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Analyse How Socioeconomic Factors are Affecting the Knowledge and Use of Antibiotics from the Perspective of Health Promotion

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Abstract

This commentary explores and analyses how social factors are affecting knowledge and behaviours on the use of antibiotics. A previous study showed that professional respondents have better knowledge in the use of antibiotics, while respondents with adequate incomes used antibiotics more than those with inadequate incomes. While being wealthy does not necessarily equate to healthy behaviours, improving the educational attainment and health literacy of citizens could lead to a healthier society. To strengthen the evidence base for health promotions on antibiotics use, a detailed study should be conducted to examine physicians' practices in prescribing antibiotics and the availability of over-the-counter antibiotics. A microbiologist doctor is encouraged to be onboard to develop guidelines to monitor and advise doctors on prescribing antibiotics inside healthcare settings. A model of good practices on the use of antibiotics is to be emphasized. The focus of attention should be on health education activities for people of lower socioeconomic status, as they are a vulnerable group in society.

Keywords: Use of antibiotics; Socioeconomic factors; Health promotion; Evidence base

About the Study

Why is socioeconomic status a major concern in antibiotic use?

According to the World Health Organization, the social determinants of health are non-physiological factors that could affect health outcomes (e.g., education, income, housing, working life conditions, unemployment, and access to affordable and decent healthcare services) [1]. While socioeconomic status is used to describe people based on their education, income, and job type, it also refers to differences between groups of people relating to their social class and financial situation [2].

Recently, a report from Thailand illustrated significant correlations between occupation, antibiotics knowledge, and antibiotics resistance knowledge. A further analysis showed that professional respondents have better knowledge of antibiotics, while respondents with adequate incomes use more antibiotics than those with inadequate in-comes [3]. Interestingly, education not income is a constant factor affecting people's healthy behaviours. People with higher incomes have more choices in purchasing consumer goods and access to better healthcare services, but these do not imply a better health status or outcome. Moreover, income can fluctuate during a lifespan. Only a higher educational background allows people to make rational decisions about their health. Although reducing inequality and poverty are essential considerations from the health promotion perspective, we need to consider which investment leads to the largest health gain. In the long run, improving the educational attainment and health literacy of citizens could lead to a healthier society.

Strengthening the evidence base for health promotion

Nutbeam [4] stated that education has been essential to promoting health and preventing disease in this century. Antibiotics use involves a combination of choice, raising the issue of including health literacy and resource availability. A public health professional must understand the hard statistical and biological evidence of what contributes health or disturbs health in the community. If the appropriate use of antibiotics is the first concern in the public health arena, detailed studies should be conducted periodically to examine the practice of physicians in prescribing antibiotics and the availability of over-the-counter antibiotics. People from different countries or nations have their own cultures and health behaviours. Therefore, specific research needs to be conducted to recognize the general public's knowledge, attitudes, and practices relating to antibiotics use. Only through evidence-based practice can widespread misconceptions be identified to tackle the growing threat of antimicrobial resistance. Besides misconceptions, the prescribing behaviours of physicians also need to be examined.

A new focus for transforming health promotion practices

The rational use of antibiotics is not solely the responsibility of citizens. Policy plays a crucial role in this regard. Antibiotics can be purchased without prescription, and physicians administering antibiotics as a prophylaxis should be strictly monitored. It can be very difficult to change how family doctors and hospital physicians prescribe antibiotics. Monitoring antibiotic prescriptions in hospitals is considered essential both for quality assurance and for addressing irrational use and facilitating appropriate use [5]. The above practice should be implemented in all hospitals and, if possible, in all

healthcare settings. A microbiologist doctor is encouraged to be onboard to develop guidelines to monitor and advise doctors on prescribing antibiotics in healthcare settings. Senior nurses are empowered to play a role in antimicrobial stewardship for interprofessional collaborative practice in clinical environments [6]. Conflicts or arguments may break out between physicians, nurses, and the microbiologist doctor. Nevertheless, there is a history of partnership building in the field of health promotion. Only through overcoming these challenges can rational and appropriate use of antibiotics be achieved in the long run.

To improve investments for health development

Community health and development provides communities with support, health education, and training. The ultimate goals are empowerment, disease prevention, and treatment [7]. For health care personnel, the aim is to reinforce models of good practice on antibiotics use; while for citizens, it is not only to provide health education but also general education to improve their health literacy. Health education activities for citizens of lower socioeconomic status should be at the centre of attention because they are a vulnerable group in society. Regarding the organization, other structures, and guidelines, internal audits are to be conducted to reflect the appropriate and rational use of antibiotics. Beyond the organizational level, surveys on the general public's knowledge, attitudes, and practices relating to antibiotics use should be conducted periodically to evaluate the outcomes after the series of health development programmes.

Conclusion

Socioeconomic status affects people's health knowledge and health-seeking behaviours. Amongst all factors, educational attainment is the protective factor against the misuse of antibiotics, while personal wealth can fluctuate during a person's lifespan. From the perspective of health promotion, evidence-based practice can be used to identify widespread misconceptions to tackle the growing threat of antimicrobial resistance. The microbiologist doctor, physicians, and nurses are working in partnership to develop guidelines to combat inappropriate antibiotics use in healthcare settings. To invest in health development, duties and obligations at all levels (including those of citizens, healthcare personnel, and the wider government) need to be mapped out to ensure adherence for positive global health outcomes.

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Conflicts of Interest

The author declares no conflicts of interest.

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