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MITSUHIKO IWASHITA: ILLNESS BEHAVIOR AMONG HOUSEWIVES AND ITS FACTORS IN DOEMBANGNANGBUAT DISTRICT. THESIS ADVISORS : BOONYONG KEIWKARNKA M.P.H., Dr. P.H., PROF. SOM-ARCH WONGKHOMTHONG, M.D., D.H.Sc., 88p.

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A cross-sectional descriptive study was conducted on illness behavior among housewives and its factors in Doembangnangbuat District, Suphanburi Province, Thailand in March-April 1999. The study aimed to describe socio-demographic characteristics, accessibility, information of health services, various kinds of perceptions, cues to action and illness behavior that is indicated by their choices of health service facilities in their illness episode, and to explain the illness behavior by the other factors. 198 housewives who had an illness episode in the last one year were interviewed with a questionnaire that was constructed with closed-ended questions.

The present studies showed inefficient utilization pattern of public health service facilities with a high percentage (39.4% in 1996) of those who did not visit health service facilities as the source of initial treatment and lower utilization of public primary care service facilities more than the utilization of hospitals. In this study, housewives were more likely to visit a health service facility (84.3%) than in other present studies, and they also chose more health centers(57.1%). However, other findings showed their low level utilization of VHVC/CPHCCs.

Among various independent variables of illness behavior, holding medical benefit schemes could explain their better illness behavior significantly, and the holders were more likely to choose a community hospital too. Those who had accurate information of public health facilities had a higher percentage of visiting health facilities. Housewives know information of both health centers and community hospitals well, but they did not know well about VHVC/CPHCCs and its referral function. Severity of symptoms could explain their choices between health center and community hospital. Those findings suggest the importance of medical benefit schemes to increase utilization of health service facilities and to predict its utilization patterns. The study results threw some doubts on the mission of VHVC/CPHCC as a source of initial treatment, and implied requirement of propagating the information of VHVC/CPHCC in the community.