoms, fever, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both of these illnesses must be confirmed in a laboratory. Instead, the Demographic and Health Survey reports whether or not children had recent symptoms of ARI as a proxy for pneumonia, and fever as a proxy for malaria. ARI is defined as a reported cough with chest-related rapid or difficult breathing.

² This brief focuses on sources of care outside the home, not whether or not the child received proper care, which could include at-home use of oral rehydration salts for diarrhea.

³ The USAID priority countries in West and Central Africa are the Democratic Republic of the Congo, Ghana, Liberia, Mali, Nigeria, and Senegal.

Among caregivers who seek sick child care outside the home, **57%** seek treatment or advice from public sector sources and **40%** from private sector sources.

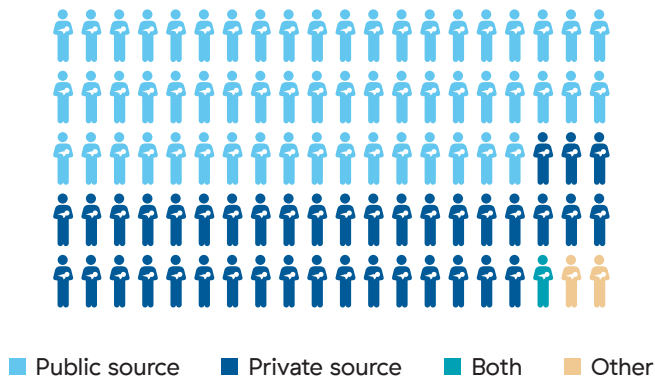
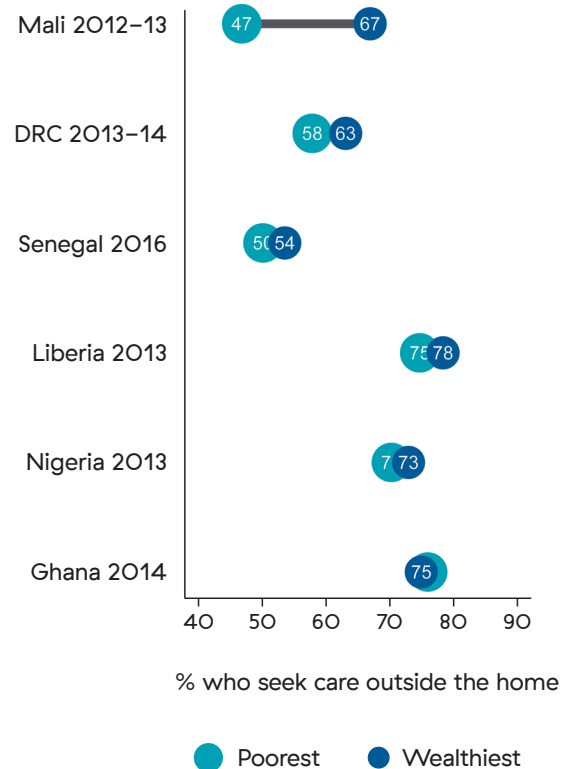


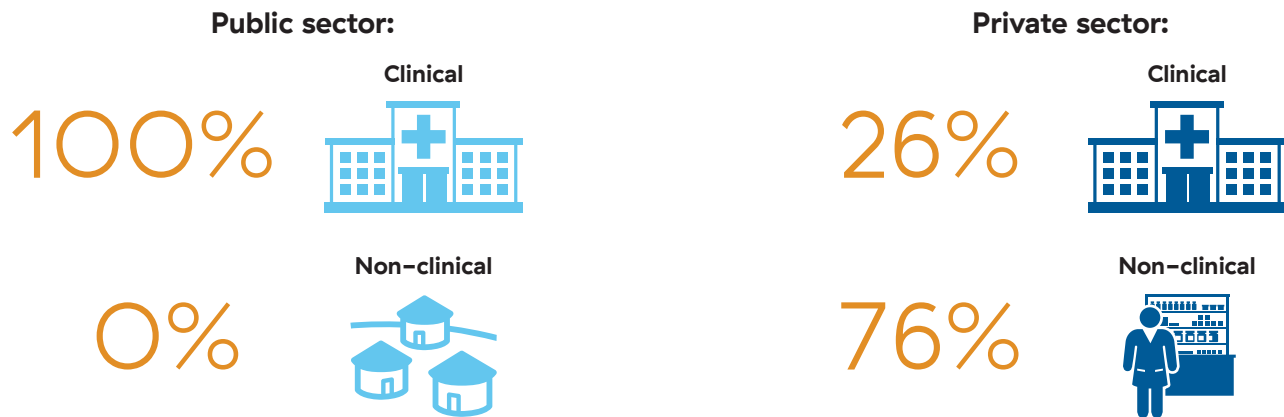
Figure 2. Ghana leads its region in equitable care-seeking rates



Equity in illness prevalence and care seeking

In Ghana, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is greater than it is in the wealthiest households (25 percent versus 17 percent, respectively). However, children from the poorest and wealthiest households who experience one of these illnesses are equally likely to receive treatment (76 percent and 75 percent, respectively).

Figure 3. All public sector clients report going to clinical sources



Note: Use of private sector sources sums to 102%, as some private sector care seekers use both clinical and non-clinical sources.

Sources of care categories

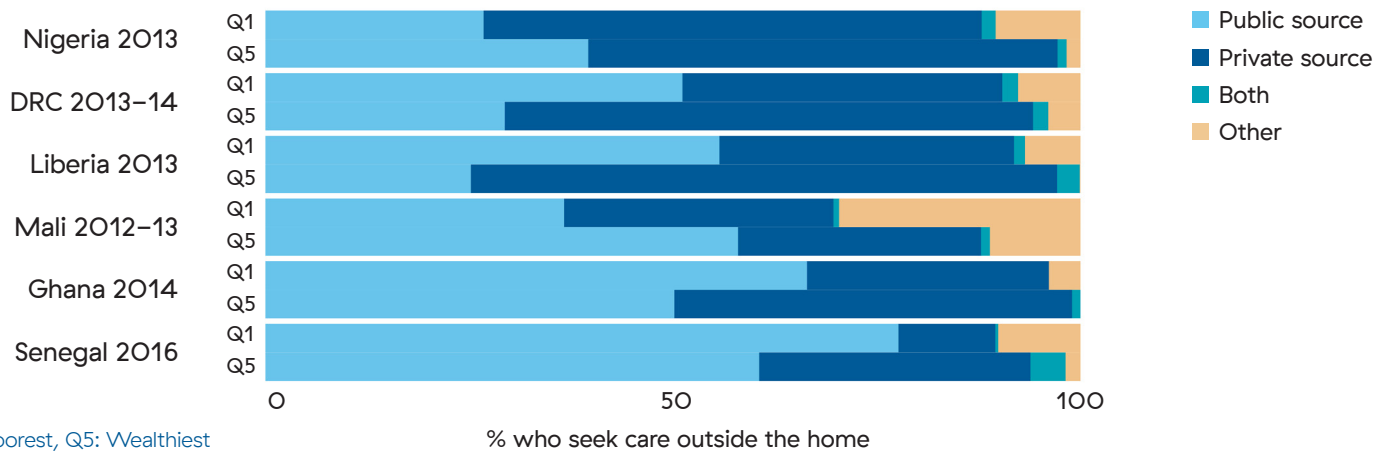
Public sector: Hospitals, clinics, health centers, health posts, mobile clinics, field workers

Private sector: Private clinics, hospitals, doctors, and mobile clinics; maternity homes; nongovernmental organizations; pharmacies, shops, markets, chemical drug stores, drug peddlers, and private field workers

Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the public sector. However, care-seeking patterns vary by socioeconomic status. Two-thirds of Ghana’s poorest caregivers rely on the public sector while nearly one-third (30 percent) relies on the private sector. The wealthiest caregivers use the public and private sectors in equal proportions (50 percent and 49 percent, respectively). Compared to most other West and Central African USAID priority countries, the poorest caregivers in Ghana are less likely to seek care in the private sector and more likely to seek care in the public sector.

Figure 4. Across wealth quintiles, the public and private sectors are important sources of care in Ghana



Conclusion

Fever, ARI, and diarrhea are common illnesses in Ghana, affecting nearly one in four children. Although prevalence of these illnesses is higher among the poorest children, care is sought at approximately the same levels for the poorest and wealthiest children. The public sector is the primary source of out-of-home treatment or advice for sick children. However, the rate of public sector care seeking among the poorest Ghanaians is higher than it is among the wealthiest, while private sector use is higher among the wealthiest than it is among the poorest. The majority of caregivers who use the private sector seek treatment from non-clinical sources while all public sector care seekers report using clinical facilities. These factors should be taken into account when designing programs to meet the needs of sick children in Ghana.

Find Us

SHOPSPlusProject.org   

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, Praekelt.org, and the William Davidson Institute at the University of Michigan.



Abt Associates Inc.
6130 Executive Boulevard
Rockville, MD 20852 USA
Tel: +1.301.347.5000