CHAPTER IV

Research Findings

The total number of sample households is 352. The number of drop-out and continued health card memberships are 120 and 232, or 34 and 66 percent respectively.

The dependent variables chosen to explain drop-out in health card holders represent four dimensions that believed to influence drop-out: 1) demographic and socio-cultural influences, 2) sociological influences, 3) psychological influences, and 4) marketing stimuli. The variables used to represent these dimensions are respectively described.

Demographic and Socio-cultural Characteristics

Demographic and Socio-cultural characteristics of the samples provide an understanding of social factors which might effect the drop-out of health card holders. It was found that younger families and families having more members are more likely to participate in the HCP than are families with few or older members. The reasons giving was because the 60-year-old and over has eligible to participate in "Free medical care for the elderly program". The family with few members gave the reason that they have less chance to use the health card, so, they think that it is not worth if to pay for one.

The mean differences in years of education attained is 0.4 between drop-out and continued membership groups. This evidence slightly effected the literacy function in both groups.

Average family income reported by continued membership group is 9.3 percent higher than that drop-out group, and showed statistical significant difference ($p < .05$).

The finding regarding variables in Table 4.1 and 4.2 are somewhat less dramatic: the drop-out and continued membership groups do not differ significantly.

Table 4.1 Demographic and Socio-cultural Influences

Demographic and socio-cultural characteristics	Drop-out		Continued	
	No	%	No	%
Respondent's information				
Family status :				
Head of family	63	53	118	51
Spouse	51	43	104	45
Child (over 20-year-old)	6	4	10	4
Sex:				
Male	60	50	110	47
Female	60	50	122	53
Age: (in years)				
20 - 29	11	9	23	10
30 - 39	16	13	51	22
40 - 49	18	15	42	18
50 - 59	29	24	60	26
60 - over	46	39	56	24
Marital status:				
Married	91	76	190	82
Widowed	25	21	32	14
Separated	1	1	3	1
Single	3	2	7	3

Table 4.1 (continued)

Demographic and socio-cultural characteristics	Drop-out		Continued	
	No	%	No	%
Year of school complete:				
never attended school	11	9	28	12
under grade 4	13	11	15	7
grade 4	88	73	161	69
grade 6	6	5	5	2
grade 7	1	1	9	4
above grade 7	1	1	14	6
Functional literacy:				
can read	99	83	202	87
cannot read	21	17	30	13
Religious belief:				
Buddhism	120	100	232	100
Family Information				
Number of members in household:				
under 3	22	18	19	8
3	28	23	47	20
4	32	27	85	37
5	25	21	57	25
6 and over	13	11	24	10

Table 4.1 (continued)

Demographic and socio-cultural characteristics	Drop-out		Continued	
	No	%	No	%
Primary occupation:				
Agriculture	37	31	83	36
Merchant	21	17	29	12
Labourer	54	45	118	51
Government officer	2	2	1	.4
Others	6	5	1	.4
Perceive adequacy of household income:				
Enough	96	80	192	83
Not enough	24	20	40	17
Household income/baht/year				
under 24000	47	39	60	26
24001 - 30000	11	9	20	9
30001 - 40000	13	11	39	17
40001 - 50000	10	8	31	13
50001 - 60000	8	7	22	9
60001 and over	31	26	60	26
Length of membership in HCP (cycle)				
1	51	44	0	0
2	41	34	54	23
3	24	20	90	39
over 4	3	2	88	38

Table 4.2 Socio-demographic and Economic Characteristics of Respondents (Mean)

Variables	Drop-out (N = 120) (Mean)	Continued (N = 232) (Mean)
Age of respondents	52.4	48.0
Household size	3.8	4.1
Education of respondents, in year	3.6	4.0
Household income	44,203.0	48,747.0

Table 4.3 shows the percentage of coverage by alternative health insurance or free medical care privilege which the respondents participated in during the survey period. Statistics of the Chi-squared test shows that there are significant differences ($p < .01$) between the drop-out and the continued membership group.

Table 4.3 Covered by Alternative Health Insurance

	Drop-out		Continued	
	No	%	No	%
Alternative health insurance				
Have	28	23	23	10
Not have	92	77	209	90

Table 4.4 Distribution of Alternate Health Insurance

	Drop-out		Continued	
	No	%	No	%
Free medical care for low income	3	10	5	22
Free medical care for elderly	21	75	8	35
Civil servant medical benefit/ government employee	4	15	8	35
War veteran card	-	-	1	4
Private insurance	-	-	1	4

The regulation of HCP for the first contact when health card members get sick is the drug cooperation fund or health center. The following table indicates the first place they really want to go when getting sick. Also the place most convenient to travel to (by meaning of convenience in transportation, bus available, time spent in traveling) is mentioned in the table. Chi-squared test (5 % confidence interval) shows that there are significant differences in first choice place and the most convenient place to travel ($p < .05$) between the two respondent groups.

Table 4.5 First Choice and Convenience to Travel Place

Choice / Convenience characteristics	Drop-out		Continued	
	No	%	No	%
First choice place				
1. Health center	50	42	115	50
2. Chiangmai provincial hospital	34	28	75	32
3. Other public hospital	5	4	7	3
4. Private clinic/hospital	31	26	35	15
The most convenient place to travel				
1. Health center	49	40	105	46
2. Chiangmai provincial hospital	26	22	74	32
3. Other public hospital	10	8	10	4
4. Private clinic/hospital	35	30	43	18

Sociological Influences

The research survey found that when a household member gets sick, always, she/he talk/complain about this health problem with the head of family, mostly husband or father. If the sickness is serious, the head of family always gives the suggestion or encourages receiving treatment. In another word, he acts as the influencer in seeking of health care.

Table 4.6 Person to whom the family member complain or talk with when hit by health problem

	Drop-out		Continued	
	No	%	No	%
Head of household	73	61	136	59
Spouse	16	13	34	15
Family members	31	26	62	26

Table 4.7 The influencer in suggesting or manager for receiving treatment

	Drop-out		Continued	
	No	%	No	%
Head of household	78	65	149	64
Spouse	12	10	16	7
Family members	30	25	67	29

Relatives not living in their home also are the persons they seek for suggestions.

Table 4.8 Other person whom the family member seeks for suggestion

	Drop-out		Continued	
	No	%	No	%
No anybody	64	53	140	60
Relative	32	26	44	19
Health personnel	13	11	20	9
Influential leader (village headman/VHV/VHC)	6	5	18	8
Neighbor	6	5	10	4

In the process of buying health cards the leaders of village and subdistrict are the most important persuaders. The method to induce this HCP mostly is via monthly-village-meeting. Common words used to persuade their consumers are "Pay only 300 baht, no need to pay any when getting sick," or "Convenience to get health service," or "Health card provides you a lot of benefit and you can pay by installment," or "You pay only small amount of money but get high benefit."

For the buyer side, head of household takes the important role to make decision, at the same time, he also takes the role of payer.

Table 4.9 Persuaders in health card purchasing

	Drop-out		Continued	
	No	%	No	%
Leader of village/subdistrict	65	55	106	46
HCF committee	39	33	75	32
Health worker	9	8	35	15
Neighbor	3	2	6	3
Nobody persuade, already interested in the HCP	4	2	10	4

Table 4.10 Methods which the persuader uses to persuade the health card purchasing

	Drop-out		Continued	
	No	%	No	%
Announce during has village-monthly-meeting	96	80	166	72
Direct sell at consumer's home	22	19	57	25
Consumer already interested	2	1	9	3

Table 4.11 The decider to purchase health card

	Drop-out		Continued	
	No	%	No	%
Head of household	71	59	133	57
Spouse	27	23	50	22
Family members	21	18	49	21

Table 4.12 The payer for health card

	Drop-out		Continued	
	No	%	No	%
Head of household	76	64	136	59
Spouse	30	25	70	30
Family members	14	11	26	11

To purchase health card, over 98 percent of respondents said they received convenience in buying. Some different percentage of their answer shown in following table. Only one respondent in drop-out group and two respondents from the continuing group said that they did not receive the convenience because of no time to buy and nobody to sell the card to them.

Table 4.13 Selling method that provide the convenience of purchasing

	Drop-out		Continued	
	No	%	No	%
Household direct sell	52	43	124	54
Sale place near consumer's house	63	53	100	43
Can pay by installment	5	4	7	3

About half of the respondents got the HCP information from village and subdistrict leader. At the same time, these leaders and health workers took action in explaining about the usefulness and process of using health card.

Table 4.14 Persons informed about HCP

	Drop-out		Continued	
	No	%	No	%
Village/subdistrict leader	62	52	103	44
Health worker	31	26	67	29
HCF committee	27	22	62	27

Table 4.15 Persons explained process of health card utilizing

	Drop-out		Continued	
	No	%	No	%
Village/subdistrict leader	46	38	63	27
Health worker	45	38	106	46
HCF committee	24	20	56	24
No body explain	5	4	6	3

Psychological Influences

Knowledge about the HCP

The respondents' understanding of the benefits available to health card members was explored in the missing of the HCP, procedure and coverage of the HCP. Those respondents were asked to rank their knowledge about the HCP on two scales (correct, incorrect). As summarized in Table 4.16. The finding showed that drop-out and continued membership groups were most knowledgeable about the first contacting place for health service utilization. Likewise, the least amount of knowledge in both groups was evidenced concerning the issue of conditions that health card does not cover. In the same way, the important issue which greatly affected health card utilization, necessarily documents for reference hospital, were also low correct responded in both groups. However, although the answers of these two groups run in the same direction and knowledge of details of HCP is low, the difference of knowledge about the HCP between the drop-out continued membership groups approached statistical significance ($p < .01$).

A comparison of the level of knowledge about the HCP of the drop-out and continued membership groups is summarized in Table 4.17.

Table 4.16 Knowledge about the HCP

Procedure and coverage included in inquiry	Correct responses				Significance
	Drop-out		Continued		
	No	%	No	%	
- Meaning of health card	46	38	106	46	NS
- Type of health card	17	5	52	23	P<.05
- Prices of health card	15	13	36	16	NS
- Episodes of illness to received free medical care	44	37	125	54	P<.001
- The limitation of cost for one episode of treatment	26	22	85	37	P<.001
- Conditions which health cards do not cover	3	3	9	4	NS
- How the patient do about the cost of health service beyond the maximum limit of the health card	11	9	44	19	P<.001
- The first line contact for using health services	81	68	172	74	NS
- Necessarily documents are taken when going to the reference hospital	42	35	93	40	NS
- The advantage of referral letter	11	9	30	12	NS
- The additional privilege of free physical examination for the never used health card household	71	59	162	70	P<.05
- HCF's administration for profit	44	37	98	42	NS

* Statistic significance was tested by T-test statistic

NS = Not significant at .05 level

Table 4.17 Level of knowledge about the HCP

Number of correct responds items	Drop-out		Continued	
	No	%	No	%
9 - 12	4	3	19	8
5 - 8	31	26	85	37
1 - 4	85	71	128	55

Attitude toward the HCP

The study expected that persons who are concerned over their health would tend to take care of themselves. Results from the survey found that there are significantly difference in attitude toward the HCP between the drop-out and continued membership group ($p < .001$).

Table 4.18 Attitude toward HCP (Score)

	Drop-out		Continued		Significance
	No	%	No	%	
High positive attitude (31 and higher score)	105	87	225	97	P<.05
Low positive attitude (30 and lower score)	15	13	7	3	P<.01

* Statistic significance was tested by T-test statistic.

Table 4.19 Attitude toward the HCP (percentage)

Items	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		* Significance
	DO	CM	DO	CM	DO	CM	DO	CM	DO	CM	
Positive Questions											
1. You think that HCP is beneficial to your family.	74.2	89.3	20.0	9.9	2.5	.8	3.3	0	0	0	P<.001
2. You think that HCP relief your worry about illness expense.	72.5	79.8	25.0	18.6	1.7	.8	0	.4	.8	.4	NS
3. Since you have health card, you never hesitated to go to hospital when you get sick.	57.5	65.3	25.0	25.6	11.7	6.2	5.0	1.7	.8	1.2	NS
8. In the long run, health card is necessary.	70.0	72.3	20.0	23.6	8.3	2.5	.8	1.2	.8	.4	NS
Negative Questions											
4. You feel that you don't know much about HCP.	3.3	1.7	17.5	25.2	7.5	11.6	39.2	48.8	32.5	12.8	P<.001
5. Sometime you also fell bore with persuation of health card perchasing in your village.	46.7	52.9	32.5	36.4	5.8	3.7	6.7	4.1	8.3	2.9	P<.05

Table 4.19 (Continued)

Items	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		* Significance
	DO	CM	DO	CM	DO	CM	DO	CM	DO	CM	
6. You think that health card is for the rich.	60.0	63.6	27.5	29.3	5.8	3.3	3.3	2.9	3.3	.8	NS
7. You think that health card holders should be special treated from other patients.	5.8	1.7	5.8	11.6	13.3	15.3	28.3	24.8	46.7	46.7	NS
9. You agree that if you have health insurance, it will make your family member always get sick.	69.2	77.3	20.8	18.6	3.3	1.7	2.5	.4	4.2	2.1	NS

DO = Drop-out group

CM = Continued membership group

NS = Not significant at .05 level

Positive question: Scale used in rating was 5 strongly agree, 4 agree, 3 neutral, 2 disagree, and 1 strongly disagree.

Negative question: Scale used in rating was 1 strongly agree, 2 agree, 3 neutral, 4 disagree, and 5 strongly disagree.

* Statistic significance was tested by the T-test statistic.

Health Service Satisfaction

Health service satisfaction of the health card holders is useful information for the marketers/health providers as it is an ultimate outcome of the delivery of the health care services and it is also predictive of how consumers will behave in the future too. This survey found that the continued health card membership group used to receive health service from both health center and hospital more than the drop-out group. The statistical test shows significant difference ($p < .001$) of health service satisfaction between the two groups when their household members received health service from the hospital. In deed, focus group discussion also spell out of dissatisfaction: "The physicians pay more attention to other patients than patients in HCP," or "We did not receive special service (means fast service, for example) as advertise when promotion to buy health card," or "We got information that no need to pay any cash when using health service, but we have to pay for some kind of drug," or "It take many steps when we want to see physician at the hospital," or "It waste time to have health service through referral system."

Table 4.20 Satisfaction in health service

Survey Items	Drop-out		Continued	
	No	%	No	%
- In the previous cycle of HCP, was there anyone in your household received health service from health center				
No	68	57	99	42
Yes	52	43	133	58
If yes, what always dissatisfied you or other ?				
. Not found the staff	6	5	11	5
. Illness was not cured or felt worse than before	19	16	53	23
. Difficulty transportation	16	13	30	13
. No problem, I like it	11	9	39	17

Table 4.20 (continued)

Survey Items	Drop-out		Continued	
	No	%	No	%
- In the previous cycle of HCP, was there anyone in your household received health service from the provincial hospital				
No	75	62	109	47
Yes	45	38	123	53
If yes, what always dissatisfied you or other ?				
. Not good service (bad speaking etc.)	11	9	21	9
. Complexes service system (long waiting time, several steps etc.)	11	9	19	8
. No problem, I like it	23	19	83	36

When asking about reason of buying health card. Table 4.20 indicates that there are different proportion, also there are significance in statistical test between these two groups ($p < .001$).

Drop-out group gave variety of not to repurchased reasons. Majority reasons was "We don't get any benefit from HCP," or "We're a pretty healthy family," or "We don't go to the doctor much". "No money," and "Already insured by other health insurance/welfare scheme," were typical reasons of not repurchase too.

Table 4.21 Reasons of buying health card

	Drop-out		Continued	
	No	%	No	%
Insure for free medical care	93	77	214	92
Follow others	16	13	9	4
Be asked to buy	8	7	2	1
Need special eligibility health service	2	2	3	1
Have chronic disease	1	1	4	2

Table 4.22 Reasons of not repurchased health card (drop-out group)

	Number	Percent
- No money	28	23
- Already insured by alternate health insurance/welfare scheme	28	23
- Dissatisfaction with health service	10	8
- No one come to sell	15	13
- No time to buy	8	7
- Did not get any benefit from HCP	31	26
TOTAL	120	100

Health Card Purchased Motivation

In the area of study of human behavior, motivation is suggested movement or action of the individual and what causes him to act or move (McNeal, 1982). The following items in Table 4.23 are intended to find out the motivated factors that impels the villagers purchase health card. It was found that the number of household member who tackled with chronic illness between the drop-out and continued membership groups had not shown statistical difference. This finding is quite differ from the other study (Thavitong Hongvivatana et al., 1986) which found that one of reasons for health card purchased decision was having chronic disease and needed continuously treatment. Anyway, this study congruent with Bice (1975) which stated that family's health status is poor predictor of enrollment in PGP.

From the statistical test it was not found the difference about economic problems when household member got sick in between the drop-out and continued membership groups. In the same time, the health card was ever used gave the significantly difference ($p < .05$). This means that the health card members who ever get benefit from their card rather more continued their membership than those who never.

The number of household member who tackled with chronic illness in the both groups had no statistical difference. Likewise, there was no statistical difference with the economic problems when household members got sick. However, the use of health card in the previous cycle showed a significant difference ($p < .05$).

Table 4.23 The motivation of health card purchasing

Items	Drop-out		Continued		Significance
	No	%	No	%	
- Household members who had chronic diseases	21	18	31	14	NS
- Has economic problem when household member got sick	27	22	71	31	NS
- Health insurance was the arousing issue to buy health card	93	77	214	92	P<.001
- Health card was used in previous cycle	55	46	135	58	P<.05

Marketing Stimuli

Psychological, sociological, and sociocultural factors from a compatible and interdependent set were influences on health card holders behavior. Also marketing stimuli, such as a product and the advertising for that product, represent another component affecting behavior (Robertson et al., 1984). Marketing stimuli in this study is exposed to marketing activities and intended to identify the relative influence of various sources for the HCP information. Persons who reported having heard about the HCP from village-monthly-meeting were more likely to continue health card membership than those who did not ($p < .05$). The next most influential sources of information appears to come from neighbors and relatives.

Table 4.24 Marketing activities

	Drop-out		Continued	
	No	%	No	%
- Hearing about the HCP from village-monthly-meeting	86	72	193	83
- Hearing about the HCP from				
. neighbors and relatives	24	20	37	16
. health workers	7	6	10	4
. radio	0	0	5	2
. village loud speaker (public address)	4	3	7	3
- Reading about the HCP from				
. poster	1	1	5	2
. newspaper	0	0	1	.4

About ninety percent of respondents has radio. Sixty percent answered that their favorable program is local news which is presented in local dialect. The listening times are early morning before going to work and at noon when coming home for lunch.

Public relation of Chiangmai province team also provides 30-Minutes-HCP on radio twice a week (Saturday and Sunday) at 09.30 - 10.00 a.m. (Plan of operation: HCP - Chiangmai Province, 1991). But Table 4.23 told that few respondents could catch it. Table 4.25 is standing to answer this evidence.

Table 4.25 Time to listen radio

	Drop-out		Continued	
	No	%	No	%
6 a.m. - 8 a.m.	33	28	57	25
11 a.m. - 12.30 a.m.	29	24	68	29
6 p.m. - 8 p.m.	8	7	28	12
No exact time	9	8	23	10
Doesn't listen	22	18	32	14
Doesn't have radio	19	15	24	10
TOTAL	120	100	232	100

This year Maerim District Health Office is operatinga public relation program for HCP promotion (HCP Operation Plan: Maerim, 1990). This program will be performed in the villages which have high declined rate. This study was done after the promotion program had been presented in almost of HCFs. Table 4.27 indicates the trend of health card purchasing in the next cycle. It shows a good sign that 40 percent of drop-out group intends to repurchase health card. Even though the trend of repurchasing seems to be increasing, the number of new drop-out also appears to be increasing. The reason of not repurchasing in this new drop-out was "There are too many steps to receive health service". The reasons of whether to repurchase or not were "Not sure that we will have money at the time or not," or "Never used the card."

Half of villagers earn their income from agriculture. Thus, "No money" is a typical answer when they are persuaded to buy health card before harvest season.

Table 4.26 Appropriate time for selling health card

	Drop-out		Continued	
	No	%	No	%
Anytime, no problem	56	47	131	56
December - January	13	10	11	5
April - May	51	43	90	39

Table 4.27 Health card purchasing trend in the next cycle

	Drop-out		Continued	
	No	%	No	%
Intend to buy	48	40	218	94
Not buy	43	36	4	2
Not sure	29	24	10	4

Nearly half of respondents read newspapers (including nationwide and local newspaper) and only about 10 percent of those who read have performed regular reading everyday. Table 4.24 indicates that HCP articles in local newspaper (Plan of operation: HCP-CM, 1991) do not attract the readers.

Table 4.28 Newspaper reading

	Drop-out		Continued	
	No	%	No	%
Read	52	43	113	49
Not read	68	57	119	51

Table 4.29 Frequency of newspaper reading

	Drop-out		Continued	
	No	%	No	%
Everyday	15	29	22	19
1 time/week	27	52	63	56
1 - 2 times/month	10	19	28	25
TOTAL	52	100	113	100

Marketing stimuli nowadays can not over look television media. Over 90 percent of respondents have their own television. The frequency of seeing television is higher than listening to radio. 68 percent in drop-out and 75 percent in continued membership group mentioned that they have watched television everyday and their enjoyable time is 7.00 - 10.30 p.m.

Multiple Logistic Regression Analysis

The first part of the analysis examined factors associated with HCP membership households. Among the demographic and socio-cultural characteristics describing the respondent, whether some members were covered by another health insurance/welfare scheme, and household size were significant between drop-out and continued health card membership groups. Among psychological influences, knowledge about the HCP, attitude toward HCP, health card was used and health service satisfaction also were significant between these investigated groups. Finally, marketing stimuli influences, getting HCP information was associated with a family's decision to go outside the HCP. Then the analysis was continued by using the multivariate analysis to explore the relationship between these factors and the drop-out.

Eight factors: (1) having alternate health insurance, (2) household size, (3) knowledge about the HCP, (4) attitude toward the HCP, (5) health card was used, (6) perceive satisfaction of health service at health center, (7) perceive satisfaction of health service at provincial hospital, and (8) getting the HCP information at village-monthly-meeting were formed the set of independent variables for the subsequent "Logistic Regression".

Multiple logistic regression (Piyalumporn Pumsuwan and Chitr Sitthi-amorn, Quoting Cox, 1970) is a linear regression which uses the logarithm of relative proportion of drop-out group to continued health card membership group as the dependent variable. Standard error and p-value of beta-coefficient for each independent variable can be calculated. If p-value of the beta-coefficient of independent variable is less than .05, hence, it provides a significant association between the variables and the outcome (drop-out of health card holders).

The discriminant analysis shown in Table 4.30 indicates that there are six factors which have statistically significant ($P < .05$) relations with drop out from the HCP membership.

Table 4.30 Predictors of drop-out in health card holders
Dependent variable : health card holder (1 = drop-out, 0 = continued)
Total population = 352 Number of cases = 120

Independent Variables	Regression Coefficient	STD. Error	Z	P
Alternative health insurance (1 = Yes, 0 = No)	.9994	.3486	2.87	**
Household size (1 = 3 and lower, 0 = 4 and above)	.5936	.2587	2.29	*
Knowledge about HCP (Score)	-.1829	.0750	-2.44	*
Attitude toward HCP (Score)	-.1491	.0398	-3.74	***
Health card was used (1 = No, 0 = Yes)	.3706	.2851	1.30	NS
Satisfaction of health service at health center (1 = No, 0 = Yes)	.2903	.2632	1.10	NS
Satisfaction of health service at province hospital (1 = No, 0 = yes)	.7067	.2518	2.81	**
Getting health card information at village-monthly-meeting (1 = No, 0 = Yes)	.6805	.2834	2.40	*

Table 4.30 (continued)

Independent Variables	Regression Coefficient	STD. Error	Z	P
CONSTANT	3.7642	1.4623	2.57	**
LIKELIHOOD RATIO STATISTIC	(8) D.F. : 61.9354			

Note: * = P < .05
** = P < .01
*** = P < .001

Table 4.31 Odd ratio and 95 % Confidence interval

Independent Variables	Odd ratio	95% confidence interval	Standardized regression coefficient
Alternative health insurance (1 = Yes, 0 = No)	2.7169	1.3718 - 5.3809	.9994
Household size (1 = 3 and lower, 0 = 4 and above)	1.8106	1.0903 - 3.0068	.5966
Knowledge about HCP (Score)	.8328	.7189 - .9647	-.1829
Attitude toward HCP (Score)	.8614	.7967 - .9314	-.1491

Table 4.31 (continued)

Independent Variables	Odd ratio	95% confidence interval	Standardized regression coefficient
Health card was used (1 = No, 0 = Yes)	1.4486	.8284 - 2.5331	.3705
Satisfaction of health service at health center (1 = No, 0 = Yes)	1.3369	.7980 - 2.2396	.0290
Satisfaction of health service at province hospital (1 = No, 0 = yes)	2.0273	1.2375 - 3.3211	.7067
Getting health card information at village-monthly-meeting (1 = No, 0 =Yes)	1.9750	1.1331 - 3.4424	.6805

The relative magnitudes of the standardize regression coefficient values indicate the relative importance of these factors in influencing the probability of drop-out. Hence, having alternate health insurance is the most important factor in affecting the probability of drop-out, followed by dissatisfaction of health service at provincial hospital, not having got the HCP information at village-monthly-meeting, small household size (less than 4 persons), lacking of knowledge about the HCP, and the last is attitude toward the HCP.

****