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Sources for Sick Child Care in Mali

The private sector is the primary source of care in Mali; 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 2018 Mali 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

- 60% of Malian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- 57% of the poorest caregivers compared to 74% of the wealthiest caregivers seek care outside the home.
- The private sector is the primary source of care for sick children (45%). Private sector use increased from 29% in 2012—13.
- 14% of caregivers rely on traditional practitioners, friends, or relatives for sick child care—a rate higher than the regional average across West and Central African countries (5%).
- Less than 1% of public sector care seekers report accessing a non-clinical facility; 91% of private sector care seekers access a non-clinical source (pharmacy, market, or shop).

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

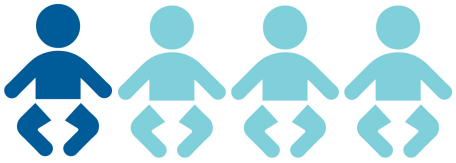
Illness prevalence

According to mothers interviewed across the country for the Mali Demographic and Health Survey, 27 percent of Malian children under five experienced one or more of the following illnesses: fever (16 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(2 percent), and/or diarrhea (17 percent) in the two weeks prior to the survey.[1] The illness prevalence increased by 11 percentage points from 2012–13.

Out-of-home care seeking

When children fall ill, 60 percent of caregivers in Mali seek advice or treatment outside the home.[2] For children with ARI, the care-seeking rate is higher (72 percent). The overall rate of care seeking in Mali is lower than the average rate (67 percent) across West and Central African maternal and child survival priority countries ("USAID priority countries").[3]

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

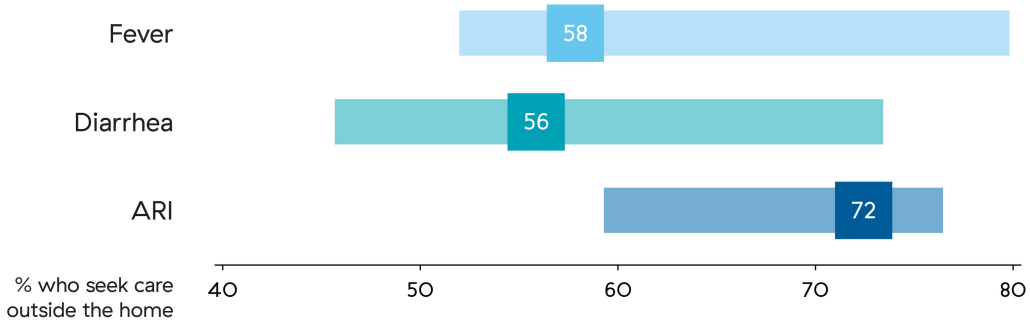


Sources of care

Among caregivers who seek treatment or advice outside of their homes, 45 percent use private sector sources, 39 percent go to public sector sources, and 14 percent use other sources of care, primarily traditional practitioners. Since 2012–13, there has been a considerable increase in private sector use (from 29 to 45 percent) and a corresponding decrease in public sector use (from 49 to 39 percent). Nearly all (99 percent) public sector care seekers use a clinical facility like a hospital or clinic, rather than a community health worker. In contrast, only 9 percent of private sector care seekers use clinical facilities, while the remainder use non-clinical sources (pharmacy, market, or shop). Though use of traditional providers has decreased since 2012 (from 21 to 14 percent), Mali still has the highest rate of care seeking from traditional providers among priority countries in West and Central Africa. The substantial reliance on traditional providers may have implications for childhood survival in Mali. 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. Mali's care-seeking levels are mid-range compared to its neighbors

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

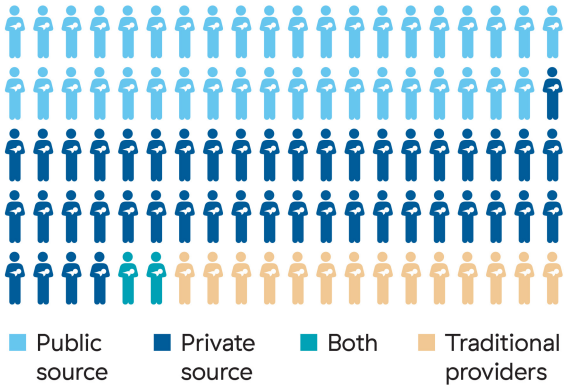


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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.

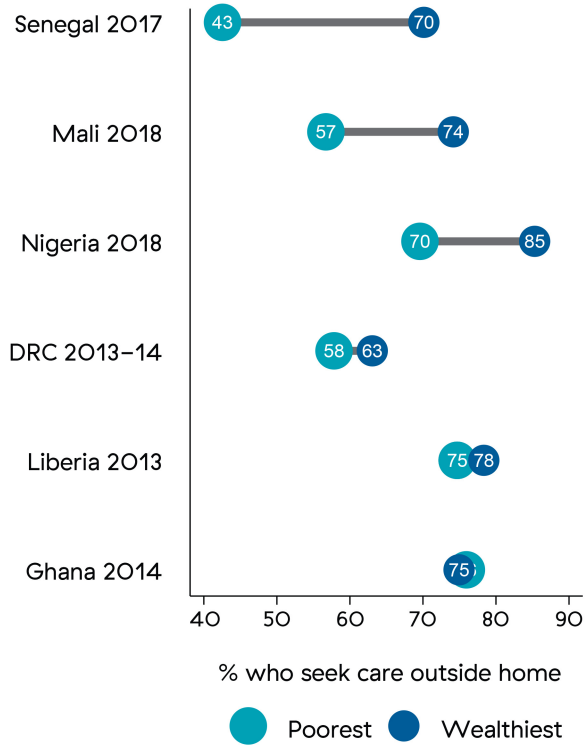
[3] The USAID priority countries in West and Central Africa are the Democratic Republic of Congo, Ghana, Liberia, Mali, Nigeria, and Senegal.

Among caregivers who seek sick child care outside the home, 39% seek treatment or advice from public sector sources, 45% from private sector sources, and 14% from traditional providers.



Note: Numbers may not add due to rounding.

Figure 2. Mali's socioeconomic disparity in care seeking is vast compared to most neighbors



Equity in illness prevalence and care seeking

In Mali, the burden of fever, ARI symptoms, and/or diarrhea is higher among the poorest than wealthiest children (30 versus 24 percent, respectively). Poorer children who experience one of these illnesses are also much less likely to receive treatment than their wealthier peers (57 percent versus 74 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Mali is vast and among the largest in the region.

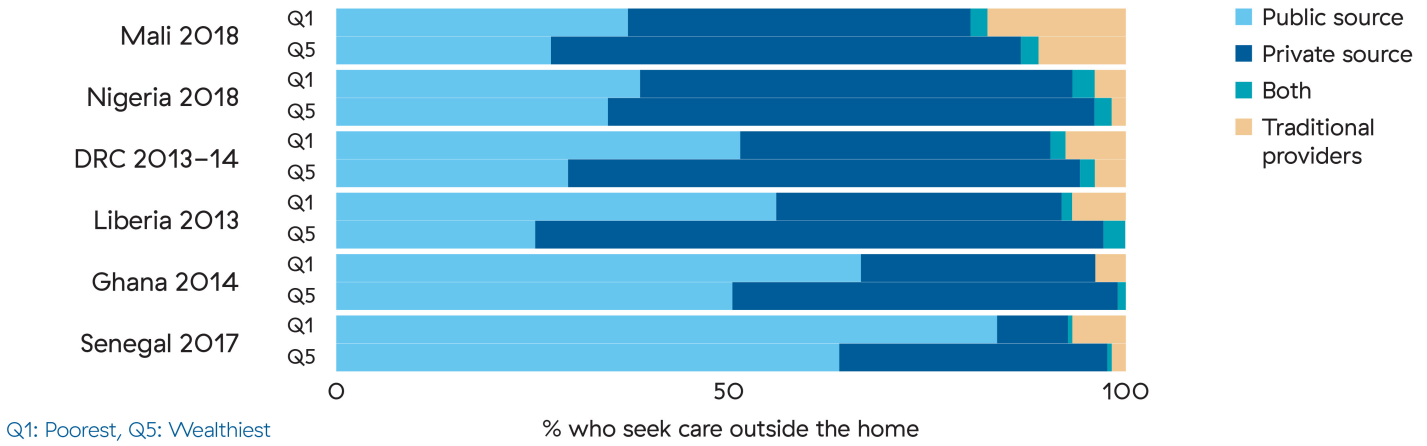
Figure 3. Public sector clients report primarily using clinical sources

Sources of care categories

Public sector: Hospitals, reference health centers, community health centers, dispensary/maternity clinics
Private sector: Private clinics, hospitals, doctors, and medical care offices; pharmacies, shops, markets, street drug vendors, and health cabinet/community health workers
Other: Traditional practitioners

The private sector is the most common source of care in Mali. Mali's wealthiest caregivers (60 percent) use the private sector at a higher level than the poorest caregivers (43 percent). The poorest use the public sector more than their wealthier counterparts (37 versus 27 percent) and are somewhat more likely to use traditional sources of care (18 versus 11 percent). Compared to most other West and Central African USAID priority countries, the poorest caregivers in Mali are less likely to seek care in the public sector and more likely to use traditional providers. Additional research is needed to investigate this care-seeking pattern and to better understand factors that influence socioeconomic differences in where caregivers seek treatment.

Figure 4. Care-seeking sources vary in Mali by wealth quintile



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are common illnesses in Mali, affecting 27 percent of all children. The prevalence of these illnesses is higher among the poorest than the wealthiest children, and care is sought more often for wealthier children compared to poorer children. The private sector is the primary source of out-of-home treatment or advice for sick children across socioeconomic statuses. Mali's care-seeking rate from traditional providers is the highest in the region and is particularly substantial among the poorest. Socioeconomic differences in Mali's care-seeking patterns and a high reliance on traditional sources of care are important factors that should be taken into account when designing programs to meet the needs of sick children.

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