

**MORBIDITY DIFFERENTIALS AMONG THE ADULT
POPULATION IN RURAL KANCHANABURI DSS**

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M.A (POPULATION AND REPRODUCTIVE HEALTH RESEARCH)

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Morbidity differences are often used to identify the onset of ill health of the society and also to develop a proper health service system appropriate to specific groups in a population. One approach to identify morbidity differences is to associate population morbidity with demographic, socioeconomic, and environment affecting factors. This study investigates morbidity differentials by individual demographic, socioeconomic and household environment characteristics and examines the influence of the related determinants on morbidity patterns in four rural strata, Kanchanaburi province. Data from the 2001 Kanchanaburi Demographic Surveillance Survey is analyzed. Morbidity status is measured by reported sickness. The study area was divided into four rural strata which were categorized according to the main occupation of the population and land use patterns. Descriptive analysis with chi-square statistics was used to check the morbidity differentials by strata, demographic, socioeconomic, and household environment characteristics. While binary logistic regression analysis was used to investigate the determinant factors affecting on morbidity status. Results show the morbidity differentials among some socio-demographic groups. Consistent with past researches, analysis indicates that morbidity status is influenced by sex, age, education and sanitation status in rural Kanchanaburi. Contrary to expectation, economic factors and some household environment factors are not associated with morbidity status in rural Kanchanaburi. The results also show that people in different rural strata vary greatly in terms of their morbidity status. The research recommends that health policy and program should be flexible taking into the consideration the distinctiveness of different social groups in rural areas. Greater attention needs to be paid to issue of health status of women and older people, and people continue to need to improve education, sanitary facilities in order to reduce morbidity in rural areas. Information on regional differentials on morbidity is necessary, and prevention program should be made according to morbidity pattern and health situation in different rural regions.

**KEY WORDS: MORBIDITY DIFFERENTIALS / RURAL STRATA /
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