



## CHAPTER III

### LITERATURE REVIEW

Many countries have carried out household interview surveys on people perceived morbidity and their use of different kinds of health services. Most studies are cross-sectional surveys to enhance health services planning by addressing the following issues: (1) establishing the major causes of morbidity, (2) identifying the types of illnesses that tend to escape the attention of the modern health care system, and (3) determining users' attitudes toward and level of use of "modern" health services (clinic, health centers, hospitals, etc.). A recall period of two weeks appears to be a reasonable compromise for questions relating to morbidity, although longer periods may be appropriate for relatively rare but salient events (e.g., admissions to hospital), and shorter periods may be needed for non-salient events (e.g. use of medicines).

The study of preventive health services were restricting the surveys to young children and women of child bearing age, since these group are most at risk of morbidity that is amenable to preventive interventions. The variables in the surveys that cover maternal and child health services largely relate to receipt of antenatal care, birth attendant, site of delivery, the receipt of postnatal care and the immunization of children. The use of family planning service is also important since it affects birth rates

directly and better spacing of births would lead to more adequate development and decreased morbidity of the resulting children (Ross and Vaughan, 1986).

Some studies have also indicated the factors that affect health care utilization. The studied factors are often divided into four categories (Grimsno and Siem, 1984).

1. Need factors: the actual and general health status of the individuals.

2. Organizational factors : the availability of primary health care.

3. Sociodemographic factors : sex, age, marital status, education and socioeconomic status.

4. Sociopsychological factors : perceived susceptibility to illnesses, perceived seriousness of illness and perceived efficacy of care.

Demographic, social and economic indicators are often used as independent variables for explaining variations in the use of care. Utilization pattern is found to associate with the severity of illnesses and socioeconomic status. The use of traditional medicine negatively correlated with education and the accessibility of modern services were directly correlated with the use of modern services. The confidence in the services and the costs were also the important one (Kroeger, 1983).

The following reports are examples of previous studies on pattern of health services utilization and the factors affecting it.



Belcher, Wurapa, Neumann and Lourie (1976) carried out a 2,000 households interview survey in rural Ghana. The study showed the prevalence perceived morbidity rate of 20.8 percent in the preceding two-week period. Almost half of the ill persons sought medical care, whether from a clinic (27.1 percent), drug seller (12.4 percent), or traditional practitioner (4.6 percent). The use of clinic services varied with age, type of condition, and accessibility.

Nchinda (1977) carried a health interview survey of 1,886 families in rural Cameroon. The prevalence of morbidity rate was 27.8 percent in a four-week recall period. Most people used modern health services (53.3 percent). The other methods were traditional healer (17.1 percent) and drug seller (7.5 percent). The use of health services varied with age and type of illnesses.

Kroeger (1982) conducted an interview of 727 households of South American Indians in rural Ecuador. The prevalence of perceived morbidity rate was 41.5 percent in the recall period of two weeks. Most patients sought modern health services (26.8 percent), followed by drug seller (12.9 percent) and traditional healer (10.2 percent). Age, sex, primary school education and material assets were not consistently associated with the use of either traditional or modern health services, whereas secondary education and the accessibility of modern health services were directly correlated with the use of modern services.

Grimsno and Siem (1984) carried out the interview survey of 5,806 persons from 2,207 households in Norway. The result showed

that the most important factor that affected health care utilization was the need for medical care. The availability of the doctor had a different effect according to whether the illness was chronic or non chronic. Difficulties in reaching the doctor reduced the number of consultations for non-chronic diseases. Among the sociodemographic variables, neither level of education nor income had any influence on utilization when other variables were taken into account. Social networks factors had little effect on health care utilization.

Rauyajin, Supasilpa and Boonvisuthi (1984) carried out the household interview survey of 595 households in suburban Bangkok. The study showed various methods of treatment used varied according to types and symptoms of illness. In some area, people still preferred to use traditional medicine for certain illnesses. Occupation, household income and parity were significantly associated with prenatal care. Those three variables and pregnancy wastage experience were also significantly associated with labor and delivery care. Level of education and types of persons who delivered their last baby were significantly associated with postpartum checkup for the last delivery. Types of person who delivered their last baby and level of exposure to mass media were the determinants of mother's bringing their last baby to well baby clinic for childhood vaccination. Age of mother and household income were significantly associated with contraceptive method adoption.

Ponbool and Saichoom-in (1989) carried out a health interview survey of 210 families in Tak provinces. The prevalence



morbidity rate was 22.8 percent in the recall period of two weeks. For curative service, the majority use drug seller (36.6 percent), followed by private clinic (21.0 percent), subdistrict health service (17.9 percent) and hospital (13.4 percent). The coverage of immunization was 69.5 percent. The percentages of mothers receiving seeking care 78.0 percent for prenatal services, 77.5 percent for tetanus vaccination, and 38.2 percent for postnatal services. About 80 percent of the children were delivered by health personnel. Contraceptives were used by 82.9 percent of women in reproductive age.

Among the hill tribes, some reports concerning the health services utilization include:

The Joint project between the Ministry of Interior, the Office of National Research Committee and the Office of National Statistics conducted the survey among the hill tribes population during 1985 to 1988 and reported that the growth rate of the hill tribe population was rather high (2.9 percent). The birth rate and the mortality rate were 38.6 and 9.2 per 1,000 persons respectively. The use of contraception among the reproductive age women was only 28.2 percent (Ministry of Public Health, Office of the Permanent Secretary, Hill Tribe Health Development Center, 1990).

Kamnuansilpa, Kunstaster, and Auamkul (1987) had carried out the quantitative surveys on hilltribe health and family plannings among the Hmong and Karen in Tak and Mae Hong Son. The survey covered a total of 13,282 persons, including 2,155 married women of reproductive age. The use of contraceptive was very low, 12.8

percent and 16.6 percent for the Hmong and Karen respectively. Few of them (13.5 percent for Hmong and 7.4 percent of Karen) have ever received prenatal care and one percent of them reported that they had received a tetanus shot during their most recently completed pregnancy. Only 10.7 percent of the Hmong and 1.4 percent of the Karen gave last child birth by the assistance of medically trained personnel. The proportions of the children under age of five who received immunization were very low (below 16 percent for Hmong and below 25 percent for Karen). The majority of child morbidity in seven days prior to survey were the respiratory and gastrointestinal symptoms. About half of the Hmong (49.4 percent) sought treatment while 36.7 percent of the Karen did so. More than half of these children (58.7 percent for Hmong and 84.3 percent for Karen) received curative service from health personnel. Unfortunately, this study did not analysed the factors affecting utilization.

Kunstadter, Kesmanee and Pothi-art (1987) had carried out the qualitative studies in Hmong (23 illness cases and 56 couples) and Karen (41 illness cases and 54 couples) in Tak and Mae Hong Son. The report described cultural and other factors such as desired number of children, fear of side effects of contraception, traditional belief, economic) related to the use of modern health and family planning services. Modern preventive medicine such as antenatal care and immunization were poorly understood but modern curative medicine was widely appreciated and frequently use.

Offices of Special activities, Ministry of education (1987) carried out the health survey in the hilltribes in 15 provinces of



the northern region of Thailand and reported that 46 percent of the total hilltribes hamlets, especially in Mae Hong Son, Chiangmai, Nan, Chiangrai and Tak provinces, still used witch doctors for the treatment of illnesses followed by the subdistrict health station (23 percent).

Perngparn and Danthumrongkul (1989) carried out the village survey among 60 households of the Hmong, 64 household of the Karen and 31 household of Thai in Chiangmai and reported that the contraception use among the Thai was 69.4 percent, followed by the Karen (47.9 percent) and the Hmong (37.8 percent) consecutively. More than half of Hmong families used contraception after the fifth child while the Karen and Thai started earlier. The rate of using contraception varied according to socioeconomic factors. Economic status and the frequency of contacts with outsiders were important factors in maintaining the acceptance of birth control methods while education did not appear to have effect.

The report of health services provided for the hill tribes community during October 1989 to January 1990 showed that the utilization of curative service was 42.28 percent. The coverage of immunization in the children aged under 1 years old was rather low; BCG 31.5 percent, DPT 17.15 percent and OPV 16.69 percent. The vaccination against tetanus in pregnant women was 54.69 percent (Ministry of Public Health, Office of the Permanent Secretary, Hill Tribe Health Development Center, 1990).

These studies suggested that health services utilization among the hill tribes was relatively low. The rates, patterns and

factors affecting utilization varied according to places, time and the types of facilities available. The community health station in Mae Kha Poo was established six years ago. It is time to evaluate the magnitude and associated factors of health services utilization. The result might be useful for the relevant authority to develop an optimal health plan for health services utilization with the aim to reduce the health problems among the hill tribes.

Like most surveys containing questions on the use of health services, this study concentrates on the use of curative service and maternal and child health services. Therefore, the household interview cross-sectional survey is used with the aim to obtain information on self-perceived morbidity and the action in seeking treatment as well as the utilization of maternal and child health care, including family planning services. In addition, the factors affecting the utilization will be identified. The study population will be followed for a period of time in order to obtain the information on actual health needs for curative service. The criteria used to define the illness will determine the actual morbidity.

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