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Child Health Problems and Use of Health Services in a Rural District in Vietnam

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ABSTRACT

Background: Like many other low and middle income countries, Vietnam has experienced a period of social, economic and epidemiological transition. The health care system has undergone considerable changes, and it is important to follow up their effects, especially among children under 5 years of age.

Aim: The overall aim was to investigate the use of health services and medical drugs in children less than 5 years of age in a rural district in Vietnam, in relation to the country's policy for child health care. In particular, the roles of social and economic background and attitudes to health care services are analyzed.

Methods: The thesis is based on three studies, using both quantitative and qualitative research methods. All the studies were conducted in Bavi District, a Demographic Surveillance Site in rural Vietnam. Study I was a population-based survey of 4,087 children under 5 years of age. Mothers or caretakers were interviewed about illness in their children, and the measures they took with regard to use of health services and use of drugs during the two weeks prior to the survey. Study II was a qualitative study, using in-depth interviews with two drug sellers and three health care providers, and four focus group discussions with mothers of children under 5 years of age. Study III consisted of an analysis of longitudinal data, performed from 2003 to 2007, on health service utilization among children less than 5 years with respiratory illness and/or diarrhea.

Results: Self-treatment and use of private practitioners were the most common measures taken in cases of respiratory symptoms and/or diarrhea, and the measures taken did not vary according to household economic status. Drugs were used in the majority of cases of respiratory illness and/or diarrhea. Antibiotics (72.2%) and analgesics/antipyretics (53.5%) were the most commonly reported drugs employed. Corticosteroids were used in 11.6% of all cases. There was a significant association between family's economic position and use of corticosteroids, but the associations with regard to other drugs were weaker. There was no significant association between pattern of drug use and type of health service consulted. There was poor awareness of side-effects, antibiotic resistance, and drug efficacy. Factors influencing self-medication were perceptions of the illness in the child, waiting time and convenience, the attitudes of public health medical staff, an insufficient drug supply in public health facilities, and availability of prescribed drugs on the market. The longitudinal analysis of survey data showed a decrease in use of self-treatment and private practitioners, and an increase in use of community health centers and district facilities, during the study period. The most obvious change was between 2004 and 2006, which coincided with the introduction of a new child health insurance.

Conclusions: Self-treatment and use of a private practitioner are common measures taken by parents when a child is sick. Medical drugs, including antibiotics and corticosteroids, are used to a considerable extent. Misuse and misconceptions regarding drugs contribute to irrational drug use. Mothers' knowledge of and attitudes to illness and health care services play an important role in determining the types of actions taken when children fall ill. There were significant shifts in the pattern of use of health care services over time, and the introduction of child health insurance is likely to have played an important role in these shifts.