



Sources for sick child care in *Myanmar*

One in a series of analyses by SHOPS Plus

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Purpose of this analysis

- Understand whether and where Burmese 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**

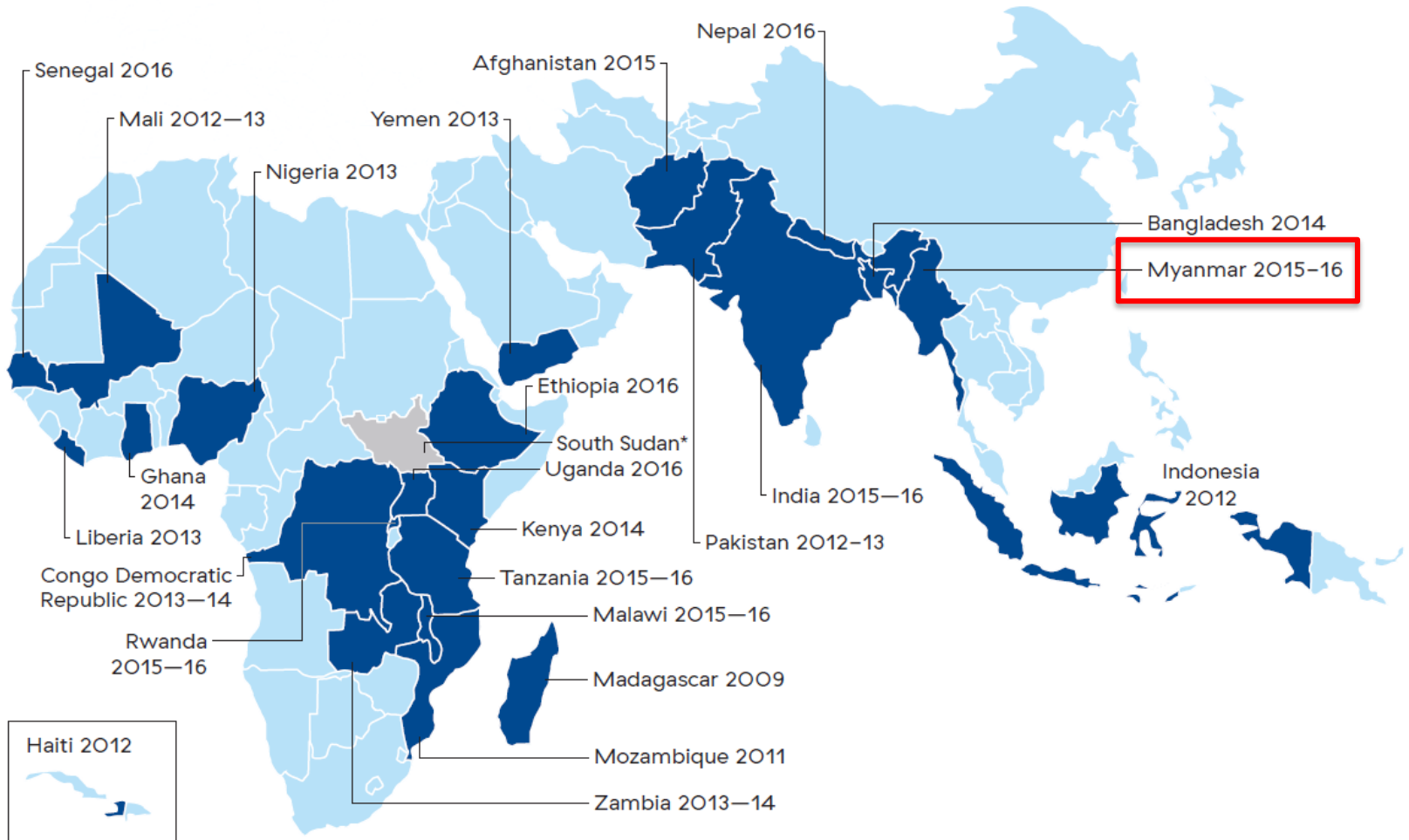


Theis Kofoed Hjorth



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

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.



Myanmar 2015-16 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



Daniel Clement Julie



This analysis will tell you:

1. What percentage of children in Myanmar 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 Burmese



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

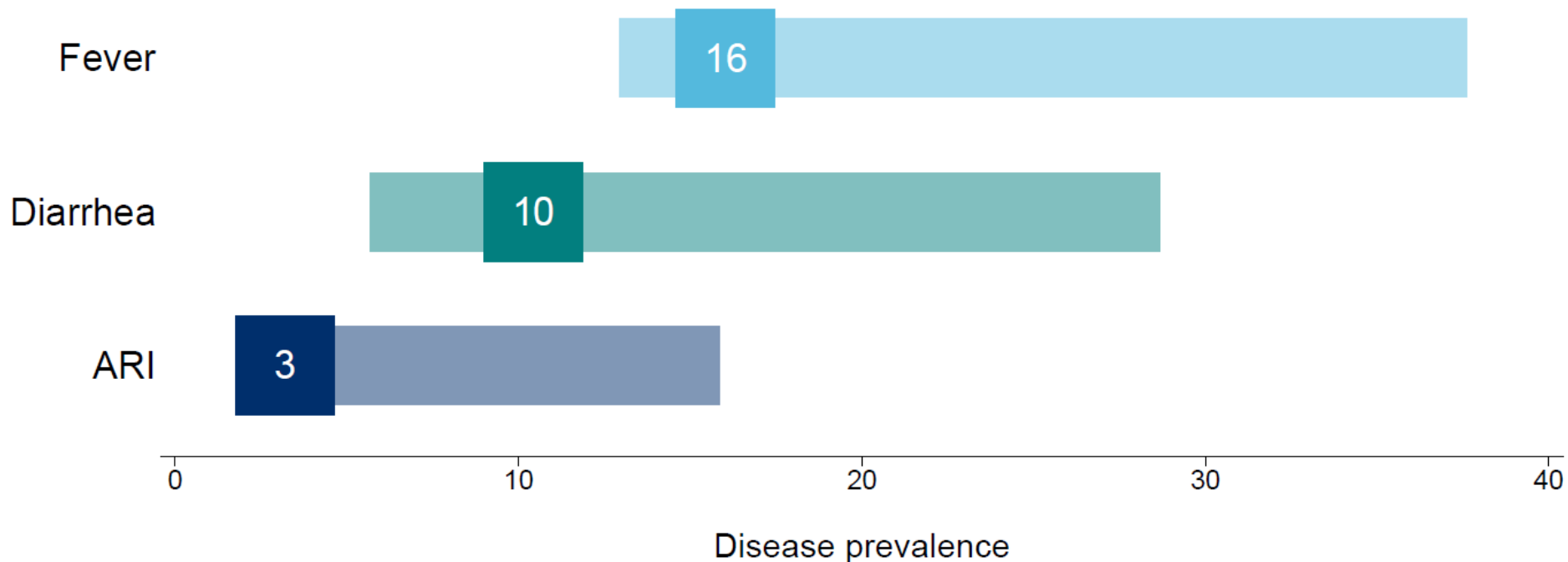




Myanmar has lower child illness prevalence compared to many of its neighbors

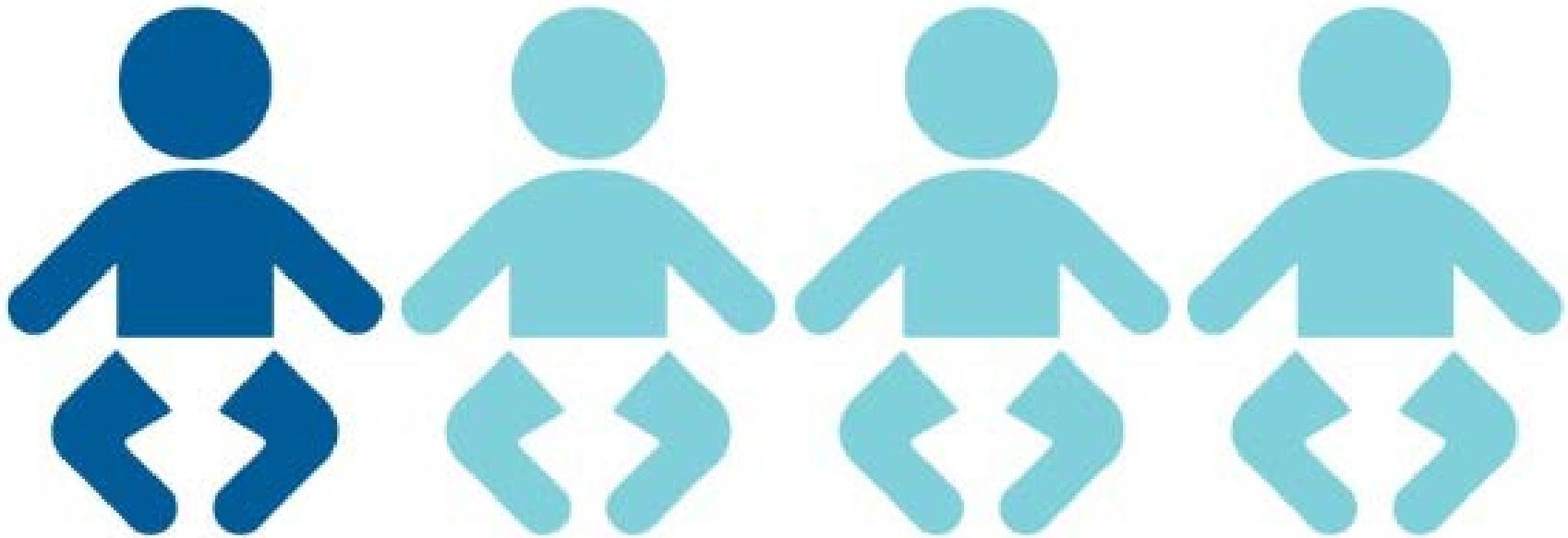
Bars show **range** across Asian USAID priority countries; squares show **Myanmar**

Illness prevalence: Myanmar and Asia





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



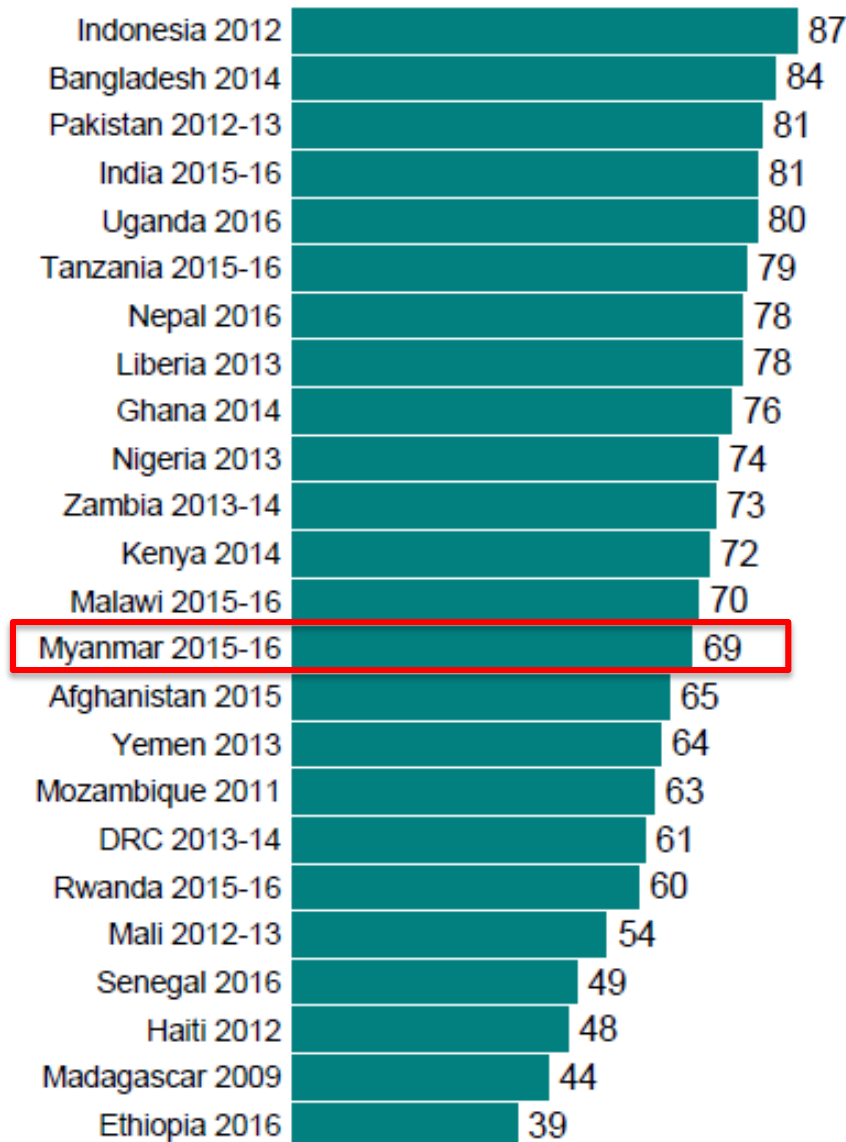


How frequently is out-of-home care sought for Burmese children with these illnesses?





Myanmar care-seeking level is mid-range compared to in other USAID priority countries



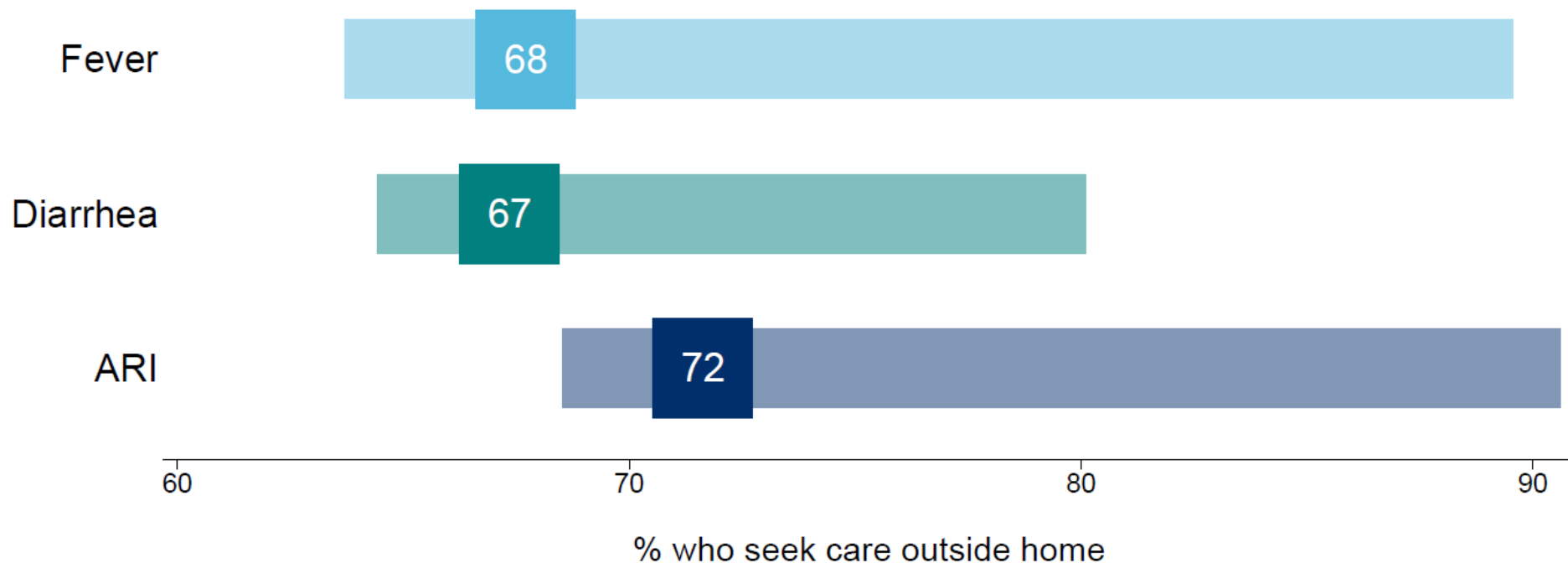
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Myanmar's care-seeking levels are among the lowest in the Asia region

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

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





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

Public, private, other



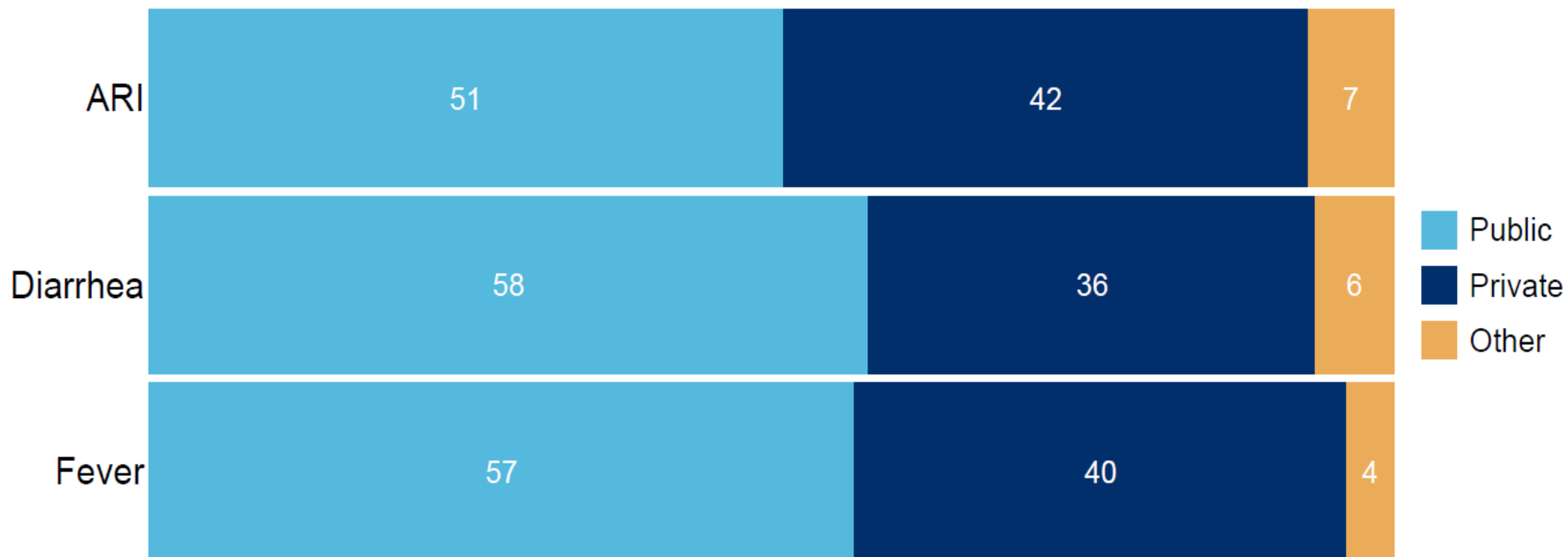


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals· Health centers· Health posts· Traditional medical clinics· Maternal and child health centers· Mobile clinics· Village health workers	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, traditional medical clinics, and mobile clinics· Nongovernmental organizations· Pharmacies, shops, and markets	<ul style="list-style-type: none">· Traditional practitioners



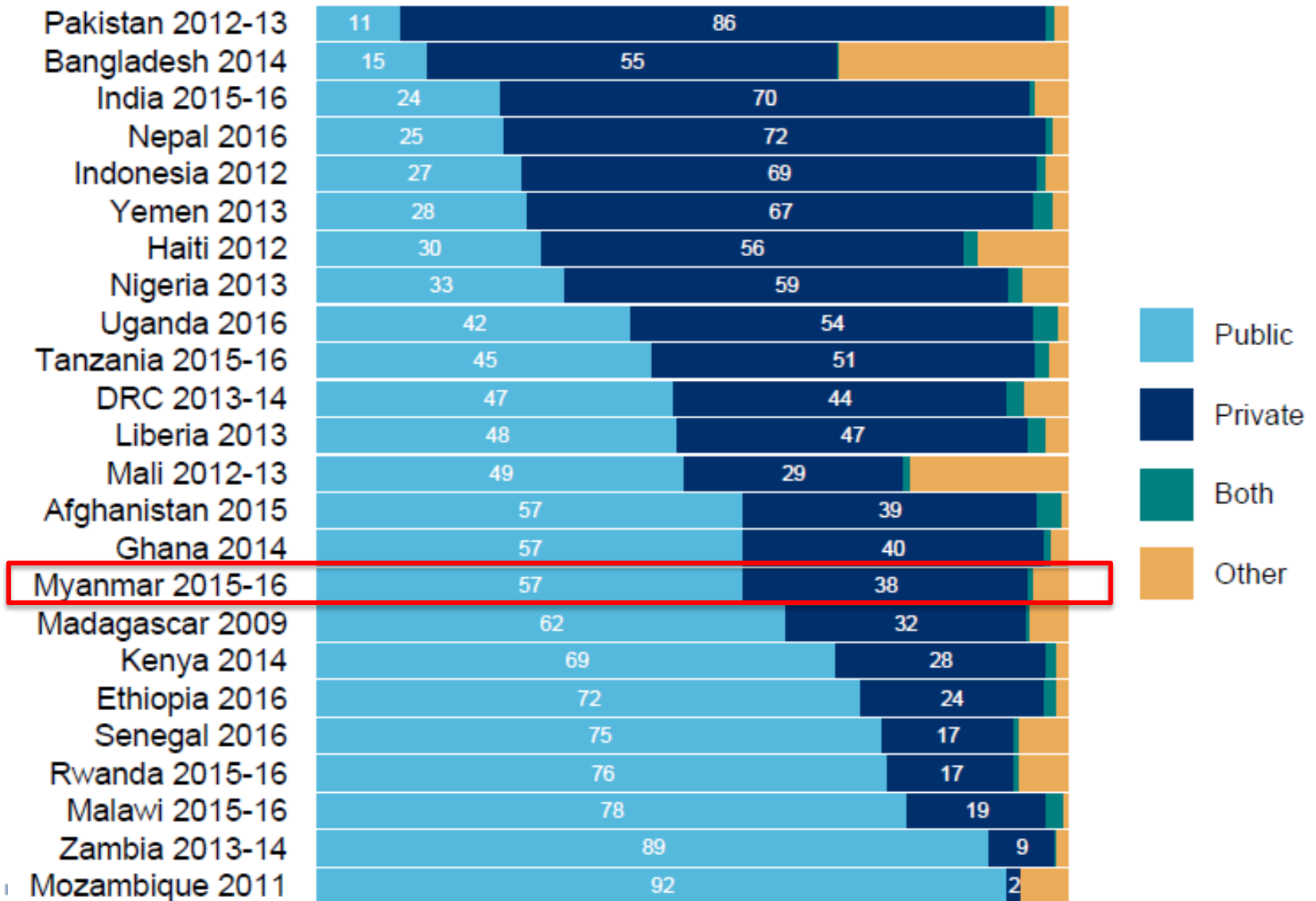
Across all three illnesses, the **private** and **public** sectors are important sources of care in Myanmar



Source among Burmese who seek sick child care outside the home

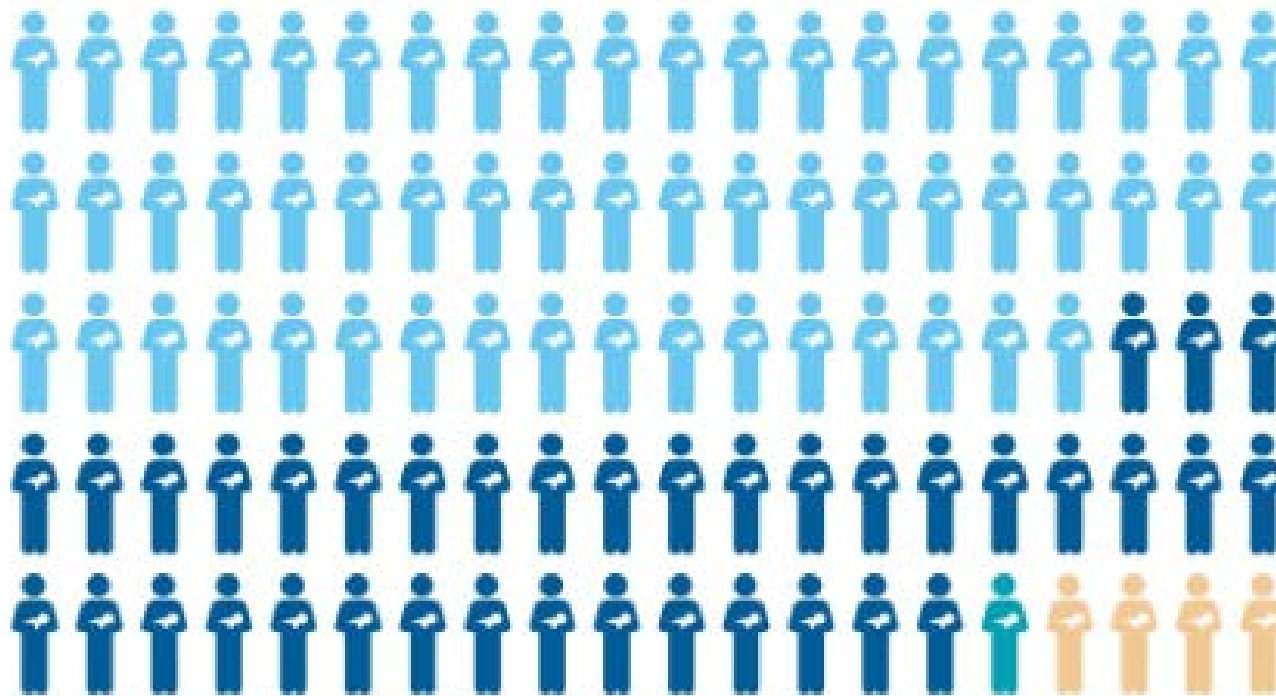


Compared to other USAID priority countries in Asia, Myanmar has low reliance on the private sector





Among caregivers who seek sick child care outside the home, **38%** seek treatment or advice from private sector sources and **57%** from public sector sources. An additional **4%** use other sources.



■ Public source ■ Private source ■ Both ■ Other



Sources of care: Clinical versus non-clinical





Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals· Health centers· Health posts· Traditional medical clinics· Maternal and child health centers· Mobile clinics	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, traditional medical clinics, and mobile clinics· Nongovernmental organizations
Non-clinical	<ul style="list-style-type: none">· Village health workers	<ul style="list-style-type: none">· Pharmacies, shops, and markets



Clinical care is dominant in the **public** and **private** sectors

Public sector:

92%

Clinical



8%

Non-clinical



Private sector:

68%

Clinical



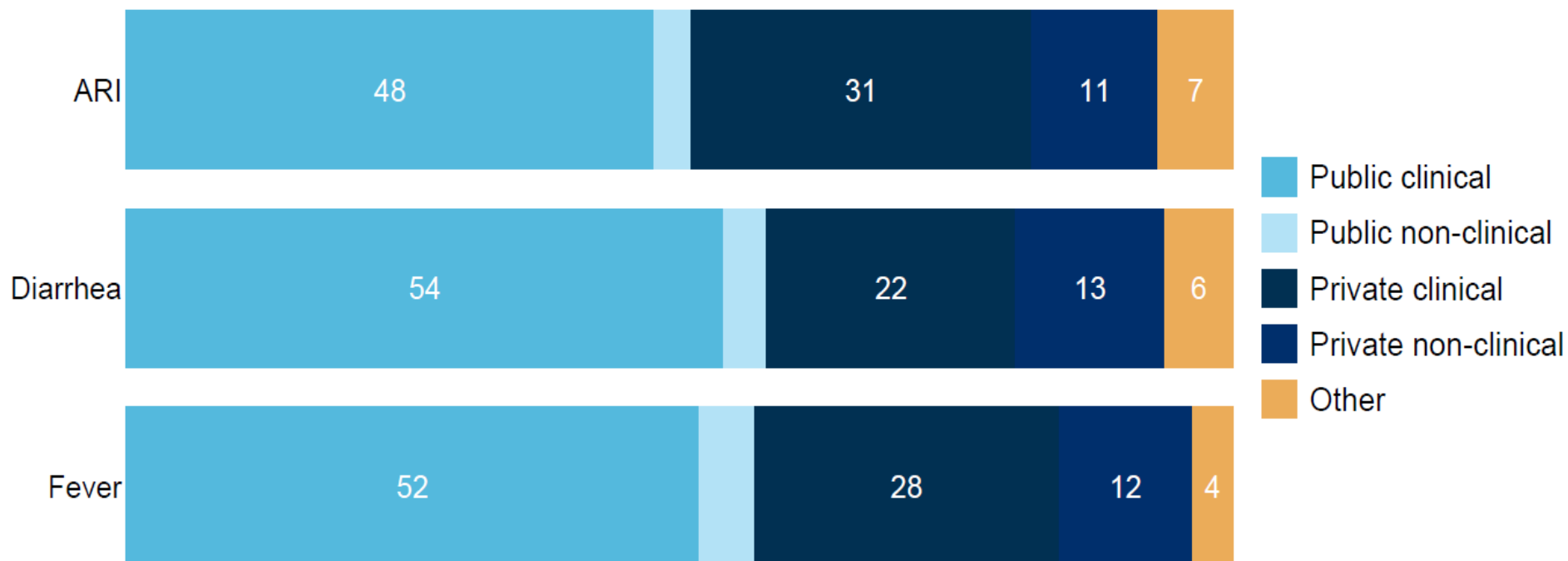
32%

Non-clinical





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



Source among Burmese who seek sick child care outside the home

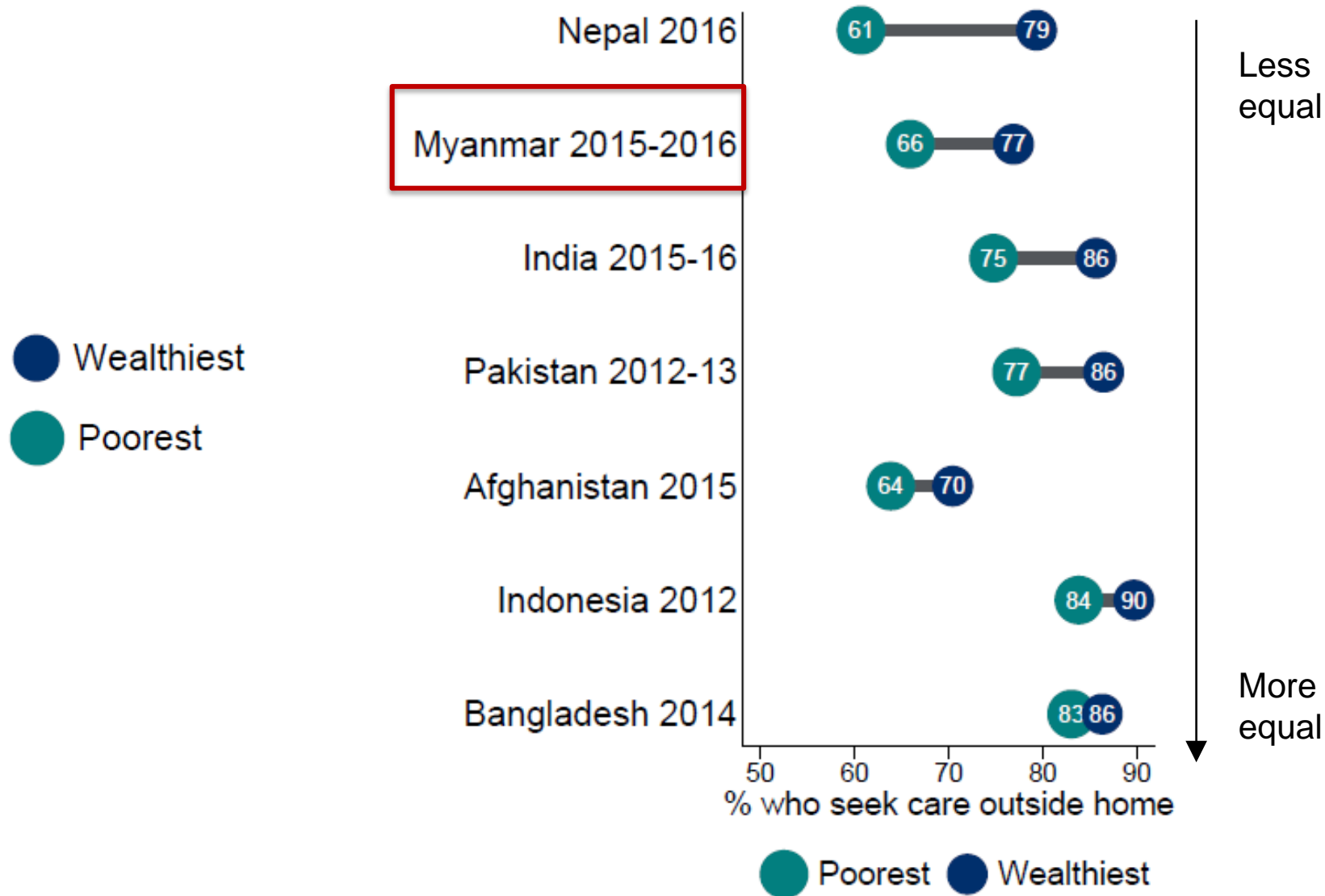


How do patterns of care-seeking vary between the poorest and wealthiest Burmese?





Myanmar's care-seeking levels are less equitable than some of its neighbors'





Private sector is dominant for **wealthiest** Burmese; public sector is dominant for **poorest**



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

Despite socioeconomic differences, private sector use is substantial for all

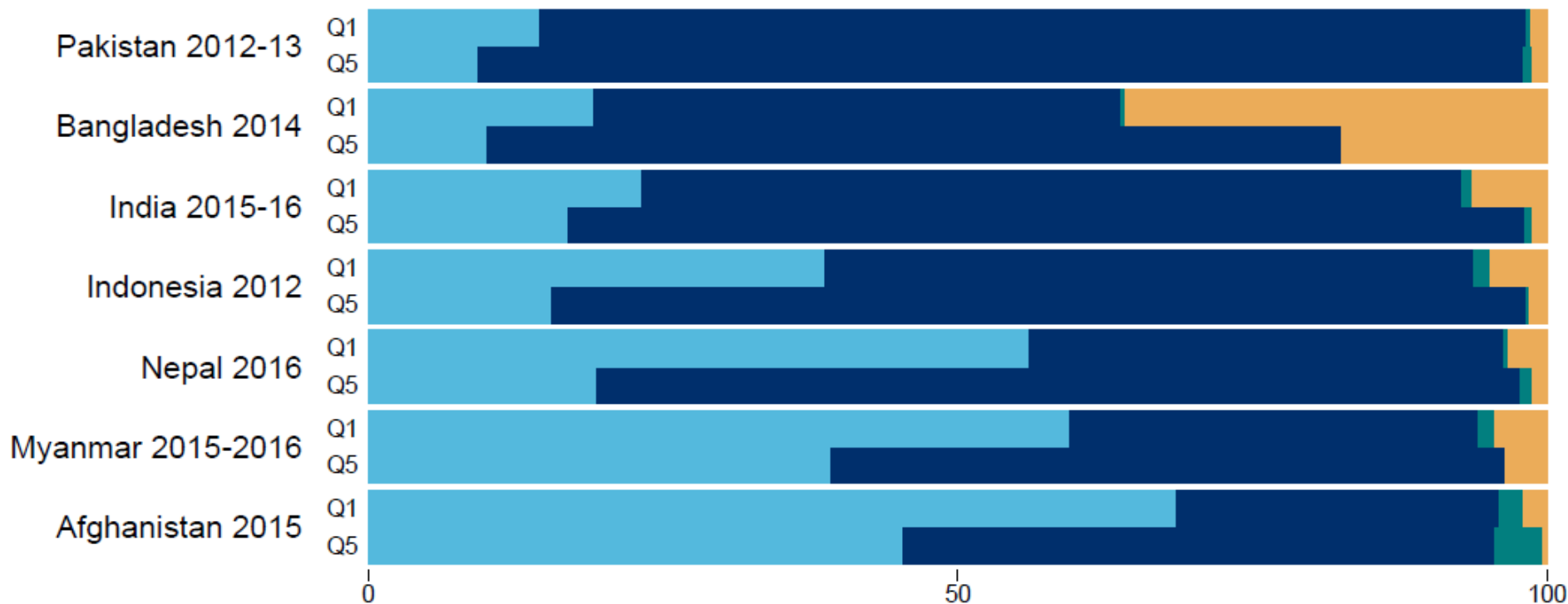
- 35% of poorest and 57% of wealthiest caregivers use private sector

The pattern is flipped for the public sector:

- 59% of poorest and 39% of wealthiest caregivers use public sector



Myanmar has relatively low levels of private sector use across income levels compared to its neighbors



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest





Summary

- **1 out of 4** children experienced a treatable illness in the past two weeks
- **69%** of caregivers seek treatment outside the home
 - **38%** use the private sector
 - **57%** use the public sector
- **Public sector** is dominant
 - Myanmar has a **low level** of private sector use compared to Asian USAID priority countries
 - Yet, both sectors are important sources of sick child care
- Moderate differences in care-seeking sources by SES
 - **39%** of wealthiest and **59%** of poorest caregivers use the public sector
 - **35%** of poorest and **57%** of wealthiest use private sources
- Clinical vs. non-clinical sources
 - Private sector: **68%** used clinical sources; **32%** used non-clinical sources
 - Public sector: **92%** used clinical sources; **8%** used non-clinical sources



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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, child health, and other health areas. SHOPS Plus supports the achievement of U.S. government priorities, including preventing child and maternal deaths, an AIDS-free generation, and Family Planning 2020.



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