



# Sources for sick child care in Indonesia

*One in a series of analyses by SHOPS Plus*

June 2020





## Purpose of this analysis

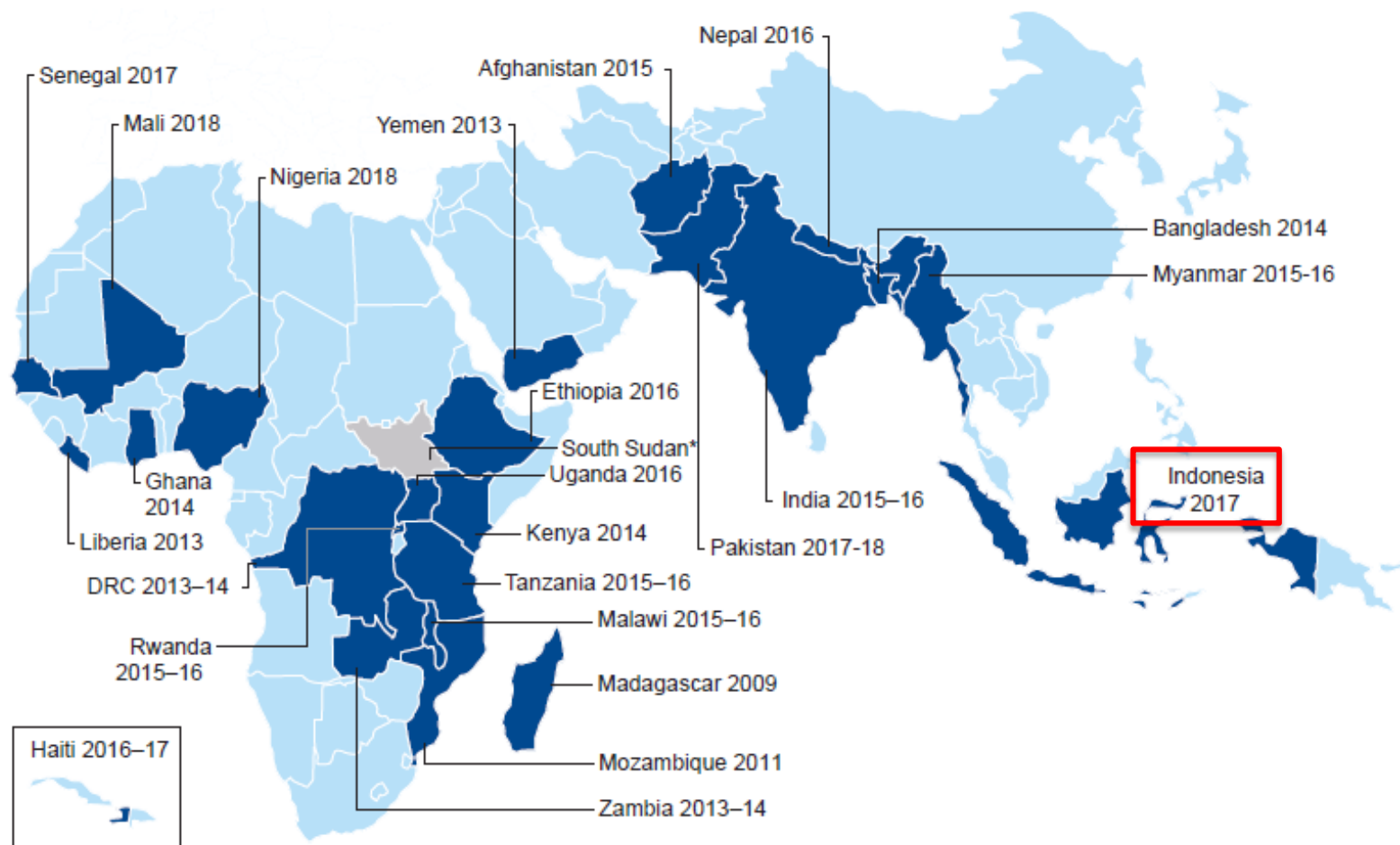
- Understand whether and where Indonesian caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- **Inform policies and programs to prevent child deaths**



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# Demographic and Health Survey (DHS) data analyzed from 24 priority countries



\*No DHS data are available for South Sudan.





# Indonesia 2017 DHS data: Interviews with mothers of young children

Mothers of children five years old or younger were asked:

- Whether their children had experienced fever, symptoms of acute respiratory infection (ARI), or diarrhea in the past two weeks
  - If yes, asked whether they had sought advice or treatment from any source
    - If yes, asked where they had sought advice or treatment





## This analysis will tell you:

1. What percentage of children in Indonesia experience fever, ARI symptoms, and/or diarrhea?
2. What percentage of caregivers seek advice or treatment outside the home for children with these illnesses?
3. Among those who seek out-of-home care, what are the sources?
  - a) Public, private, other
  - b) Clinical vs. non-clinical
4. How do patterns of care-seeking vary by:
  - a) Illness: fever, ARI, diarrhea
  - b) Countries within the Asia region
  - c) Wealth quintile: poorest and wealthiest Indonesians



How frequently do children in  
Indonesia experience fever,  
ARI symptoms, and/or  
diarrhea?

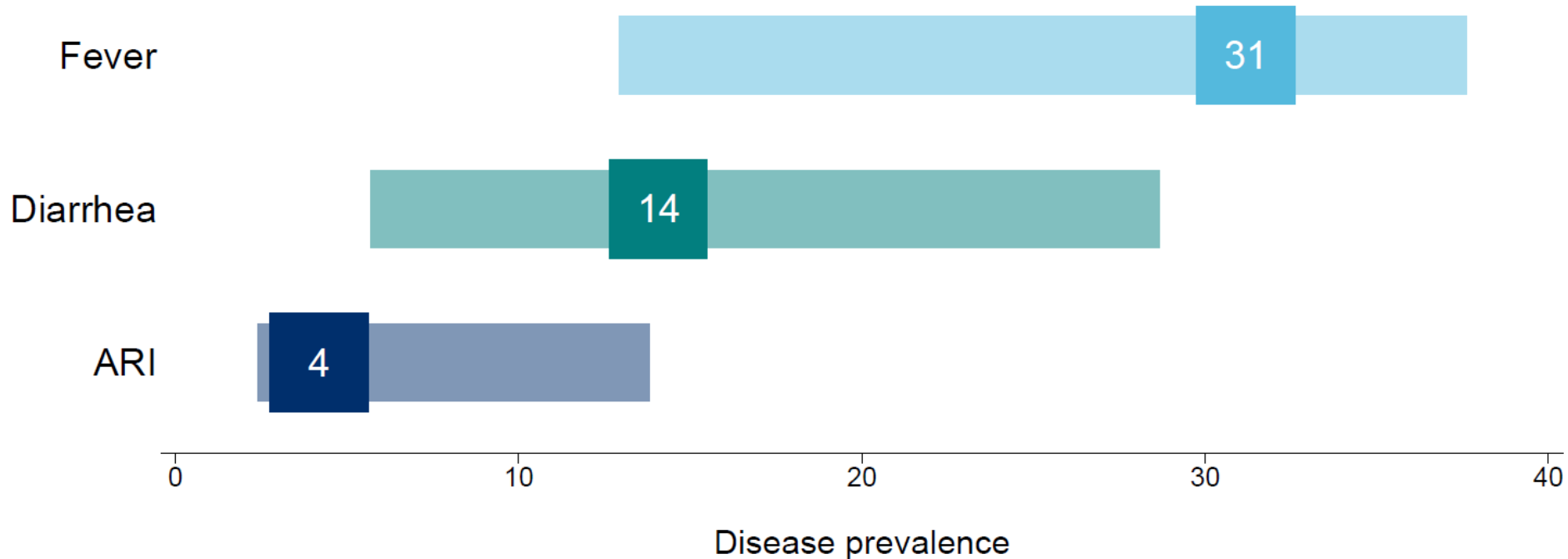




# Child illness prevalence in Indonesia varies across illnesses and relative to among its neighbors

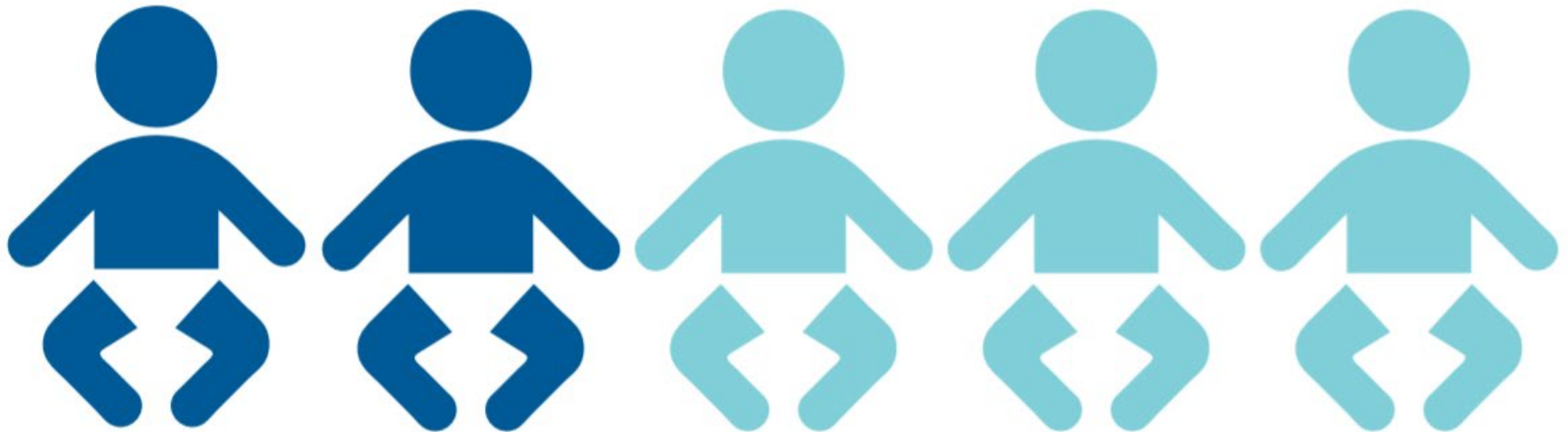
Bars show **range** across Asian USAID priority countries; squares show **Indonesia**

## Illness prevalence: Indonesia and Asia





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





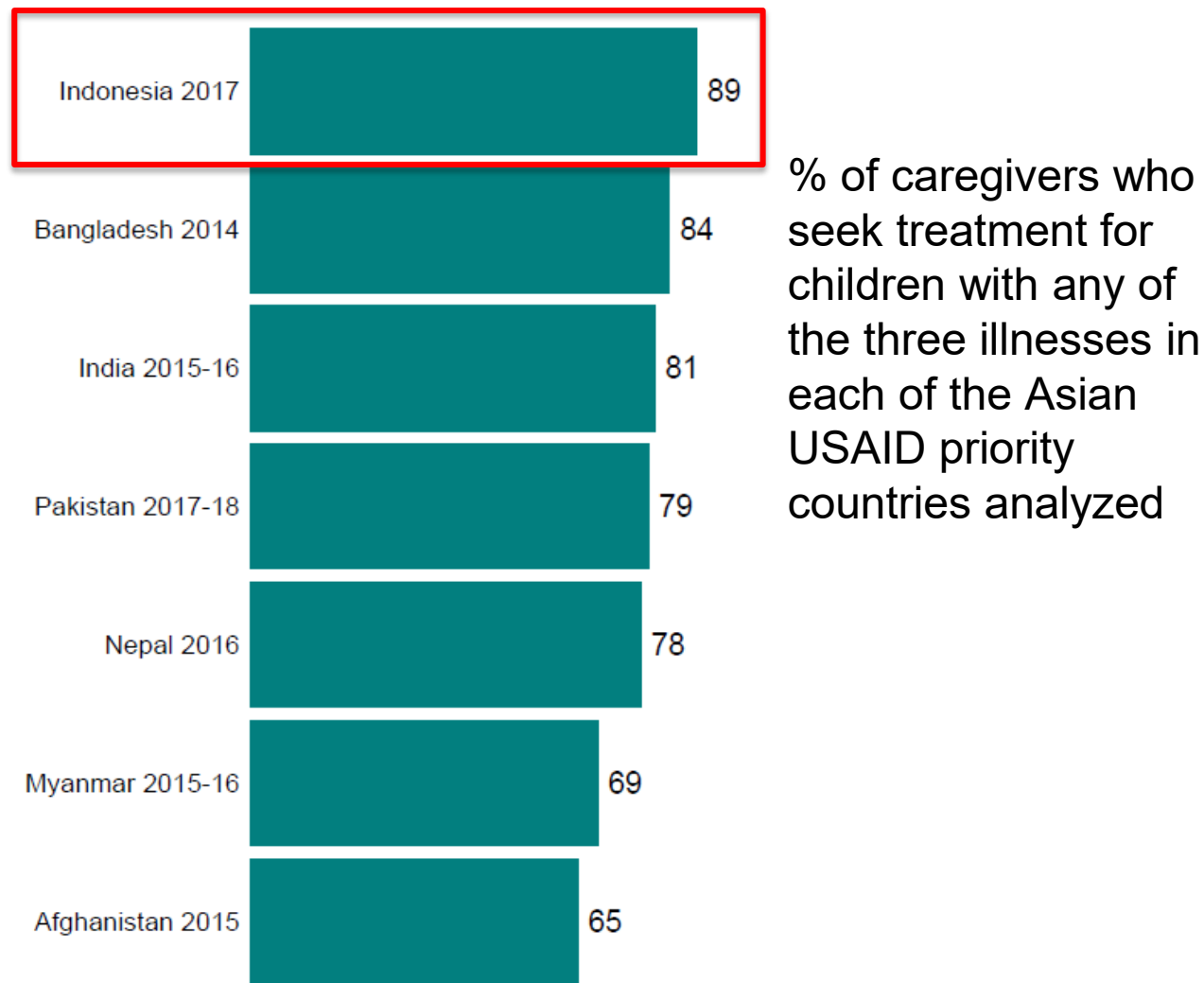


How frequently is out-of-home care sought for Indonesian children with these illnesses?





## Indonesia has the highest care-seeking level among all Asian USAID priority countries

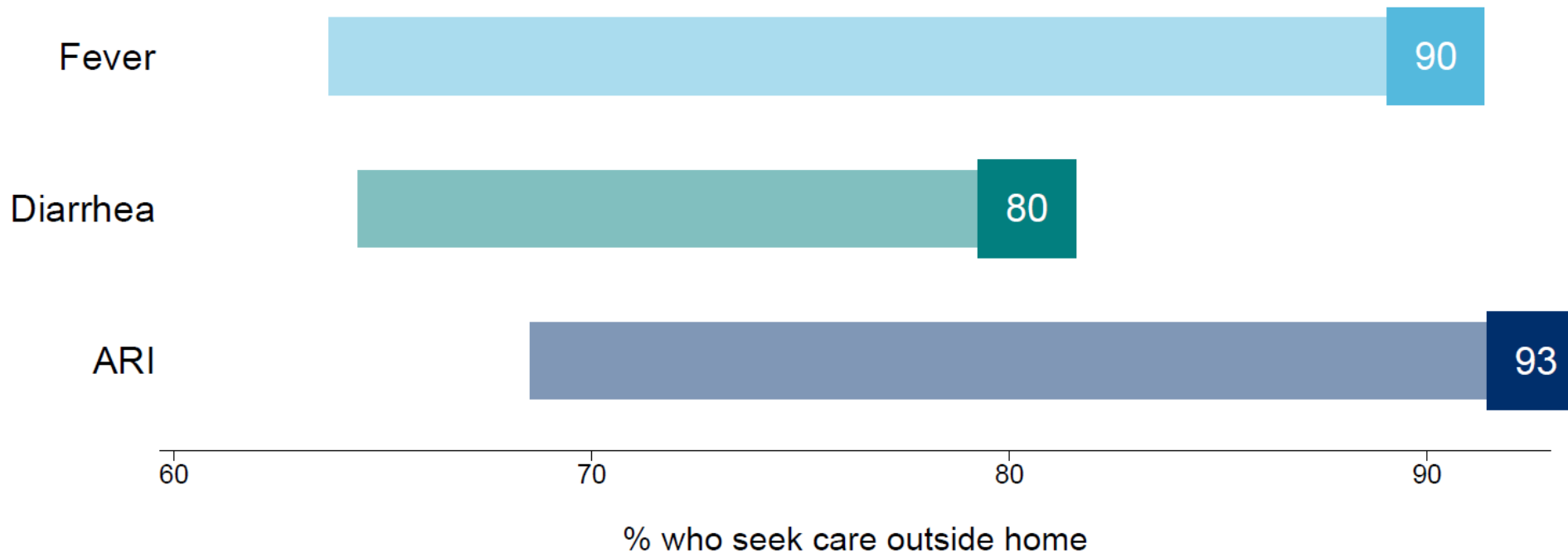




# Indonesia's care-seeking levels are the highest among USAID priority countries in Asia

Bars show **range** across Asian USAID priority countries; squares show **Indonesia**.

## Caregivers who seek care outside the home: Indonesia and Asian priority countries





Among Indonesians who seek  
out-of-home care, what are the  
sources?

Public, private, other



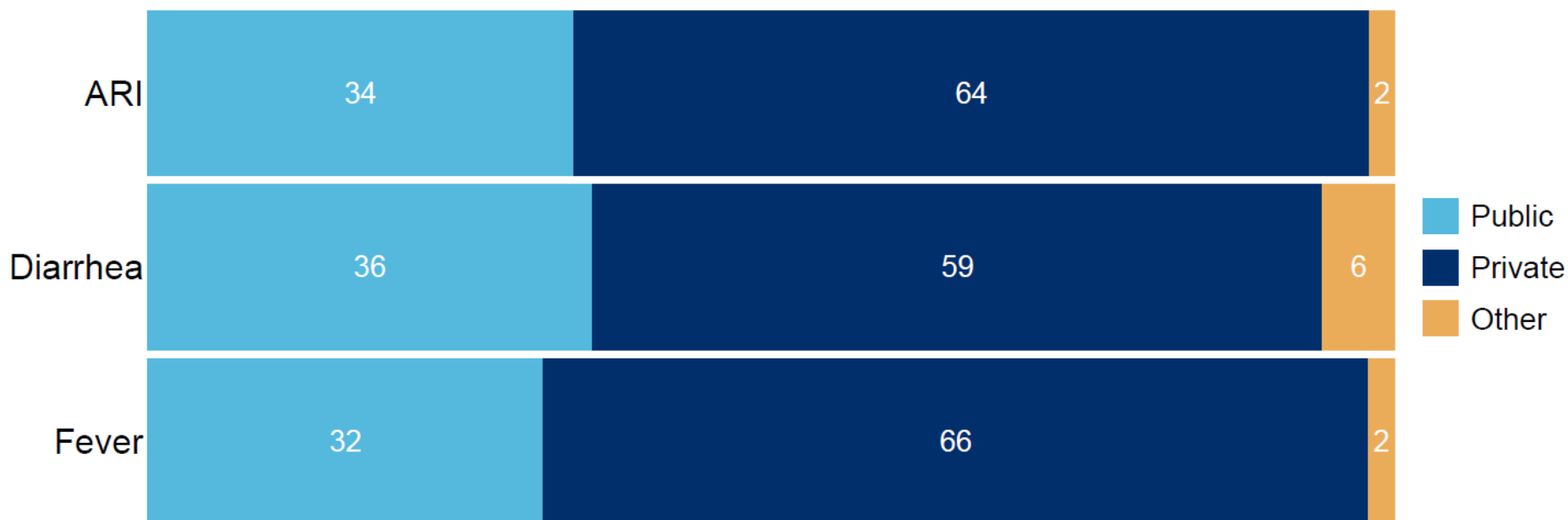


## Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none"><li>Hospitals, clinics, health centers, mobile clinics, health posts, village health posts, village midwives</li></ul>	<ul style="list-style-type: none"><li>Private clinics, hospitals, doctors, midwives, and nurses</li><li>Private maternity hospitals</li><li>Pharmacies, drug stores, and shops</li></ul>	<ul style="list-style-type: none"><li>Traditional birth attendants</li></ul>



## Across all three illnesses, the **private** sector is the dominant source of care in Indonesia

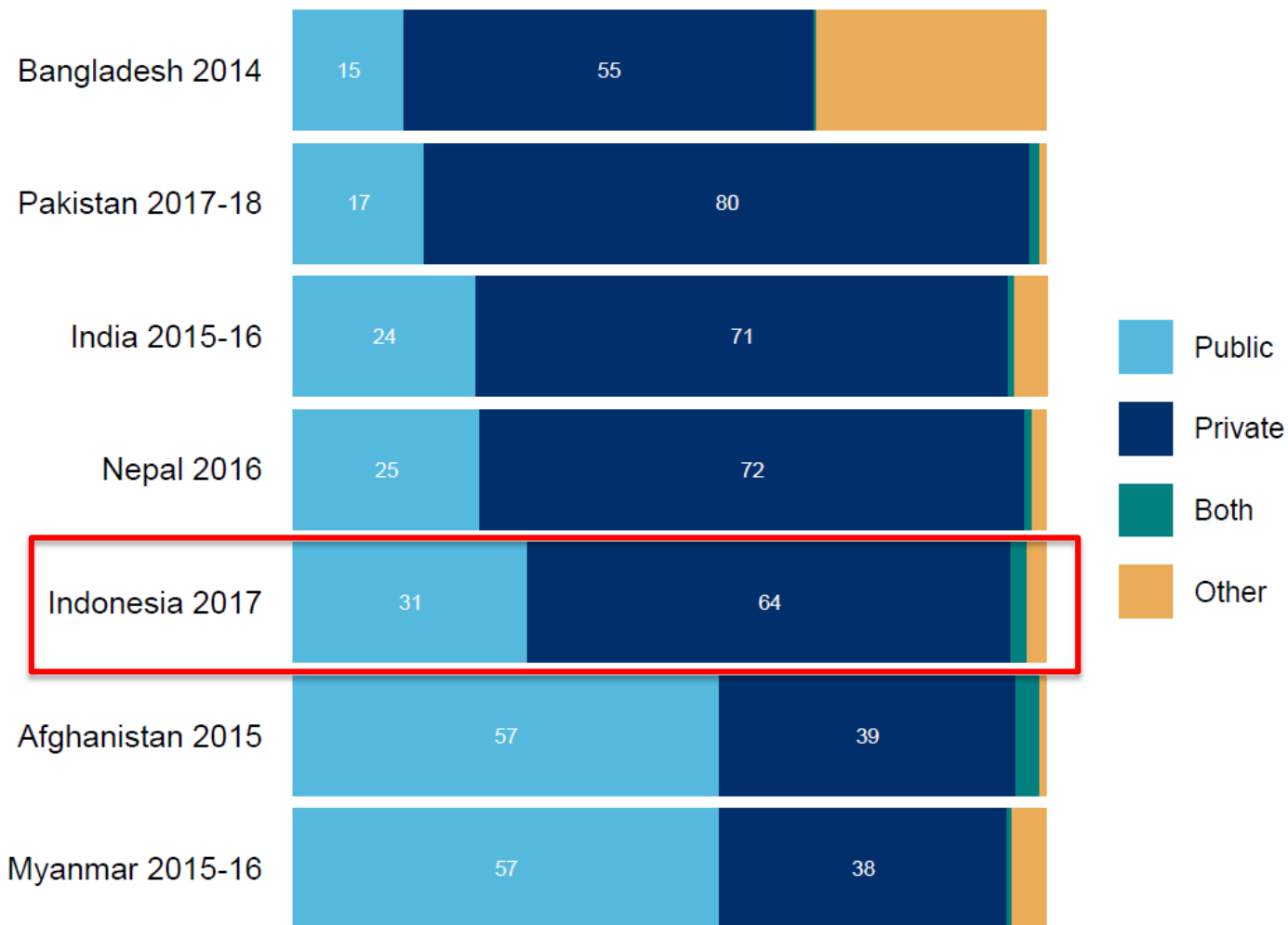


Source among Indonesians who seek sick child care outside the home





# The private sector is dominant in Indonesia, but some neighboring countries have even higher levels





Among caregivers who seek sick child care outside the home, **64%** seek treatment or advice from private sector sources and **31%** from public sector sources.



■ Public source    ■ Private source    ■ Both    ■ Other



# Sources of care: Clinical versus non-clinical





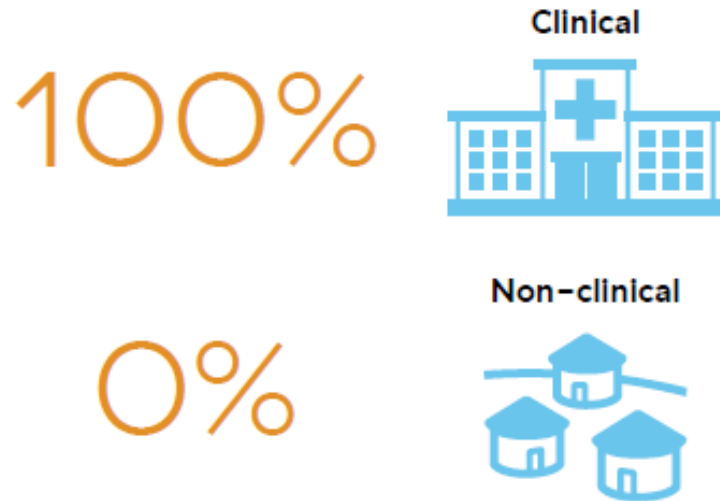
## Sources of care: Clinical and non-clinical

	<b>Public sector</b>	<b>Private sector</b>
<b>Clinical</b>	<ul style="list-style-type: none"><li>· Hospitals, clinics, health centers, mobile clinics, health posts, village health posts, delivery posts, village midwives</li></ul>	<ul style="list-style-type: none"><li>· Private clinics, hospitals, doctors, midwives, and nurses</li><li>· Private maternity hospitals</li></ul>
<b>Non-clinical</b>	<ul style="list-style-type: none"><li>· Other (not specified in DHS)</li></ul>	<ul style="list-style-type: none"><li>· Pharmacies, shops, drug stores</li></ul>

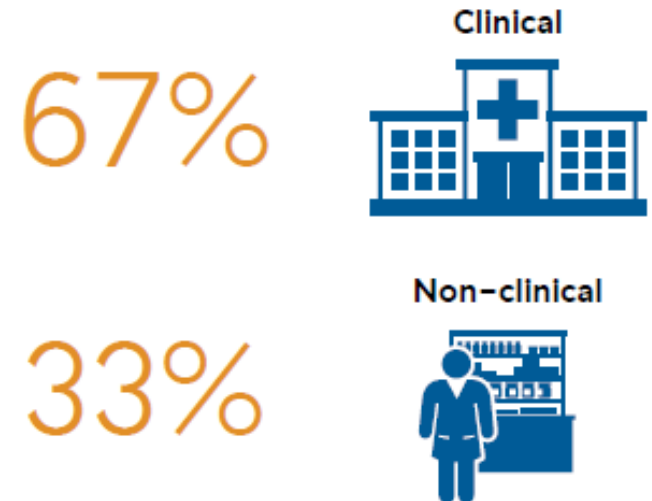


# Clinical sources are dominant in both the public and private sectors

Public sector:

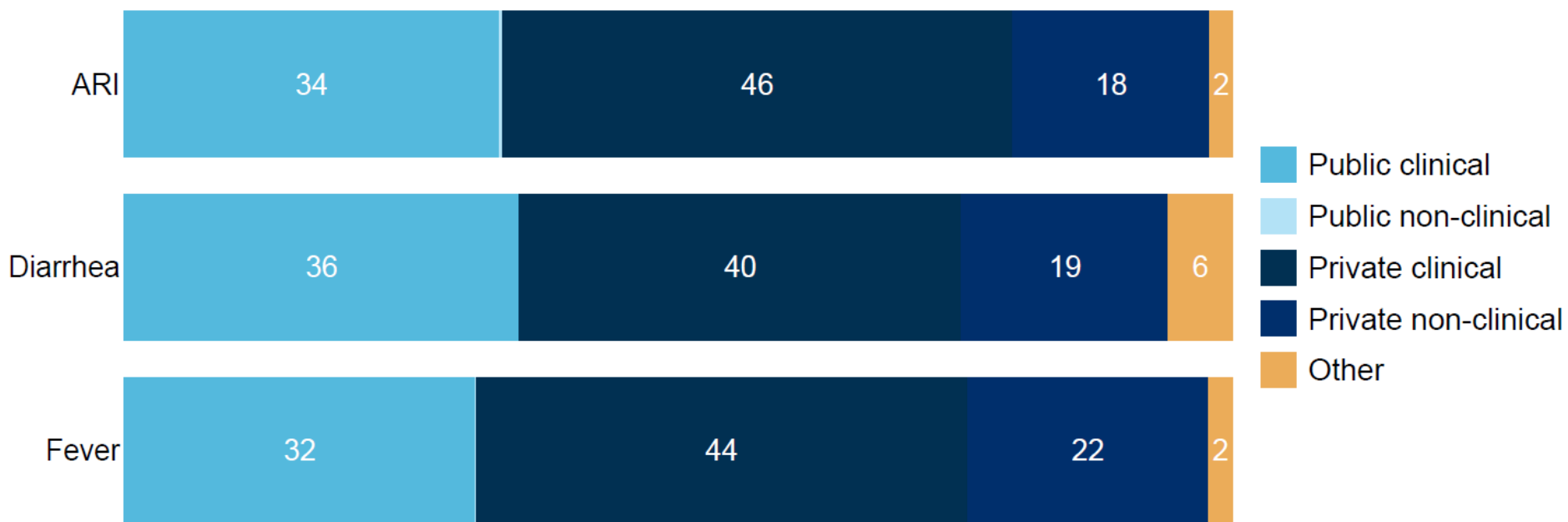


Private sector:





## By illness: *Little variation* in clinical vs. non-clinical sources of care



Source among Indonesians who seek sick child care outside the home





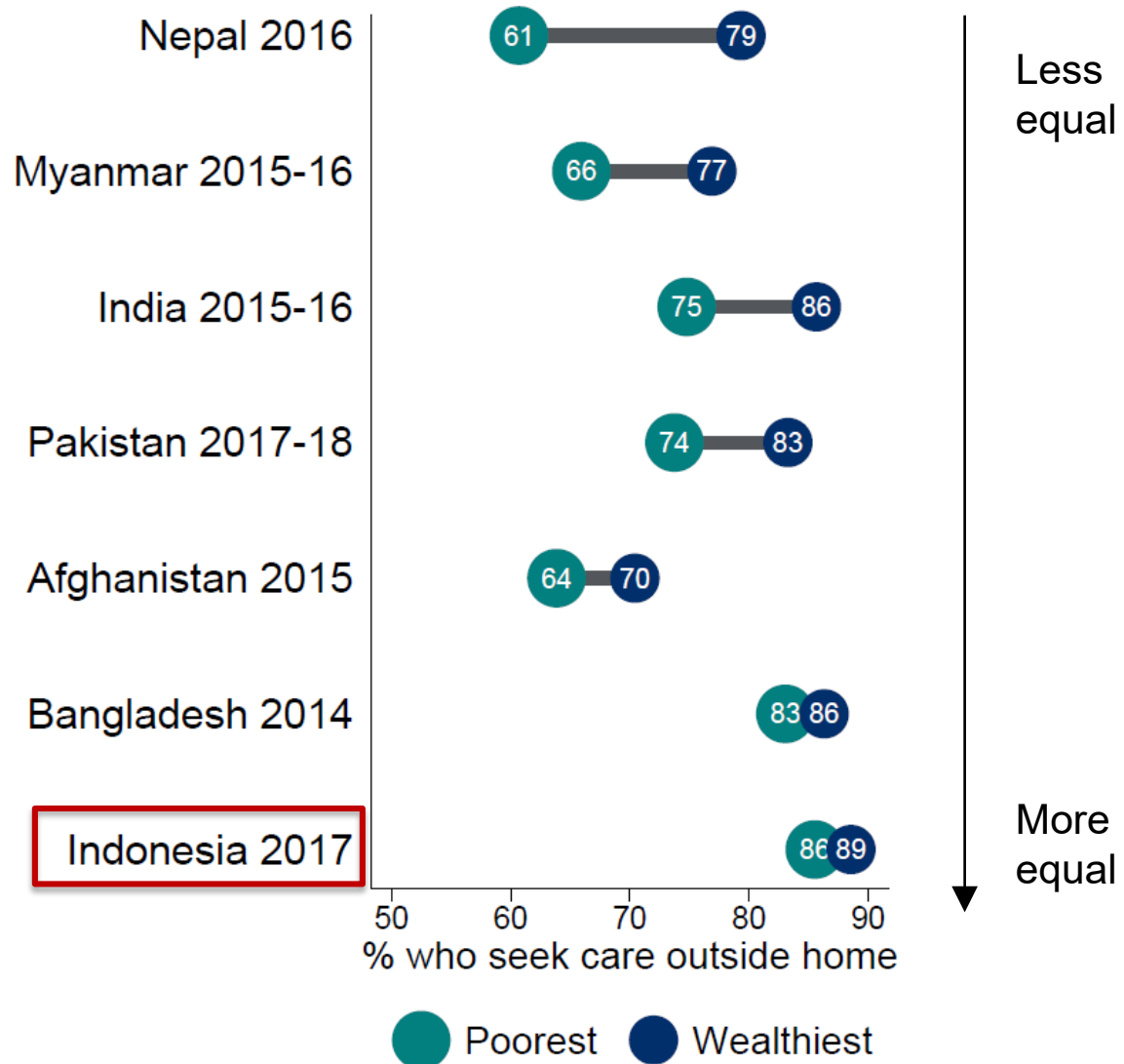
How do patterns of care-seeking vary between the poorest and wealthiest Indonesians?





# Indonesia's care-seeking levels are very equitable compared with its neighbors

- Wealthiest
- Poorest





# Private sector is dominant for both **poorest** and **wealthiest** Indonesians



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

The private sector is the dominant source of care across income levels

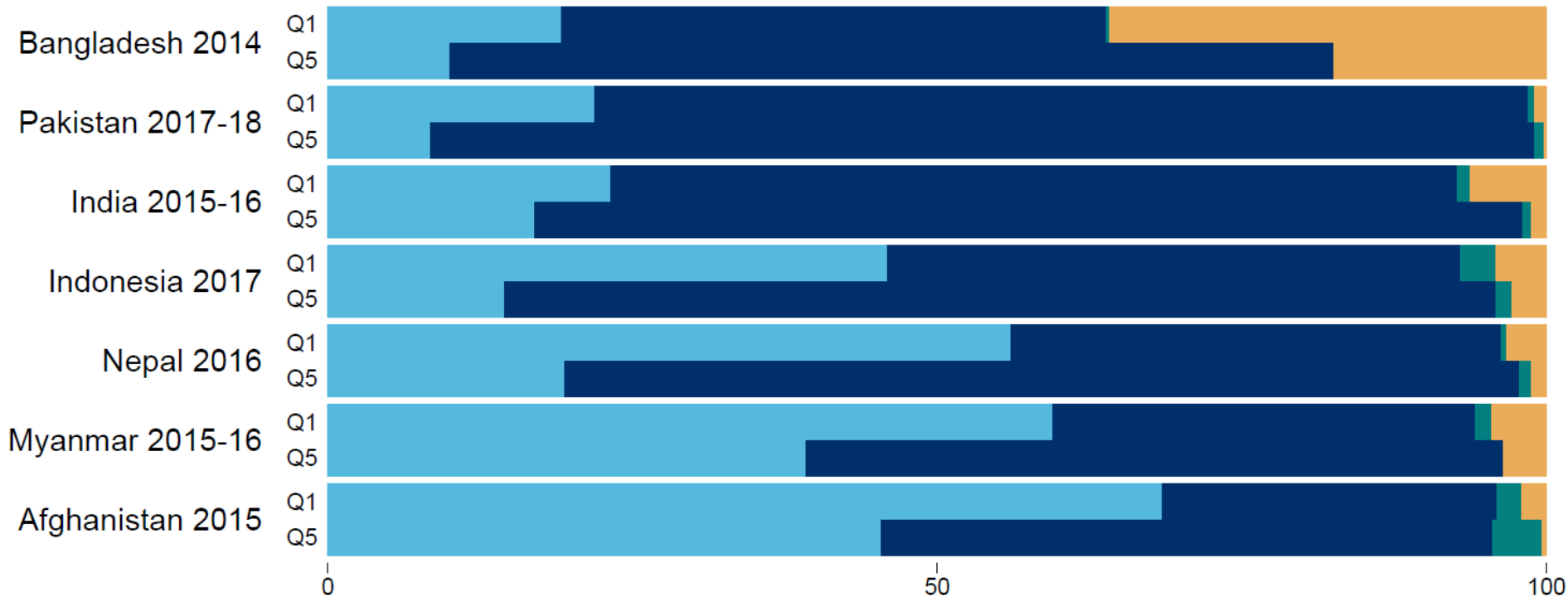
- 81% of wealthiest and 47% of poorest caregivers use private sector

Use of the public sector is moderate, although increases among the poorest

- 46% of poorest and 14% of wealthiest caregivers use public sector



## As with many of its neighbors, use of the **private sector** in Indonesia increases with **wealth**



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other



# Summary

- **2 out of 5** children experienced a treatable illness in the past two weeks
- **89%** of caregivers seek treatment outside the home
  - **64%** use the private sector
  - **31%** use the public sector
- **Private sector** is dominant
  - Indonesia has one of the highest levels of private sector use among USAID priority countries
- Considerable differences in care-seeking sources by SES
  - **81%** of wealthiest and **47%** of poorest caregivers use the private sector
  - **46%** of poorest and **14%** of wealthiest use public sources
- Clinical sources are dominant across sectors
  - Private sector: **67%** used clinical sources
  - Public sector: 100% reported using clinical sources



## Acknowledgements

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## About SHOPS Plus

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.



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