CHAPTER IV RESULTS

This chapter contains the results for:

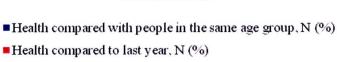
- 1) Baseline characteristics and socioeconomic profiles
- 2) Health and medication profiles of those receiving services at a community pharmacy
 - 3) Illness experience and health utilization prior to pharmacy visits
- 4) Out-of-pocket actual payments, standard medical treatment and ability to pay for services at a community pharmacy
- 5) Impact of out-of-pocket payment on receiving service at a community pharmacy and getting standard medical treatment

4.1 Baseline characteristics and socioeconomic profiles

Of the six groups of symptoms, five groups were present during the data collection period. These were (1) fever/headache, (2) throat/nose symptoms, (3) skin symptoms, (4) joint/back/musculoskeletal pain, and (5) gastrointestinal tract symptoms. Urinary tract symptoms were not found during data collection. There were 304 poor households in total exhibiting the five symptom groups.

Majority was female (79.9%). Their average age was 53.7 years and 79.9% were married. Almost all (99.3%) were aware of their health insurance and most (95.5%) were covered by UC. Up to 45% had a chronic illness. Almost half (49.3%) thought their health status was better than other people in the same age groups. However, 68.6% thought they had worsening health than the previous year (Figure 1). The average number of members in each household was 4.2 (standard deviation-SD 1.5). Most of them (85.9%) completed a primary school education. Majority of occupations was agriculture or farming (61.5%). More than half (59.9%) worked on their own property.

For economic status, the median household monthly expense was 6,528 Baht (USD 192, exchange rate 34 Baht) (interquartile range –IQR 4,945), whereas the median income was 5,575 Baht (IQR 6,575). Nearly all households (99.0%) were built with galvanized iron roofing, tiles, and dried leaves. More than three quarters (77.3%) were indebted and 88.5% were carrying economic burdens for their households. Almost three quarters (71.4%) were borrowing money from others (Med 70,000 Baht; IQR 80,000) during the last 12 months. Less than half (39.1%) owned savings accounts, and the most popular way of saving (54.6%) was through banks or cooperatives. Their savings patterns were inconsistent (71.4%) with the median savings per month per household was as low as 360 Baht (IQR 972.5). Almost three quarters (72.4%) were in worsening financial state as compared to the previous year, with a decrease in agricultural income (70.9%) as the major cause. Among these households, 55.6% had no idea what their financial status would be like in the next year (Table 1).



Health status

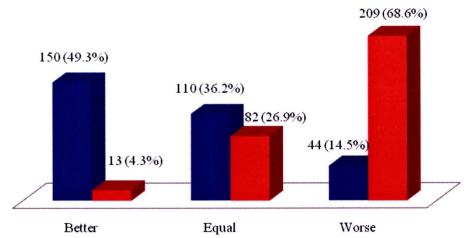


Figure 1 Health status

 Table 1
 Baseline characteristics and socioeconomic profiles

Variables	Results	
Sex, N (%)		
Male	61 (20.1)	
Female	243 (79.9)	
Age [Mean (SD)]	53.7 (11.7)	
Marital Status, N (%)		
Single	14 (4.6)	
Divorced	47 (15.5)	
Married	243 (79.9)	
Insured status known, N (%)	*	
Known	302 (99.3)	
Unknown	2 (0.7)	
Insurance, N (%)		
No insurance	2 (0.7)	
CS	6 (2.0)	
SS	6 (2.0)	
UC	288 (95.5)	
Chronic disease, N (%)		
Unknown	24 (7.9)	
Did not have chronic disease	143 (47.0)	
Had chronic disease	137 (45.0)	
- Diabetes	42 (30.7)	
- Hypertension	38 (27.7)	
- Gastric ulcer	33 (24.1)	
- Others	24 (17.5)	

 Table 1
 Baseline characteristics and socioeconomic profiles (Cont.)

Variables	Results	
Number of household members, N (%)		
1	5 (1.6)	
2	38 (12.5)	
3	44 (14.5)	
4	100 (32.9)	
5	64 (21.1)	
6	33 (10.9)	
≥ 7	20 (6.6)	
Average [Mean (SD)]	4.2 (1.5)	
Level of Education completed, N (%)		
No education	6 (1.9)	
Kindergarten	5 (1.6)	
Primary school	261 (85.9)	
Secondary school	15 (4.9)	
High school	15 (4.6)	
Vocational certificate	1 (0.3)	
High vocational certificate	1 (0.3)	
Higher college certificate	1 (0.3)	
Bachelor's Degree	0 (0.0)	

Table 1 Baseline characteristics and socioeconomic profiles (Cont.)

Variables	Results
Occupation, N (%)	
Unemployed	12 (3.9)
Maid	16 (5.3)
Vendor (mobile stall)	8 (2.6)
Vendor (small stall)	18 (5.9)
Merchant (store)	6 (1.9)
Tuk-tuk driver	5 (1.6)
Foreman	13 (4.3)
On-call worker	SEARCH (11.2)
Agricultural worker/farmer	187 (61.5)
Security guard	1 (0.3)
Temporary employee	1 (0.3)
Permanent employee	1 (0.3)
Others	2 (0.7)
Income/month/household, (Baht) [Med (IQR)]	CONTRACTOR
Income	5,575 (6,575)
Expense/month/household, (Baht) [Med (IQR)]	
Food Education /drinks/tobacco	2,600 (1,500)
Education	900 (1,975)
Clothes/Jewelry/Cosmetics	200 (200)
Household products	300 (200)
Charity of donations	500 (200)
Entertainment/reading/religion activities	30 100)
Fuel/transportation	(355 (200)
Electricity/water/telephone	219 (300)
Total	6,527.5 (4,945)

 Table 1 Baseline characteristics and socioeconomic profiles (Cont.)

Variables	Results 235 (77.3)	
Currently indebted, N (%)		
Feeling the debt burden (n = 235), N (%)		
None	3 (1.3)	
Mild	3 (1.3)	
Moderate	21 (8.9)	
Strong	208 (88.5)	
Borrowing (prior 12 months), N (%)	214 (71.4)	
From 1 source	152 (70.1)	
From 2 sources	65 (29.9)	
Amount [Med (IQR)]	Baht 70,000 (80,000)	
Having savings, N (%)	119 (39.1)	
Saving methods (n = 119), N (%)		
Informal funds	1 (0.8)	
Bank/cooperatives	65 (54.6)	
Holding cash	38 (31.9)	
Others	16 (13.5)	
Saving patterns (n = 119), N (%)		
Constant	30 (25.2)	
Likely to increase	3 (2.5)	
Likely to decrease	1 (0.8)	
Inconsistent	85 (71.4)	
Amount/month [Med (IQR)]	Baht 360 (972.5)	

4.2 Health and medication profiles during pharmacy visits

Majority of those visiting the pharmacy with fevers/headaches (51.7%), skinsymptoms (58.3%), and joint/back/musculoskeletal pain (47.5%) did not have any chronic disease. For those with throat/nose symptoms, there was the same percentage of those with (46.8%) and those without (46.8%) the chronic disease. Most of those who had gastrointestinal tract symptoms had a chronic disease (63.9%), 41.0% had diabetes and 10.3% had hypertension. Up to 41.0% of people suffering from gastrointestinal tract symptoms had gastric ulcers.

Medication initiated by the pharmacy most frequently were indicated for fever/ headaches (68.3%), joint/back/musculoskeletal pain (65.6%), throat/nose symptoms (64.5%), and skin symptoms (63.3%), whereas the common self-requested medication were for gastrointestinal tract symptoms (75.4%). Doctor's prescription brought to the pharmacy were not found, except for gastrointestinal tract symptoms (1.6%). Beyond this, self-requested medication later switched to pharmacist-initiated medication was not found for skin and gastrointestinal symptoms. This was rarely found for joint/back/musculoskeletal pain symptoms (3.3%), fever/headaches symptoms (1.7%), and throat/nose symptoms (1.6%).

Most of those who visited the pharmacies on their own did so for fevers/headaches (98.3%), gastrointestinal tract symptoms (93.4%), skin symptoms (93.3%), throat/nose symptoms (91.9%), and joint/back/musculoskeletal pain (90.2%). Nevertheless, those who bought medication for their family members did so for gastrointestinal tract symptoms (9.8%), followed by throat/nose symptoms (8.1%), skin symptoms (6.7%), gastrointestinal tract symptoms (6.6%), and fevers/headaches (1.7%).

The symptoms causing the most visits within a day of onset were gastrointestinal tract symptoms (70.5%) followed by fever/headache (45.0%). Symptoms that caused people to visit a pharmacy longer than two days after the onset were skin symptoms (68.3%), joint/back/musculoskeletal pain (63.9%), and throat/nose symptoms (45.2%).

Majority had not been treated before the pharmacy visits. These included fevers/headaches symptoms 75.0%, throat/nose symptoms 66.1%, skin symptoms 68.3%, joint/back/musculoskeletal pain symptoms 63.9%, and gastrointestinal tract

symptoms 54.1%. However, 18.3% of the poor households suffering from fever/headache took medication at home. The second most often used treatment before the visits was self-medication bought from pharmacies (9.7%, 11.7%, 14.8% and 39.3% respectively). However, the least often used treatment for all symptoms before the visits was medications bought from grocery stores and traditional/herbal medicine store. Medical treatment at government facilities showed that the fever/headaches symptoms did not go to primary care unit; this was rather the least often used treatment for throat/nose symptoms (8.1%), skin symptoms (1.7%), joint/back/musculoskeletal pain (1.6%), and gastrointestinal tract symptoms (1.6%). Treatment was not sought at general/regional/university hospitals for skin symptoms. This was the least often used treatment for fevers/headaches (1.7%), throat/nose symptoms (1.6%), joint/back/musculoskeletal pain (4.9%), and gastrointestinal tract symptoms (3.3%). However, the least often used treatment before the visits was treatment at district hospitals or others (fevers/headaches symptoms 0.0%, throat /nose symptoms 1.6%, skin symptoms 0.0%, joint/back/musculoskeletal pain 1.6%, and gastrointestinal tract symptoms 1.6%). Only skin symptoms (1.7%) and joint/back/musculoskeletal pain (1.6%) were treated at private medical clinics.

Many poor households when using a community pharmacy had not been referred to a hospital because the symptoms were considered not so serious (fevers/headaches symptoms 98.3%, throat/nose symptoms 95.2%, skin symptoms 100%, joint/back/musculoskeletal pain 100%, and gastrointestinal tract symptoms 98.4%). Upon the treatments, fevers/headaches and skin issues were the symptoms that mostly got medicines according to the standard treatment protocols (71.7% and 56.7% respectively). On a contrary, the treatment for throat/nose symptoms, joint/back/musculoskeletal pain, and gastrointestinal tract symptoms were mostly below standard treatments (62.9%, 86.9% and 93.4% respectively). Treatment above the standard was rarely received (Table 2).

Table 2 Health and medication profiles of those receiving services at a community pharmacy (n = 304)

	N (%)				
Health profiles	Fevers/ Headaches	Throat/Nose Symptoms	Skin Symptoms	Joint/back/ Musculoskeletal pain	Gastrointestina tract Symptoms
Chronic disease	7,771				
Unknown	5 (8.3)	4 (6.5)	6 (10.0)	6 (9.8)	3 (4.9)
Did not have chronic disease	31 (51.7)	29 (46.8)	35 (58.3)	29 (47.5)	19 (31.2)
Had chronic disease	24 (40.0)	29 (46.8)	19 (31.7)	26 (42.6)	39 (63.9)
Diabetes	9 (37.5)	4 (13.8)	5 (26.3)	8 (30.8)	16 (41.0)
Hypertension	10 (41.7)	15 (51.7)	5 (26.3)	4 (15.4)	4 (10.3)
Gastric ulcer	2 (8.3)	3 (10.3)	6 (31.6)	6 (23.1)	16 (41.0)
Others	3 (12.5)	7 (24.1)	3 (15.8)	8 (30.8)	3 (7.7)
Type of service					
Self-requested medication	18 (30.0)	21 (33.9)	22 (36.7)	19 (31.2)	46 (75.4)
Self-requested later	1 (1.7)	1 (1.6)	0 (0.0)	2 (3.3)	0 (0.0)
changed to pharmacist-					
initiated medication					
pharmacist-initiated	41 (68.3)	40 (64.5)	38 (63.3)	40 (65.6)	14 (22.9)
medication					
Doctor's prescription	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.6)
brought to pharmacy					
Community pharmacy visitation	n				
Visited by oneself	59 (98.3)	57 (91.9)	56 (93.3)	55 (90.2)	57 (93.4)
Visited by person buying	1 (1.7)	5 (8.1)	4 (6.7)	6 (9.8)	4 (6.6)
medication for family member					
Duration of illness before visiting	g community p	oharmacy			
1 day	27 (45.0)	10 (16.1)	12 (20.0)	6 (9.8)	43 (70.5)
2 days	27 (45.0)	24 (38.7)	7 (11.7)	16 (26.2)	3 (4.9)
> 2 days	6 (10.0)	28 (45.2)	41 (68.3)	39 (63.9)	15 (24.6)
Treatment before visiting comm	unity pharmac	cy			` '
None	45 (75.0)	41 (66.1)	41 (68.3)	39 (63.9)	33 (54.1)
Medicine found at home	11 (18.3)	4 (6.5)	1 (1.7)	1 (1.6)	0 (0.0)
Medicine from drug store	2 (3.3)	6 (9.7)	7 (11.7)	9 (14.8)	24 (39.3)
Medicine from grocery store	1 (1.7)	3 (4.8)	0 (0.0)	1 (1.6)	0 (0.0)
Traditional/herbal	0 (0.0)	1 (1.6)	9 (15.0)	1 (1.6)	0 (0.0)
Primary care unit	0 (0.0)	5 (8.1)	1 (1.7)	1 (1.6)	1 (1.6)
General/Regional/University	1 (1.7)	1 (1.6)	0 (0.0)	3 (4.9)	
hospital	1 (1./)	1 (1.0)	0 (0.0)	J (4.7)	2 (3.3)

Table 2 Health and medication profiles of those receiving services at a community pharmacy (n = 304) (Cont.)

			N (%)		
Health profiles	Fevers/Headaches	Throat/Nose Symptoms	Skin Symptoms	Joint/back/ Musculoskeletal pain	Gastrointestinal tract Symptoms
Clinic	0 (0.0)	0 (0.0)	1 (1.7)	5 (8.2)	0 (0.0)
District hospital and others	0 (0.0)	1 (1.6)	0 (0.0)	1 (1.6)	1 (1.6)
Referral status					
Not referred	59 (98.3)	59 (95.2)	60 (100.0)	61 (100.0)	60 (98.4)
Referred	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Referred but rejected	0 (0.0)	3 (4.8)	0 (0.0)	0 (0.0)	1 (1.6)
Standard treatment le	evel				
Standard treatment	43 (71.7)	22 (35.5)	34 (56.7)	8 (13.1)	4 (6.6)
Lower than standard treatment	16 (26.7)	39 (62.9)	25 (41.7)	53 (86.9)	57 (93.4)
Higher than standard treatment	1 (1.6)	1 (1.6)	1 (1.6)	0 (0.0)	0 (0.0)

4.3 Illness experience and health utilization prior to pharmacy visits

An average number of services within a month prior to pharmacy visits was once a month. Majority (89.8%) of those who did not seek care from health facilities had a prior visit once. Most of those who did not seek care from health facilities had joint and musculoskeletal symptoms (38.7%), respiratory tract symptoms (26.3%), other symptoms (fever, headache, itching) (25.6%), and gastrointestinal tract symptoms (9.5%). Most poor households (67.2%) did not stop their regular works, but whereas 39.2% did, usually taking one day off (35.6%). Most of them (83.9%) received medical treatment, of which 76.5% did not go to a government hospital (Table 3).

The main reasons for not choosing a government hospital were minor sickness (74.7%) and long waiting time (53.3%). The treatment chosen included self-medication (77.3%) with a median expense of 20 Baht (IQR 33.8), followed by private clinic visits (17.1%) with a median expense of 260 Baht (IQR 100) (Table 4).

For those who received services at government hospitals (23.5%), they went to a primary health care unit (48.2%) or to a general /regional/university hospital

(44.4%). All of them (100 %) who received service at a government hospital did not pay out-of-pocket for treatment, because were covered by the UC scheme and used a gold (health insurance) card. The median of expenditures for round trip transportation from house to the hospital was 20 Baht (IQR 40 Baht) (Table 5).

Approximately 16% of the households did not receive medical treatment. The main reason was financial problem (36.4%). The remaining 63.6% was having no time to buy medicinal drugs or herbs (57.1%) and other reasons, such as feeling minor sickness (42.9%) (Table 6).

The majority (90.8%) had not been admitted to hospitals in 12 months prior to the pharmacy visit. For those who have been hospitalized, the average number of admissions was one time. Most of them (82.1%) went to a general, regional, or university hospital, whereas 17.9% went to a district hospital. The average length of stay was 2.2 days (SD 0.8). Nobody had to pay out-of-pocket for the care received because they were covered by UC scheme. The median expense for a round-trip transportation to the hospitals was 60 Baht (IQR 200) (Table 7).

 Table 3
 Illness experiences and the use of health services prior to pharmacy visits

Variables	Results
Received service at a community pharmacy within one month prior to this pharm	acy visit (n = 304), N (%)
None	134 (44.1)
1-15 times	170 (55.9)
Average [Mean (SD)]	1 (0)
Suffered illness but did not seek care from health facility, N (%)	137 (45.1%)
Number of times illness was suffered but care was not sought from health facility	(n = 137), N (%)
1 time	123 (89.8)
≥ 2 times	14 (10.2)
Average [Mean (SD)]	2 (0)

Table 3 Illness experiences and the use of health services prior to pharmacy visits (Cont.)

Variables	Results
Symptoms who suffered an illness (n = 137), N (%)	
Respiratory tract	36 (26.3)
Gastrointestinal tract	13 (9.5)
Musculoskeletal and joint	53 (38.7)
Other	35 (25.6)
Work routine (n = 137), N (%)	
Stopped work routine	45 (32.9)
1 day	16 (35.6)
2 days	14 (31.1)
≥ 3 days	15 (33.3)
Average days off [Mean (SD)]	1.9 (0.8)
Did not stop	92 (67.2)
Medical treatment (n = 137), N (%)	
Yes	115 (83.9)
No	22 (16.1)
Details of medical treatment (n = 115), N (%)	
Government hospital	27 (23.5)
Non-government hospital	88 (76.5)



Table 4 Recent illness experience and medical expense at non-government hospital (N = 88)

Variables	Results
Reasons for not going to government hospital, N (%)	
Minor sickness	56 (74.7)
Long waiting time	40 (53.3)
Method of treatment if they did not go to government hospital, N (%)	
Self-medication	68 (77.3)
Average (Baht) [Mean (SD)]	27.1 (20.9)
Median (Baht) [Med (IQR)]	20 (33.8)
Traditional medicine	2 (2.3)
Average (Baht) [Mean (SD)]	0 (0)
Private clinic	15 (17.1)
Average (Baht) [Mean (SD)]	318 (212.2)
Median (Baht) [Med (IQR)]	260 (100)
Other	4 (4.6)

Table 5 Recent illness experience and medical expense at the government facilities (N = 27)

Variables	Results, N (%)
Those treated at government facilities	
Primary care unit	13 (48.2)
District hospital	2 (7.4)
General/Regional/University hospital	12 (44.4)
Paid out-of-pocket for government services	
No	27 (100)
Reasons for not paying out-of-pocket	
Covered by UC (Gold card)	25 (92.6)
Other	2 (7.4)
Round trip transportation to government facility	
Average (Baht) [Mean (SD)]	27 (47.9)
Median (Baht) [Med (IQR)]	20 (40)

 Table 6
 Recent Illness experience without any medical treatment

Variables	Results	
Did not get medical treatment due to financial problem (n =22), N (%)		
Yes	8 (36.4)	
No	14 (63.6)	
Other reasons for not getting medical treatment (n =14), N (%)		
No time to buy drugs or herbs	8 (57.1)	
Other (minor sickness)	6 (42.9)	

Table 7 Recent hospital admissions in 12 months prior to the pharmacy visits (N = 304)

Variables	Results
Prior of 12 months prior to pharmacy visit, N (%)	
Admitted	28 (9.2)
Not admitted	276 (90.8)
Number of times admitted to hospital for illness, N (%)	
1 time	22 (78.6)
2 times	3 (10.7)
3 times	3 (10.7)
Last facility admitted to, N (%)	
District hospital	5 (17.9)
General/Regional/University hospital	23 (82.1)
Length of stay when admitted, N (%)	
1 day	6 (21.4)
2 days	11 (39.3)
≥ 3 days	11 (39.3)
Average (day) [Mean (SD)]	2.2 (0.8)
Median (day) [Med (IQR)]	2 (1)
Round trip transportation, N (%)	
Average (Baht) [Mean (SD)]	149.6 (291.5)
Median (Baht) [Med (IQR)]	60 (200)
Paid out-of-pocket for treatment when admitted, N (%)	
Didn't pay out-of-pocket	28 (100)
Reasons for not paying out-of-pocket, N (%)	
Covered by UC (Gold card)	28 (100)

4.4 Out-of-pocket payments, standard medical treatment and ability to pay for services

The median (IQR) out-of-pocket payments for drugs for fevers/headaches, throat/nose symptoms, skin symptoms, joint/back/musculoskeletal pain gastrointestinal tract symptoms were Baht 25.0 (37.0), 39.0 (30.5), 40.0 (30.0), 30.0 (20.0) and 30.0 (15.0), respectively. The median (IQR) standard treatment expenditure for these symptoms were Baht 30.0 (50.0), 25.0 (37.0), 35.0 (20.0), 60.0 (15.0) and 170.0 (0.0), respectively. The expenditures for the standard treatments were higher than the actual payments in every symptom, except for the throat/nose and skin symptoms. People with gastrointestinal tract symptoms paid for the medications according to the standard at the price of 170.0 Baht (IQR 0.0), followed by those with joint/back/musculoskeletal pain ([Median (IQR); 60.0 (15.0)]. The median of the maximum ability to pay for standard treatment for every symptom was 100 Bath (Figure 2 and Table 8). Those who were not able to pay for the standard treatment mostly suffered from gastrointestinal tract symptoms (63.6%), followed by throat/nose symptoms (25.5%), and fever/headache (13.8%) (Figure 3 and Table8). The highest gap between the ability to pay and the standard treatment cost was equal to the median of 81.0 Baht (IQR 51.0), for gastrointestinal tract symptoms (Table 8).

Most of the poor households could afford up to twice the amount of money expected to treat their illnesses (fever/headache 86.2%, throat/nose symptoms 87.3%, skin symptoms 88.7%, joint/back/musculoskeletal pain 87.3% and gastrointestinal tract symptoms 94.6%). The expense bid up to twice the amount of money expected for the treatment was highest for throat/nose symptoms (mean 79.2 Baht, SD 42.8), followed by skin symptoms at 73.8 Baht (SD 43.8), fever/headaches at 68.9 Baht (46.9), joint/back/musculoskeletal pain at 66.0 Baht (26.7), and gastrointestinal tract symptoms at 60.7 Baht (37.6). When the payment bid went up to four times of the expected amount, nearly half of those with fevers/headaches, throat/nose symptoms and skin symptoms could afford (48.0%, 47.9%, and 48.9% respectively). For the remaining groups, joint/back/musculoskeletal pain was accounted by 56.3% and gastrointestinal tract symptoms were 57.7%. The mean payment bidding up to four times the amount of money expected to treat the illness was highest for throat/nose symptoms at 133.6 Baht (SD 94.5), then joint/back musculoskeletal pain at 119.9

Baht (50.2), skin symptoms at 114.2 Baht (SD 83.0), gastrointestinal tract symptoms at 105.3 Baht (80.9), and fevers/headaches at 93.2 Baht (64.4) (Table 9).

When asked about coping strategies, most of those seeking external funding turned to their relatives for financial help (fevers/headaches 70.9%, throat/nose symptoms 65.5 %, skin symptoms 43.4%, joint/musculoskeletal/back pain 54.6%, and gastrointestinal tract symptoms 61.8%); another solution was not buying drugs and going to hospitals instead (Table 9)

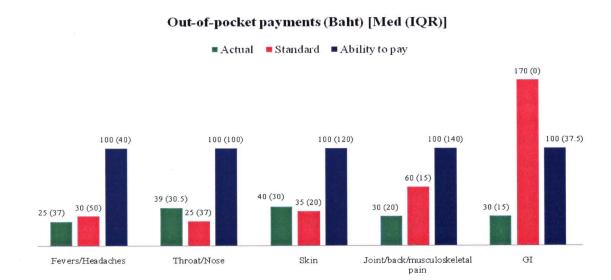


Figure 2 Out-of-pocket payments, standard medical treatment and ability to pay for services

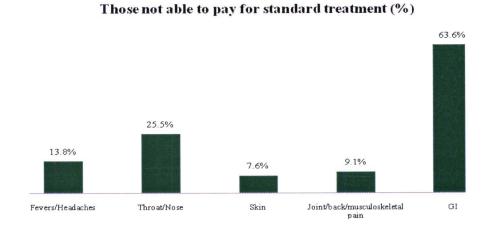


Figure 3 Those not able to pay for standard treatment (%)



 Table 8
 Out-of-pocket payments, standard medical treatment and ability to pay for services

Groups of symptoms		Oı	ut-of-poc	Those not able to pay for	Gap between ability to pay and standard treatment				
	Actual payment		Standard treatment		Ability to pay		standard treatment	Mean	Med
	Mean	Mean Med Mean Med Mean		Mean	Med	(%)	(SD)	(IQR)	
	(SD)	(IQR)	(SD)	(IQR)	(SD)	(IQR)			(- ()
Fevers/Headaches	33.9	25	46.8	30.0	139.1	100	13.8	-54.6	-48.0
(N = 60)	(23.3)	(37)	(38.6)	(50.0)	(168.5)	(40)		(41.8)	(33.3)
Throat/nose symptoms	37.9	39	65.6	25.0	175.3	100	25.5	-31.6	-16.5
(N = 62)	(21.6)	(30.5)	(42.8)	(37.0)	(202.9)	(100)		(29.5)	(52.5)
Skin symptoms	37.4	40	46.8	35.0	177.8	100	7.6	-53.8	-57.5
(N = 60)	(21.3)	(30)	(31.2)	(20.0)	(286.1)	(120)		(30.9)	(56.3)
Joint/back/musculoskeletal	32.4	30	54.3	60.0	144.7	100	9.1	-19.8	-20.0
pain	(12.9)	(20)	(17.5)	(15.0)	(119.5)	(140)		(6.1)	(10.5)
(N=61)									
Gastrointestinal tract	31.4	30	142.5	170.0	133.7	100	63.6	-92.9	-81
symptoms (N = 61)	(20.3)	(15)	(55.7)	(0.0)	(159.7)	(37.5)		(29.4)	(51.0)

Table 9 Ability to pay for treatment and coping strategies for solving drug cost burden

*Number of samples in each group: Fevers/headaches=58, Nose/throat symptoms= 55, Skin symptoms=53, Joint/musculoskeletal/back pain=55, and Gastrointestinal tract symptoms = 55

	N (%)						
	Fevers/	Throat/	Skin	Joint/	Gastrointestina		
	headaches*	nose	$symptoms^*$	musculoskeletal/back	tract		
		symptoms*		pain [*]	symptoms*		
Ability to pay for treatm	nent of illness						
Able to pay twice the	50 (86.2)	48 (87.3)	47 (88.7)	48 (87.3)	52 (94.6)		
expected amount					,		
Mean (SD), Baht	68.9 (46.9)	79.2 (42.8)	73.8 (43.8)	66.0 (26.7)	60.7 (37.6)		
Able to pay 4 times the	24 (48.0)	23 (47.9)	23 (48.9)	27 (56.3)	30 (57.7)		
expected amount							
Mean (SD), Baht	93.2 (64.4)	133.6 (94.5)	114.3 (83.0)	119.9 (50.2)	105.3 (80.9)		
Unable to pay twice but	0 (0.0)	2 (28.6)	0 (0.0)	1 (14.3)	1 (33.3)		
able to pay 1.5 times					()		
the expected amount							
Coping strategies for sol	ving drug cost	burden [N (%	5)]				
1. Took loans with	7 (12.1)	11 (20.0)	8 (15.1)	19 (34.6)	11 (20.0)		
interest							
2. Got loans from	41 (70.9)	36 (65.5)	23 (43.4)	30 (54.6)	34 (61.8)		
relatives or other							
interest-free							
3. Sold household	2 (3.5)	1 (1.8)	7 (13.2)	3 (5.5)	6 (0.9)		
possessions				,	()		
4. Sold property	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)		
5. Others (Not buying	10 (17.2)	12 (21.8)	18 (33.9)	10 (18.2)	7 (12.7)		
drugs and going to a					()		
hospital)							

4.5 Impact of out-of-pocket payment and standard medical treatment

When the impact of out-of-pocket payment for the standard treatment was greater than the impact of actual payment, both daily consumption/living and personal savings were affected (Figure 4). If the standard treatments were paid out of pocket, people would rely on household savings (63.5%), whereas (54.6%) were unable to save. The second largest impact was on daily consumption and living (35.2%), of which 32.2% would decreased the regular consumption and 8.2% skipped meals. Approximately 33.2% had no impact. Approximately one-fifth (21.7%) had to seek external funding, of which 20.4% was obtained from relatives and others interest-free loans. Regarding the actual payment, majority (62.2%) were not affected; whereby savings reduction was 35.9% and reduced daily consumption and living was 15.1% (details shown in Table 10).

By groups of the symptoms, the impacts of out-of-pocket payments for standard medical treatment affected the daily consumption and living and savings more than the actual visitation. This means that the out-of-pocket payments for the standard treatment would have more impact than the actual payment for all groups of symptoms. Nevertheless, actual payment during the visits had no impacts more often than out-of-pocket payment for the standard treatment.

Regarding savings, the most affected group was gastrointestinal tract symptoms (80.3%), followed by throat/nose symptoms (62.9%), joint/back/musculoskeletal pain (62.3%), skin symptoms (56.7%) and fevers/headaches (55.0%). The impact on savings was mostly an inability to save due to gastrointestinal tract symptoms (67.2%), then throat/nose symptoms (54.8%), fevers/headaches (53.3%), joint/back/musculoskeletal pain (50.8%), and skin symptom (46.7%).

Regarding out-of-pocket payments for standard medical treatment, the effects on daily life were less than the impact on savings. The group of symptoms with the most impact was gastrointestinal tract symptoms (62.3%), then joint/back/musculoskeletal pain (39.3%), throat/nose symptoms (35.5%), and fevers/headaches (20.0%). The group of symptoms with least impact on daily life, if paying out-of-pocket for standard medical treatment, was the skin symptoms (18.3%). Decreased consumption had the greatest effect on daily life (gastrointestinal tract symptoms 55.7%, joint/musculoskeletal/back pain 37.7%, throat/nose symptoms 32.3%, skin symptoms 18.3%, and fevers/headaches

16.7%), then skipping meals (gastrointestinal tract symptoms 16.4%, throat/nose symptoms 9.7%, joint/back /musculoskeletal pain 6.6%, fevers/headaches 6.7% and skin symptoms 1.7%).

If the households had to pay for the standard medical treatment, all groups of symptoms showed a minimal impact except for the gastrointestinal symptoms, of which 55.7% saying an impact on savings and on daily lives. The most common coping strategy if ones need to pay for the standard treatment was seeking external funding from relatives or other people interest-free. The symptoms for which this method was used the most was the gastrointestinal tract symptoms (50.8%), followed by throat/nose symptoms 20.9%, joint/back/musculoskeletal pain 14.8%, fevers/headaches 10.0% and skin symptoms 5.0% (Table 11).

Impacts of out-of-pocket payments for standard treatments and actual payment (N=304)

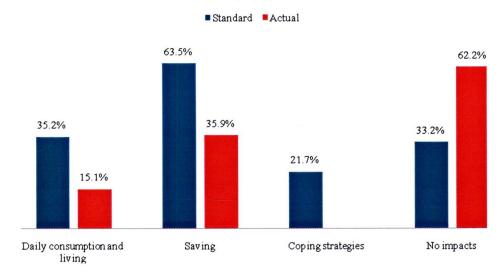


Figure 4 Impacts of out-of-pocket payments for standard treatments and actual payment

Table 10 Impacts of out-of-pocket payments for standard treatments and actual payment (n = 304)

		[N (%)]		
	Impact	Standard treatment ^(a)	Actual payment ^(b)		
1.	Daily consumption and living	107 (35.2)	46 (15.1)		
	1.1 Decreased consumption	98 (32.2)	44 (14.5)		
	1.2 Dropped out from school	2 (0.7)	1 (0.3)		
	1.3 Skipped meals	25 (8.2)	6 (1.9)		
2.	Saving	193 (63.5)	109 (35.9)		
	2.1 Decreased savings	72 (23.7)	93 (30.6)		
	2.2 Unable to save	166 (54.6)	84 (27.6)		
3.	Coping strategies	66 (21.7)	N/A*		
	3.1 Took loans with interest	11 (3.6)	N/A*		
	3.2 Got loans from relatives or other interest-	62 (20.4)	N/A*		
free					
	3.3 Sold household possessions	8 (2.6)	N/A*		
	3.4 Sold property	0 (0.0)	N/A*		
4.	No impacts	101 (33.2)	189 (62.2)		

^a more than one answer was possible

^b more than one answer was possible

^{*}N/A = not applicable

Table 11 Comparison of impact of out-of-pocket payment for standard medical treatment and for actual payment by groups of symptoms (n = 304)

*Number of samples in each group: Fevers/headaches=60, Throat/nose symptoms = 62, Skin symptoms=60, Joint/musculoskeletal/back pain=61, and Gastrointestinal tract symptoms = 61

Group of	[N (%)]										
symptoms	Fevers/ Headaches		Throat/ Nose Symptoms		Skin symptoms		Joint/Musculoske- letal/back pain		Gastro- intestinal tract symptoms		
Impact	Stda	Actualb	Stda	Actual ^b	Stda	Actual ^b	Stda	Actual ^b	Stda	Actual ^b	
1.Daily	12	5	22	9	11	9	24	12	38	11	
consumption and	(20.0)	(8.3)	(35.5)	(14.5)	(18.3)	(15.0)	(39.3)	(19.7)	(62.3)	(18.0)	
living										, , ,	
1.1 Decreased	10	5	20	9	11	9	23	11	34	10	
consumption	(16.7)	(8.3)	(32.3)	(14.5)	(18.3)	(15.0)	(37.7)	(18.0)	(55.7)	(16.4)	
- Entertainment	2	0 (0.0)	6	4 (6.5)	4	2 (3.3)	8 (13.1)	4 (6.7)	8	3 (4.9)	
	(3.3)		(9.7)		(6.7)				(13.1)	0	
- Gambling	0	0 (0.0)	0	0 (0.0)	0	(3.3)	0 (0.0)	0 (0.0)	0	0 (0.0)	
	(0.0)		(0.0)		(0.0)				(0.0)		
- Clothing	0	0 (0.0)	6	3 (4.8)	3	0 (0.0)	8 (13.1)	5 (8.2)	6	3 (4.9)	
	(0.0)		(9.7)		(5.0)				(9.8)		
- Education	0	0 (0.0)	0	0 (0.0)	0	0 (0.0)	0 (0.0)	0 (0.0)	0	1 (1.6)	
	(0.0)		(0.0)		(0.0)				(0.0)		
- Facilities	11	5	13	6	8	7	16	6	28	5	
	(18.3)	(8.3)	(20.9)	(9.7)	(13.3)	(11.7)	(26.2)	(9.8)	(45.9)	(8.2)	
- Others	2	1 (1.7)	0	0 (0.0)	0	0 (0.0)	0 (0.0)	0 (0.0)	1	3 (4.9)	
	(3.3)		(0.0)		(0.0)				(1.6)		
1.2 Dropped out	0	0 (0.0)	1	0 (0.0)	0	0 (0.0)	0 (0.0)	1 (1.6)	1	0 (0.0)	
from school	(0.0)		(1.6)		(0.0)				(1.6)		
1.3 Skipped meals	4	1	6	0	1	0	4	3	10	2	
	(6.7)	(1.7)	(9.7)	(0.0)	(1.7)	(0.0)	(6.6)	(4.9)	(16.4)	(3.3)	
2. Savings	33	22	39	26	34	27	38	17	49	17	
	(55.0)	(36.7)	(62.9)	(41.9)	(56.7)	(45.0)	(62.3)	(22.9)	(80.3)	(22.9)	
2.1 Decreased	7	17	20	25	11	22	15	14	19	15	
saving	(11.7)	(28.3)	(32.3)	(40.3)	(18.3)	(36.7)	(24.6)	(22.9)	(31.2)	(24.6)	

Table 11 Comparison of impact of out-of-pocket payment for standard medical treatment and for actual payment by groups of symptoms (n = 304) (cont.)

*Number of samples in each group: Fevers/headaches=60, Throat/nose symptoms=62, Skin symptoms = 60, Joint/musculoskeletal/back pain=61, and Gastrointestinal tract symptoms=61

Group of symptoms	[N (%)]												
	Fevers/ Headaches		Throat/ Nose Symptoms		Skin symptoms		Joint/Musculoske- letal/back pain		Gastro- intestinal tract symptoms				
Impact	Stda	Actualb	Stda	Actualb	Stda	Actualb	Stda	Actualb	Stda	Actualb			
2.2 Unable	32	18	34	20	28	22	31	12	41	12			
to save	(53.3)	(30.0)	(54.8)	(32.3)	(46.7)	(36.7)	(50.8)	(19.7)	(67.2)	(19.7)			
3. Coping	6	N/A*	14	N/A*	3	N/A*	9	N/A*	34	N/A*			
strategies	(10.0)		(22.6)		(5.0)		(14.8)		(55.7)				
3.1 Took	1	N/A*	4	N/A*	0	N/A*	1 (1.6)	N/A*	5	N/A*			
loans with	(1.7)		(6.5)		(0.0)				(8.2)				
interest													
3.2 Got	6	N/A*	13	N/A*	3	N/A*	9 (14.8)	N/A*	31	N/A*			
loans from	(10.0)		(20.9)		(5.0)				(50.8)				
relatives or									,				
others													
interest-free													
3.3 Sold	2	N/A*	0	N/A*	0	N/A*	1 (1.6)	N/A*	5	N/A*			
household	(3.3)		(0.0)		(0.0)				(8.2)				
possessions									()				
or pets													
3.4 Sold	0	N/A*	0	N/A*	0	N/A*	0 (0.0)	N/A*	0	N/A*			
property	(0.0)		(0.0)		(0.0)				(0.0)				
4. No	27	28	22	34	24	32	20	43	8	42			
impacts	(45.0)	(63.3)	(35.5)	(54.8)	(40.0)	(53.3)	(32.8)	(70.5)	(13.1)	(68.9)			

^aStd; Standard treatment (more than one answer was possible) ^bActual; actual payment (more than one answer was possible) ^{*}N/A; not applicable