

4037889 SHHS/M : MAJOR: HEALTH SOCIAL SCIENCE; M.A. (HEALTH SOCIAL SCIENCE)

KEY WORDS : HEALTH SERVICE UTILIZATION/WOMEN'S REPRODUCTIVE HEALTH/REPRODUCTIVE TRACT INFECTIONS/RURAL CHINA

GUO SUFANG : HEALTH SERVICE UTILIZATION OF WOMEN WITH REPRODUCTIVE TRACT INFECTIONS IN RURAL CHINA. THESIS ADVISORS:ORATAI RAUYAJIN,M.A.Dr.P.H.,VANAWIPHA PASANDHANA-TORN,M.A.,THAWATCHAI BOONCHOTE,Ph.D.,WANG LINGHONG, M.D. 161 P. ISBN 974-662-419-9

The objective of this study is to provide insight into psychosocial factors underlying utilisation of government health services of women who perceived RTI symptoms and to describe health-seeking behaviour of women with RTIs. A cross-sectional study, adopted Aday and Andersen's Social Behaviour Model, complemented by qualitative in-depth interviews, was conducted in 1998-1999 in China. In the context of a high incidence of RTIs and a low health service utilisation rate of women with RTIs, Hebei province of China was purposively chosen as the research site. All eligible married women aged 21 to 60 378 subjects, were face to face interviewed and 8 women, and 3 village healers were in-depth interviewed.

The findings show that the percentage of self-reported symptoms of RTIs was 46.8 and the proportion of women with RTIs who utilised government health services was only 18.0 percent. Concerning the users of government health services, most women sought care only once at the suggestion of their husbands. Nearly half of the non-users of government health services used self-medication and nearly one-third of them did not seek any kind of care at all, whereas only a few of them sought care in village or private clinic.

The results of logistic regression analysis show that knowledge about self-medication, duration of RTIs, perceived social stigma of getting RTIs, family income, perceived severity of RTIs, and prior experience of RTIs are predictors of RTI women's utilisation of government health services. The qualitative study strongly supported the quantitative results. In addition, it was also found that women's beliefs about RTI etiology, workload and drug price are determinants of RTI women's utilisation of government health services.

These findings show that there is a need for great emphasis on offering reproductive health education, alleviating women's social stigma related to RTIs, giving women social and moral support, empowering of women, and improving the quality of health services.