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Analysis of medical costs and associated factors among inpatients with sexually transmitted infections at Can Tho Dermatology Hospital, 2024 - 2025

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ABSTRACT

Background: Sexually transmitted infections (STIs) pose a major global health challenge. In Vietnam, the rising incidence of syphilis and HIV in high-risk groups is increasing the demand for healthcare and associated costs. Objective: This study aimed to analyze healthcare costs and identify some associated factors among inpatients diagnosed with STIs at Can Tho Dermatology and Venereology Hospital during 2024 - 2025. Subjects and Methods: A cross-sectional descriptive study was conducted on 178 inpatients treated for STIs from December 2024 to June 2025. Data on demographic characteristics, clinical conditions, and cost components were collected and analyzed using SPSS with both descriptive and inferential statistics. Results: The average total cost per hospitalization was 4,831,540 VND. Direct medical costs accounted for 38.7%, direct non-medical costs for 7.2%, and indirect costs for 54.2%. Non-medical costs were mainly due to transportation (66.4%) and meals (33.6%), while indirect costs were attributed to income loss among caregivers (54.8%) and patients (45.2%). Statistical analysis indicated that income level, number of comorbidities, and treatment outcomes were significantly associated with overall treatment costs ($p < 0.05$). Conclusion: Indirect costs represent the largest financial burden for STI inpatients. The study recommends supportive policies, such as subsidies for transport and meals, and strategies to mitigate income loss, to alleviate this burden and improve access to care. However, the single-center design and reliance on self-reported data for certain costs are key limitations to consider.

Keywords: *healthcare costs, sexually transmitted infections, inpatient treatment, Can Tho Dermatology Hospital*

1. INTRODUCTION

Sexually transmitted diseases (STIs) pose a significant challenge to the global health system, imposing a substantial burden of morbidity and treatment costs, particularly in low- and middle-income countries [1]. They are caused by diverse pathogens, including bacteria, viruses, and parasites, and are mainly transmitted through sexual contact, but may also be spread from mother to child during childbirth or via contaminated needles and blood products [2]. In Vietnam, the incidence of certain STIs, such as syphilis and HIV, has been increasing in high-risk groups, accompanied by a risk of severe complications and high healthcare costs [3, 4]. Treatment costs include not only direct medical costs (e.g., medications, tests, supplies) but also direct non-medical costs and indirect costs related to productivity losses - factors that are often overlooked in policy making [5, 6]. Currently, out-of-pocket medical expenses in Vietnam remain high [7] despite numerous policies promoting nationwide health insurance coverage. This highlights the importance of comprehensively assessing the financial impact of STIs on patients and their families [8, 9]. Although several studies have analyzed inpatient treatment costs for other infectious diseases, such as tuberculosis or bronchial asthma [10, 11], there remains a lack of

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specific data on the types of costs and related factors with STIs. Therefore, this study, titled "Analysis of medical costs and associated factors among inpatients with sexually transmitted infections at Can Tho Dermatology Hospital, 2024 - 2025", was conducted to examine medical costs and related factors among inpatients with sexually transmitted diseases, thereby providing evidence to inform policymaking and resource allocation.

2. MATERIALS AND METHODS

2.1. Study subjects

The study examined medical costs and associated factors among inpatients diagnosed with sexually transmitted diseases at Can Tho Dermatology Hospital during 2024 - 2025.

Sample selection criteria:

+ Inpatients aged 18 years or older.
+ Diagnosed with a specific STI as the primary reason for hospitalization, confirmed by hospital records.
+ Admitted to and completed a treatment cycle at Can Tho Dermatology Hospital between December 2024 and June 2025.
+ Possessed complete medical records, including detailed administrative information, diagnosis, and itemized treatment cost breakdowns.

Exclusion criteria:

+ Inpatients who did not agree to participate in the study.
+ Patients or their caregivers failed to complete the questionnaire or provided inconsistent responses.
+ Patients who were unable to answer the survey questions.
+ Patients with severe comorbid conditions that could significantly confound the STI treatment costs (end-stage cancer, severe heart failure, recent stroke).
+ Patients transferred from or to another hospital during the treatment course.
+ Medical records lacking crucial data for cost analysis (missing detailed cost itemizations or treatment logs).

2.2. Method

Research design: This cross-sectional descriptive study was conducted from December 2024 to June 2025 at Can Tho Dermatology and Venereology Hospital. Data were collected through direct interviews and electronic medical records of inpatients diagnosed with sexually transmitted infections.

A convenience sampling method was used to recruit 178 patients who met the eligibility criteria.

Data collection: All inpatients with sexually transmitted diseases admitted to Can Tho Dermatology and Venereology Hospital from December 2024 to June 2025, who met the inclusion criteria and none of the exclusion criteria, were invited to participate in the study. For patients who consented, the researcher conducted interviews and recorded their medical record numbers. After discharge, treatment expenses and medical records were obtained through the electronic data management system of the hospital's inpatient departments.

Statistics and processing data: Data entry and management were performed using Microsoft Excel 2016 software. Descriptive statistics (frequency, percentage, mean, median, standard deviation, and quantiles) were used to summarize demographic information and costs. Statistical analyses of the related data were conducted using SPSS version 20.0.

2.3. Costing methodology

The costing analysis was conducted from the patient perspective, capturing all costs borne by patients and their families during hospitalization. Costs were categorized into three main components:

+ Direct medical costs included expenses for medications, medical supplies, laboratory tests, diagnostic imaging, surgical procedures, examinations, hospital beds, and functional assessments. These costs were extracted from itemized hospital bills in the electronic medical record system.
+ Direct non-medical costs included transportation expenses (calculated as round-trip costs from home to hospital for both patients and caregivers) and food/meal expenses during hospitalization. These costs were collected through patient self-report during face-to-face interviews using a structured questionnaire.
+ Indirect costs representing productivity losses were calculated using the human capital approach. The formula applied was: *Indirect Cost = (Patient's workdays lost × patient's daily*

income) + (Caregiver's workdays lost × caregiver's daily income)

+ Workdays lost were determined based on the hospitalization period plus one additional day for recovery and travel. Daily income was calculated by dividing self-reported monthly income by 26 working days.

All costs are presented in Vietnamese Dong (VND) based on 2024 - 2025 prices. No discounting was applied, given the short time horizon of the study.

2.4. Research ethics

The study was approved by the Ethics Council in Biomedical Research of Can Tho University of Medicine and Pharmacy (Approval number 24.051. GV/PCT- HĐĐĐ on November 16, 2024). All participants were informed about the study objectives and voluntarily agreed to participate. Personal information and medical records were kept confidential and used only for research purposes.

3. RESULTS

3.1. Characteristics of the sample

In the period of 2024 - 2025, 178 patients met the selection criteria and were included in the analysis.

Table 1. Describe the characteristics of the research sample

Sample characteristics		Frequency (n = 178)	Percentage (%)
Gender	Male	93	52.2
	Female	85	47.8
Marital status	Single	90	50.6
	Married	88	49.4
Monthly income	Under 5 million	74	41.6
	From 5 - 10 million	86	48.3
	Over 10 million	18	10.1
Health insurance benefits	48% - 60%	1	0.6
	80%	143	80.3
	95%	15	8.4
	100%	19	10.7
Number of comorbidities	None	97	54.5
	1 - 5 diseases	81	45.5
	6 - 10 diseases	0	0
	More than 10 diseases	0	0
Treatment outcome	Recovered	44	24.7
	Greatly improved	127	71.3
	Partially improved	7	3.9
	Not recovered	0	0

Comment: The study found that 52.2% of the patients were male and 47.8% were female. The percentage of single and married patients was nearly equal, at 50.6% and 49.4%, respectively. The majority of patients reported an income of 5 - 10 million VND/month (48.3%). Most patients received health insurance coverage (80.3%). More than half of patients had no comorbidities (54.5%), and none had more than five. In terms of treatment outcomes, most patients experienced significant improvement (71.3%), and there were no cases of non-recovery.

3.2. The cost of inpatient treatment for sexually transmitted disease patients at Can Tho Dermatology Hospital, 2024 - 2025

3.2.1. Expenses and structure of direct medical costs for inpatients

Table 2. Costs and structure of direct medical costs

Cost components	Total cost (VND)	Average cost (VND)	Percentage (%)
Medications	41,123,489	231,031	12.4
Medical supplies	53,671,354	301,524	16.1

Cost components	Total cost (VND)	Average cost (VND)	Percentage (%)
Examinations	37,132,500	208,610	11.2
Hospital bed	15,036,224	84,473	4.5
Laboratory	124,613,141	700,074	37.5
Diagnostic imaging	742,567	4,172	0.2
Surgery	54,962,068	308,776	16.5
Functional assessment	5,222,800	29,342	1.6
Total	332,504,143	1,868,001	100

Comment: The table shows that the total direct medical cost was 332,504,142 VND, with an average of 1,868,001 VND per patient. Laboratory costs accounted for the largest share (37.5%; 700,074 VND per patient), while diagnostic imaging costs contributed the smallest proportion (0.2%; 4,172 VND per patient).

3.2.2. Expenses and structure of direct non-medical costs for inpatients

Table 3. Costs and structure of direct non-medical costs

Cost components	Total cost (VNĐ)	Average cost (VNĐ)	Percentage (%)
Transportation	40,930,000	229,944	66.4
Food and meals	20,680,000	116,180	33.6
Total	61,610,000	346,124	100

Comment: As shown in Table 3, the total direct non-medical costs amounted to 61,610,000 VND, with an average of 346,124 VND per patient. Transportation accounted for 66.4% of the total costs (229,944 VND/patient), followed by food and meals at 33.6% (116,180 VND/patient).

3.2.3. Expenses and structure of indirect costs for inpatients

Table 4. Costs and structure of indirect costs

Cost components	Total cost (VNĐ)	Average cost (VNĐ)	Percentage (%)
Patient's work absence	210,400,000	1,182,022	45.2
Caregiver's work absence	255,500,000	1,435,393	54.8
Total	465,900,000	2,617,416	100

Comment: The total indirect costs due to loss of income were 465,900,000 VND, averaging 2,617,416 VND per patient. Of this, costs resulting from patients' absence from work accounted for 45.2% (1,182,022 VND/patient), while costs due to caregivers' absence accounted for 54.8% (1,435,393 VND/patient).

3.2.4. Total expenses and structure of total treatment costs for inpatients

Table 5. Total costs and structure of total treatment costs

Cost components	Total cost (VNĐ)	Average cost (VNĐ)	Percentage (%)
Direct medical costs	332,504,142	1,868,001	38.7
Direct non-medical costs	61,610,000	346,124	7.2
Indirect costs	465,900,000	2,617,416	54.2
Total costs	860,014,142	4,831,540	100

Comment: According to Table 5, the total treatment cost for the study participants was 860,014,142 VND, with an average of 4,831,540 VND per patient. Indirect costs accounted for the largest proportion, representing 54.2% (2,617,416 VND/patient), followed by direct medical costs at 38.7% (1,868,001 VND/patient) and direct non-medical costs at 7.2% (346,124 VND/patient).

3.3. Factors associated with total treatment costs for inpatients with sexually transmitted diseases at Can Tho Dermatology and Venereology Hospital, 2024 - 2025

Table 6. Factors related to total treatment costs

Characteristic	Subgroup	Median	Interquartile range	p
Gender	Male	640,834	415,825 - 871,032	0.000
	Female	865,017	655,143 - 1,145,297	

Characteristic	Subgroup	Median	Interquartile range	p
Marital status	Single	688,189	427,491 - 977,491	0.000
	Married	822,573	612,042 - 1,132,300	
Monthly income	Under 5 million	819,902	533,743 - 1,211,224	0.000
	From 5 - 10 million	709,802	456,658 - 1,015,499	
	Over 10 million	724,158	499,158 - 939,300	
Health insurance benefits	48% - 60%	422,491	422,491 - 422,491	0.000
	80%	774,918	478,086 - 1,074,142	
	95%	787,338	494,158 - 1,011,058	
	100%	675,451	489,158 - 765,825	
Number of comorbidities	None	665,667	427,491 - 899,063	0.000
	1 - 5 comorbidities	865,017	655,143 - 1,150,827	
	6 - 10 comorbidities	0	0	
	More than 10 comorbidities	0	0	
Treatment outcomes	Recovered	781,912	666,978 - 1,027,963	0.000
	Greatly improved	760,825	444,158 - 1,062,446	
	Partially improved	349,158	327,491 - 865,017	
	No recovery	0	0	

Comment: The analysis shows that there were statistically significant differences in treatment costs across patient characteristic groups ($p < 0.05$). The median cost was higher among females (865,017 VND) compared with males (640,834 VND). Married patients (822,573 VND) also incurred higher costs than single patients (688,189 VND). Patients with a monthly income below 5 million VND had the highest expense (819,902 VND). compared to those earning 5 - 10 million (709,802 VND) or over 10 million (724,158 VND).

Regarding health insurance benefits, patients in the 95% coverage group had the highest median cost (787,338 VND), while those in the 48 - 60% group had the lowest (422,491 VND). The median cost for patients with 1 - 5 comorbidities (865,017 VND) was higher than that for patients without comorbidities (665,667 VND). In terms of treatment outcomes, the recovered group had the highest median cost (781,912 VND). followed by the greatly improved group (760,825 VND), while the partially improved group had the lowest (349,158 VND).

4. DISCUSSION

In the period of 2024 - 2025, 178 cases of sexually transmitted diseases were recorded at Can Tho Dermatology and Venereology Hospital. The gender distribution was nearly equal (male 52.2%; female 47.8%), as was marital status (single 50.6%; married 49.4%). These findings are consistent with a study conducted at the Department of Dermatology. Hue Central Hospital, which also reported a balanced male-female ratio. though with a higher proportion of married patients [4]. Regarding health insurance. Most patients (80.3%) received the 80% benefit level. This finding aligns with Vietnam's policy of encouraging universal health insurance coverage to increase access to medical services and reduce the burden of out-of-pocket payments. Thereby highlighting the role of health insurance in community health care [8]. Unlike previous studies that primarily focused on high-risk groups. such as men who have sex with men - resulting in samples largely composed of men and single individuals - this study provides a more representative picture of patients with sexually transmitted diseases. Reducing bias related to risk groups. and offering a broader perspective on the patient population receiving treatment [3].

An analysis of inpatient treatment costs for sexually transmitted diseases in Can Tho during 2024 - 2025 shows that the "social" financial burden exceeded the direct health-related expenses: Indirect costs accounted for the largest proportion (54.2%). Higher than direct medical costs (38.7%) and direct non-medical costs (7.2%). This result is consistent with recent international studies on infectious diseases, which indicate that when productivity losses of patients and caregivers are included. Indirect costs often

dominate the total economic burden. even exceeding direct medical costs [12, 13]. Asian studies on dengue fever and acute respiratory viral infections have both documented a significant proportion of indirect costs in total hospitalization expenses [5, 6]. This proves that. for acute infectious diseases, work absence and income loss are critical cost components that cannot be ignored. Although not directly visible in medical bills. These costs impose a huge burden on households when both patients and caregivers lose income. Length of hospital stay has the greatest influence on these costs; therefore. hospitals should aim to optimize treatment strategies to shorten inpatient duration, thereby contributing to minimizing the economic burden on households [14].

The average direct medical cost in this study was 1,868,001 VND/patient, accounting for 38.7% of the total treatment cost. Notably. testing constituted the largest share (37.5%), surpassing expenses for drugs. medical supplies or examination services. This finding contrasts with studies on other inpatient populations in Vietnam. For example, at Can Tho Tuberculosis and Lung Disease Hospital [10], the average direct medical cost for bronchial asthma inpatients (2020 - 2021) was 5,133,123 VND per treatment, with hospital bed costs accounting for the largest proportion (48.9%), followed by drugs (33.4%), while paraclinical services represented only 16.72%. Similarly, in the treatment of pulmonary tuberculosis inpatients in Vinh Long, the average direct medical cost was 5,995,897 VND, with drugs accounting for the highest proportion (47.5%) rather than testing [11]. This difference is attributable to the characteristics of sexually transmitted diseases, which require extensive diagnostic testing and repeated follow-up, including confirmatory tests, complication assessment, reinfection screening, and several minor procedures, making paraclinical services the predominant cost component. This reflects the need for an intensive and careful diagnosis to ensure optimal inpatient treatment. In contrast, direct non-medical costs (e.g, transportation, meals) accounted for only a small proportion, but their impact should be interpreted in the Vietnamese context, where patients' out-of-pocket spending on non-medical services is relatively high - around 30-40% of total medical expenses in 2020 [7]. This increases the risk of financial hardship when patients require repeated inpatient care and frequent travel [9]. Reducing hospital stay duration and shifting part of the treatment to community-based outpatient care could reduce this cost burden.

The analysis shows that the median cost was higher in women than in men, consistent with the greater reproductive health consequences of sexually transmitted diseases in women (e.g. complications of inflammatory disease, infertility, pregnancy complications), which require more intensive diagnosis, monitoring, and treatment [1]. Furthermore, the analysis revealed that married patients incurred higher costs than single patients, which may be linked to more proactive healthcare-seeking behavior or different disease disclosure patterns. Similarly, patients with the lowest monthly income (<5 million VND) faced the highest total costs, suggesting that financial vulnerability may be associated with later presentation and more advanced disease at the time of admission. A higher cost with better outcome relationship was observed, as patients who were "Recovered" incurred higher costs than those who were "Partially improved", indicating that more comprehensive care investments are associated with superior clinical results. These findings, along with the clear impact of comorbidities where patients with 1 - 5 comorbidities had significantly higher costs than those with none, demonstrate that both social and clinical factors substantially influence inpatient costs.

With respect to health insurance benefits, differences in average costs between benefit levels highlight the role of health insurance in hospital care. In Vietnam, balancing public health expenditure with the provision of high-quality services remains a challenge, yet achieving universal health care coverage by 2030 is one of the important policy goals set by the Vietnamese Government. Strengthening the health system through integration of primary and specialized care is essential to achieving this target [9]. Notably, the "cured" group has higher average costs than the "remission" group. demonstrating that better care and longer inpatient follow-up are necessary to achieve full recovery. The

phenomenon of "higher cost with better outcome" has also been reported in other inpatient infectious diseases, especially when aggressive treatment strategies (comprehensive diagnosis, procedural interventions, and close monitoring) are implemented to optimize recovery [5].

The study highlights the need for health policies that strengthen community-based screening and early treatment to reduce hospitalization, optimize medical supply chains, expand insurance coverage with support for non-medical costs, and apply cost-benefit analysis that includes productivity loss. The findings emphasize that financial efficiency and service quality depend not only on inpatient care but also on supply management and cost-sharing mechanisms.

This study has several limitations. As a single-center study conducted in the Mekong Delta region, the findings may not be fully generalizable to other geographic and healthcare settings in Vietnam. Furthermore, the reliance on self-reported data for non-medical costs and income loss is subject to potential recall bias. Finally, the average length of stay was not analyzed, which is a key driver of inpatient costs and should be included in future research.

5. CONCLUSION

The study demonstrates that the burden of inpatient treatment costs for sexually transmitted infections is significantly influenced by social factors, clinical characteristics, and health insurance benefits. The findings highlight the importance of optimizing the use of medical and economic resources, particularly the often-overlooked indirect costs in policymaking. However, as a single-center study, these findings should be interpreted within the context of the Mekong Delta region and may not be fully generalizable to other healthcare settings in Vietnam. Expanding future research to multiple centers will support the development of appropriate health policies, reduce financial risks, and improve access to care nationwide.

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Phân tích chi phí y tế và các yếu tố liên quan trên người bệnh điều trị nội trú các bệnh lây truyền qua đường tình dục tại Bệnh viện Da liễu Cần Thơ năm 2024 - 2025

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TÓM TẮT

Đặt vấn đề: Các bệnh lây truyền qua đường tình dục là một thách thức to lớn đối với hệ thống y tế toàn cầu. Tại Việt Nam, số ca mắc giang mai và HIV ngày càng gia tăng ở các nhóm nguy cơ cao làm tăng nhu cầu chăm sóc sức khoẻ và chi phí liên quan. Mục tiêu: Nghiên cứu nhằm phân tích chi phí y tế và xác định các yếu tố liên quan trên người bệnh nội trú được chẩn đoán các bệnh lây nhiễm qua đường tình dục tại Bệnh viện Da liễu Cần Thơ giai đoạn 2024 - 2025. Đối tượng và phương pháp: Nghiên cứu mô tả cắt ngang được thực hiện trên 178 người bệnh nội trú từ tháng 12/2024 đến tháng 6/2025. Dữ liệu về đặc điểm nhân khẩu học, tình trạng lâm sàng và các thành phần chi phí được thu thập và phân tích bằng phần mềm SPSS, sử dụng thống kê mô tả và phân tích. Kết quả: Chi phí trung bình cho mỗi đợt điều trị nội trú là 4,831,540 đồng. Cơ cấu chi phí gồm 38.7% chi phí y tế trực tiếp, 7.2% chi phí trực tiếp ngoài y tế và 54.2% chi phí gián tiếp. Chi phí trực tiếp ngoài y tế chủ yếu là cho đi lại (66.4%) và ăn uống (33.6%), trong khi chi phí gián tiếp chủ yếu do mất thu nhập của người chăm sóc (54.8%) và người bệnh (45.2%). Thu nhập thấp hơn, nhiều bệnh kèm theo và kết quả điều trị cụ thể có liên quan đáng kể đến chi phí cao hơn ($p < 0.05$) Kết luận: Chi phí gián tiếp đại diện cho gánh nặng tài chính lớn nhất. Nghiên cứu khuyến nghị các chính sách hỗ trợ, như trợ cấp chi phí đi lại, ăn uống và các chiến lược giảm thiểu mất thu nhập, để giảm bớt gánh nặng này và cải thiện khả năng tiếp cận chăm sóc. Tuy nhiên, thiết kế đơn trung tâm và việc dựa vào dữ liệu tự báo cáo cho một số chi phí nhất định là những hạn chế chính cần được xem xét.

Từ khóa: *chi phí y tế, bệnh lây truyền qua đường tình dục, điều trị nội trú, Bệnh viện Da liễu Cần Thơ*

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