CHAPTER 5

RESULTS AND DISCUSSIONS

According to the methodology outlined in the previous chapter, 250 of people, who were patient and had to visit one kind of health services following: Commune Health Center, Private Doctor and Drug vendor, ware interviewed based on questionnaire. The information of the questionnaire covered their health behavior and payment for health care. 3 good students in Thaibinh Medical Secondary School had chosen to be interviewers. The data were collected from February, 18 to February, 29 2004 in Hungha district. This chapter will show the results of the data and discuss about results with aim to study the situations of utilization in commune health center, private doctor and drug vendor, to identify the factors that affecting the patient to choose the health care services and determine the sources of finance that patient use to pay for health care.

5.1 The Situations of Utilization in Commune Health Center, Private Doctor and Drug Vendor.

5.1.1 Descriptive of the Data

From the Table 5.1, the proportion of male in the sample size was a little higher than the proportion of female (52.4% and 47.6%) with the mean of age was 40.9 year olds (Range from 10 to 91). The education level was the number of years that patient got the education; mean of it was 8.69 years (range from 0 to 17 years)

Concerning with household income, the household monthly income group was divided in three groups: group 1 was household income that was less or equal 400,000 VND, group 2 was household in come that was from more than 400,000 VND to less or equal 700,000 VND and group 3 was household income that was more than 700,000VND. There was more than 60% of respondents are household income group 1 and only less than 10% of them are group 3 with mean household income is 460,000 VND. That means, more than 60% of respondent were the poor people.

Table 5.1   Number and Percentage of Distribution of Respondents by Gender, Severity of
Illness, Kind of Disease and Income Group

Characteristics	Number (n=250)	Percentage (%)
Gender		
Male	131	52.4
Female	119	47.6
Household income group (Monthly)		
Less or equal than 400,000	153	61.2
400,000 to 700,000	73	29.2
More than 700,000	24	9.6
Kind of disease		
Respiratory Diseases	125	50.0
Digestive Diseases	61	24.4
Dental Diseases	32	12.8
Labor and transport Accidents	16	6.4
Other Diseases	16	6.4
Severity of illness		
Mind and moderate	203	81.2
Severe	47	18.8
Source of finance		
Household saving	60	24.0
Monthly income	108	43.2
Borrow	17	6.8
Sell rice and livestock	60	24.0
Other	5	2.0

The majority of disease was respiratory diseases, this can explain that, at the time of interviewing, the recent season was spring with cool and small rain; therefore, people were easy to get respiratory diseases. There was more than 80% of respondents said that, their disease was mind or moderate.

In term of source of final that patients used to pay for health care, the majority came from their monthly income (43.2%), followed by household income and selling rice and livestock accounting for 24 percent with the mean of payment for health care was 30,840 VND per one visit (range from 1,500 to 430,000 VND)

The mean of time that patient had to wait to examine was 6.82 minutes, it ranged from 0 minute to 60 minutes (see Table 5.2)

Table 5.2   Mean of Age, Education Level, Time, Household Income, Payment for Heath Care of Respondents (n=250)

*Unit: `000 VND

Characteristics	Mean	Standard Deviation
Age	40.9	16.23
Education level	8.69	3.32
Time	6.82	5.137
Household income*	460.24	246.19
Payment for health care*	30.86	46.41

5.1.2 Utilization in Commune Health Center (CHC), Private Doctor and Drug Vendor

250 of respondents, who got sick in prior, had been asked which kind of health services among commune health center, private doctor and drug vendor that they used. The frequency of utilization in CHC, private doctor and drug vendor was showed in Table 5.3

Table 5.3 Frequency of Using Commune Health Center, Private Doctor and Drug Vendor

Health services	Frequency (n=250)	Percentage (%)
Commune health center	99	39.6
Private Doctor	107	42.8
Drug vendor	44	17.6

The proportion of patients using private doctor was the highest (42.6%) while this ratio for commune health center was 39.6% and for drug vendor was only 17.6 percent. This result was higher than other study (19.6% patient using CHC, 18.1% using private doctor and 34.2% using drug vendor), Nguyen Van Hoa, 2001. It showed that, commune health center in Hungha district is running better than other places. Reasons for the different were that:

1) Hungha district has good commune health center systems, 100 percent of 34 commune health center has medical doctor working full time. They provide a better quality of treatment for patient; therefore, number of patient using commune health center was higher than other places.

2) The target population of this study was patients, who used only commune health center or private doctor or drug vendor. The respondents were not representative for all patients in Hungha district. Hence, the proportion may be different.

The proportion of using private doctors was the same with other previous studies and suitable with increasing number of private sectors in some current years. This is important point that health-makers should be considered because, for rural areas, like Hungha district, majority of private doctors do not have working license. This study also showed that, nearly 100% of patient bough drugs inside private facilities when they went to private doctors, this is illegal. To control and improve quality of services in private sectors, Government and Ministry of Health should to recognize the private sectors as a key player in the primary health care and introduce wide-ranging policies reflecting that.

For the percentage of health services used classified by household monthly income group. Income group 1 was patients that had household monthly income less or equal 400,000 VND,

income group 2 was more than 400,000 to equal 700,000 VND, the other group was more than 700,000VND. From Table 5.6, patients in income group 1 consumed private doctor more than commune health center and drug vendor (percentage accounting was 47.7%, 35.9% and 16.3%) while patients in group 2 preferred using commune health center (43.8%) to private doctor (34.5%). The number of patients in income group 3 used commune health center was highest (50%), followed by private doctor (37.5%). It implies that, people in higher income level have tendency to visit commune health center more than private doctor and drug vendor compared with lower income level. But the different was not significant (p= 0.28). It implies that, in near future, when income increases, people will prefer to use commune health center. Therefore, health-makers should provide more policies to maintain and improve the commune health center activities.

One of reasons that can explain the high proportion used commune health center in higher income group is that mean of educational level in income group 3 is 12.00 years higher than income group 2 (10.23 years) and income group 1 (7.44 years) with p< 0.01 (see Table 5.4).

Table 5.4   Mean Year of Schooling Classified by Income Group

Income group	Mean year of schooling
Income group 1	7.44
Income group 2	10.23
Income group 3	12.00

Table 5.5   Percentage of Health Service Used Classified by Categories of Education

	Category of education		
Health services	Elementary	Secondary	High school, higher
Commune health center	38.9%	34.4%	47.2%
Private doctor	44.4%	48.0%	34.8%
Drug vendor	16.7%	17.6%	18.0%

From the Table 5.5, the percentage of patient using commune health center was higher when they got higher education. With high educational level, the patient knew which health service was better for them, this is commune health centers. Because:

1) Commune health center is a main health services that government provides for rural areas at primary health care level.

2) 100 percent of commune health center in Hungha district has medical doctor; therefore, they might serve patients better than private doctor or drug vendor

3) Although the government encourages doctors and pharmacies to be private sectors. But, unfortunately, the majority of private sector in rural areas does have working license.

Table 5.6   Utilization of Health Services Classified by Household Income Group (n=250)

Health services	Household income group			Total
	Group 1	Group 2	Group 3	
Commune health center				
Number	55	32	12	99
% within income group	35.9%	43.8%	50.0%	39.6%
Private doctor				
Number	73	25	9	107
% within income group	47.7%	34.2%	37.5%	42.8%
Drug vendor				
Number	25	16	3	44
% within income group	16.3%	21.9%	12.5%	17.6%
Total				
Number	153	73	24	250
% within income group	100%	100%	100%	100%

One reason for patients chosen health care services is their severity of illness. In this study, the relationship between health services used and severity of illness was not significant (p= 0.35). This means that, for the same level of health care, severity of illness does not affect the patient to choose which kind of health services they will use.

Table 5.7   Percentage of Health Services Used Classified by Severity of Illness and Gender

Health services	Gender		Severity of illness	
	Male (%)	Female (%)	Severe (%)	Mind and moderate (%)
Commune health center	42.0	37.0	39.4	40.4
Private doctor	38.2	47.9	41.4	48.9
Drug vendor	19.8	15.1	19.2	10.6

Table 5.7 showed that, patients used private doctor more than commune health center or drug vendor even though their diseases were severity or not. This result is the same with result of Khe ND, Toan NV. T. Table 5.6 also showed that, female used private doctor more than male while it was vice versa for commune health center and drug vendor. But the difference between health service used with severity of illness and gender was not statistically significant.

Older patients used commune health center more than private doctor and drug vendor (see Table 5.8), this results was the same with results of Vietnam Living standard survey. But the difference was not significant.

Table 5.8   Mean Age of Patient Classified by Health Services Used.

Health service use	Mean of age
Commune health center	42.19
Private doctor	40.17
Drug vendor	39.77
Total	40.90

5.2 Factors Affecting the Patients to Choose Available Health Services

Understanding factors that affecting the probability of patient using each kind of health services is important for policy-makers to make appropriate health policies and to predict the change pattern of utilization of health services. This study also tried to identify some factors that can influence patient to choose available health care services. Factors that had been chosen in this study included both sides: patient's side and provider's side. These were educational level of patient, time, distant, household monthly income, payment for health. The data was collected from 250 respondents; each of them can choose only one kind of health services for treating.

5.2.1 Factors Affecting Patient Using Commune Health Center

Table 5.9   Logit Estimated for Commune Health Center as Dependent Variable

Variables	Coefficient	P
Constant	-0.729	0.109
TIME	-0.057	0.105
INCOME	0.001	0.100
DIST	0.034	0.595
EDUC	0.009	0.829
PAY	0.0024	0.428
Log likelihood	-163.59	
N	250	

Table 5.9 showed that, the main important factor that affected the patient to choose commune health center was time that patient had to wait to examine. The coefficient was negative and significant (p=0.105). That means; the number of patient using commune health center will decrease if the time that they have to wait increase. It implies the quality of services in commune health center. This result suggests health policy-workers that, if they want to

increase the utilization of commune health center, they need to reduce the waiting time. To do this, government should invest more finance, increase number of health staffs, supply more clinical training for health staffs, and have more regulations in serving patient in commune health centers. How to change the probability of patient choosing commune health center when waiting time change is showed in Table 5.11.

The relationship between household income on the probability of using commune health center was positive and significant (p=0.1). The impact of rising educational level was also positive but was not significant. That is, commune health center is typically used by the higher income and better education. That means, if income and educational level increase, the probability of people using commune health center will increase. It implies commune health center in Hungha district is running quite well and attracts more people use it. These results can be explained by the fact that, in the real situation of Hungha district, there is a few health services that patients can choose and only commune health center gets support of finance from government for maintaining and improving the quality of serving. Therefore, CHC can provide higher quality of serve for people than other health services. Another reason is that, although government encourages people to open private sectors, but in fact, a few private doctor and drug vendor has a working license. Hence, when people get higher income and education, they might use commune health center as primary health care level. These results imply that, in the future, when socio-economic situations increases, people will use commune health center more and therefore, these results suggest health policy to invest more finance and personnel in commune health center to attract more and more people visiting it.

Results of this study were different with other studies. Other studies showed that, commune health center was an inferior good for rich people and a normal good for lower income quintitle (Trivedi, 2002). The different can be explained that, Trivedi did his study in both rural and urban areas. In the fact that, for the urban areas, where other health services are usually available, such as hospitals, good private facilities so commune health center has a less important role for treating than commune health center in rural areas. The most mission of commune health center in urban areas is doing national health programs such as Expanded

Program of Immunization, etc. Therefore, these can affect the different results between this study with other studies.

The coefficient of payment was positive, this is not expected result; it was not showed that, when payment for health care increases, normally, patient will decrease to use it. This can be explained that, number of health services in Hungha district is so few; patient does not have many choices to choose, so maybe patients prefer to use it even though the price of care in this service increases. The p value also showed that, it was not significant to explain the probability of using commune health center (p = 0.428)

The result of distant from patient's home to commune health center was positive. But this variable was not significant to explain the dependent variable (p = 0.595)

Predict the probability of patient using Commune Health Center when each variables is changing

Substitute mean of each variable on the equation, the probability of patient using commune health center is p = 0.389

From theory in the previous chapter, probability will change if patient family income increases as follows bellowing equation

$$\Delta p \approx 0.001 * 0.389 * (1-0.389) * \Delta INCOME$$

For each value of INCOME increase, the changing of probability shows in Table 5.10

Table 5.10 Change of Probability for each Value of Income Increases

Unit: '000 VND

Income increases	50	100	150	200	300
Change of Probability	0.0118	0.023	0.0356	0.048	0.071
Percentage change of Probability	3.03%	6.11%	9.16%	12.22%	13.83%

For TIME variable, an equation is

Δp ≈ 0.057 * 0.389 * (1-0.389) * ΔTIME

And changing of probability for each value of Time changing shows in Table 5.11

Table 5.11   Change of Probability for each Value of Time Decreases and Increases

Unit: Minute

Time change	-2	-1	1	2	3
Changing of Probability	0.027	0.0135	-0.0135	-0.027	-0.04
Percentage change of probability	6.96%	3.48%	-3.48%	-6.96%	-10.45%

Change of waiting time will significantly change the probability of patient using commune health center, for example, if waiting time decreases 1 minutes, the probability will increase 0.0135, that means, $p = 0.0135 + 0.389 = 0.4025$

5.2.2   Factors Affecting Patient Using Private Doctor

Table 5.12   Logit Estimated for Private Doctor as Dependent Variable

Variables	Coefficient	p
Constant	-0.15	0.741
TIME	0.103	0.006
INCOME	-0.0013	0.072
DIST	-0.317	0.004
EDUC	0.016	0.707
PAY	0.002	0.498
Log likelihood	-159.98	
N	250	

Table 5.12 showed that, the most important factor influencing the probability of using private doctors was distant from patient's home to private facilities. The coefficient was negative and significant (p<0.01), that means number of patients using private doctor will decrease if distant increase. It implies that, patients chosen private doctor because it was not far from their home. This can be explained that, number of private doctors is more than commune health center and drug vendor and private doctors distribute around villages so patients are easy to get consultant with private doctors. It can be showed for health policy workers that, there are many private doctors in rural areas and it are difficult for them to manage and supervise the quality and number of private doctor in Hungha district.

The coefficient of time that patient had to wait to consult was positive and significant (p<0.05). It was not expected sign. The probability of patients using private doctor will not decrease if the waiting time increases. This can be explained by the fact that, in rural areas, if patient chooses private doctor, normally, they will choose a famous doctor to consult and maybe, they are willing to wait more to be served this doctor. A few of private doctor has working license but for distant is not so far, people can use private doctor more although they have to wait more. Another reason is related with Vietnamese culture, patients have relationship by generation to private doctor, so they have incentives to visit private doctors. Time costs include travel cost and opportunity cost, when distant is not so far, patient will save the travel cost and time for traveling, they might be willing to wait longer time to consult with doctors. There might have confounding factors such as recall bias that affected to the result.

The result of income was negative and significant (p=0.072). That means, when income increases, people have tendency to decrease to go to private doctor. This also implies the quality of services in private doctors; quality of private doctor might be not high. This result is different with results of Trivedi results. In his study, private doctor was normal good, this means patients will use more private when their income increases. The reason for the different is that, his sample included urban and rural areas, the quality of services of private doctor in urban and rural areas is almost different, and this will make the different. With high proportion of patient using private doctor, this result is suggested health maker to manage

and improve the quality of private services in order to achieve private sector as one of official health services in Vietnam. In term of lack of health services and lack of supporting finance from government in rural areas, private sectors should have a main sector in these areas, and therefore, managing and supervising private sectors are very important.

The sign of payment for health care was positive, that means the probability of patient using private sector will not decrease if the price of care increases. Even though this factor did not affect to the probability of using private doctor (p = 0.388), but it implies the lack of available health services in Hungha distrit.

Education level was not significant factor affecting the probability of patient using private sector, but this suggests that, patient with higher level of education is tendency to use more private sectors.

Substitute the mean of each variables, the probability of patient using private doctor is p = 0.413

An equation of changing the probability when Income increase is

$\Delta p = -0.0013 * 0.413 * (1-0.413) * \Delta INCOME$

For each value of Income increase, the changing of probability shows in Table 5.13

Table 5.13   Change of Probability for each Value of Income Increases

Unit: `000 VND

Income increase	50	100	150	200	300
Changing of Probability	-0.016	-0.0315	-0.0473	-0.063	-0.0945
Percentage change of probability	-3.82	-7.63%	-11.45%	-15.26%	-22.89%

5.2.2   Factors Affecting Patient Using Drug vendor

From Table 5.14, the most important factor for choosing drug vendor was payment that patient had to pay for health care. The coefficient was negative and significant (p<0.05). This means, when payment for health care increase, patient will decrease to use drug vendor.

Table 5.14   Logit Estimated for Drug Vendor as Dependent Variable

Drug vendor	Coefficient	p
Constant	-0.56	0.367
TIME	-0.041	0.431
INCOME	0.0006	0.439
DIST	-0.035	0.882
EDUC	-0.0075	0.894
PAY	-0.042	0.005
Log likelihood	-108.44	
N	250	

Mostly, patient chooses drug vendor as one kind of health services because the price is very cheap. And, this implies that patients will continue to use drug vendor and give difficult mission for government to manage quality of services as well as drugs and decrease to sell drugs. It also implies the quality of drug and quality of services, both are low. This result suggests that, government should have regulations, management, supervision to control the price of drug and quality of drugs. Limited the conditions of getting license for drug vendor is one of way that policy-maker should consider. Table 5.15 shows how the payment change will effect the probability of patient using drug vendor.

The coefficient of time that patient had to wait to consult was negative and not significant (p=0431). It implies the quality of service of drug vendor. The number of patient using drug vendor will decrease if they have to wait to serve more time.

The result also showed that, the coefficient of income was positive but this factor was not significant (p = 0.398). This result is the same with result of Trivedi. He also found that, drug vendor was negative sign variable for all income group in both rural and urban areas. To know how income level affecting the probability of patient using drug vendor, maybe we need to analysis this factor for each income groups. It needs more study about this field.

The education level and distant was negative sign. That means the probability of patient using drug vendor will decrease if level of education and distant increase even though these factors were not significantly statistics. With higher educational level, people avoid using drug vendor. This suggests government promote to improve the socio-economics in rural areas as one of way to reduce the number of patient using drug vendor.

The probability of patient using drug vendor was p = 0.198

An equation of changing the probability when payment change is

$$\Delta p \approx -0.042 * 0.198 * (1-0.198) * \Delta PAY$$

Table 5.15   Change of Probability for each Value of Payment Changes

Unit: '000 VND

Payment change	-5	-3	3	5	7
Changing of Probability	0.033	0.02	-0.02	-0.033	-0.046
Changing of Probability	16.84%	10.11%	-10.11%	-16.84%	-24.18%

5.3   Compare Payment for Health Care and Identify Source of Finance that Patient Used to Pay for Health Care between Income Groups

User fees for health services have now become widely used in many developing countries and regarded as an important alternative to tax-based financing for government health services – even for countries that previous provided health care services free of charges. The dominant objective for introduction of user fees is to raise revenue and improve quality of health services. However, experience indicates that use fees system represent weak mechanisms for improving the efficiency of utilization, and may rather promote inefficiencies in provider as well as consumer behaviors. At the same time, problems of implementation are likely to prevent potential equity benefits of fees plus quality improvements being realized in practice. Instead user fees have potential to exacerbate existing inequities. With introduction of user fee system, there is a great emphasis on individual payments and the payment burden is heavier for poorer sections of the population.

In this study, 250 of respondents had been asked about how much they paid for health care when they were ill. Payment for health care included: Payment for service, payment for drug and payment for travel. Summarizing of three sources was payment for health care and calculated in thousand VND ('000 VND). The questionnaires also asked which source of finance that patient used to pay for health care. It included: Household saving, monthly income, borrow money, sell assets, sell rice, livestock, and other (donor, etc). Kind of diseases that patients got was added to classify when compare payment for health and identify the source of finance that patient used between income groups. It contained: Respiratory diseases, digestive diseases, dental diseases, labor and transportation accident and other diseases (heart diseases, chronic diseases, etc)

5.3.1 Compare the Payment for Health Care Classified by Income Group and Kind of Diseases

Table 5.16   Mean Payment for Health Care Classified by Kind of Health Services Used

Unit: '000 VND

Health service	Mean payment
Commune health center	34.57
Private doctor	33.35
Drug vendor	16.46
Total	30.86

From Table 5.16, the mean payment of commune health center and private doctor was nearly the same but double higher than drug vendor. The different was significantly statistics ($p < 0.01$). It reflects the quality of health services in commune health center and in private doctors. The payment for drug vendor is cheapest, it gives incentives for patient to buy drug without consultation with doctors and also gives difficult mission for government to manage the price of drug and quality of drug in drug vendors.

Table 5.17 showed mean payment in rich household paid for health care near double higher than poor group. The rich group shared less than 5% of income for health care while this proportion for poor group was nearly 9 percent. The different was significantly statistics with p value less than 0.01. This means that, although shared more of their income is high but amount of money that they paid was low, it implies quality of services that they got also was poor. They need supporting from government and other organization to improve their income and quality of services, such as health insurance card for poor people, get a new job.

Table 5.17   Mean Payment for each Kind of Diseases Classified by Income Groups

Unit: '000 VND

Payment for common diseases	Total	Group 1	Group 2	Group 3
Respiratory diseases	21.16	16.66	25.81	33.00
Digestive diseases	32.45	32.19	39.86	22.43
Dental diseases	28.54	24.78	33.50	23
Transport and labor accidents	89.19	72.36	52.67	236.50
Other diseases	46.91	49.83	33.60	67.00
Mean payment for health care	**30.86**	**27.88**	**31.04**	**49.29**
Mean income	**460.24**	**330.36**	**548.15**	**1020.83**
Payment for health as % of income	**6.71%**	**8.44%**	**5.66%**	**4.83%**

The payment for health care also was compared among the same kind of diseases and income group. 4 commons kind of diseases were chosen, these were Respiratory diseases, Digestive diseases, Dental diseases, labor and transportation accidents and other diseases (heart diseases, chronic diseases, etc). The results were showed in Table 5.17. Look at the results in the table, the most expensive payment was paid for labor and transportation accidents, this is

normal because, mostly, labor and transportation accidents are severe injures, for treating these, patient had to pay more money.

Payment for each kind of diseases increased for each income group. That means; patients in the rich group seem to pay more money than patient in the poor group for the same kind of disease. This is evident that the poor people were not enough money to pay for their health problems and, of course, they will get lower quality of services. Table 5.17 also showed some cases the poor group paid higher than the rich did; reason for this might be the sample size was not big enough.

5.3.2 Identify the Source of Finance that Patient Used to Pay for Health Care

Sources of finance that patient used to pay for health care were: Household saving, monthly income, borrow money, sell assets, sell rice, livestock and others (e.g. Donor, friends, etc)

From the data collected, results of source of finance were showed in Table 5.18. The results showed that, for income group 1, majority of patient had to sell rice, livestock to asset health care (37.3%) while this proportion for income group 2 and income group 3 were 4.1% and 0%. Mostly, patient in income group 3 used monthly income to pay for health care (79.2%), this ratio for patient in income group 2 was 63.6% and was 28.1% for income group 1. Nobody in income group 3 had to borrow money to pay for health while 9.8% patient in income group 1 did it.

For the same kind of diseases, the highest source of finance for the poor group was selling rice, livestock followed by monthly income and household saving. But for the middle and high income group, the source that they often used was monthly income and household saving.

These mean that, for the poor people (Income group 1), normally, patient is not enough money to approach health care. Mostly, they have to sell rice, livestock when they have

health problems, especially for some kinds of disease that they have to pay more money. This is not ability of patients in income group 1 that can pay for their health care. It is also implies that, the poor patients are not willing to pay, they have to pay for their health problems, The table 5.9 showed that, the highest percentage of selling rice, livestock and borrowing money was 45.5% when patient in income group 1 got labor and transportation accidents, this is the kind of disease that patient had to pay the highest money (see Table 5.17). These results suggest government should have some program to have poor people access health care, such as provide more health insurance card for poor people, have more regulations that can reduce the patient's spending for health, especially for poor patients that have severe health problems, such as labor and transportation accidents . The current system of exemptions fails to provide adequate protection to the poor and a completely new system is required. The results also suggest that it is the poor group that are most affected by high user fees and it is to these areas that any assistance from government or donors should be targeted.

Table 5.17   Source of Finance Classified by Kind of Diseases and Income Groups

Source	Total (%)	Income group 1						Income group 2						Income group 3					
		1	2	3	4	5	Total	1	2	3	4	5	Total	1	2	3	4	5	Total
Household saving	24.0	20.5	10.3	52.9	0	22.2	**21.6**	35.0	30.4	14.3	0	40.0	**30.1**	16.7	28.6	0	0	50	**20.8**
Monthly income	43.2	35.6	27.9	29.4	0	0	**28.1**	57.5	54.5	85.7	66.7	60	**63.6**	83.3	71.4	100	100	50	**79.2**
Borrow	6.8	2.7	16.3	0	45.5	11.1	**9.8**	0	9.1	0	33.3	0	**2.7**	0	0	0	0	0	**0**
Sell rice, livestock	24.0	37.0	37.2	17.6	45.5	0	**37.3**	7.5	0	0	0	0	**4.1**	0	0	0	0	0	**0**
Other	2.0	4.1	2.3	0	9.1	0	**3.3**	0	0	0	0	0	**0**	0	0	0	0	0	**0**
Total	100	100	100	100	100	100	**100**	100	100	100	100	100	**100**	100	100	100	100	100	**100**

Note: 1 = Respiratory diseases

2 = Digestive diseases

3 = Dental diseases

4 = Labor and transportation accidents

5 = other diseases