

Sources for Sick Child Care in Nigeria



The private sector is the dominant source of care in Nigeria. 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 2018 Nigeria Demographic and Health Survey to examine where treatment or advice is sought for sick children who experienced 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

- 31% of all children in Nigeria had a treatable illness in the past two weeks; prevalence is higher among the poorest children (41%).
- Caregivers from the wealthiest households have higher levels of care-seeking (85%) than caregivers from the poorest households (70%).
- Nigeria has the highest rate of caregivers who seek care from the private sector (60%) compared to other countries in West and Central Africa (43%).
- 93% of private sector care seekers access a non-clinical source like a patent medicine seller; 97% of public sector care seekers access a clinical facility.

Illness prevalence

According to mothers interviewed across the country for the Nigeria Demographic and Health Survey, 31 percent of Nigerian children under five experienced one or more of the following illnesses: fever (24 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(3 percent), and/or diarrhea (13 percent) in the two weeks prior to the survey.¹ Compared to the 2013 survey, illness prevalence increased by 11 percentage points, driven primarily by an increase in fever prevalence (from 13 to 24 percent).

Out-of-home care seeking

When children fall ill, most caregivers (74 percent) in Nigeria seek advice or treatment outside the home.²

Nearly 1 out of 3 children in Nigeria experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.



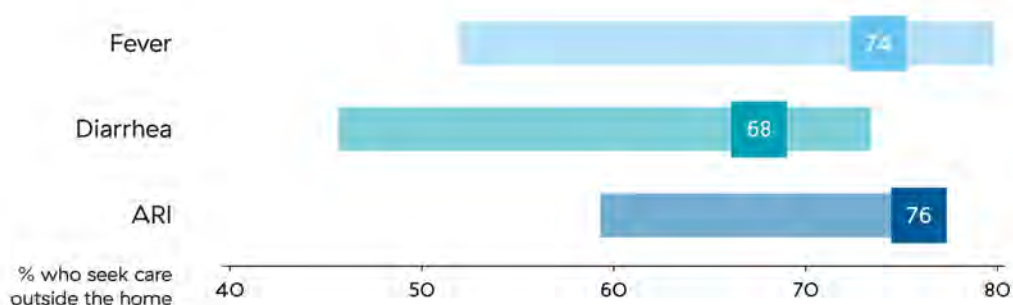
The care seeking level is slightly lower for diarrhea (68 percent), possibly because the illness can often be effectively managed at home. Overall rates of care seeking in Nigeria are higher than the average rate (67 percent) across West and Central African maternal and child survival priority countries (“USAID priority countries”).³

Sources of care

The private sector is the most frequent source of care for fever, ARI, and diarrhea treatment in Nigeria. Among caregivers who seek treatment or advice outside their homes, 60 percent use private sector sources and 35 percent go to public sector sources. Compared to all other USAID priority countries in West and Central Africa, Nigeria has the highest rate of private sector care seeking. Very few caregivers (2 percent) seek care from both the public and private sectors. On average across the three diseases, almost all public sector care seekers (97 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. In contrast, less than one out of ten (7 percent) private sector care seekers go to a clinical facility. 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. Compared to some of its neighbors, Nigeria has high care-seeking rates

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



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, **35%** seek treatment or advice from public sector sources and **60%** from private sector sources.

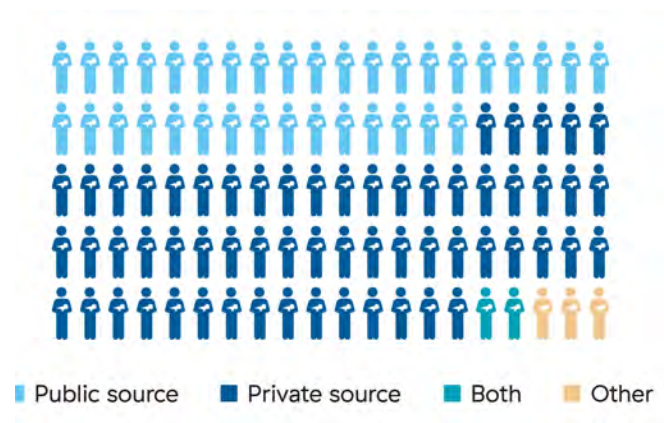
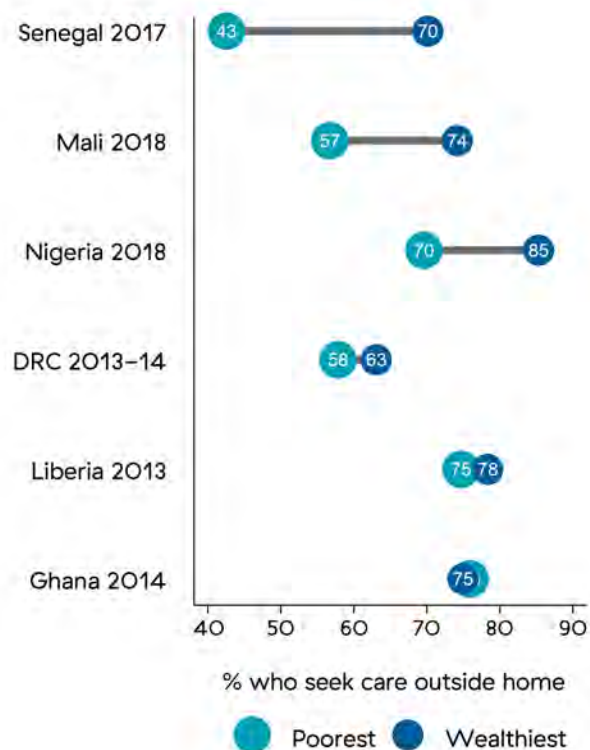


Figure 2. Regionally, Nigeria has a large wealth disparity in out-of-home care seeking



Equity in illness prevalence and care seeking

In Nigeria, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is far greater than it is in the wealthiest households (41 percent versus 18 percent, respectively). Poorer children who experience one of these illnesses are less likely to receive treatment than their wealthier peers (70 percent versus 85 percent, respectively). The magnitude of the socioeconomic disparity in both illness prevalence and care seeking levels is substantial and has increased nearly five-fold since 2013.

Figure 3. Most public sector clients go to clinical sources



Sources of care categories

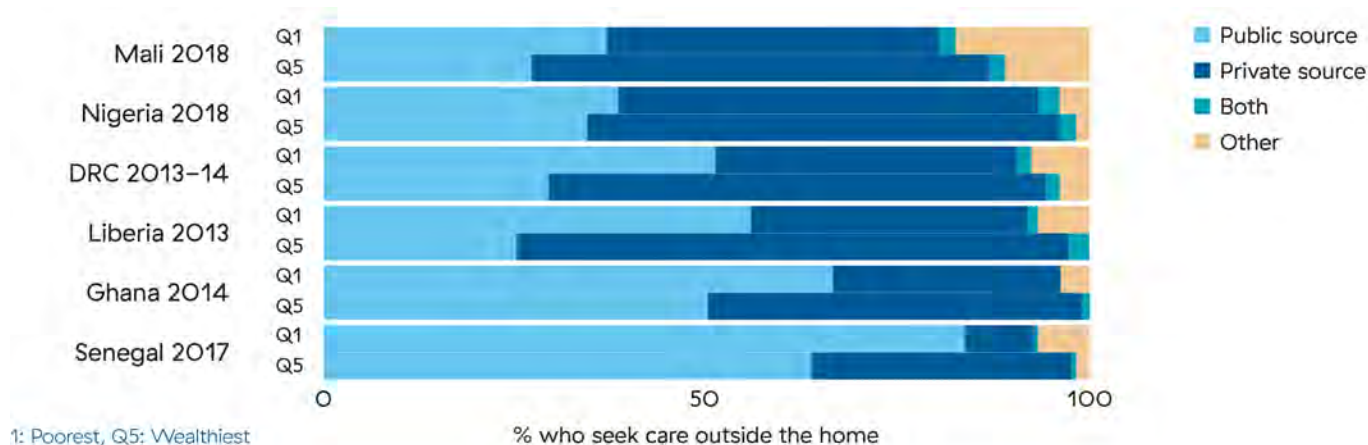
Public sector: Hospitals, health centers, health posts, mobile clinics, field workers

Private sector: Private clinics, hospitals, doctors, and mobile clinics; pharmacies, chemists, patent medicine sellers, shops, markets, itinerant drug sellers, community-oriented resource persons, and private field workers

Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the private sector, across socioeconomic statuses. Nigeria’s wealthiest caregivers are more likely to seek care from a private sector source (62 percent) than the poorest caregivers (55 percent) and are somewhat less likely to seek care from public sources (34 versus 38 percent, respectively). Compared to other West and Central African USAID priority countries, the poorest caregivers in Nigeria are much less likely to seek care in the public sector and much more likely to seek care in the private sector.

The poorest caregivers in Nigeria rely on private sources more than the poorest in neighboring countries



Conclusion

Fever, ARI, and diarrhea are common illnesses among Nigerian children, increasing from 20 percent in 2013 to 31 percent in 2018. Further, there are stark socioeconomic disparities in both illness prevalence and care-seeking levels. The magnitude of both these disparities have multiplied five-fold since 2013. The private sector is the primary source of out-of-home treatment or advice for sick children of all socioeconomic statuses. The majority of caregivers using the private sector seek treatment from non-clinical sources such as patent medicine sellers. Given the high illness prevalence, particularly among the poorest, the high use of non-clinical care has implications for quality of care and systems of referral to more intensive treatments. These factors should be taken into account when designing programs to meet the needs of sick children in Nigeria.

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