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Sources for Sick Child Care in Indonesia

The private sector is the dominant source of care in Indonesia. 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 2017 Indonesia 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

- 89% of Indonesian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Among caregivers who seek sick child care, 64% use the private sector and 31% access the public sector.
- 67% of private sector care seekers and all public sector care seekers report accessing a clinical facility.
- The poorest and wealthiest caregivers seek care in similar proportions.
- Indonesia has the highest care-seeking level among all maternal and child survival priority countries and is well positioned to share best practices and lessons learned.

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 Indonesia Demographic and Health Survey, 39 percent of Indonesian children under five experienced one or more of the following illnesses: fever (31 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(4 percent), and/or diarrhea (14 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, the vast majority of caregivers in Indonesia (89 percent) seek advice or treatment outside the home.[2] For children with ARI symptoms or fever, the care-seeking levels are 93 and 90 percent, respectively. Comparatively, the level is lower for diarrhea (80 percent), possibly because the illness can often be effectively managed at home. The overall care-seeking level in Indonesia is higher than the average (78 percent) across all Asian USAID maternal and child survival priority countries ("USAID priority countries").[3] Indonesia is a global leader in this area and is well positioned to share best practices and lessons learned regarding interventions and policies to encourage care seeking for childhood diseases.

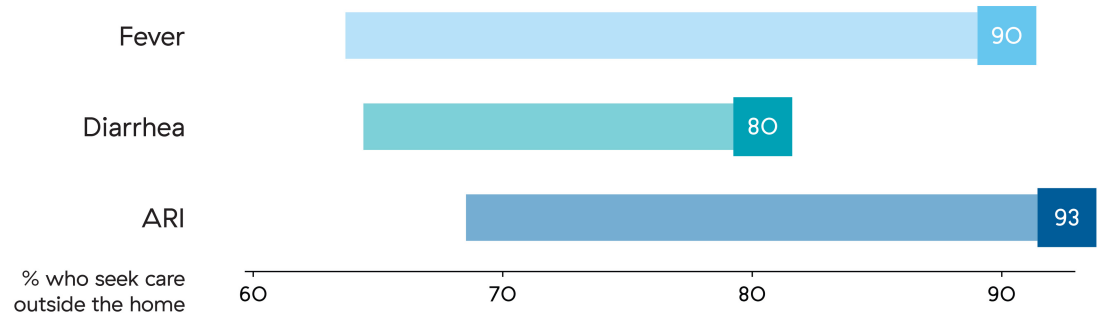
2 out of 5 children in Indonesia experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

Sources of care

The private sector is the dominant source of sick child care in Indonesia. Among caregivers who seek treatment or advice outside their homes, 64 percent use private sector sources and 31 percent use public sector sources. Indonesia's public and private sector care-seeking levels are very similar to the averages among Asian USAID priority countries (60 percent private and 32 percent public). Very few caregivers (2 percent) seek care from both the public and private sectors. Among public sector care seekers, all report going to a clinical facility such as a hospital or clinic, rather than seeking care from a community health worker. In contrast, 67 percent of private sector care seekers use clinical facilities, while the remainder use non-clinical sources such as pharmacies and shops. 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. Indonesia has the highest care-seeking levels in the region

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



[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.

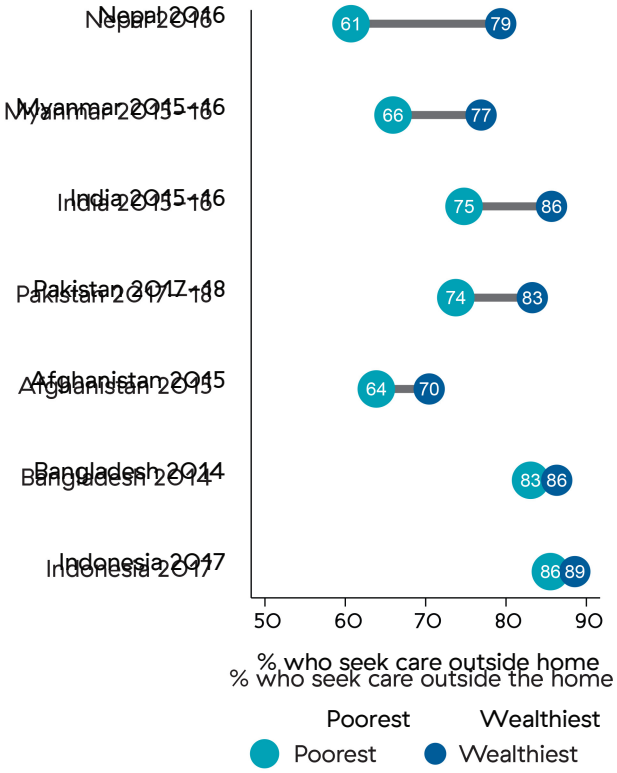
[2] This brief focuses on sources of care outside the home, not whether or not the child received proper care, which could include at-home use of oral rehydration salts for diarrhea.

[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, 31% seek treatment or advice from public sector sources and 64% from private sector sources.

Public source Private source Both Other

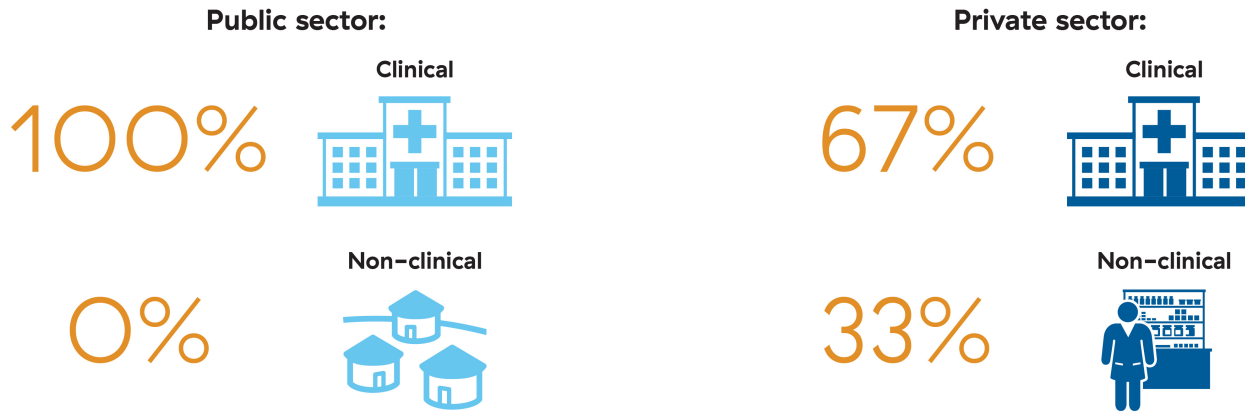
Figure 2. Indonesia's care-seeking levels are more equitable than most countries in the region



Equity in illness prevalence and care seeking

In Indonesia, the burden of fever, ARI symptoms, and/or diarrhea is greater in the poorest households than it is in the wealthiest households (41 percent versus 31 percent, respectively). The poorest and wealthiest caregivers seek treatment or advice for their sick children in similar proportions (86 percent and 89 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Indonesia is lower than that of most other USAID priority countries in Asia. Notably, the level of care seeking among the poorest families is higher than it is in any other USAID priority country.

Figure 3. Private sector clients use both clinical and non-clinical sources

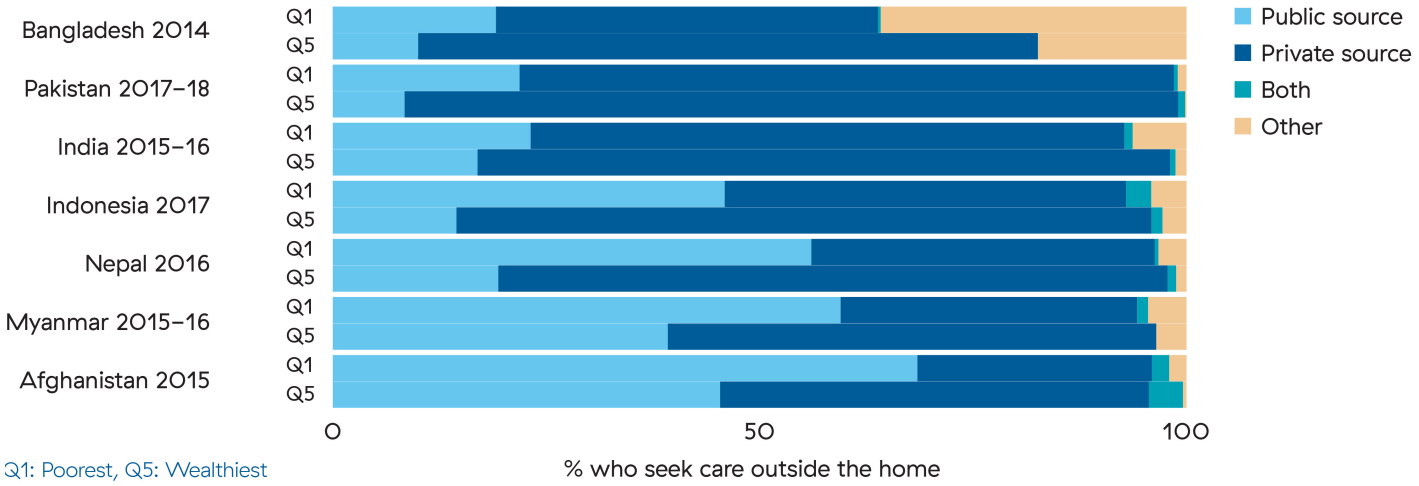


Sources of care categories

Public sector: Hospitals, clinics, health centers, mobile clinics, health posts, village health posts, and village midwives
Private sector: Clinics, hospitals, doctors, midwives, and nurses; maternity hospitals; pharmacies, drug stores, and shops
Other: Traditional birth attendants

The majority of care outside the home for sick children is accessed from the private sector, but sources vary by socioeconomic status. Among Indonesia's wealthiest caregivers, the private sector is dominant (81 percent). Just 14 percent of the wealthiest rely on public sources. In contrast, the poorest families rely nearly equally on the private and public sectors (47 and 46 percent, respectively. Compared to four other Asian USAID priority countries, the poorest caregivers in Indonesia are more likely to seek care in the private sector.

Figure 4. The private sector is used more frequently among Indonesia's wealthiest



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI symptoms, and diarrhea are common illnesses in Indonesia, affecting two out of every five children. Prevalence of these illnesses is higher among the poorest children, yet caregivers in both the poorest and wealthiest quintiles seek care at a high level. The private sector is the primary source of out-of-home treatment or advice for sick children from the wealthiest families, while the poorest families rely nearly equally on private and public sources. All caregivers who use the public sector report seeking treatment from clinical sources. Private sector care seekers primarily use clinical sources, though one-third use non-clinical sources. Overall, Indonesia has high and equitable care-seeking levels and can serve as a model for other USAID priority countries.

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