

Care-Seeking and Antibiotic Use Over Time in Children Under 5 in Vietnam



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Purpose

To investigate **changes in time** in antibiotic use and care-seeking for **acute respiratory infection (ARI)** in Vietnam

Time period: 2006 - 2014

Background

- ❖ **What is Acute Respiratory Illness (ARI)?**
 - Respiratory infection, with “**fast breathing**” and “**lower chest wall withdrawing**”
- ❖ **Vietnam Healthcare System?**
 - Free health insurance for children under 5
 - Government Hospitals span central provincial, district and commune levels
 - Private hospitals/pharmacies not part of central level

Methods

- ❖ UNICEF Survey Data (2006, 2011, 2014)
- ❖ Baseline Logistic Regression Models using R

Social Determinant

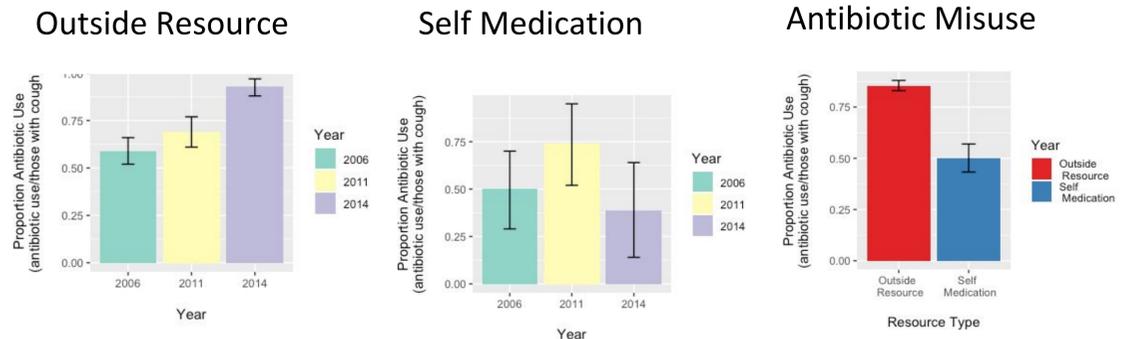
Care-Seeking

Antibiotic Use

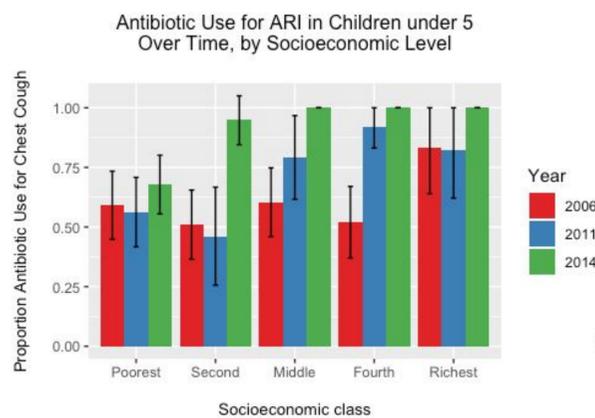
Misuse of Antibiotics

Results

Antibiotic use over time

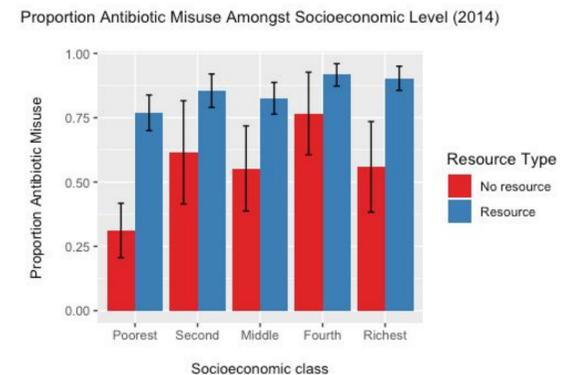


Socioeconomic Level



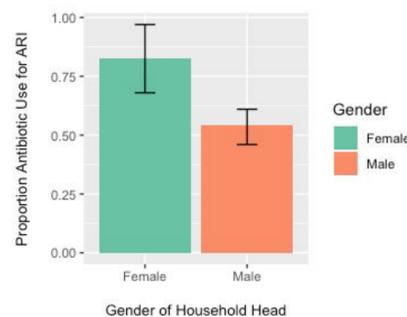
3.32 Greater odds of correctly using antibiotics for very **increase in socioeconomic level**

2.0 Greater odds of misusing antibiotics every **increase in socioeconomic level**



Gender of Household Head

Proportion of Antibiotic Use for ARI by Gender of Household Head (2006)



Female Household Head (2011)

3.2 Greater odds of using **antibiotics** for child
2.7 Greater odds of using **government hospital** for child

Gender of Child

Male Child in 2011



3.16 Greater odds of **obtaining antibiotics** for ARI
2.6 Greater odds of seeking help from **government hospital**

Conclusions

- ❖ Social Disparities in antibiotic use and misuse
- ❖ Inadequacies in care resources
- ❖ Balance still needed: adequate resources vs. drug overuse