

Chapter V

Discussion, Implications and Conclusion

This chapter present discussion of the research findings of chapter IV. Implications for future research and intervention strategies for prevention of drop-out in the HCP are presented. Also research methodology and findings are concluded.

Discussion of Findings

The results of this study clearly demonstrate that drop-out of health card holders in Maerim district is influence by respective factors: covered by alternate health insurance, perceived satisfaction of health service, getting health card information, household size, knowledge about the HCP, and attitude toward the HCP. The variables are discussed in the following.

Having alternate health insurance is the important issue of drop-out from health card membership as well as disenrollment from a PGPs (Hennelly, and Boxerman 1983). Disenrollees are more likely to have alternative health insurance coverage. 75 percent of respondents who stop to buy health card for this reason say that they get the elderly treatment card (the government fully subsidize for health care payment to people who have sixty years old and above) so that they don't need to buy health card. When asked about their family member, they replied that "other family members are still young and healthy." This implies that old people are more concerned with their health than the young. The marketer's job to find a strategy which will make the other family members want to participate in this insurance program.

There are some studies indicating that health service satisfaction is the most important factor influencing the use of health service under the HCP (Adeyi, 1988; Vason Silapasuwan, 1989). Congruent with Cox (1986) this research also found that satisfaction with health services was the most important predictor of health service utilization for some ethnic elderly.

Reis and Olson (1983) presented their finding that dissatisfaction with HMO medical service is a key reason for disenrollment. The result of this present study is not different from those previous studies. The health service dissatisfaction at the provincial hospital is one of factor influencing to drop out among the health card holders.

More details, for example, which section has a long waiting time and how long is that wait, the difficulty of service system, or relationship between the health personnel and the client, are needed in a further study. This information will be useful for the hospital's administrative committee to help in problem solving.

Sources of the HCP information were found to be strongly and positively related to the decision of participating the HCP. The household who did not report having heard about the HCP during the village-monthly-meeting (each village has held meeting once a month and village headman is a chairman) were more likely to drop out than those who did.

Hence, this channel of distributed information is very efficient for the marketer to set up the marketing activities. It was found that the important of marketing and information sources generally reinforces the enrollment decision (Garfinkel, 1986).

According to the previous research (Thavitong Hongvivatana et al., 1986) it was reported that large families have a higher tendency to buy health card than small families. It was also found that household/family size is one of influencing factors to drop out. The HCP's regulation allow five members of the family to share in one treatment card. Small family gave the reasons that: "they have less chance to used health card" or "they felt they lost money, and it is not fare that they have to pay the same rate as the larger families." The marketers have to be aware of this issue when they plan to encourage the purchasing and are creating appropriate strategies to change this purchase idea.

Mowen (1990) described that attitude, a consumer's positive and negative feeling held toward engaging in a particular behavior and attitude, is one of the determining predictors of behavior. This finding is also congruent with Mowen. Compared with continued membership group, drop-out group has less positive attitudes toward the HCP. Hennelly, and Boxerman (1983) also found that families who remain enrolled in prepaid group practice (PGPs) have more positive attitudes toward the plan than those disenrolled.

It is obvious in focus group discussion that health card holders who have experience in using health card will have more understanding and better feeling toward the HCP than the non-user. Health card holders who never have experienced health card utilization found it easy to have sympathy with bad information, and stopped buying health card in the following cycle.

The village headman also plays a strong effect on the attitude of the health card holders. The leader who understand and back up the HCP will take action to encourage and explain to his villagers. Village number 2 of Sanpong subdistrict is a good example to explain this evidence. In 1989 there were 93 households participating in health card membership, but the following cycle there were only 73 households memberships remaining. One of HCF committee said that in the latter cycle the village headman didn't take as much action and didn't promote the program as in the previous cycle. The committee gave the reason that because at that time the village headman was nearly retired. Now the new headman is strongly interested in this program, and he believes that the number of health card holder will increase.

Theoretically (Vason Silapasuan, 1989), knowledge is a factor that influences attitudinal development or perception. This study found that knowledge about the HCP is also going in the same direction as attitude does. Drop-out has a lower level of knowledge than continued membership has (Table 4.17). Therefore, preparation of giving knowledge to villagers, how to explain, how to make clear, or how to make the listeners understand and perceive, are the providers' responsibilities to keep in mind. This finding reveals the sample that respondents who have information and explanation from health workers have better knowledge about the HCP than those who listened to village headman or HCF committee.

Community preparation phase is a circumspective work. It is very important that the key persons (village headman, HCF committee) are informed about the concept and have knowledge of the HCP. Therefore, the persons who train these key people have to realize not only how to make them knowledgeable but also how to make them perceive the concept of risk sharing too. Perception is being exposed to, attending to, and comprehending the information (Mowen, 1990).

Some of health card holders told that when they were asked to buy health card, they always heard that it is convenient to reach health care, or it is cheap and can be paid by installment. The other advantages or regulation of health card they had heard in the first cycle, but now they forgot. Also the same as mentioned above, the key persons should have knowledge and perception about the HCP, but the villagers should have also. The information processing activities involved both attitude and knowledge (Figure 1.2), McNeal (1982) also stated that attitude and knowledge are the ambassadors of needs which determine consumer behavior patterns. This finding also supports the results of past studies which indicate that knowledge about the HCP is the most important factor influencing HCP enrollment (Vason Silapasuwan, 1989).

Even though the finding of never taking advantage of or using health card did not provided significant association with drop-out when multiple logistic regression was employed, the marketer has to be concerned with the complaint from health card holders who said that "they bought health card several cycles and never used", or "it is difficult and takes time to go to health facility, to buy some medicine at drug store is more convenience". In how to deal with this issue, Hennelly, and Boxerman (1983) have given the answer that those who were not necessarily committed to the PGP are attracted to its relative cost-effectiveness.

Imply to the HCP, for example, free physical check up or let the consumers think through the long run that illness or accident is unexpected. There is one attractive word which the investigator got from one villager, he said that "there is health card like there is a doctor in the house".

Implication of the Study Findings

A. Knowledge about the HCP

Based on the theory that knowledge is a factor influencing attitudinal development, and on the research findings, both factors, knowledge and attitude, influence drop-out of health card membership. Therefore, to increase knowledge about the HCP is necessary and not only villagers need to be the target of this implementation but also community leaders such as village headman, village headman assistance, monks, school teachers, village health volunteer/communicators and so forth. Here are some educational interventions presented:

1. *Educational program for community leaders.*

Concept of risk sharing and knowledge need to be provided to these influential leaders in community/village. Their perception will go to villagers and have power toward villagers' thinking. Training programs should operate at least once a year, especially before the start of a new cycle.

2. *Utilization of Local Radio Station*

30-Minute-HCP on radio provided by Chiangmai Provincial Health Office needs to consider adjusting broadcast time. Requesting cooperation from local radio station to include HCP information in their local news regularly is another effective way to communicate with listeners.

3. *Public Address (Village Broadcasts)*

Almost all of villages in Maerim district have public address systems to convey government messages to villagers. The HCP is using this channel only to inform date of health card selling and where to buy. Regular information about HCP needs to be provided through this channel too.

B. Personal Selling

Twenty percent of the drop-out group gave reasons that they have no time to buy health card, and no body came to sell. This lost number made us strongly think about personal selling. In small, local markets, personal selling is effectively reaching the customers (Stanton, 1981).

C. Appropriate Selling Time

Planning to start health card cycle has to be reminded of a suitable time, especially considering economic situations. When people have money in their pocket, it is easy to sell something to them. Nearly half of villagers said they can pay without trouble after harvest. Marketing plan to sell health card should not by-pass this point.

D. Service mind and improvement of the service system

As the finding mentioned, health service dissatisfaction is one of those factors which influence the health card holders to stop purchasing. Health providers and clients relationship seem to have a great effect to the latter's feeling. Service mind or the willingness to service by the health providers is the clients' expectation. When the service matches expectation the clients are satisfied. Kotler (1991) said that "the satisfied consumer will also tend to say good things about the product and the company to others". According to marketers (Bayes, 1980): 94 *"Our best advertisement is a satisfied customer."* So, to create a service mind in the health service facilities is a challenge work for the responsible person in that service place.

Complexity of the service system is another aspect which needs to improve. The clients' complain that many steps make them confused, and it takes much time to complete each step too.

E. Recommendation for Future Research

Future research in this area needs to proceed simultaneously along several fronts.

1. Since there are a variety aspects of health insurance/welfare schemes provided country wide. It is needed to find out that who really is the target population. To study about the marketing strategy suitable for this target population is an important issue, in order to continue the HCP and fruitful for the investment of several kinds of media.
2. The effect of the health card holders' satisfaction or dissatisfaction toward the HCP on other villager behaviors.
3. Providers' (health personnel) behaviors is another aspect needed to study.
4. The strengthen of the HCF committee and their reward. Because the future of the HCP is in their hands too.
5. It is also important to know what factors make the health card member continue their purchase, in order to develop marketing strategies that can be elicited from those reasons.

Conclusion

The purpose of this study was to identify the factors influencing drop-out in health card holders. The theoretical basis for the study was derived from the consumer behavior models (Howard 1973, Robertson et al. 1984, Wilkie 1986, Engel et al. 1986, Kotler 1991). Data was obtained by field survey and the focus group discussion. The study areas are ten villages randomly selected in Maerim district, Chiangmai province, and the number of households sampled from each village were determined using proportional random sampling technique. Survey results were analyzed and organized according to the purpose of the study into four parts: (1) demographic data and socio-cultural factors, (2) sociological factors, (3) psychological factors, and (4) marketing stimuli. Main findings from the study are concluded below.

Of the 352 households interviewed almost all of the respondents are head of family or spouse. The mean age of the respondents was 50 years. The average household size was four. Annual household income was approximately 46,475 baht, and eighty percent of those sampled perceived adequacy of income. 71.5 percent of respondents completed four years of compulsory primary school and 85 percent revealed ability of literacy. More than half of the heads of household take the role of decider and payer in health card purchasing.

Chi-square technique was used to examine the difference between drop-out group and continued health card membership group on selective socio-cultural and psychological factors variables, such as, covered by alternative health insurance, first choice place and the most convenient place to go for health care utilization, reason of buying health card, the economic problems when household member got sick. Analysis revealed that those variables had significant difference between these two groups. T-test has also showed the significant difference of knowledge about the HCP and attitude toward the HCP. Multiple logistic regression analysis was revealed that there are six variables influencing drop-out in the health card holders: having alternate health insurance, dissatisfaction with the health service at provincial hospital, did not get the HCP information during village-monthly-meeting, household size, knowledge about the HCP, and attitude toward the

HCP. In summary, this study represents a first step in investigating consumer behavior. The future plan for maintaining and increasing health card members can use this finding as baseline information to create an effective marketing strategy in order for the HCP to be developed and serve those people in village.
