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Sources for Sick Child Care in Myanmar

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The public sector is the primary source of care in Myanmar. 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 2015—16 Myanmar 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

- 69% of Burmese 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 38% use private sector sources.
- 92% of public sector care seekers and 68% of private sector care seekers access a clinical facility.
- 77% of the wealthiest caregivers seek care outside the home compared to 66% of the poorest caregivers.
- 57% of the wealthiest caregivers use the private sector compared to 35% of the poorest caregivers, while 59% of the poorest caregivers use the public sector compared to 39% of the wealthiest caregivers. These socioeconomic differences in care-seeking sources should be considered when designing programs to improve child survival in Myanmar.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

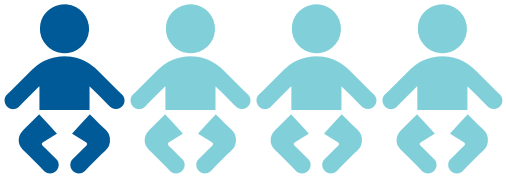
Illness prevalence

According to mothers interviewed across the country for the Myanmar Demographic and Health Survey, 23 percent of Burmese children under five experienced one or more of the following illnesses: fever (16 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(3 percent), and/or diarrhea (10 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, most caregivers in Myanmar (69 percent) seek advice or treatment outside the home.[2] This care-seeking level remains consistent for children who have fever, ARI symptoms, or diarrhea (68 percent, 72 percent, and 67 percent, respectively). The overall level of care seeking in Myanmar is slightly lower than the average level (78 percent) across Asian maternal and child survival priority countries ("USAID priority countries").[3]

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

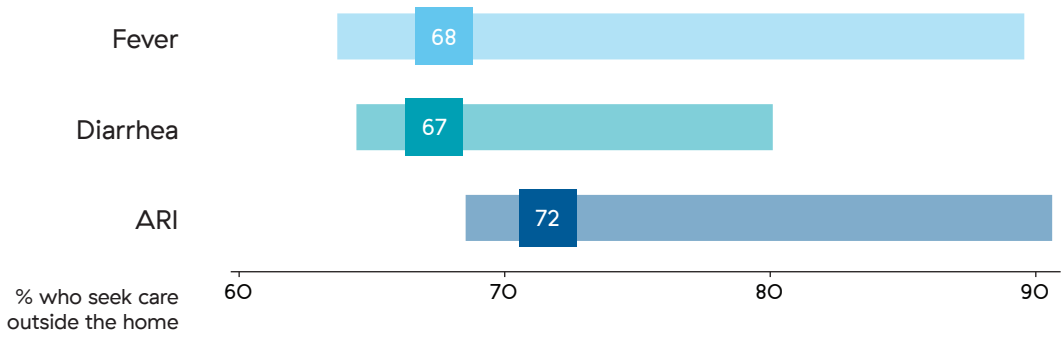


Sources of care

The public sector is the primary source of sick child care in Myanmar. Among caregivers who seek treatment or advice outside of their homes, 57 percent use public sector sources and 38 percent go to private sector sources. Use of the public sector in Myanmar is much higher than the average among Asian USAID priority countries (31 percent). Very few caregivers (1 percent) seek care from both the public and private sectors. Four percent of caregivers use other sources, which primarily includes traditional practitioners. Among public sector care seekers, almost all (92 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. The majority of private sector care seekers (68 percent) also go to a clinical facility, while the remainder use non-clinical sources (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. Myanmar has lower care-seeking levels than many of its neighbors

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

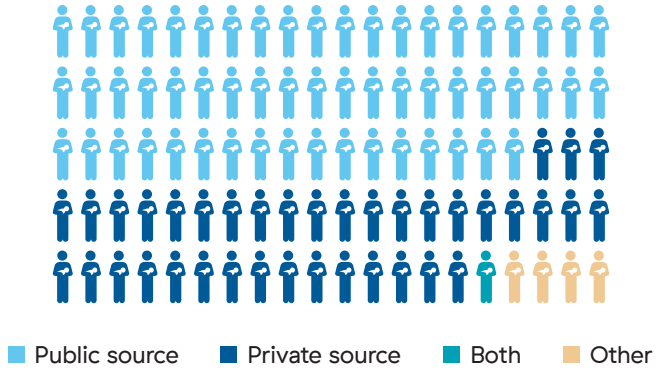


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both 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] In this analysis, out-of-home sources of care comprise public sources (hospitals, health centers, health posts, traditional medical clinics, maternal and child health centers, mobile clinics, and village health workers), private sources (clinics, hospitals, doctors, traditional medical clinics, and mobile clinics; nongovernmental organizations; pharmacies, shops, and markets), and other sources (traditional practitioners). 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 Asia are Afghanistan, Bangladesh, India, Indonesia, Myanmar, Nepal, and Pakistan.

Among caregivers who seek sick child care outside the home, 57% seek treatment or advice from public sector sources and 38% from private sector sources.



Equity in illness prevalence and care seeking

In Myanmar, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly greater than it is in the wealthiest households (26 percent versus 20 percent, respectively). Poorer children who experience one of these illnesses are less likely to receive treatment than their wealthier peers (66 percent versus 77 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Myanmar is greater than that of most other USAID priority countries in Asia.

Figure 2. Myanmar's care-seeking levels are less equitable than most other countries in Asia

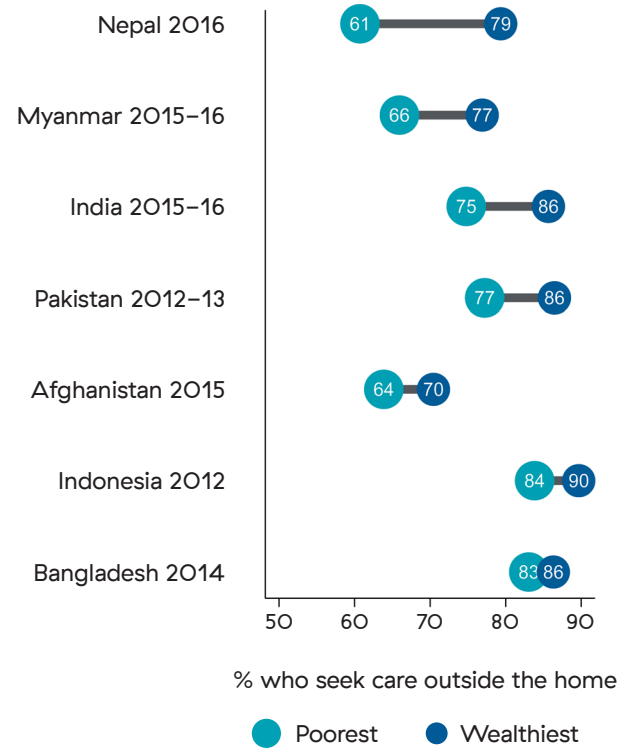
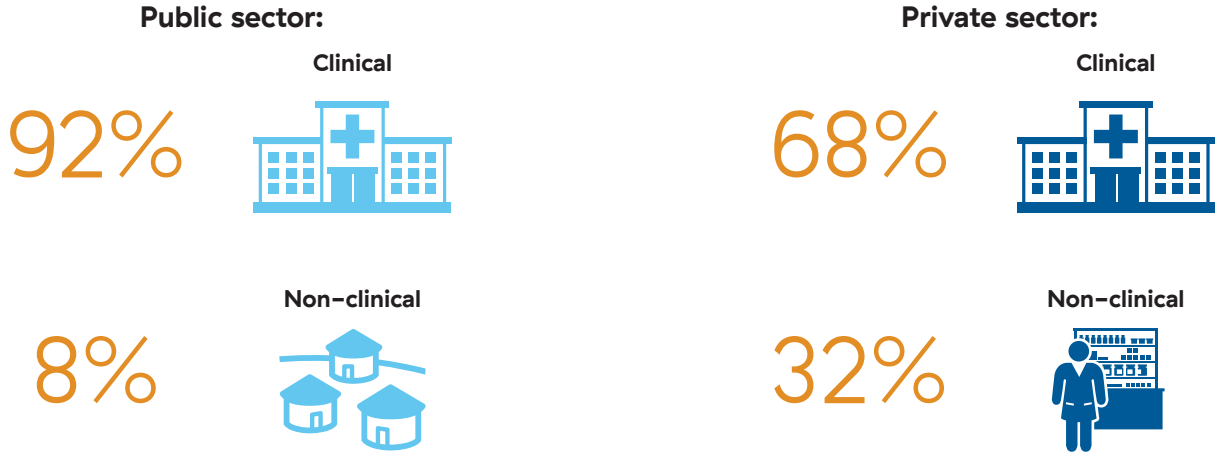


Figure 3. Almost all public sector clients use clinical sources



Sources of care categories

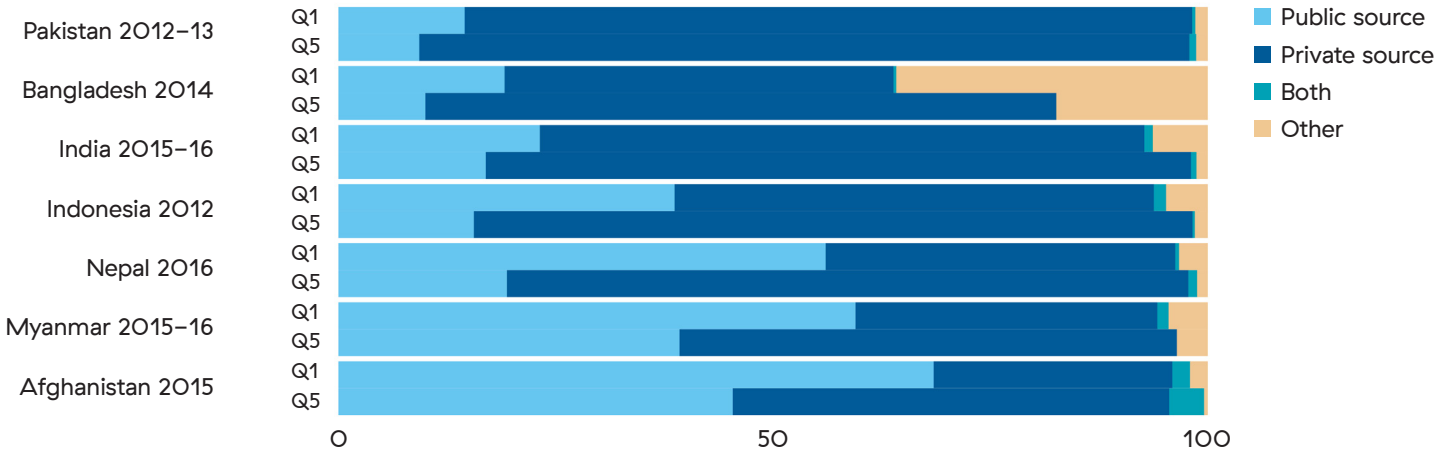
Public sector: Hospitals, health centers, health posts, traditional medical clinics, maternal and child health centers, mobile clinics, and village health workers

Private sector: Clinics, hospitals, doctors, traditional medical clinics, and mobile clinics; nongovernmental organizations; pharmacies, shops, and markets

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. Myanmar's poorest caregivers are more likely to seek care from a public sector source (59 percent) than the wealthiest caregivers (39 percent). Accordingly, wealthier caregivers use the private sector more often than poorer caregivers (57 percent versus 35 percent, respectively). Compared to most other Asian USAID priority countries, the poorest caregivers in Myanmar are less likely to seek care in the private sector and are more likely to seek care in the public sector, though use of the private sector is still considerable among the poorest.

Figure 4. Myanmar's poorest rely more on the public sector, while the wealthiest rely more on the private sector



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are common illnesses in Myanmar, affecting nearly 1 out of every 4 children. Although prevalence of these illnesses is slightly higher among the poorest children, they are less likely to be taken for care than their wealthier peers. The public sector is the primary source of out-of-home treatment or advice for sick children in the poorest quintile, while the private sector is the primary source of care for children in the wealthiest quintile. Overall, use of the private sector in Myanmar is lower than in most other Asian USAID priority countries. The majority of caregivers using the public or private sectors seek treatment from clinical sources. Given the high use of public and private clinical facilities in Myanmar, the quality of care in such facilities has implications for childhood survival.

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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, and the William Davidson Institute at the University of Michigan.

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