Does social status predict appropriate treatment of child diarrheal disease?
Evidence from Peru

ABSTRACT

Background: Diarrheal disease is a significant cause of mortality and morbidity among children in Peru. Oral rehydration therapy (ORT) is a cost-effective, evidence-based approach to treat diarrhea in children under 5, yet many Peruvian children in poorer households do not receive this life-saving treatment. In the context of widespread access to ORT in most Peruvian communities and Peru’s national health insurance program, this study investigates social determinants of care seeking behavior and utilization of appropriate home treatment for diarrheal episodes in a nationally-representative sample of mothers.

Methods: We used the 2008 Demographic and Health Survey for Peru to: 1) Describe the burden of diarrheal disease among children under 5, and 2) Identify socioeconomic correlates of health-seeking behavior and utilization/appropriateness of treatment among mothers of children with recent diarrheal episodes in relation to household socioeconomic status (N=1364).

Results: Diarrheal disease prevalence was almost twice as high among poor (17.1%) compared with wealthier (10.3%) children; higher among children aged 12 to 23 months old (21.8%); and higher among children from households that do not have an improved source of drinking water (16.3%) compared with those that have an improved source (12.2%). Rural residence is a significant predictor of seeking care for diarrhea, but not of appropriate home treatment. Water source, mother’s education, and wealth are significant predictors of appropriate home treatment. Although widely available, few mothers used (15%) appropriate treatment for a recent diarrheal episode.

Conclusion: Results confirm that higher wealth and education predict appropriate treatment, but not care-seeking behavior. Innovative behavioral interventions to improve appropriate home treatment of diarrhea should target poorer mothers with less education. Future studies will need to address specific barriers to seeking and utilizing ORT.