

IMPROVING PHYSICIANS' RATIONAL USE OF ANTIBIOTICS IN CHILDREN  
UNDER 5 YEARS OLD WITH ACUTE RESPIRATORY INFECTION (ARI)  
THROUGH FACE-TO-FACE EDUCATION AND IMPLEMENTATION OF  
STANDARD TREATMENT GUIDELINE IN BA VI DISTRICT HOSPITAL,  
VIETNAM



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COLLEGE OF PUBLIC HEALTH SCIENCES

A Thesis Submitted in Partial Fulfillment of the Requirements  
for the Degree of Masters of Public Health

Health Systems Development Programme

College of Public Health

Chulalongkorn University

Academic Year 2000

ISBN: 974-346-921-4

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Bangkok, Thailand

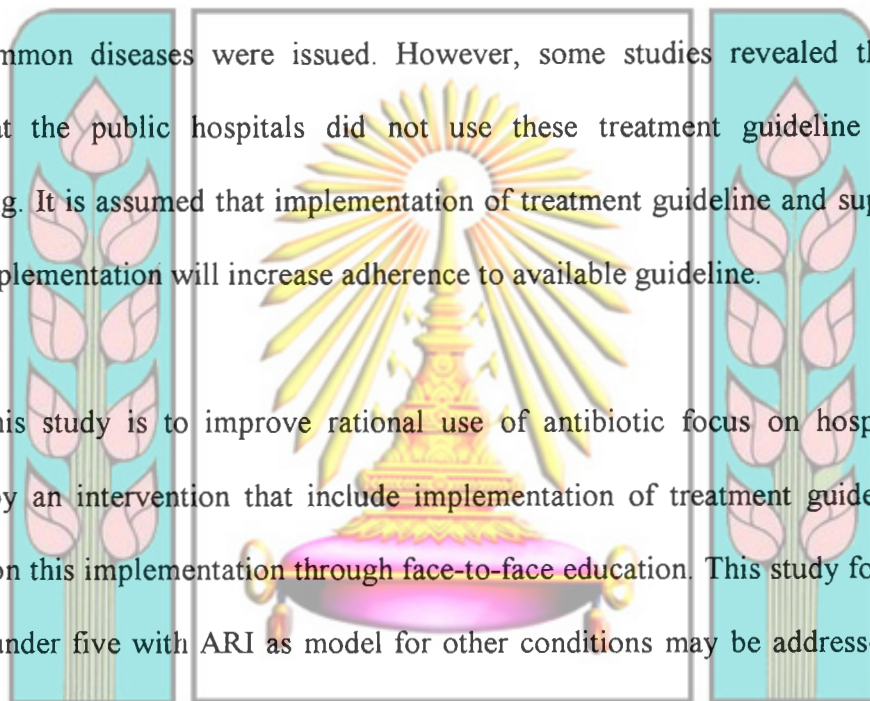
## Abstract

Irrational use of drugs, especially antibiotic is a big problem on the public health in Vietnam as well as at Ba Vi District Hospital. The use of treatment guideline may reduce irrational prescribing behavior. In Vietnam, the treatment guideline for many common diseases were issued. However, some studies revealed that most doctors at the public hospitals did not use these treatment guideline in their prescribing. It is assumed that implementation of treatment guideline and supervision of this implementation will increase adherence to available guideline.

This study is to improve rational use of antibiotic focus on hospital out-patients by an intervention that include implementation of treatment guideline and supervision this implementation through face-to-face education. This study focuses on children under five with ARI as model for other conditions may be addressed in the future.

The main objective of proposed study is to improve rational prescribing of antibiotics by the prescribers of Bavi District Hospital. This is an intervention pre-post study design with both quantitative and qualitative approach. The out-patient ward and 3 inter-commune polyclinics of Bavi District Hospital will be selected.

The intervention in this study is using face-to-face education in order to introduce again existing treatment guideline for ARI and supervise implementation of guideline of physicians by expert and researchers in 6 months at Ba Vi District

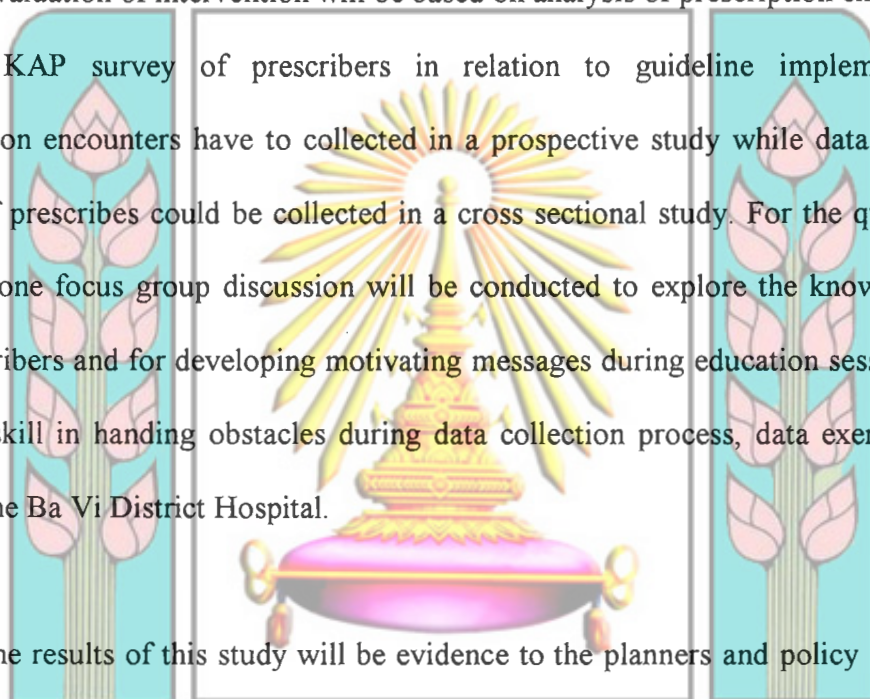


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Hospital. Two evaluations will be carried out, before and after intervention, by researchers. Researchers will conduct the baseline survey, evaluations studies and workshop and supervisions.

Evaluation of intervention will be based on analysis of prescription encounters, and on KAP survey of prescribers in relation to guideline implementation. Prescription encounters have to collected in a prospective study while data on KAP survey of prescribes could be collected in a cross sectional study. For the qualitative purpose, one focus group discussion will be conducted to explore the knowledge of the prescribers and for developing motivating messages during education sessions. To develop skill in handing obstacles during data collection process, data exercise was done in the Ba Vi District Hospital.

The results of this study will be evidence to the planners and policy maker to introduce other treatment guideline to the prescribers of Ba Vi District Hospital and to ensure rational prescribing, hence promote rational use of drugs, especially antibiotics.



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