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Candace Sheila Gutzman Hsiao  
Brigham Young University - Provo

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FACTORS INFLUENCING THE USE OF HEALTH SERVICES: BY FOUR  
WARDS IN THE TAIPEI TAIWAN STAKE RELIEF SOCIETY  
OF THE CHURCH OF JESUS CHRIST OF  
LATTER-DAY SAINTS

A Thesis

Presented to the  
Department of Health Science  
Brigham Young University

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

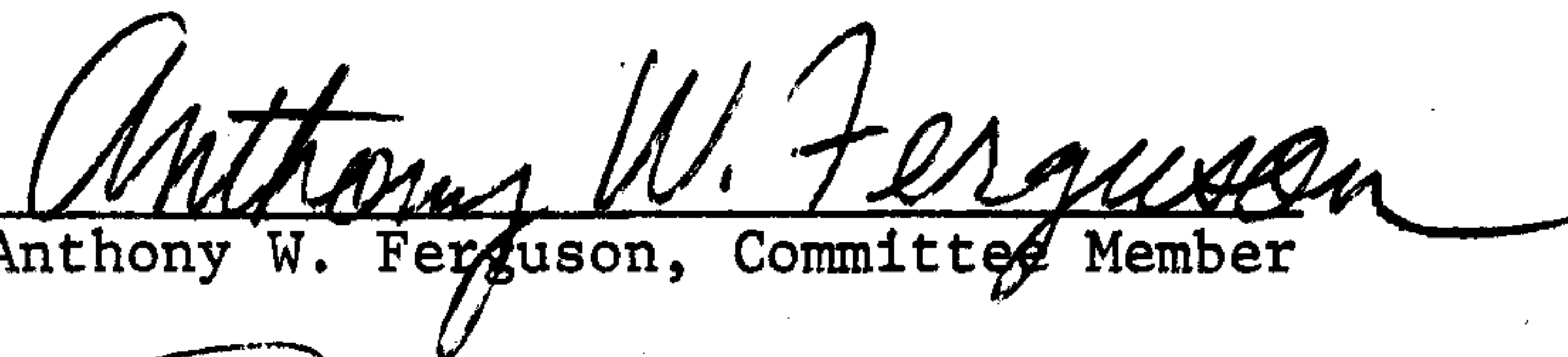
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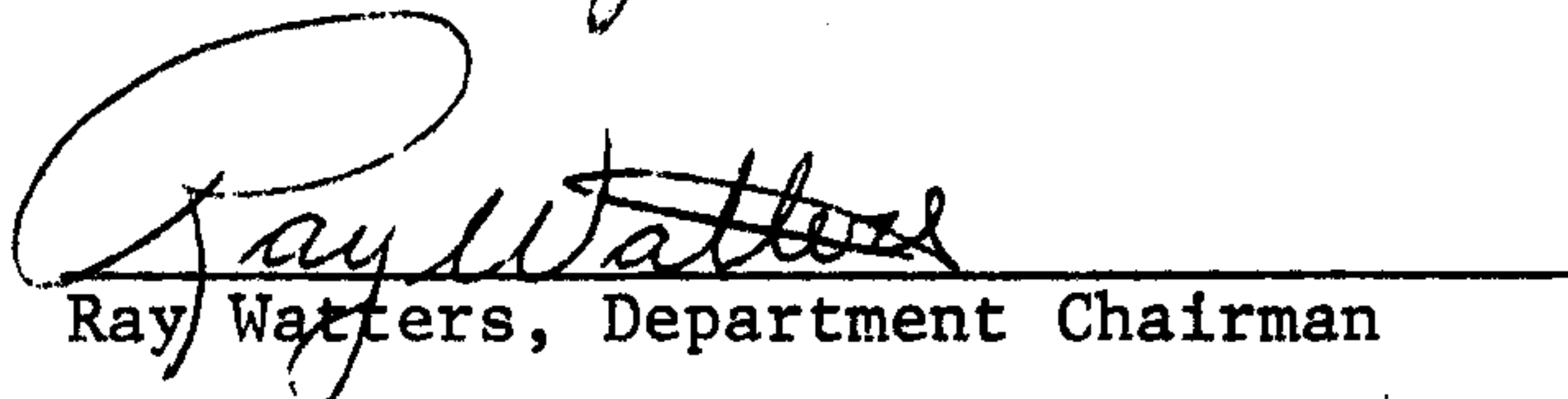
Candace Sheila Gutzman Hsiao

December 1977

This thesis, by Candace Sheila Gutzman Hsiao, is accepted in its present form by the Department of Health Science of Brigham Young University as satisfying the thesis requirement for the degree of Master of Science.

  
Alton L. Thygerson, Committee Chairman

  
Anthony W. Ferguson, Committee Member

  
Ray Watters, Department Chairman

August 18, 1977  
Date

Typed by: Karma Kesler

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## CHAPTER I

### INTRODUCTION

To assist in meeting "the total needs of the whole man," the Health Services Corporation of the Church of Jesus Christ of Latter-day Saints was organized in September 1970. In February 1971, the Church of Jesus Christ of Latter-day Saints (shall also be referred to as the "Church") instituted the Health Missionary Program under the direction of the Health Services Corporation. (9:4)

According to Dr. James O. Mason, former Commissioner of the Health Services Corporation, the Health Missionaries' assignment is three fold:

First, they identify specific health problems in countries to which they are assigned. Second, they develop health education and disease prevention programs, which can be implemented by individuals and families through the assistance of the priesthood and auxiliaries. Third, they assist the mission president with appropriate health programs for the missionaries. (4:8)

During the spring of 1973, two Health Missionaries were sent to Taiwan, the Republic of China, thus beginning the Health Missionary Program in that country. Dr. Mason consequently suggested that ". . . an inventory of health problems and resources in Taiwan" (5) might be of use to the Health Missionaries laboring in that country.

But health resources cannot be understood simply in terms of medical practitioners, hospital services, and the like. Health resources are affected by most major aspects of culture, such as

religion and family structure. Therefore, only a partial understanding of health services can be gained unless the culture can be studied and related to the resources. (28:1) (33:307)

Also, health services are often limited by social factors, such as education, economics, and location, and by psychological factors such as fear. (21:5) (30)

Hence, it is evident that in addition to making an inventory of health resources, it is also important to see what factors keep a person from using the services when they are available.

#### STATEMENT OF THE PROBLEM

Under the direction of the Health Services Corporation of the Church of Jesus Christ of Latter-day Saints, the author surveyed the Sisters in four Wards in the Taipei Taiwan Stake Relief Society. The purpose of the survey was to determine what sociocultural, socio-demographic, and social-psychological factors the Sisters perceived as keeping them from using the available health services.

The following sub-problems were encountered in completing this study:

1. Did the Sisters use the available health services?
2. Were there times when the Sisters did not use the available health services?

#### DELIMITATIONS

Although the Health Service Corporation deals with all members of the Church in Taiwan, this study, because of limitations in

time, distance and finances, was a survey of only the Sisters in four Wards in the Taipei Taiwan Stake Relief Society. A written questionnaire asked the Sisters to identify the sociocultural, sociodemographic, and social-psychological factors that kept them from using native health services during the year from June 1975 to May 1976. The survey was taken during a Relief Society meeting, held the last week in June or the first week in July 1976, and was administered to only those Sisters who were twenty-one years of age or older and to only one Sister per family unit. Sisters from the following four Wards were surveyed: Taipei First Ward, Taipei Third Ward, Yung Ho Ward, and the Keelung Ward.

The above delimitations were selected for the following reasons:

1. Studies (25) (41) have shown that women and children tend to utilize health services more frequently than men. The Relief Society is an auxiliary organization for the women members of the Church. This organization studies all aspects of life as well as Church doctrine, including Health Education. Also, the Health Missionaries of the Health Service Corporation work through the Relief Society in trying to educate the families in their areas about health and health services. Hence, the information supplied by the Sisters would be of assistance to the Health Missionaries in planning their programs.

2. The author, while a missionary in Taiwan, worked briefly with the Relief Society in Taipei and is more familiar with the Sisters and situations in that area. In addition, the Taipei Taiwan



Stake Relief Society is centered in Taipei, along with the Taipei Mission Headquarters, thus allowing the Health Missionaries to aid in distributing the survey.

3. The Relief Society is designed for adult women. The Church in Taiwan will only allow a person who is twenty-one years of age or older to be baptized without his or her parents' permission, thus indicating the age of adulthood. (Age twenty-one is also considered the legal age by the Taiwan Government.)

4. Only one Sister from each family unit was asked to complete the survey in order to reflect, to some degree, the utilization of health services for an individual family unit.

#### LIMITATIONS

The following factors were recognized as limitations in this study:

1. The questionnaire was designed to examine only a limited number of concepts about use, non-use, and factors influencing utilization of health services.

2. The questionnaire was designed to measure only what the Sisters felt were the factors preventing them from using the health services.

3. The results of the survey represent only those Sisters answering the questionnaires, since a random sample of the Sisters in the four Wards was not obtained.

4. The social atmosphere in Taiwan makes it difficult to take surveys into the homes of the Sisters.<sup>1</sup> Thus, only those attending the Relief Society meeting were sampled.

5. The culture of the Sisters tends to be of a conservative nature, which may have made it difficult for the Sisters to answer truthfully those questions they considered to be too personal.

6. The desire to provide foreigners with a favorable view of Taiwan and its people may have caused the Sisters to answer questions according to what they thought would impress a foreigner.

7. The Sisters, being associated with the Church, may have given answers they felt the Church would like to receive.

8. Surveys are seldom administered in Taiwan. Thus, the Sisters may have found it difficult to understand and complete the written questionnaire.

9. The Sisters had to rely on recall to answer parts of the questionnaire. Consequently, some of the data obtained may not be completely accurate.

#### JUSTIFICATIONS

Technological advances in medicine are being witnessed every day. Better facilities are being built daily. And yet, because of various social factors, the improved health services, though available, are not being optimally utilized by all who have access to them.

(39:316)

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<sup>1</sup>Statement by Professor Gary S. Williams, Acting Co-ordinator of the Asian Studies Department, Brigham Young University, June 9, 1977.



A report to the United States Department of Health, Education, and Welfare states that:

. . . many individuals do not avail themselves of immunization programs, regular medical examinations, or other preventive and restorative services, or do not follow prescribed courses of treatment. The extent to which people seek out and make use of available health services is strongly influenced by their personal attitudes, social circumstances, and cultural backgrounds. (40:18)

The report further explains that:

. . . often a seemingly ideal health program in a given community or population group has failed because the professional personnel were unaware of social or cultural factors that made unacceptable the manner in which the service was to be provided. (40:18)

Supporting the report of the United States Department of Health, Education, and Welfare, Van Amelsvoort (42:18) presents reviews from around the world of case studies about culture and medicine. In one case of a cholera epidemic in a Chinese town, it was noted that western medical services were often ignored or utilized inconsistently because, it was said, "western medicine was only scientific, whereas in the Chinese conception of medicine, scientific and magical elements were interwoven."

Besides culture, sociodemographic and economic characteristics of the target population may also affect utilization of health resources. (22) (23) (37) For example, one study of students in an urban San Francisco Community College found that transportation and medical costs significantly influenced the students' decisions to avail themselves of health services when needed. (27) In another study, financial educational and geographic barriers were given as reasons for failure of a health care system in a rural setting. (34)

Thus, it may be concluded that mere existence of health services does not insure their use by all individuals of a target population. Consequently, a cursory inventory of existing health services is not adequate in making them available to the general public. Instead, factors determining the use of health services by the target population must be observed and dealt with in order that the health services may completely fulfill their individual functions. (42:5,7)

Therefore, it was not only necessary to inventory health services presently existing in Taiwan, as suggested by Dr. Mason, but it was also important to ascertain the complex of factors that determined their use by the members of the Church of Jesus Christ of Latter-day Saints in Taiwan. In this study, the members examined were four Wards in the Taipei Taiwan Stake Relief Society.

#### DEFINITIONS

Church of Jesus Christ of Latter-day Saints. Also referred to as the "Church" in this study. A world-wide Christian Church, founded in 1830, with headquarters in Salt Lake City, Utah, which claims not to be a new religion, but a "restoration" of the gospel of Jesus Christ. It is also known as the Mormon Church. (8)

Health Services. The material and human resources offered by the following:

1. Dentist--fees vary.

2. Private doctor hospital (Western Medicine)--generally owned by one doctor and consisting of an office with one or two beds. Fees vary, but tend to be less expensive than private hospitals.

3. Private hospital--generally owned and operated by a private institution or group with many doctors and beds. Usually have extensive out-patient emphasis. Tend to be more expensive than the rest of the health services.

4. Public hospital--generally owned and operated by the government with many doctors and beds. Usually have extensive out-patient emphasis. Charge minimal fees which tend to be less than private hospitals.

5. Herb doctor (Eastern Medicine)--fees vary; tend to be cheaper than Western Medicine.

6. Health station--usually consist of at least one doctor, several nurses, midwives, sanitary inspectors and one clerk. Generally free. (13:10)

Health Services Corporation. Part of the Welfare Services Department as of April 7, 1973. (This department correlates the Health Services, Social Services, and Welfare for the members of the Church of Jesus Christ of Latter-day Saints.) This Corporation is in charge of the health-related activities and facilities within the Church. (1:60, 223) (9)

Mission. An ecclesiastical area of the Church located outside of the Stakes. Its purpose is to proselyte and administer Church programs similar to the way things are done in the Stakes. (6:510)

Non-use of Health Services. Considered to be not going to the dentist and not visiting a doctor when feeling a visit should have been made.

NT. Dollar used in Taiwan. As of June 30, 1976, approximately thirty-eight NT equaled one U.S. dollar. (50:23)

Relief Society. An auxiliary organization of adult women in the Church of Jesus Christ of Latter-day Saints, whose purpose is to work for the temporal and spiritual salvation of all women of the Church. (6:625)

Sisters. A term used in the Church of Jesus Christ of Latter-day Saints to denote female members of the Church. (6:105)

Sociocultural Factors. Considered to be "perception of illness," "lack of time or could not leave work."

1. "Perception of illness" shall refer to whether a person considers a certain health condition serious enough to seek the aid of the health services.

2. "Lack of time or could not leave work" shall refer to a person's unwillingness to take time in order to secure help from the health services.

Sociodemographic Factors. Considered to be "shortage of funds," "presence of health services," and "transportation."

Social-psychological Factors. Considered to be "distrust of health services" and "fear of finding something wrong."

Stake. An area of Church population which may cover from a few blocks to many miles, and may include a few to several thousand members. It is divided into small units called Wards. (6:764)



Taipei. The capital city of the Republic of China. In 1968, it was made a "special municipality" and was put under the jurisdiction of the Executive Yuan of the National Government. It is the largest city in the country. (49:12) (17:2)

Taiwan. (Also known as Formosa and the Republic of China.) An island occupied by the Nationalist Chinese. It is ninety miles East of the Chinese mainland and about 300 miles Northeast of Hong Kong. (7:46)

Use of Health Services. Considered to be the number of visits and reason for visits to the various health services.

Ward. The basic ecclesiastical district or unit through which programs of the Church of Jesus Christ of Latter-day Saints are administered. (6:827)

## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this chapter is to review the related literature concerning health services in Taiwan and to provide a review of literature written during the past decade about health services and the factors influencing their utilization. The chapter will be divided into four major parts: (1) background on Taiwan, (2) history of health services in Taiwan, (3) studies of utilization factors in health services, and (4) specific studies done in Taiwan.

### BACKGROUND ON TAIWAN

#### Description of Taiwan

Taiwan is an island with an approximate area of 11,418,174 square kilometers, two-thirds of which consists of mountain ranges along the eastern and central part. The island is 377 kilometers long and 142 kilometers broad in its widest section. It is divided into two climate zones, the north half being sub-tropical while the south half is tropical. The climate tends to be warm and humid with a high rain fall. The north tends to be cold during the winter months. (48:342)  
(47:8)

The National Health Administration from Taiwan (16:2-3,5) provides the following information for 1975: Taiwan's population was 16,149,702 with 52.4 percent being male and 47.5 percent being



female. Of the total population, 2,043,318 lived in Taipei. The general age ranges for the population were given as 9,733,033 (60.8 percent between the ages of fifteen and sixty-four (working age), 5,718,977 (35.7 percent) under the age of fifteen, and 548,953 (3.4 percent) over the age of sixty-five. The birth rate was listed as 22.9 per thousand, which is a significant drop from the 43.3 per thousand rate reported in 1950. The death rate was given as 4.7 per thousand.

In December 1973, the Executive Yuan of the Taiwan Government (47:1239) reported the following facts: The number of households was listed as 2,865,801 with 426,081 being in Taipei. The average number of persons in each household was 5.4. The population density was 432 people per square kilometer. Of the population over the age of fourteen, 1.9 percent had received or were receiving university or higher education. The percentages of those who were attending or who had graduated from (1) junior colleges, (2) senior middle or senior vocational schools, and (3) junior middle and junior vocational schools, were 2.1, 9.7, and 8.6 percent respectively. Graduates from the primary schools were listed as 26.9 percent. Interestingly, 10.9 percent were listed as illiterate and 2.5 percent had obtained a little education, mostly through self-study. The per capita income was 17,855 NT (approximately 473.61 U.S. dollars).

Throughout Taiwan's history, several cultural groups have occupied its land, including the Aboriginies of Malayan or Indonesian origin, the Dutch, the Spanish, the Chinese, and the Japanese. The Japanese, however, laid the foundation for the economic success of the island. During their control of the island (1895-1945) they built a

complicated irrigation system and a railroad; they installed electricity throughout the island, even in the remote villages; they provided the farmers with major agricultural innovations; and they began the industrialization of Taiwan. At present, Taiwan's industry and standard of living are the second highest in the Far East. (48:123, 194) (52:6)

The unity of the island developed during Japan's control. However, it is "ethnically diverse." The majority of the population is Taiwanese (Hokkien-speakers). The rest of the population is made up of Aboriginies, Hakka Chinese, and "Mainlanders" (those who immigrated to Taiwan after the fall of Mainland China). At present the island is governed by the Nationalist Chinese. (52:8)

#### The Church in Taiwan

The Church came to Taiwan in June of 1959. At the time there were no native members on the island. However, by January 1, 1976, there were in Taiwan 8,390 members, 2,806 families, and 2,698 Sisters in the Relief Society. (1:213) (3) (7:46)

Until 1976 the Church only had a Mission in Taiwan. Then on April 22, 1976, the Taipei Taiwan Stake was organized. At that time there were 3,099 members, 1,931 families, and 1,154 Sisters in the Relief Society. (1:161) (3)

The Asian Educational Research Resources Project (2:49, 73), completed in 1973, surveyed 235 members of the Church in Taiwan and found the following: (1) almost ninety-five percent had a high school education or better; (2) around sixty-six percent had been members of

the Church four years or less; and (3) more than sixty percent said they had spent their childhood in a medium sized (population from 10,000 to 999,999) city or larger.

### Women in Taiwan

As is the case with developing countries, the women in Taiwan are influenced by two worlds, transition and tradition. (53) Everywhere change is evident, especially among those who are less than forty years of age. For example, women are now leaving the confines of the home, and even their village, to find work in factories, banks, and schools. (53:146) They are making contributions in science, law, business, medicine, and sports, as well as other areas. (51:161-166) They are becoming better educated. (A government policy for the past twenty years allows for all children regardless of sex to complete at least primary school. In 1968 three more years of free schooling were made available.) Parental attitudes toward academic training for girls is also changing, allowing for more and more young women to go on to college. Even the rural Taiwanese parents, some of the most conservative in the country, are willing to have their girls in school or working in factories. (46:16) (52:80,99)

However, though there is a movement toward modern ways, many of the traditional values are still present. (51:141) For example, not all women have or want the chance to select their marriage partner; not all women have or want a chance to seek higher education; not all women have or want the chance to seek a career. (51:12,47) (53:170)



### Attitudes Toward Health Services

One common feeling toward health services, expressed to the author several times, is the idea that if a person goes to a doctor he will become an "experimental piece." Comments such as the following are common: "The doctor can't do anything for you," or "He'll just give you something to take and if that doesn't work he'll just keep experimenting till he finds something that does," or "Better just take care of yourself at home."

Coupled with the above notion is a feeling of distrust of the methods and abilities of doctors. For example, even though hospital births are fairly frequent among townspeople, many Chinese, especially those in the country, consider hospitals an extravagance and prefer a midwife to deliver the baby at home. (18:143) (52:53) Wolfe (52) found that even those country folks who could afford hospitals felt that a child born there was not given the best start in life. At home the new baby receives honey and water or mild ginseng tea until the mother's milk comes in, but in hospitals no supplemental feedings are allowed.

The distrust of health services may also arise from negative experiences the people have had with the services. In one case, known to the author, a family lost their first-born son after an ear operation. The doctor who performed the surgery said it was necessary. Yet, when the boy's condition deteriorated following the operation, the family consulted another doctor who told them the surgery had not been needed, and that it should never have been performed on such a young child. Thereafter, the family often questioned the advice of doctors.

Another prevalent attitude about health services is that the newest, most modern, and most expensive facilities provide the best quality medical care. Yet, it is interesting to also note that the hesitancy to spend money for health services often prevents people from seeking help. Wolf (52:227) found that among the rural Taiwanese there was a general reluctance to pay out money for "expensive medical treatment."

While surveying Taiwanese students at Brigham Young University about dental care, the author also experienced the situation noted by Wolf. For example, several students reported that while living in Taiwan they had never visited a dentist, or had been only once or twice, because they had "no problem" with their teeth. Yet, as they prepared to leave home, they were warned that dental care in the United States was expensive. Hence, even though they felt "no problem" existed, they had a dental check-up in order to prevent visits to the dentist while abroad. Thus, by trying to avoid spending a lot of money in a foreign country, these students were motivated to use a service they had not used at all or had used only once or twice.

Other thoughts expressed to the author about health services deal with treatment received. For example, upon returning from the doctor, the question is asked, "Did you get a shot?" If the answer is "no," the doctor is thought to be negligent in his treatment. Also, dissatisfaction with Western drugs is expressed because they do not "cure" diseases as promised by advertisements. (Advertisements for Western drugs in Taiwan often promise a cure for the disease.) Hence, many times a person will try the Western drug, only to return to a well known Eastern drug.

One final note about women in Taiwan can be made. Because they are very modest, it is not the general practice with the doctors in Taiwan to ask women to remove their street clothes and put on an examining gown. This modesty becomes a problem should the women be in a country where the practice is just the opposite. The following case was reported to the author. A doctor in Taiwan sent his daughter to the United States for advanced education. While in this country she developed a gynecology problem. She wrote to her father asking for advice as to treatment. Concerned, the father encouraged the girl to seek medical help, but she refused. Upon further investigation, he found that she would not go to an American doctor because she would have to undress. (The author has noticed, however, that the situation changes if the women can see a woman doctor.)

## HISTORY OF HEALTH SERVICES IN TAIWAN

### Development of Health Services

When the Japanese took over Taiwan in 1895, there were no hospitals except for a few Protestant missionary institutions. As of 1903 Davidson (45) speaks of two missionary hospitals: the Tamsui hospital, constructed by Dr. Mackay in 1880, and an English Presbyterian mission hospital and its branch.

Besides the above mentioned hospitals, the Japanese by 1903 had constructed ten hospitals for civilian use. Davidson further records the following about these hospitals and their services.

The number of cases treated in these hospitals (1902) exceeded 60,000, nearly 13,000 being Formosa Chinese. Destitute Chinese received free treatment, and some 11,000 patients availed themselves of this privilege during the year. In addition to



these hospitals, there are institutions maintained in the smaller places by local funds. Furthermore, there are some eighty-three physicians employed by the government, who are stationed at various places in the island to give free treatment to the needy. There are also four hospitals for the examination and treatment of prostitution, and one special hospital for the treatment of plague, smallpox, etc. . . . The above hospitals refer only to civil hospitals. The military maintain their own medical establishments throughout the island, and some of these institutions, especially the Central Hospital at Taihoku, and the branch of Sulphur Springs, are well built, commodious, and have the best equipment. (45:3)

It is interesting to note that the Japanese public health work was done by a special health section in the police department. This section dealt with medical registrations, sanitation control<sup>1</sup> and inoculations delivered by local practitioners. (20:3)

The Japanese also provided one other institution which, according to Mancall (49:3), helped in modernizing the Taiwanese society. This institution was a medical school which the Taiwanese people could also attend.

By the end of 1925, the Japanese had eradicated diseases such as smallpox, cholera, and plague, and had begun a malaria prevention program. The results of these accomplishments showed up by 1940, with a decline in infant mortality, a decline in death rate, and an increase in birth rate. (20:3) (48:216)

When the Chinese took over from the Japanese in 1946 they found most of the governmental hospitals demolished by bombing; and because of war conditions there were outbreaks of plague, cholera,

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<sup>1</sup> Japanese built the open sewer, "Benjo Ditches," presently being used throughout Taiwan. (45) In 1972, only in "Chung Hsin Village, site of the Provincial Government and a district of Taipei," was there underground sewage systems. (20:24)

smallpox, and malaria. Consequently, the Chinese government in 1947 organized the Provincial Health Department under the Department of Civil Affairs. As a result of the organization, plague and smallpox were eradicated, provincial hospitals were rehabilitated, and most important, a network of twenty health bureaus and 362 health stations were established in villages and townships around the island. (20:4)

A temporary cholera outbreak in 1961 caused the Chinese Government to call for an improvement of sanitary conditions. Thus, by 1964 a Ten Year Health Plan had been outlined and approved. This Plan included eleven programs (18:ii) which are listed below according to priority:

1. Reorganization of Governmental Health Structures
2. Communicable Disease Control
3. Tuberculosis Control
4. Family Planning
5. Sanitation
6. Industrial Health
7. Drug and Food Control
8. Maternal and Child Health
9. Medical Care Services
10. Health Education and Training
11. Mental Health

The Provincial Department of Health (18:iii-x), in its report for 1969, summarized those aspects of the 1964 Ten Year Health Plan which had been accomplished up to that point. These achievements are listed as follows:

1. At the end of the five year Family Planning Project, 635,826 women had accepted the IUD (intrauterine device) and 95,882 were using the pill. The birth rate dropped from 36.3 per thousand in 1963, to 27.7 in 1969.

2. On completion of the three year project in community development and improvement of sanitation, 330 communities had constructed 180 simple water supplies, 19,099 wells, 798,657 meters of drainage, 25,474 latrines, and 2,880 public baths.

3. The five year Polio Control Project sponsored by the United Nations International Children's Emergency Fund (UNICEF), though not completed by 1969, had immunized 1.81 million children or 95.5 percent of the susceptible population. This brought a reduction in the number of reported cases of polio from an estimated 3,000 to 7,000 cases annually when the project began in 1966, to 168 cases reported in 1968, and sixty-four cases reported in 1969.

4. The four-year Tuberculosis Accelerated Control Program began in 1967. By 1969 they had given 2.5 million B.C.G. vaccinations, two million x-ray examinations, and 398,000 sputum examinations. In the two years the program operated, 25,000 open cases of Tuberculosis were discovered.

5. In February 1969 the five year Japanese Encephalitis Control Project began and witnessed the first mass immunization of 200,000 children. Local production of the mouse-brain vaccine began in 1968.

6. The six year Trachoma Campaign Project, began in 1961, showed results of an eighty percent decrease in active Trachoma, thus taking this disease off Taiwan's list of critical health problems.



7. Four new hospitals were completed during the previous seven years. They were Taipei Tuberculosis Hospital, Taitung General Hospital, Yuli Mental Hospital, and Changhua General Hospital. Construction work on Taichung General Hospital, Taiwan General and Taipei General Hospitals were also commenced during this same time period.

8. Establishment of an undergraduate program for Aboriginal doctors and nurses began in March 1969. By June of that year, six candidates for medical doctors and ten candidates for nurses had been enrolled in the appropriate classes.

It is evident from the above figures that Taiwan's health improved as a result of the 1964 Ten Year Health Plan. However, other achievements can also be added to the above list. First, syphilis decreased from 3.7 percent in 1962 to 1.8 percent in 1969. (18:x) Second, Taiwan in December 1965 was the first Asian area to be pronounced completely free from malaria by the World Health Organization. (15) And finally, the Executive Yuan (47:34-35) reports the following accomplishments by the year 1973:

1. The incidence of trachoma dropped to 4.4 percent among school children and the preventive work had been extended to the general public.

2. Deaths caused by tuberculosis among 100,000 population was reduced to 25.5 in 1973.

3. "Legal communicable diseases" reported during 1973 were seventy-five infected with typhoid and paratyphoid, ninety-three with

diphtheria (of whom four died), twenty-seven with dysentery (of whom two died), and three cases of encephalitis (which proved fatal to all three).

4. Eighty-nine air pollution checking stations existed, of which fifteen were located in Taipei City.

5. The number of persons receiving preventive immunizations was 14,600,080.

#### Health Problems

As of 1975, the ten major causes of death in Taiwan were cerebrovascular diseases, malignant neoplasms, accidents, heart disease, pneumonia, tuberculosis (all forms), cirrhosis of liver, bronchitis and emphysema and asthma, hypertensive disease, nephritis and nephrosis. In Taipei during the same year, the ten major causes of death were malignant neoplasms, cerebrovascular diseases, accidents, heart disease, pneumonia, hypertensive disease, tuberculosis (all forms), cirrhosis of liver, bronchitis and emphysema and asthma, and suicide. (16:206-207)

#### Health Services

The health services in Taiwan are administered by the Taipei City Government, the National Health Administration, the Taiwan Provincial Government and the Fukien Provincial Government, all of which fall under the supervisory powers of the Executive Yuan. Figures (16:3-9) giving the organization and administration of health services in Taiwan and Taipei as of July 1976 can be found in Appendix B.

The National Health Administration (16:40-41, 44-47) gives the following totals of health services for Taiwan in 1975.

<u>Health Services</u>	<u>Number (1975)</u>
TOTAL	
Public hospital and clinics	773
Private hospital and clinics	8,470
Beds	30,438
Physicians	15,911
Herb Doctors	3,322
Dentists	2,575
Dental Assistants	300
Pharmacutists	6,798
Professional Nurses	3,653
Nurses	12,717
Midwives	11,450

The National health Administration (16:24-26) also provides a comparison of health services located in Taipei as opposed to the rest of Taiwan. Table 1, on the next page, shows the number of health services per ten thousand population for Taipei and for Taiwan (with Taipei excluded).



Table 1  
Health Services per 10,000 Population  
For Taiwan and Taipei, 1975

Services	Taipei	Taiwan (excludes Taipei)
	Number per 10,000	Number per 10,000
Physicians (includes herb doctors)	13.8	5.7
Dentists (includes assistants)	2.1	.7
Pharmacists	10.2	3.4
Nurses	11.0	1.9
Midwives	2.1	1.6
Beds	38.5	16.2

#### STUDIES OF UTILIZATION FACTORS IN HEALTH SERVICES

##### Cultural Studies

Clark (28) introducing her study of health in a Mexican-American Culture vividly points out that health, the prevention of illness and the caring of disease, is of great importance to every group of people. Each group develops its own conditions which must be met to maintain health. Each group devises its own causes and cures for illness based on its particular social, religious, and clinical devices.

Van Amelsvoort (42) in presenting his study of the Asmat people of West New Guinea states the same concepts as given by Clark. He then goes on to agree with a statement made during a World Health Organization seminar on health education of the public in Africa which says:

A deep knowledge of the social and cultural context of the people especially their attitude to health and to the social problems, is most important for carrying out the public health measures, and absolutely essential in order to get their cooperation. (42:19,27)

United Nations Educational, Scientific and Cultural Organization (UNESCO) considered a knowledge of cultural and social patterns to be so important that it commissioned Margaret Mead, a leading anthropologist, to compile a survey which would aid technical advisors in determining the rate at which scientific improvements should be applied in those communities which have lived for centuries according to ancient hallowed patterns. (32:Forward)

Anderson (22:5-6) (23:24), in doing his studies of Mexican-American groups in New Mexico, points out that culture is manifested in the social, psychological, economic and even demographic factors associated with people, including how and where they live.

Anderson (23:24) concludes that although ". . . scientific and technological advances appear to be equally efficacious regardless of race or social class . . .," and although an ". . . entire complex of beliefs, practices, and interpersonal relations that make up a modern institution such as formal education or medicine can be transplanted to sub-cultural groups essentially intact," yet many "barriers" exist within the culture itself which can lessen the effectiveness of the

program being provided. Therefore, it is necessary to know and understand the "barriers" and associated factors which determine a group's use of provided health services.

#### Factors Affecting Utilization

The World Health Organization (W.H.O.) Assisted International Collaborative Study of Medical Care Utilization in twelve areas of the world found that chronic and acute perceived morbidity were factors determining use of the health services. The study also listed the factors of distrust of medicine and physicians and the perceived availability of care. (41:404)

Anderson (23:184) reports that Glaser, using data from sixteen countries, lists factors such as family structure, religious beliefs and assumptions about causes of diseases as influencing the organization of health services.

Zboronski (43) and Zola (44) in their comparisons of Jews and Italians in New York found that personality structure, which has been culturally conditioned, can also be a factor in how various groups of people respond and interact with health services.

Some of the same factors listed above are also mentioned by Colson (29) in his discussion of the differential use of health services by a Malayan village. In addition, Blackwell's (26) literature survey on delay in seeking medical care also establishes fear as an important psychological factor in utilization of services. Fear of cancer was also found (30:1310) to cause Canadian women to delay seeking medical help.

Anderson was led to yet other variables. He makes the statement that:

In health services delivery systems, not only will the social demographic, and economic characteristics of the target population affect demand and utilization, but the delivery system if effective, can also be expected to affect the social, demographic, and economic characteristics of the population. (23:24)

Anderson (23) goes on to set up a statistical model in order to describe the interrelationship of factors determining use of facilities. He tests for and shows statistically the relationship of the social, demographic, and economic factors of urbanization, education, income level of the community, age composition and structure, economics, and population changes due to migration. His findings give economic structure, ethnic background, and age as important factors in utilizing health facilities.

In conclusion, Mainland (31:140-141), summarizes the studies that have been completed on factors affecting utilization. He lists incident of illness, culture-demographic area, and economics as being the most common factors studied. Within the incident of illness category he includes "desire," "want," and "need" of medical services. In the culture-demographic category he includes age, sex, marital status, family size, education, and residence (urban or rural). Finally, in the category of economics, he lists medical costs, income, and health insurance.

#### SPECIFIC STUDIES IN TAIWAN

As of this writing, the author has only been able to find record of one study dealing in a limited way with factors affecting



utilization of health services by the people of Taiwan. The survey was completed in 1967 and was reported by the Taiwan Provincial Government in 1970. The World Health Organization United Nations International Children's Emergency Fund assisted in the study. A survey of local health services was performed and five hundred people were sampled to see what health services were preferred in taking care of selected health needs. Two of the results follow:

1. The answers concerning who should deliver babies were (listed in order of preference):

a. Health station staff preference

1. private midwives
2. private doctors
3. health station midwives

b. Private physician preference

1. health station midwives
2. private midwives
3. private doctors

c. Consumers preference

1. private midwives
2. public midwives
3. private physicians

(18:134)

2. Both providers and consumers agreed, almost unanimously, that the health station was the place to obtain immunizations; however, a substantial minority felt that the program should be enlarged to include both public and private physicians. (18:134)

A second study, though not involved with factors influencing utilization, attempted to evaluate the health status of 643 households in ten townships of north Taiwan. The respondents were asked questions regarding disability, chronic conditions, energy levels, and symptoms. Results of the study showed women and those with lower family incomes to be less healthy than men and those with higher incomes. In addition, those people over sixty-five, especially men, were shown to be less healthy than those under thirty-five years of age. (19)

Almost all other studies found by the author were investigating medical treatment and incidence of disease among the people of Taiwan. Examples of these studies are the reports of the trachoma control program reported by Assaad (11) and the intestinal infection survey reported by Chou. (14) One study mentioned in the literature, however, reported on a field survey on home environmental sanitation in two districts of Kaohsiung, Taiwan. (12)

## CHAPTER III

### PROCEDURE

This study attempted to determine what sociocultural, socio-demographic, and social-psychological factors the Sisters in four Wards in the Taipei Taiwan Stake Relief Society viewed as keeping them from using the available health services during the year from June 1975 to May 1976.

To accomplish the above study the author first completed a literature review to determine (1) what health services were available in Taiwan, (2) what sociocultural, sociodemographic, and social-psychological factors had been found in other studies to influence people's use of available services and (3) what questionnaires were available for examining factors affecting people's utilization of health services. Second, the author used a questionnaire survey to find out (1) if the Sisters utilized the available health services, (2) if there were times when they did not use the available health services, and (3) if there were factors that kept them from using the health services.

The author accomplished the second step mentioned above by construction of the questionnaire, by translating the questionnaire, by selecting the sample, by applying the questionnaire, and by treating the data obtained.

## CONSTRUCTION OF QUESTIONNAIRE

After a search of literature failed to produce one suitable questionnaire, the author developed a measuring instrument in English based in part upon questionnaires constructed by Peterson. (35) (36) (37) This instrument was designed for an individual to fill out by pencil. Thus, questions were written so that the respondent, in most cases, needed only to place a check next to her response. One or two unstructured questions were also used. Questions were constructed to obtain information (1) about the Sisters, (2) about the use of health services by the Sisters and their children, (3) about non-use of the services by the Sisters, and (4) about seven sociodemographic, socio-cultural, and social-psychological factors the Sisters perceived as influencing them not to use a health service. (The Health Service Corporation asked that the children's use of health services be included in the survey. It was felt that because women generally take children to health services, the information obtained about the children's usage patterns would also reflect the contact women have with the same services.) In three cases, the respondent was asked to agree or disagree with an opinion. The instrument was a response-keyed questionnaire.

(10:233)

The following steps were taken to ensure that the questionnaire was understandable, reliable, and valid.

1. The questionnaire was read and filled out by several relatives, friends, and students to see if the questions were understandable.



2. Several statistics professors were consulted about the reliability and validity of the questions asked. Their opinions were incorporated into the questionnaire.

3. The author's chairman and committee members were consulted about the form and content of the questionnaire.

4. Finally, a representative of the Health Services Corporation, a Mr. Edward L. Soper, was consulted and his suggestions considered.

#### TRANSLATION OF QUESTIONNAIRE

The English measuring instrument was translated into Chinese and the following actions taken:

1. Several Brigham Young University Chinese students from Taiwan were asked to complete the questionnaire to see if it was understandable. Corrections were made where necessary.

2. The corrected Chinese questionnaire was submitted to an expert of the Chinese language, Miss. Tsai-Feng Mazie Lee, an Assistant Professor of Chinese at the Brigham Young University. She checked the translation and compared the Chinese text with the English text to make sure that the ideas conveyed were the same. Necessary corrections were made.

3. A Chinese student wrote the final corrected translated questionnaire in block style Chinese characters. This copy was run-off on the off-set press.

4. A pilot study was conducted utilizing seven Sisters from Taiwan who were in attendance at the Brigham Young University Asian Branch Relief Society meeting held on May 16, 1976. Further corrections

were made in the questionnaire based upon the suggestions of the Sisters and upon the analysis of the way the questions were answered.

5. A final corrected copy was made and two hundred copies run-off on the off-set press. (A copy of the final Chinese questionnaire, with English translation, is provided in Appendix C.)

#### APPLICATION OF QUESTIONNAIRE

The author mailed the completed Chinese questionnaires, plus instructions and statistic sheets to the Taipei Mission President. He, with the help of a Health Missionary, distributed fifty questionnaires, plus instructions and statistic sheet, to the Relief Society Presidents in each of the four Wards. (Based on personal experience, it was assumed that most ward Relief Societies in Taiwan would have a maximum of fifty members attending the Relief Society meetings.)

Under the direction of the Health Missionaries, the questionnaire was administered to the Sisters by the Relief Society Presidents in the four Wards who read a step-by-step set of instructions to those Sisters attending the meeting. (Copies of the Chinese instructions and statistic sheets, along with English translations, are provided in Appendix D.) The Presidents checked to see that all criteria were met and that the statistic sheet was filled out.

The Presidents collected the completed questionnaires, placed them in a folder along with the statistic sheet, and returned the folder to the Health Missionary, who, under the direction of the Mission President, mailed the folders to the author in Provo, Utah.

## SELECTION OF SAMPLE

The source of data came from a survey of Sisters in the Taipei First Ward, the Taipei Third Ward, the Yung Ho Ward, and Keelung Ward in the Taipei Taiwan Stake Relief Society. The four Wards were surveyed on the following dates: June 20, 1976, the Yung Ho Ward; June 23, 1976, the Taipei First Ward; July 4, 1976, the Taipei Third and Keelung Wards.

Only one Sister per family unit was to fill out the questionnaire and those who were under the age of twenty-one were asked not to participate.

According to the statistic sheets, as summarized in Table 2, a total of 612 women were listed on the rolls of the four Ward Relief Societies and thus were potential participants of this study. However, the average attendance at the four Ward Relief Society meetings was only fifty-three women. On the night the survey was conducted fifty women were in attendance. One Sister was listed as not participating, yet only forty-five questionnaires were returned to the author. Realizing that cultural attitudes probably made it difficult for the Sisters to openly refuse to help, it was felt that the four who did not return their questionnaires did not wish to be included in the survey.

The forty-five Sisters surveyed accounted for 2.6 percent of the members in the four Wards. Since the data about the number of families was incomplete, no conclusion was made about how many families were represented by the forty-five Sisters.

Table 2  
Potential Participants and Number Responding

Statistics	Keelung	Taipei First	Taipei Third	Yung Ho	Total
Number of Relief Society rolls	80	314	124	93	612
Average attendance at Relief Society	7	22	17	7	53
Number attendance night of survey	7	19	15	9	50
Number willing to participate	6	19	15	9	49
Number <u>not</u> participating	1	0 <sup>a</sup>	0	0	1
Number of members on Ward rolls	200	883	341	263	1687
Number of families on Ward rolls	9 <sup>b</sup>	655	244	N/A	908

<sup>a</sup>Though the statistic sheet for the Taipei First Ward listed no one refusing to participate, only fifteen questionnaires were returned to the author.

<sup>b</sup>According to the Church's practice, families are counted by each individual family unit. Thus, though only one member of a family may belong to the Church, that person is counted as one family unit on the Ward roll. However, it is evident from one of the responses, that one of the Presidents was thinking only in terms of how many complete family units were listed on the Ward roll.

N/A No answer.



## ANALYSIS AND TREATMENT OF DATA

The information from the questionnaires was transferred to data processing cards and then tabulated by an IBM 360 Computer using the Statistical Package for Social Services Inventory (SPSS). The SPSS Inventory gave the number and relative frequency of responses and also performed selected cross-classifications.

Since this study was a survey and a random sample was not obtained, no statistical analyses were considered. Hence the data was analysed by narrative analysis.

The narrative analysis examined the number and frequencies for four areas. The first area was characteristics or profile of the Sisters. The characteristics included age, marital status, education, income, number and age group of children, family health problems, and Health Missionary aid. The second area dealt with the use of health services by the Sisters and their children. Health services included herb doctor, private doctor hospital, private hospital, public hospital, and health station. The term "use" was considered to mean the number of and the reasons for visits to the various health services. The third area analysed was non-use of health services. "Non-use" was defined as not using a dentist during the year and not going to a doctor when feeling a visit should be made. The fourth area reported the seven sociocultural, sociodemographic, and social-psychological factors given by the questionnaire as reasons for not utilizing the services. These factors included: "Perception of illness," "lack of time or could not leave work," "shortage of funds," "presence of health services," "transportation," "distrust of health services," and "fear

of finding something wrong." The questionnaire allowed for the respondents to write down any other factors that pertained to them. One additional factor, "do not like to go to the dentist (doctor)," was found, thus giving a total of eight factors examined.

The narrative analysis also examined the number and frequencies of cross-classifications by age, marital status, education, income, number and age group of children with non-use of health services and the eight sociocultural, sociodemographic, and social-psychological factors.

And finally, the narrative analysis examined the number and frequencies for cross-classifications of certain factors for non-use of services and selected information obtained from the questionnaire. These cross-classifications were as follows: (1) "lack of time or could not leave work" with time spent in traveling to and waiting at health services; (2) "shortage of funds" with medical expenses and possession of insurance; (3) "presence of health services" with opinions on availability of health services, family health problems and Health Missionary aid; (4) "distrust of health services" with preference for health services and eastern or western drugs; and (5) "fear of finding something wrong" with opinions about learning of serious illnesses.

## CHAPTER IV

### FINDINGS

The purpose of this study was to determine what sociocultural, sociodemographic, and social-psychological factors the Sisters in four Wards in the Taipei Taiwan Stake perceived as keeping them from using health services during the period from June 1975 to May 1976. Two sub-problems were also examined. They were (1) do the Sisters use the available health services, and (2) are there times when the Sisters do not use the health services.

In accomplishing the above objective it was necessary to (1) construct and translate a questionnaire; (2) administer the questionnaire to four Wards in the Taipei Taiwan Stake Relief Society; and (3) organize and analyze the data to determine (a) if the Sisters used the health services, (b) if there were times when they did not use the services, and (c) what sociocultural, sociodemographic and social-psychological factors they viewed as keeping them from using the services.

This chapter is the presentation and analyses of the data by number of responses, percentages, and cross-classifications which are shown in tables. It includes the responses of forty-five Sisters tabulated by computer using the Statistical Package for the Social Sciences (SPSS). The chapter is divided into five sections. The



first four sections report the findings. They are: (1) profile of Sisters; (2) use of health services; (3) non-use of health services; (4) factors given for non-use of health service. The fifth section is a brief discussion of the findings.

#### SECTION I: PROFILE OF SISTERS

The information presented in this section is taken from the Sisters' responses to the questions about personal and family background. The questions sought information about age, marital status, education, income, number of children, children's ages, family health problems and ways Health Missionaries could help the Sisters' families. Tables 3-6 are listed at the end of this section on pages 44-46.

##### Age

Sixty percent of the Sisters were between the ages of twenty-one and thirty-five; 26.6 percent were fifty or older; and 13.3 percent were between the ages of thirty-five and fifty. (Table 3, page 44)

##### Marital Status

Only 35.5 percent were single with the others listing themselves as either married or widowed/divorced. One Sister did not answer this question. (Table 3, page 44)

##### Education

Over half of the women, 55.5 percent, said they had received more than twelve years of schooling, with none indicating they had gone



less than seven years. Several Sisters, 13.3 percent, received seven to nine years of education, while 31.1 percent indicated having ten to twelve years of academic training. (The responses "none" and "one to six years" were excluded from the tables because not one Sister gave either of these choices as an answer.) (Table 3, page 44)

#### Income

Two levels of income per month were checked by 82.2 percent of the Sisters. Forty-two and two-tenths percent checked 2001 to 6000 NT and 40.0 percent checked 6001 to 12000 NT. These two income levels were above the 1973 per capita income per month of 1445.25 NT.) (47:39) Of the remaining women, 6.6 percent gave an income below 2000 NT per month, 8.8 percent listed their income above 12000 NT per month, and 2.2 percent did not answer the question. (Table 3, page 44)

#### Number of Children

Twenty-six women, 57.7 percent of those surveyed, accounted for eighty-seven children, with twenty of these Sisters reporting they had between one and four children. Forty-two and two-tenths percent had no children and one Sister did not answer the question. (Table 4, page 45)

#### Age Group of Children

Only 6.8 percent of the children were pre-school age; 20.6 percent were six to eleven years of age; 18.3 percent were between twelve and seventeen; and the rest of the children, 53.8 percent, were eighteen years of age and older. (Table 4, page 45)

Marital Status Cross-classified

Further information about the women can be obtained by looking at the characteristics of the Sisters as cross-classified by the three sub-divisions of marital status. (Table 6, page 46) The results show that the sixteen single women were all between the ages of twenty-one and thirty-five. All had at least a high school education. These Sisters, if still dependent on their parents, were to list their parents' income. Their responses follow the rest of the sample, with fourteen giving an income of 2001 to 12000 NT per month. No one listed themselves as a single mother.

The twenty-two married women were either relatively young or fifty years of age or older. Only four were between the ages of thirty-five and fifty. This group's monthly income and educational level were generally the same as those of the single group. However, five married women went only through junior high school. Two of the married women were childless with the other twenty Sisters accounting for seventy children. Only eighteen of these children were under the age of twelve.

There were six widowed or divorced Sisters and half of them were over fifty years of age. Surprisingly, two of these women were twenty-one to thirty-five years of age. This group's income per month and education were essentially the same as for the singles and marrieds. They had seventeen children between them and six were below the age of twelve.

### Family Health Problems<sup>1</sup>

This was an open-ended question, thus more than one answer was possible. In this question acute and chronic illness were viewed as the main problems, with 53.3 percent and 44.4 percent of the Sisters giving these two responses. Interestingly, 13.3 percent viewed their families as having no problems at all; 4.4 percent felt the need for better health services and 2.2 percent listed health education as a problem. (Table 7, below)

Table 7

Family Health Problems During Year  
(June 1975 - May 1976)

Problem	Sisters Responding <sup>*</sup>	Percent of Sisters
No problem	6	13.3
Acute illness	24	53.3
Chronic illness	20	44.4
Health Service	2	4.4
Health education	1	2.2
No answer	4	8.8

<sup>\*</sup> More than one response possible per Sister.

<sup>1</sup> Based on the type of answers given, the replies to this open-ended question were divided into six categories. Replies such as colds, sore throats and headaches, were counted as "acute illness;" replies such as arthritis, TB, and diabetes were counted as "chronic illness;" replies complaining about inadequate treatment were counted as "health services;" and requests for health knowledge were counted under "health education." The categories "no problem" and "no answer" are self-explanatory.

## Health Missionary Aid for Families<sup>2</sup>

This was also an open-ended question, hence the Sisters could give more than one answer. Of those answering the question, 53.3 percent of the Sisters requested that the Health Missionaries teach preventive health, 17.7 percent requested that medical knowledge (symptoms of diseases and cures) be taught, 6.6 percent asked that treatment be provided, 6.6 percent requested that they be directed to better health services, and 4.4 percent said that there was no way the Health Missionaries could be of aid. (Table 8, below)

Table 8

### Ways Health Missionaries Can Help Families

Ways Can Help	Sisters Responding <sup>*</sup>	Percent of Sisters
Find better health services	3	6.6
Treatment	3	6.6
Teach health prevention	24	53.3
Teach medical knowledge	8	17.7
No way can help	2	4.4
No answer	13	28.8

\* More than one response possible per Sister.

<sup>2</sup>Based on the kind of replies given, the answers to this open-ended question were divided into six categories. Requests for better health facilities and drugs were counted under "find better health services;" requests for Health Missionaries to perform checks on blood pressure and give medicine were counted under "treatment;" requests for information on how to prevent sickness and for health education were counted under "teach health prevention;" and requests for information on how to treat illness and for medical knowledge were counted under "teach medical knowledge." The categories of "no way can help" and "no answer" are self-explanatory.



Table 3

## Profile of Sisters: Age, Marital Status, Education, and Income

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	27	60.0
35-50	6	13.3
Above 50	12	26.6
<u>Marital Status</u>		
Single	16	35.5
Married	22	48.8
Divorced/widowed	6	13.3
No answer	1	2.2
<u>Education</u>		
7-9 years	6	13.3
10-12 years	14	31.1
Over 12 years	25	55.5
<u>Income</u>		
Below 2000 NT	3	6.6
2001---6000 NT	19	42.2
6001--12000 NT	18	40.0
Above 12000 NT	4	8.8
No answer	1	2.2

Table 4  
Number of Children per Sister

Number of Children	Sisters Responding	Percent of Sisters
None	19	42.2
One	5	11.1
Two	2	4.4
Three	8	17.7
Four	5	11.1
Five	1	2.2
Six	3	6.6
Eleven	1	2.2
No answer	1	2.2

Table 5  
Number of Children per Age Group

Years of Age	Number of Children	Percent of Children
0-5	6	6.8
6-11	18	20.6
12-17	16	18.3
18-23	20	22.9
24-29	16	18.3
30 and above	11	12.6

Table 6

Marital Status: Age, Education, Income,  
and Age Group of Children

Characteristics	Sisters Responding			
	Single	Married	Widow/divorced	N/A
<u>Age</u>				
21-35	16	8	2	1
35-50	0	4	1	0
Above 50	0	10	3	0
<u>Education</u>				
7-9 years	0	5	1	0
10-12 years	4	8	2	0
Over 12 years	12	9	3	1
<u>Income</u>				
Below 2000 NT	1	2	0	0
2001---6000 NT	8	8	3	0
6001--12000 NT	6	9	2	1
Above 12000 NT	1	3	0	0
No answer	0	0	1	0
<u>Age Group of Children</u>				
None	16	2	0	1
0-5	0	5	1	0
6-11	0	13	5	0
12-17	0	14	1	0
18-23	0	16	3	0
24-29	0	15	1	0
30 and above	0	4	6	0
No answer	0	2	0	0

N/A No answer

## SECTION II: USE OF HEALTH SERVICES

This section considers use of health services by the Sisters and their children during the time period of June 1975 to May 1976. (The Health Service Corporation asked for information about children's usage patterns. It was felt that children's contact with health services would also reflect the usage patterns of the Sisters, since most children are taken or go to the health services preferred by their mothers.) The data reported comes from questions on how many times the Sisters and their children had visited the herb doctor, the private doctor hospital, the private hospital, the public hospital, and the health station. The Sisters were further requested to list how many times they had gone to the dentist. The Sisters were also asked to indicate which service they and their children visited in order to take care of acute illness, chronic illness, accident/injury, surgery, female problems, mental/emotional stress, immunizations, medical advice, check-up examinations, and other. Tables 9-14 are found at the end of this section on pages 53-60.

Number of Visits by Sisters

The total number of visits to the health services by the Sisters may be summarized as follows: (Taken from Table 9, page 53)

<u>Service</u>	<u>Number of Visits</u>
Herb doctor	20
Private doctor hospital	45
Private hospital	10
Public hospital	55
Health station	8
Dentist	67
TOTAL	205



The summary shows that the services used the most were those of the dentist and public hospital. The dentist was visited by 53.3 percent of the Sisters for a total of sixty-seven visits. The public hospital was visited by 42.2 percent of the Sisters for a total of fifty-five visits. The health station and private hospital were used the least. There were eight visits made to the health station and ten visits made to the private hospital. Each service was used by only 6.6 percent of the Sisters.

#### Sisters' Use According to Need

The Sisters were asked to indicate which service they used when taking care of health needs during the year. The results (Table 10, page 55) show that the leading reasons for seeking help were: acute illness, listed 53.3 percent of the Sisters; check-up or examination, listed 48.8 percent of the women; and immunizations, listed by 40.0 percent of the respondents. The least mentioned causes for seeking assistance were: "other," only listed by 4.4 percent of the sample; and chronic illness and accident/injury, each of which was listed by 8.8 percent of those replying.

One interesting and unexpected result is shown in Table 10. Because of the supposed conservative nature of the women in the study, the author had been warned by several people from Taiwan, both male and female, that no one would admit to having a female problem, and further, that no one would admit to going to a herb doctor for that problem. Yet, 24.4 percent of the women did indicate that during the time period specified they had had a female problem, and 8.8 percent said they had gone to the herb doctor for help.

Another interesting comparison is noted when studying the leading reasons for visiting the health services and the leading family health problems as indicated by the Sisters. (Table 7, page 42 and Table 10, page 55) In both cases, acute illness is listed by 53.3 percent of the Sisters. However, though chronic illness was listed by 44.4 percent of the women as being a family problem, only 8.8 percent gave it as a reason for visiting the health services.

Additional results show that when taking care of health needs, the public hospital was called upon the most for a total of fifty-nine times. The service sought out the least was the herb doctor with a total of six visits. Table 11, page 56, summarizes what services were utilized the most, based upon reasons given in Table 10, page 55. It shows that for all reasons, except one, the Sisters went either to the private doctor hospital or the public hospital. The one exception was for chronic illness. In this case the Sisters went to the herb doctor.

Regarding the most frequently used health services, it should be noted that several Sisters were not consistent when indicating which services they had used during the year. For example, when answering how many times they had visited the various health services, they would indicate two visits to the private doctor hospital. Yet, when indicating which service they had visited to take care of health needs, they would check a different health service. Also, one Sister checked all of the needs listed in the questionnaire and gave a place visited for each of them. Because of these few responses, there is

some question whether all the Sisters fully understood what was asked by this question. However, there is another possibility. Perhaps it was much easier to remember where they had gone when asked first, to think of the health needs they had experienced during the year and then second, to give the services they had used to take care of the health needs.

One further note needs to be made about the results. There is a chance that the Sisters' preference for the public hospital came as a result of it being used as an example in the instructions for answering the question. However, it seems unlikely that this was the case, since on an earlier question (preceding page) about how many times they had visited the health services, the Sisters' answers still placed the public hospital and private doctor as the most visited health services after the dentist.

#### Number of Visits by Children

The Sisters' were asked to indicate how many times their children had used the various health services during the year. (The question did not include the dentist among the health services.) The number of visits to the various health services by the children may be summarized from Table 12, page 57, as follows:

<u>Service</u>	<u>Number of Visits</u>
Herb doctor	8
Private doctor	57
Private hospital	9
Public hospital	23
Health station	17
Other	1
TOTAL	110

The summary and Table 12 show that the private doctor hospital and the public hospital were visited most often by children during the year. The private doctor hospital was listed by 26.6 percent of the Sisters for a total of fifty-seven visits by the children. The public hospital was given by 24.4 percent of the Sisters for a total of twenty-three visits by children. The least used services were the herb doctor and private hospital. In both cases only 4.4 percent of the women said their children had visited these services during the year.

#### Children's Use According to Need

The Sisters were asked to check which service their children went to when taking care of a specified health need during the year. The responses show (Table 13, page 59) that the main reasons for children visiting the services were: acute illness, checked by 37.7 percent of the Sisters; immunizations, checked by 13.3 percent of the sample; and accident/injury, checked by 11.1 percent of the women. None of the children sought help because of mental/emotional reasons.

In addition, the Sisters' answers show the health services used the most in taking care of the children's health needs were the private doctor hospital and the public hospital. The private doctor hospital was used a total of sixteen times and the public hospital was sought out fifteen times. The services called upon the least in taking care of health needs were the herb doctor and private hospital, one being used twice and the other three times.

Table 14, page 60 summarizes which services were consulted the most by the children, based upon health needs listed in Table 13, page

It shows that for most reasons the children went either to the



public hospital or private doctor. However, the health station was used for immunizations and medical advice. The herb doctor was listed for "other," and the explanation given was "female problems."

Table 9

Number of Sister Visits to Various Health Services  
(June 1975 - May 1976)

Number of Visits	Sisters Visiting	Percent of Sisters
<u>Herb Doctor</u>		
None	31	68.8
One	3	6.6
Two	1	2.2
Five	1	2.2
Ten	1	2.2
No answer	8	17.7
<u>Private Doctor Hospital</u>		
None	24	53.3
One	2	4.4
Two	3	6.6
Three	4	8.8
Four	1	2.2
Five	1	2.2
Six	1	2.2
Ten	1	2.2
No answer	8	17.7
<u>Private Hospital</u>		
None	34	75.5
Two	1	2.2
Three	1	2.2
Five	1	2.2
No answer	8	17.7

Table 9 (Continued)

Number of Visits	Sisters Visiting	Percent of Sisters
<u>Public Hospital</u>		
None	18	40.0
One	8	17.7
Two	5	11.1
Three	2	4.4
Four	1	2.2
Five	2	4.4
Seven	1	2.2
Ten	1	2.2
No answer	8	17.7
<u>Health Station</u>		
None	34	75.5
One	2	4.4
Six	1	2.2
No answer	8	17.7
<u>Dentist</u>		
None	17	37.7
One	8	17.7
Two	9	20.0
Three	2	4.4
Four	1	2.2
Five	1	2.2
Six	1	2.2
Seven	1	2.2
Thirteen	1	2.2
No answer	4	8.8

Table 10

Sisters' Use of Health Services According to Health Needs  
(June 1975 - May 1976)

Health Needs:	Herb Doctor		Private Doctor Hospital		Private Hospital		Public Hospital		Health Station		Total For Health Needs	
	N	%	N	%	N	%	N	%	N	%	N	%
Acute illness	0	0.0	11	24.4	3 <sup>a</sup>	6.6	11 <sup>a</sup>	24.4	0	0.0	24	53.3
Chronic illness	2	4.4	0	0.0	1	2.2	0	0.0	1	2.2	4	8.8
Accident/injury	0	0.0	3	6.6	0	0.0	1	2.2	0	0.0	4	8.8
Surgery	0	0.0	1	2.2	1	2.2	8	17.7	0	0.0	10	22.2
Female problem	4 <sup>b</sup>	8.8	2 <sup>b</sup>	4.4	0	0.0	6	13.3	0	0.0	11	24.4
Mental, emotional	0	0.0	3 <sup>c</sup>	6.6	1	2.2	3 <sup>c</sup>	6.6	1	2.2	7	15.4
Immunizations	0	0.0	0	0.0	0	0.0	10	22.2	8	17.8	18	40.0
Medical advice	0	0.0	4	8.8	0	0.0	4	8.8	1	2.2	9	20.0
Check-up or exam	0	0.0	1	2.2	2	4.4	15	33.3	4	8.8	22	48.8
Other	0	0.0	1	2.2	0	0.0	1	2.2	0	0.0	2	4.4
Total Service Use	6	13.3	26	57.7	8	17.6	59	131.0	15	33.3	111	246.1

N Refers to number of Sisters listing the reason.

% Refers to percent of total Sisters.

a One respondent listed both private and public hospital for acute illness.

b One respondent listed both herb doctor and private doctor for a female problem.

c One respondent listed both private doctor and public hospital for mental problem.

There were five Sisters (11.1 percent) who did not answer this question.



Table 11

Summary of Health Services Used the Most  
by Sisters According to Need

Need	Health Service	Percent of Sisters
Acute illness	Private doctor	24.4
	Public hospital	24.4
Chronic illness	Herb doctor	4.4
Accident/injury	Private doctor	6.6
Surgery	Public hospital	17.7
Female problems	Public hospital	13.3
Mental/emotional	Private doctor	6.6
	Public hospital	6.6
Immunizations	Public hospital	22.2
Medical advice	Private doctor	8.8
	Public hospital	8.8
Check-up/examination	Public hospital	33.3
Other	Private doctor	2.2
	Public hospital	2.2

Table 12

Number of Sisters Having Children Who Visited  
the Various Health Services  
(June 1975 - May 1976)

Number of Visits	Sisters Having Children who Visited	Percent of Sisters
<u>Herb Doctor</u>		
None	37	82.2
One	1	2.2
Seven	1	2.2
No answer	6	13.3
<u>Private Doctor Hospital</u>		
None	27	60.0
Two	3	6.6
Three	4	8.8
Five	1	2.2
Six	1	2.2
Ten	1	2.2
Eighteen	1	2.2
No answer	6	13.3
<u>Private Hospital</u>		
None	37	82.2
Four	1	2.2
Five	1	2.2
No answer	6	13.3

Table 12 (Continued)

Number of Visits	Sisters Having Children who Visited	Percent of Sisters
<u>Public Hospital</u>		
None	28	62.2
One	5	11.1
Two	3	6.6
Three	1	2.2
Four	1	2.2
Five	1	2.2
No answer	6	13.3
<u>Health Station</u>		
None	35	77.7
Two	1	2.2
Four	1	2.2
Five	1	2.2
Six	1	2.2
No answer	6	13.3
<u>Other</u>		
None	38	84.4
One	1	2.2
No answer	6	13.3

Table 13

Children's\* Use of Health Services According to Health Needs  
(June 1975 - May 1976)

Health Needs:	Herb Doctor		Private Doctor Hospital		Private Hospital		Public Hospital		Health Station		Total For Health Needs	
	N	%	N	%	N	%	N	%	N	%	N	%
Acute illness	1	2.2	10 <sup>a</sup>	22.2	2 <sup>b</sup>	4.4	4 <sup>ab</sup>	8.8	0	0.0	17	37.7
Chronic illness	0	0.0	0	0.0	0	0.0	2	4.4	0	0.0	2	4.4
Accident/injury	0	0.0	1	2.2	1	2.2	3	6.6	0	0.0	5	11.1
Surgery	0	0.0	0	0.0	0	0.0	2	4.4	0	0.0	2	4.4
Childhood Diseases	0	0.0	2	4.4	0	0.0	0	0.0	0	0.0	2	4.4
Mental, emotional	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Immunizations	0	0.0	2	4.4	0	0.0	1	2.2	3	6.6	6	13.3
Medical advice	0	0.0	1	2.2	0	0.0	1	2.2	1	2.2	3	6.6
Check-up or exam	0	0.0	1	2.2	0	0.0	2	4.4	0	0.0	3	6.6
Other	1	2.2	0	0.0	0	0.0	0	0.0	0	0.0	1	2.2
Total Service Use	2	4.4	16	35.4	3	6.6	15	33.3	4	8.8	40	88.5

N Refers to number of Sisters having children who used service.

% Refers to percent of total Sisters.

\* Only 42.2 percent of the women had children.

a One respondent listed both private and public hospital for acute illness.

b One respondent listed both private doctor hospital and public hospital for acute illness.

There were five Sisters (11.1 percent) who did not answer this question.



Table 14

Summary of Health Services Used the Most by Children  
According to Need

Need	Health Service	Percent of Sisters
Acute illness	Private doctor	22.2
Chronic illness	Public hospital	4.4
Accident/injury	Public hospital	6.6
Surgery	Public hospital	4.4
Childhood diseases	Private doctor	4.4
Mental/emotional	None	0.0
Immunizations	Health station	6.6
Medical advice	Private doctor	2.2
	Public hospital	2.2
	Health station	2.2
Check-up/examination	Public hospital	4.4
Other	Herb doctor	2.2

## SECTION III: NON-USE OF HEALTH SERVICES

This section reports on the times when the Sisters did not use the health services. The term "non-use" shall be used hereafter to refer to (1) no visits to the dentist during the year specified, and (2) times when the Sisters felt they should have gone to the doctor but did not go. Tables 15-20, which explain the two types of non-use, are found at the end of this section on pages 65-71.

The Sisters were asked to indicate (1) how many times they had gone to the dentist, and (2) if, during the year, they had felt they needed to see a doctor, but decided not to go. They were also asked to give the number of times they found themselves in the second situation. Finally, they were asked to indicate which service they would have used if they had gone to the doctor. They were to do this by ranking all the services, except for the dentist, according to their first, second, third, fourth, fifth, and sixth choice.

Non-Visits to Dentist

The Sisters' responses to the question about how many times they visited the dentist during the year show that seventeen women, 37.7 percent, did not visit the dentist. (Table 9, page 53) Cross-classifying the "none" answers of this question with selected demographic characteristics gives the following picture. Ten women were between the ages of twenty-one and thirty-five; ten were married or had been married; and ten had over twelve years of education. There were nine women who had children and seven had an income between 6000 and 12000 NT per month. (Table 15, page 65)

### Should Have Gone to Doctor

The Sisters were asked to indicate if they had ever felt they should visit a doctor but did not act on their impulse. The results show (Table 16, page 67) that twenty-one Sisters, 46.6 percent, said they had experienced this feeling during the year. Sixteen of these Sisters (Table 17, page 68) were between the ages of twenty-one and thirty five; eleven were single; and thirteen were childless. There were twelve women with over twelve years of education, and ten had a family income between 2001 and 6000 NT per month.

The twenty-one women were further requested to give the number of times they felt they should have visited the doctor. There were eight women who were suppose to answer the question but left it blank. Four Sisters said they had felt this way once and two Sisters reported having the feeling ten times during the year. Altogether, thirteen women listed a total of forty-four times when visits were not made to the doctor. This averages to 3.3 times per each Sister answering the question. (Table 18, page 70)

In order to see where the Sisters would have gone to the doctor if they had followed their inclinations, the women were asked to rank all the health services (except for the dentist) according to their first, second, third, fourth, fifth, and sixth choice. The results show (Table 19, page 70) that among the twenty-one Sisters who were suppose to answer this question, the public hospital was selected a total of thirteen times as first choice, followed by the private doctor which was the first choice of six Sisters. This preference for the

public hospital and private doctor follows the same "use" patterns already described in the preceding section for both the women and the children.

The responses to rating the health services by first, second, third, fourth, fifth, and sixth choice was quite varied. Many women gave only their first choice, while others gave a first, second, and third choice. One of the twenty-one Sisters did not list any choice. Interestingly, there were seven people who did answer that were suppose to have skipped the question, since they had previously indicated that they had always acted on their feelings to see the doctor. The answers of these seven women were not included in Table 19. However, five of their responses listed the public hospital as the first choice.

#### Summary of Non-use

Upon combining the two groups of non-users (those who did not visit the dentist and those who should have gone to the doctor but did not go), it is found (Table 20, page 71) that eleven women, 24.4 percent of the Sisters surveyed, are common to both groups. Among these eleven women, seven were twenty-one to thirty-five years of age; six were married, with five women having children between six and eleven years of age; six had over twelve years of education; and the income levels of 2001 to 6000 NT and 6001 to 12000 NT per month were each listed by four Sisters. Of these eleven women, ten did give times when either they or their children made visits to the health services during the time period specified. However, one out of the eleven, in addition to the non-use already attributed to her, indicated that she and her children did not visit any health service and did not have any



illness that caused them to seek help during the year. This Sister was married and was fifty years of age or older. She had received more than twelve years of education and her monthly family income was between 2001 and 6000 NT per month. She had eleven children and their ages ranged from infancy to thirty years of age or older.

In conclusion, there were a total of twenty-seven Sisters, or 60.0 percent, who at least once during the year from June 1975 to May 1976, did not use the health services. This total is obtained by adding the number of women in each of the non-user groups as described above.

Table 15

Those Who Did Not Visit Dentist: Age, Marital Status,  
Education, Income, Number and  
Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	10	22.2
35-50	2	4.4
Above 50	5	11.1
<u>Marital Status</u>		
Single	6	13.3
Married	8	17.7
Widowed/divorced	2	4.4
No answer	1	2.2
<u>Education</u>		
7-9 years	3	6.6
10-12 years	4	8.8
Over 12 years	10	22.2
<u>Income</u>		
Below 2000 NT	2	4.4
2001---6000 NT	6	13.3
6001--12000 NT	7	15.5
Above 12000 NT	2	4.4

Table 15 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	8	17.7
Two	1	2.2
Three	2	4.4
Four	3	6.6
Six	2	4.4
Eleven	1	2.2
<u>Age Group of Children</u>		
None	8	17.7
0-5	3	6.6
6-11	6	13.3
12-17	5	11.1
18-23	5	11.1
24-29	4	8.8
30 and above	3	6.6

Table 16

Felt Should Go to Doctor, But Did Not  
(June 1975 - May 1976)

Response	Sisters Responding	Percent of Sisters
Yes	21	46.6
No	19	42.2
No answer	5	11.1



Table 17

Those Who "Felt Should Seek Doctor, But Did Not Go":  
 Age, Marital Status, Education, Income,  
 Number and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	16	35.5
35-50	3	6.6
Above 50	2	4.4
<u>Marital Status</u>		
Single	11	24.4
Married	7	15.5
Widowed/divorced	1	2.2
No answer	1	2.2
<u>Education</u>		
7-9 years	5	11.1
10-12 years	4	8.8
Above 12 years	12	26.6
<u>Income</u>		
Below 2000 NT	3	6.6
2001---6000 NT	10	22.2
6001--12000 NT	6	13.3
Above 12000 NT	2	4.4

Table 17 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	13	28.8
One	1	2.2
Two	1	2.2
Three	2	4.4
Four	2	4.4
Six	1	2.2
Eleven	1	2.2
<u>Age Group of Children</u>		
None	13	28.8
0-5	3	6.6
6-11	7	15.5
12-17	4	8.8
18-23	3	6.6
24-29	2	4.4
30 and above	2	4.4

Table 18

Number of Times "Felt Should Go to Doctor, But Did Not"  
(June 1975 - May 1976)

Number of Times	Sisters Responding	Percent of Sisters
One	4	8.8
Two	3	6.6
Three	3	6.6
Five	1	2.2
Ten	2	4.4
No answer	8	17.7

Table 19

Choice of Health Services by Those Who "Felt Should  
Go to Doctor, But Did Not"

Service	Number of Sisters Indicating Choice*						
	1st	2nd	3rd	4th	5th	6th	N/R
Herb doctor	1	2	2	3	3	0	9
Private doctor	6	2	3	3	0	0	6
Private hospital	0	4	5	1	1	0	9
Public hospital	13	2	1	1	0	0	3
Health Station	0	3	0	2	5	0	10
Other	0	0	0	0	1	4	15

\* One Sister did not use any of the services.

N/R Did not rate service

Table 20

Those Who "Did Not Visit Dentist" and Those Who "Should Have Gone To Doctor, But Did Not": Age, Marital Status, Education, Income, Number and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	7	15.5
35-50	2	4.4
Above 50	2	4.4
<u>Marital Status</u>		
Single	3	6.6
Married	6	13.3
Widowed/divorced	1	2.2
No answer	1	2.2
<u>Education</u>		
7-9 years	3	6.6
10-12 years	1	2.2
Over 12 years	6	13.3
<u>Income</u>		
Below 2000 NT	2	4.4
2001---6000 NT	4	8.8
6001--12000 NT	4	8.8
Above 12000 NT	1	2.2



Table 20 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	5	11.1
Two	1	2.2
Three	1	2.2
Four	2	4.4
Six	1	2.2
Eleven	1	2.2
<u>Age Group of Children</u>		
None	5	11.1
0-5	3	6.6
6-11	5	11.1
12-17	3	6.6
18-23	3	6.6
24-29	2	4.4
30 and above	3	6.6

SECTION IV: FACTORS PERCEIVED AS CAUSING  
NON-USE OF HEALTH SERVICES

The twenty-seven Sisters, who during the year from June 1975 to May 1976 had times when they did not use the health services, were presented a list of factors, which in other studies had been found to influence people's use of health facilities and personnel. They were asked to check those factors they perceived as keeping them from going to the dentist and doctor. If none of the listed factors applied to them, they were able to check "other" and then explain what they meant by checking this response.

The Sisters could choose from three categories of factors: sociocultural, sociodemographic, and social-psychological. The selected factors for each category, as listed in the questionnaire, are as follows:

<u>Category</u>	<u>Factors</u>
Sociocultural	"perception of illness"  "lack of time or could not leave work"
Sociodemographic	"presence of health services"  "transportation"  "shortage of funds"
Social-psychological	"distrust of dentist (doctor)"  "fear of finding something wrong"

After examining the explanations of the Sisters, part of the reasons for the factor "other" were counted with "perception of illness," while the rest created an added factor of "do not like to go to the dentist (doctor)." This factor was included in the sociocultural category.

In the discussion that follows, the data about each factor is presented and analysed by citing the number of times the factor was checked, and by describing the Sisters who checked the factor by age, marital status, education, income, and number and age group of children. Further description of the twenty-seven women is given by comparing their answers to selected questions with the answers indicated by the rest of the Sisters. These comparisons are made when discussing the following factors: "lack of time or could not leave work," "shortage of funds," "presence of health services," "distrust of health services," and "fear of finding something wrong." The order in which the data is presented and analysed for each factor is first, the non-use of the dentist; second, the non-use of the doctor; and third, a combination of the two groups of non-users.

Tables 21-37, which are used in presenting the findings about the factors checked, are placed at the end of this section on pages 87-108.

#### "other"

The first sociocultural factor to be examined was "other." Because of the nature of explanations given for this factor, most of the "other" responses were treated with the "perception of illness"

factor. However, two of the Sisters gave a response which does not fit with "perception of illness." The answer was bu syi-hun kan ya-yi or bu syi-huan kan yi-sheng which means "do not like to go to the dentist (doctor)." The word "like" can refer to many reasons for non-use. However, since the author was not able to ask the two ladies what they meant by "not like" and since a person's likes and dislikes are often culturally conditioned, it was decided to treat this response as a sociocultural factor.

The two women above are responsible for the "other" response being given three times. One of the Sisters gave the explanation for not visiting the dentist. The other Sister indicated this reason for not visiting the dentist and the doctor. Both ladies were between the ages of twenty-one and thirty-five years of age. Both were married and had children. One of the Sisters had gone to school between seven and nine years, while the other had received over twelve years of education. One Sister indicated having a family income between 2001 and 6000 NT per month. The second Sister listed 6001 to 12000 NT per month as her family income.

#### "Perception of Illness"

The second sociocultural factor to be examined was "perception of illness." This factor referred to whether a person considered a certain health condition serious enough to cause her to visit the health services available. When talking about non-use of the dentist, the "perception of illness" factor referred to the responses "no problem with teeth" and "other." In the case of non-visits to the doctor, the factor referred to the answer "other."



There were eleven women, or 24.4 percent of the sample, who listed "no problem with teeth" as a reason for not visiting the dentist. (Table 21, page 87) Seven of the eleven Sisters were age twenty-one to thirty-five; five were single; seven had over twelve years of education; six had a monthly family income between 2001 and 6000 NT; six had no children; and the children's ages for the five women having children were divided almost evenly through all age groups from infancy to thirty years and older.

In addition to those who checked "no problem with teeth," one Sister checked "other." Her explanation was "false teeth." This woman was fifty years of age or older, married, and had received over twelve years of schooling. Her family income was between 6000 and 12000 NT per month, and she had children whose ages ranged from eighteen to twenty-nine.

Unexpectedly, there were two Sisters who visited the dentist and yet listed "no problem with teeth" as a reason for not going. This indicates that perhaps there were moments, in addition to the times they went, when these Sisters felt they should go to the dentist but did not go. Thus, they are included in the group of eleven women described above.

Those giving the reason of "other" for not going to the doctor when they should have gone were eight in number, or 17.7 percent of those surveyed. Examples of the reasons they supplied were: "nurse," "quick recovery," "disease not serious," "cold," "emotional illness," and "say prayers and everything is all right." Six of these eight women were between the ages of twenty-one and thirty-five; four were single; six had over twelve years of education; four had a monthly

family income between 6001 and 12000 NT; five had no children; and the three Sisters having children had children between the ages of six and eleven. (Table 22, page 89)

Combining the two groups of non-users listing "perception of illness," it is found that there were three Sisters who did not use either the doctor or dentist because of "no problem with teeth" or "other." These women were all married and all had children. They had a high school education or better and represented each of the age groups. Two had a family income between 2001 and 6000 NT per month and the third Sister's income was over 12000 NT per month.

Altogether, there were seventeen women, or 37.7 percent of those surveyed, who gave "perception of illness" twenty times as a factor keeping them from using the health services at least once during the year.

"Lack of Time or Could Not  
Leave Work"

The third sociocultural factor to be considered was "lack of time or could not leave work." This factor referred to a person's unwillingness to take time from whatever he was doing to secure help from the health services.

There were eight Sisters, or 17.7 percent of those surveyed, who gave "lack of time or could not leave work" as a reason for not visiting the dentist. Of these eight Sisters, six were between the ages of twenty-one and thirty-five; four were single; five had over twelve years of education; four had an income of 6000 to 12000 NT per month; five had no children and the remaining three Sisters had children between the ages of six and thirty or above. (Table 23, page 91)

Again there were women who visited the dentist and at the same time gave a reason for not seeking dental help. Three Sisters fit this description. As mentioned when this situation was presented previously, this may indicate that these women had moments, in addition to the times they went, when they felt they should see a dentist but did not go. Consequently, they are included in the group of eight Sisters discussed in the preceding paragraph.

Besides the eight Sisters giving "lack of time or could not leave work" as a factor for non-use of the dentist, there were eight Sisters, or 17.7 percent of those surveyed, who gave this answer as a reason for not going to the doctor. Seven of these eight women were between twenty-one and thirty-five years of age; five were single; four had over twelve years of education; five had an income between 2001 and 6000 NT per month; six had no children and the two remaining Sisters tended to have children who were eighteen years of age or older. (Table 24, page 93)

Additional information about the above eight women can be obtained by comparing their answers with the rest of the Sisters, when answering the questions about how long it took to travel to health services and about how much time was spent waiting at the health services for help.

Regarding the first question, six of the eight women, 75.0 percent, took ten minutes or more to go to medical help. Approximately 62.0 percent of the Sisters in the rest of the sample also answered that it took them ten minutes or more to go to medical help. (Table 25, page 95) After arriving at medical help, it took 50.0 percent of



the eight Sisters listing "no time or could not leave work" thirty minutes or less to see a doctor, whereas 78.3 percent of the Sisters in the rest of the sample took thirty minutes or less to see the doctor. (Table 26, page 96)

The results of these questions show that those listing the "no time or could not leave work" factor took about the same amount of time traveling to medical help as the other women, but had to wait slightly longer to see the doctor after arriving at the service.

Adding the groups of non-users of dentist and doctor together, it is found that there were four Sisters who listed "lack of time or could not leave work" as a reason for their non-use of health services. Two of the women had children; three were married; three were between twenty-one and thirty-five years of age; two had seven to nine years of education; and three had an income between 2001 and 6000 NT per month. The ages of the children, for the two women having children, were between six and eleven years or eighteen years and above.

Altogether, twelve Sisters, or 26.6 percent of those surveyed, listed "lack of time or could not leave work" sixteen times as a factor keeping them from using the health services.

#### "Shortage of Funds"

The first sociodemographic factor to be examined was "shortage of funds." There were only two Sisters, 4.4 percent of the total sample, who checked this reason for not going to the dentist. Both Sisters gave their family income below 2000 NT per month. One Sister was married and had six children, while the other was single and had



no children. One had received from seven to nine years of education, while the other had gone to school from ten to twelve years. (Table 27, page 97)

Besides the two Sisters described above, there were five women, 11.1 percent of the sample, who gave "shortage of funds" as a factor for not going to the doctor when they felt they should have gone. Three of these Sisters were between the ages of twenty-one and thirty-five; three were married; two Sisters had gone seven to nine years to school and two had gone more than twelve years; three had a family income below 2000 NT per month with the remaining two Sisters having an income between 2001 and 6000 NT; two had no children, and of the three remaining Sisters, two had children between the ages of six and eleven. (Table 28, page 99)

Looking at the total number of non-users because of the factor "shortage of funds," it is found that the two women who gave this reason for not going to the dentist during the year also gave the same factor for not going to the doctor. Consequently, altogether there were five women, 11.1 percent, who did not visit the health services at least once during the year because of this factor. These five Sisters checked this reason a total of seven times.

Two questions in the survey dealt with paying for medical expenses. One question asked how much the Sisters spent for medical help during the year specified, and the other question asked if the family had any health insurance. Comparing the answers to these two questions by the five Sisters listing the factor "shortage of funds" and the rest of the sample, it is found that 80.0 percent of Sisters listing the factor spent 1 to 1000 NT for medical services. Also, all

five did not have health insurance. For the Sisters not listing the factor, it was found that only 32.5 percent spent between 1 and 1000 NT, and that 24.4 percent did have health insurance. Interestingly, 15.0 percent reported no money spent on health services during the year. (Tables 29 and 30, pages 101 and 102)

#### "Presence of Health Services"

The second sociodemographic factor to be considered was "presence of health services." This factor referred to the existence of a service in a person's neighborhood and was represented in the questionnaire by the factor called "no dentist (doctor) in neighborhood."

It was found that not one Sister checked this factor as a reason for not going to the dentist. However, there was one Sister who did give this factor, along with several other reasons, for not going to the doctor. This woman was fifty years of age or over; she was married and had six children whose ages ranged from eighteen to thirty and over. She had received seven to nine years of education and had a family income below 2000 NT per month. This Sister made the statement that there were not enough health facilities available, as compared to the 51.0 percent of the total sample who disagreed or highly disagreed with the statement. (Table 31, page 103)

The above findings reflect the answers given by the total sample to the open-ended questions about family health problems and Health Missionary aid as reported in the first section of this chapter. Two Sisters said the need for better health services was a family problem. These two women also asked that the Health Missionaries help

them find health services that provide more up-to-date treatment, while an additional Sister asked for help in finding a doctor who charged a reasonable fee and also provided good care. The Sister who listed "no doctor in neighborhood" as a factor for not going to the doctor, however, was not one of the three women who mentioned the need for better services. (Table 7 and 8, pages 42-43)

#### "Transportation"

The third sociodemographic factor to be examined was transportation. However, it was not perceived by any of the Sisters as a factor keeping them from using the health services.

#### "Distrust of Health Services"

The first social-psychological factor to be examined was "distrust of health services." None of the women gave "distrust" as a factor causing non-use of dentist. Yet two Sisters, 4.4 percent of the total sample, did list it as a reason for not using the doctor. These two women were between twenty-one and thirty-five years of age and single. They had no children and both had more than twelve years of education. One Sister gave her family's income between 2001 and 6000 NT per month, and the other checked an income of 6001 and 12000 NT per month.

Because of the element of distrust, it was wondered which services the women would prefer. In checking their answers to the question about where they would have gone for medical help, it was noted that one Sister gave only her first choice, the public hospital. The second Sister rated the services in the following order: private

doctor, first choice; public hospital, second choice; herb doctor, third choice; private hospital, fourth choice; and health station, fifth choice.

It was also wondered if those listing "distrust of health services" would show a tendency to prefer Eastern drugs to Western drugs. Thus, it is interesting to see how the two Sisters answered this question. The two women agreed and were undecided about the statement that Eastern drugs were better than Western drugs. Yet, 40.0 percent of the main group disagreed with the statement.

(Table 32, page 103) One Sister, however, in discussing her family health problems, wrote that she had tried Western drugs to stop her headaches, but found they did not work as well as a drug obtained from Japan. This woman was not one of the two women who listed "distrust of services," though she did agree with the statement about Eastern drugs being better than Western drugs.

One enlightening result of asking the Sisters to agree or disagree with the statement that Eastern drugs are better than Western drugs, is the fact that eight women, or 17.8 percent of those surveyed, answered by adding a note that each drug has its own advantage. This opinion was not included in the questionnaire.

#### "Fear of Finding Something Wrong"

The second social-psychological factor to be presented was "fear of finding something wrong." There was only one woman who listed "fear of finding something wrong" as a reason for not going to the dentist. She was fifty years of age or older and married. She had received seven to nine years of education and had an income below



2000 NT per month. She had six children between the ages of eighteen and thirty or more. Interestingly, this woman disagreed with the statement that it was best not to know about a serious illness.

In addition to the above woman, four Sisters or 8.8 percent of those surveyed, gave "fear of finding something wrong" as a reason for not going to a doctor when they felt they should have gone. Three of the women were between twenty-one and thirty-five years of age; two were single and two were married. Three had received twelve years of education or more, and two had a family income between 2001 and 6000 NT per month. Two women had no children, and the remaining two Sisters had children whose ages were six to eleven or twenty-four to thirty years or older. (Table 33, page 104)

When asked to respond to the statement about it being better not to know about a serious illness, only one Sister, 25.0 percent of those giving "fear of finding something wrong," said that she highly agreed. Fifty percent of those giving the factor highly disagreed with the statement. Comparatively, 46.3 percent of the Sisters who did not check the factor also highly disagreed. (Table 34, page 106)

#### Multiple Factors for Non-use

It should be noted that the Sisters were allowed to check more than one factor for non-use of a service. Of the seventeen not visiting the dentist, two Sisters gave more than one reason for not going. One Sister listed "shortage of funds" and "lack of time or could not leave work." She was between twenty-one and thirty-five years of age, single, and had no children. She had received ten to twelve years of education and had an income below 2000 NT per month.

The second Sister gave "shortage of funds" and "fear of finding something wrong" as factors for not going to the dentist. She was fifty years of age or older, and married with six children. The ages of the children ranged from eighteen years to thirty or above. She had received seven to nine years of education, and her family income was below 2000 NT per month.

Of the twenty-one Sisters who did not see the doctor when they felt they should have gone, four gave more than one reason for not going. Three Sisters listed two reasons apiece. Their three sets of replies were: (1) "lack of time or could not leave work" and "other" (emotional sickness); (2) "lack of time or could not leave work" and "fear of finding something wrong"; (3) "lack of time or could not leave work" and "shortage of funds." The fourth Sister checked four factors. They were "shortage of funds," "no doctor in the neighborhood," "lack of time or could not leave work," and "fear of finding something wrong." In this group of four Sisters, three were twenty-one to thirty-five years of age; two were married; two had no children, while the remaining two Sisters had one and six children respectively; and two had an income below 2000 NT per month.

Finally, there were two Sisters who listed several factors for not using the dentist and for not going to the doctor when they felt impressed to do so. One of the two Sisters gave "lack of funds" and "lack of time or could not leave work"; and the second Sister checked "lack of funds," "no doctor in the neighborhood," and "lack of time or could not leave work."

### Summary of Factors for Non-Use

A total of twenty-five factors were checked by seventeen Sisters for not visiting the dentist. Twenty-one Sisters checked a total of twenty-nine reasons for not going to the doctor. (Table 35 and 36, pages 107-108)

Summarizing the factors according to category, it was found that the sociocultural factors were listed a total of thirty-nine times. They were listed twenty-two times for non-use of the dentist and seventeen times for non-use of the doctor. The sociodemographic factors were given twice for non-use of dentist and six times for not using the doctor. The social-psychological factors were indicated once for not going to the dentist and six times for not visiting the doctor when impressed to do so. (Table 37, page 108)

Table 21

"Perception of Illness" ("No Problem with Teeth")  
 For Non-use of Dentist: Age, Marital Status,  
 Education, Income, Number and Age  
 Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	7	15.5
35-50	1	2.2
Above 50	3	6.6
<u>Marital Status</u>		
Single	5	11.1
Married	4	8.8
Widowed/divorced	2	4.4
<u>Education</u>		
7-9 years	1	2.2
10-12 years	3	6.6
Over 12 years	7	15.5
<u>Income</u>		
Below 2000 NT	0	0.0
2001---6000 NT	6	13.3
6001--12000 NT	2	4.4
Above 12000 NT	3	6.6



Table 21 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	6	13.3
Three	2	4.4
Four	2	4.4
Eleven	1	2.2
<u>Age Group of Children</u>		
None	6	13.3
0-5	2	4.4
6-11	3	6.6
12-17	3	6.6
18-24	3	6.6
25-29	2	4.4
30 and above	3	6.6

Table 22

"Perception of Illness" ("Other") for Non-use of Doctor: Age,  
Marital Status, Education, Income, Number and  
Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	6	13.3
35-50	1	2.2
Above 50	1	2.2
<u>Marital Status</u>		
Single	4	8.8
Married	3	6.6
Widowed/divorced	1	2.2
<u>Education</u>		
7-9 years	1	2.2
10-12 years	1	2.2
Over 12 years	6	13.3
<u>Income</u>		
Below 2000 NT	0	0.0
2001---6000 NT	3	6.6
6001--12000 NT	4	8.8
Above 12000 NT	1	2.2

Table 22 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	5	11.1
Four	2	4.4
Eleven	1	2.2
<u>Age Group of Children</u>		
None	5	11.1
0-5	2	4.4
6-11	4	8.8
12-17	2	4.4
18-24	2	4.4
25-29	1	2.2
30 and above	1	2.2

Table 23

"Lack of Time or Could Not Leave Work" for Non-use of Dentist:  
Age, Marital Status, Education, Income, Number and  
Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	6	13.3
35-50	0	0.0
Above 50	2	4.4
<u>Marital Status</u>		
Single	4	8.8
Married	3	6.6
Widowed/divorced	0	0.0
No answer	1	2.2
<u>Education</u>		
7-9 years	2	4.4
10-12 years	1	2.2
Over 12 years	5	11.1
<u>Income</u>		
Below 2000 NT	2	4.4
2001---6000 NT	2	4.4
6001--12000 NT	4	8.8
Above 12000 NT	0	0.0



Table 23 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Age of Children</u>		
None	5	11.1
One	1	2.2
Six	2	4.4
<u>Age Group of Children</u>		
None	5	11.1
0-5	0	0.0
6-11	1	2.2
12-17	1	2.2
18-23	2	4.4
24-29	2	4.4
30 and above	2	4.4

Table 24

"Lack of Time or Could Not Leave Work" for Non-use of Doctor:  
Age, Marital Status, Education, Income, Number  
and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	7	15.5
35-50	0	0.0
Above 50	1	2.2
<u>Marital Status</u>		
Single	5	11.1
Married	3	6.6
Widowed/divorced	0	0.0
No answer	0	0.0
<u>Education</u>		
7-9 years	2	4.4
10-12 years	2	4.4
Over 12 years	4	8.8
<u>Income</u>		
Below 2000 NT	2	4.4
2001---6000 NT	5	11.1
6001--12000 NT	1	2.2
Above 12000 NT	0	0.0

Table 24 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	6	13.3
One	1	2.2
Six	1	2.2
<u>Age Group of Children</u>		
None	6	13.3
0-5	0	0.0
6-11	1	2.2
12-17	0	0.0
18-23	1	2.2
24-29	1	2.2
30 and above	1	2.2

Table 25

Travel Time to Medical Help: Rest of Sample compared to  
Non-users of Doctor Because of "Lack of Time or  
Could Not Leave Work"

Non-users Because "Lack of Time or Could Not Leave Work"		
Travel Time	Sisters Responding	Percent of Sisters Listing Factor
0 - 10 minutes	2	25.0
10-30 minutes	1	12.5
30-60 minutes	3	37.5
Above 60 minutes	1	12.5
No answer	1	12.5
Rest of Sample		
Travel Time	Sisters Responding	Percent of Rest of Sample
0 - 10 minutes	14	37.8
10-30 minutes	13	35.1
30-60 minutes	4	10.8
Above 60 minutes	4	10.8
No answer	2	5.4

Table 26

Waiting Time at Service: Rest of Sample Compared to Non-users  
of Doctor Because of "Lack of Time or  
Could Not Leave Work"

Non-users Because "Lack of Time or Could Not Leave Work"		
Waiting Time	Sisters Responding	Percent of Sisters Listing Factor
0 - 10 minutes	2	25.0
10-30 minutes	2	25.0
30-60 minutes	1	12.5
Above 60 minutes	2	25.0
No answer	1	12.5
Rest of Sample		
Waiting Time	Sisters Responding	Percent of Rest of Sample
0 - 10 minutes	17	45.9
10-30 minutes	12	32.4
30-60 minutes	2	5.4
Above 60 minutes	3	8.1
No answer	3	8.1



Table 27

"Shortage of Funds" for Non-use of Dentist: Age,  
Marital Status, Education, Income,  
Number and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	1	2.2
35-50	0	0.0
Above 50	1	2.2
<u>Marital Status</u>		
Single	1	2.2
Married	1	2.2
Widowed/divorced	0	0.0
<u>Education</u>		
7-9 years	1	2.2
10-12 years	1	2.2
Over 12 years	0	0.0
<u>Income</u>		
Below 2000 NT	2	4.4
2001---6000 NT	0	0.0
6001--12000 NT	0	0.0
Above 12000 NT	0	0.0

Table 27 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	1	2.2
Six	1	2.2
<u>Age Group of Children</u>		
None	1	2.2
0-5	0	0.0
6-11	0	0.0
12-17	0	0.0
18-23	1	2.2
24-29	1	2.2
30 and above	1	2.2

Table 28

"Shortage of Funds" for Non-use of Doctor: Age, Marital Status,  
Education, Income, Number and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	3	6.6
35-50	1	2.2
Above 50	1	2.2
<u>Marital Status</u>		
Single	2	4.4
Married	3	6.6
Widowed/divorced	0	0.0
<u>Education</u>		
7-9 years	2	4.4
10-12	1	2.2
Over 12	2	4.4
<u>Income</u>		
Below 2000 NT	3	6.6
2001---6000 NT	2	4.4
6001--12000 NT	0	0.0
Above 12000 NT	0	0.0

Table 28 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	2	4.4
One	1	2.2
Three	1	2.2
Six	1	2.2
<u>Age Group of Children</u>		
None	2	4.4
0-5	0	0.0
6-11	2	4.4
12-17	1	2.2
18-23	1	2.2
24-29	1	2.2
30 and above	1	2.2

Table 29

Money Spent on Medical Service: Rest of Sample Compared to  
Non-users of Doctor and Dentist Because  
"Shortage of Funds"

Non-users Because "Shortage of Funds"		
Money Spent	Sisters Responding	Percent of Sisters Listing Factor
None	0	0.0
1 - 1000 NT	4	80.0
1001 - 2000 NT	0	0.0
2001 - 4000 NT	1	20.0
4001 - 6000 NT	0	0.0
Above 6000 NT	0	0.0

Rest of Sample		
Money Spent	Sisters Responding	Percent of Rest of Sample
None	6	15.0
1 - 1000 NT	13	32.5
1001 - 2000 NT	9	22.5
2001 - 4000 NT	2	5.0
4001 - 6000 NT	3	7.5
Above 6000 NT	3	7.5
No answer	4	10.0



Table 30

Insurance: Rest of Sample Compared to Non-users of Doctor  
and Dentist Because of "Shortage of Funds"

Non-users Because "Shortage of Funds"		
Insurance	Sisters Responding	Percent of Sisters Listing Factor
Yes	0	0.0
No	5	100.0
Rest of Sample		
Insurance	Sisters Responding	Percent of Rest of Sample
Yes	11	24.4
No	24	60.0
No answer	5	12.5

Table 31  
Not Enough Health Facilities Available

Opinion	Sisters Responding	Percent of Sisters
Highly disagree	10	22.2
Disagree	13	28.8
Undecided	5	11.1
Agree	13	28.8
Highly agree	3	6.6
No answer	1	2.2

Table 32  
Feel Eastern Drugs Are Better Than Western Drugs

Opinion	Sisters Responding	Percent of Sisters
Highly disagree	0	0.0
Disagree	18	40.0
Undecided	12	26.6
Agree	5	11.1
Highly agree	1	2.2
Each has its own advantage	8	17.7
No answer	1	2.2

Table 33

"Fear of Finding Something Wrong" for Non-use of Doctor: Age,  
Marital Status, Education, Income,  
Number and Age Group of Children

Characteristics	Sisters Responding	Percent of Sisters
<u>Age</u>		
21-35	3	6.6
35-50	0	0.0
Above 50	1	2.2
<u>Marital Status</u>		
Single	2	4.4
Married	2	4.4
Widowed/divorced	0	0.0
<u>Education</u>		
None	0	0.0
7-9 years	1	2.2
10-12 years	2	4.4
Over 12 years	1	2.2
<u>Income</u>		
Below 2000 NT	1	2.2
2001---6000 NT	2	4.4
6001--12000 NT	0	0.0
Above 12000 NT	1	2.2

Table 33 (Continued)

Characteristics	Sisters Responding	Percent of Sisters
<u>Number of Children</u>		
None	2	4.4
One	1	2.2
Six	1	2.2
<u>Age Groups of Children</u>		
None	2	4.4
0-5	0	0.0
6-11	1	2.2
12-17	0	0.0
18-23	0	0.0
24-29	3	6.6
30 and above	2	4.4

Table 34

Rather Not Learn About Serious Illness: Rest of Sample  
Compared to Non-users of Doctor Because of  
"Fear of Finding Something Wrong"

Non-users Because "Fear Find Something Wrong"		
Opinion	Sisters Responding	Percent of Sisters Listing Factor
Highly disagree	2	50.0
Disagree	0	0.0
Undecided	1	25.0
Agree	0	0.0
Highly agree	1	25.0
Rest of Sample		
Opinion	Sisters Responding	Percent of Rest of Sample
Highly disagree	19	46.3
Disagree	12	29.2
Undecided	1	2.4
Agree	1	2.4
Highly agree	2	4.8
Depends on disease	1	2.4
No answer	5	12.1



Table 35  
Factors Perceived for Not Going to the Dentist

Factors <sup>a</sup>	Sisters Responding	Percent of Sisters
Short of funds	2	4.4
No dental help	0	0.0
No transportation	0	0.0
Lack of time or could not leave work <sup>b</sup>	8	17.7
Not trust dentist	0	0.0
No problems <sup>b</sup>	11	24.4
Afraid find something wrong	1	2.2
Other: Don't like dentist	2	4.4
Other: Perception of illness	1	2.2
Total	25	55.5

<sup>a</sup>Sisters could give more than one factor.

<sup>b</sup>Includes answers by Sisters who went to dentist. Three Sisters listed "lack of time or could not leave work." Two Sisters listed "no problem."

Table 36

Factors Perceived for Not Going to Doctor When Should Have Gone

Factors	Sisters Responding	Percent of Sisters
Short of funds	5	11.1
No doctor in neighborhood	1	2.2
No transportation	0	0.0
Lack of time or could not leave work	8	17.7
Not trust doctor	2	4.4
Afraid find something wrong	4	8.8
Other: Perception of illness	8	17.7
Other: Don't like doctor	1	2.2
Total	29	64.4

Table 37

Number of Times Three Categories Given for Non-use of Dentist and Non-use of Doctor

Category	Number for Non-use of Dentist	Number for Non-use of Doctor	Total Number
Sociocultural	22 <sup>a</sup>	17	39
Sociodemographic	2	6	8
Social-psychological	1	6	7

<sup>a</sup> Includes five responses from women who visited the dentist.

## SECTION V: DISCUSSION OF FINDINGS

Even though this study considered only a small part of the Church membership in Taiwan, yet the findings show some of the same general characteristics of the people as were found in the Asian Educational Resources Project. (2) In both cases the members tended to be young, tended to have a high school education or better, and tended to have an income above the national per capita income.

Two additional observations can be made about the characteristics of the Sisters in attendance at the four Ward Relief Society meetings. First, more than a third were single. This finding is interesting in view of the fact that among some women members of the Church, Relief Society is considered to be only for married women. Second, with such a young group of Sisters, it was surprising to find such a small number of children between infancy and ten years of age.

As can be seen from the findings, the Sisters individually used at least one health service during the year and as a group had consulted with all the services mentioned in the questionnaire. The public hospital and private doctor were the most popular services for taking care of the health needs listed, even though the dentist was visited by more of the Sisters than any of the other services.

In considering why the public hospital would be so popular with the Sisters, it should be pointed out that Taipei is the location of several public hospitals, Taiwan University Medical Hospital and Jung Min Chung Hospital. These hospitals are perceived by many people in Taiwan as being more up-to-date in medical techniques and as

having better-trained personnel than many of the other health services available. Also, many people think the public hospitals are cheaper than private hospitals.

Further findings suggest the Sisters tended not to be quite as prevention minded, in terms of seeking early diagnosis, as they might have been. For example, in a Brigham Young University Health Center Study (36: 14,18), the main reasons women gave for visiting the health services were (1) check-ups, (2) female problems, and (3) acute illnesses. Also, they listed their children as going to the services for (1) check-ups, (2) acute illnesses, and (3) immunizations. The Sisters in Taiwan, however, indicated themselves as using the services for the reasons of (1) acute illnesses, (2) check-ups, and (3) immunizations. They listed their children as using the services because of (1) acute illnesses, (2) immunizations, and (3) accidents. The tendency not to have as many check-ups as the American women perhaps reflects the situation often found in developing countries. In these countries the health area first emphasized is the control of communicable diseases and only later is the preventive health concept of seeking early diagnosis and treatment through regular check-ups promoted. (13:10)

From the responses of the Sisters it was evident that there were times when a majority of the women, at least once during the year, did not use the available health services. However, perhaps this percentage would have been higher if the Sisters who saw the dentist had also been asked to indicate if there had ever been times



during the year when they felt they should consult a dentist, but failed to do so. In future studies the questionnaire should be altered to include this question.

It was noted that the method selected for checking for non-use was not completely satisfactory. First, it failed to give details about the symptom or distress that caused the Sisters to feel a need for a doctor, and second, it had to rely on the memory of the Sisters. One alternative would be a health diary maintained by each Sister for a specific period of time as reported by Banks (25) in his study of factors influencing women's use of health services in Britain. The diary could give such items as the Sisters' perception of symptoms and the action taken.

Many factors have been found to influence the use of medical and health facilities. In this study the following two sociocultural factors were perceived most often as causing non-use: "perception of illness" and "lack of time or could not leave work." Several studies have found "perception of illness" to affect health service utilization. The World Health Organization Assisted International Collaborative Study (41:404) found acute and chronic perceived morbidity to be the major factors determining use of services in seven countries in the Americas and Europe. Banks (25:195) further found that only one symptom in thirty-seven leads to consultation. He consequently suggested that there seems to be an aspect of the patient's behavior that evaluates "the importance of symptoms in relation to anticipated diagnosis and expectation of treatment." (38)

The factor of "lack of time or could not leave work" might perhaps be linked to the "perception of illness" factor. This reason



also suggests that since the women were unwilling to take time to seek health care, there may have been a judgement made about the need for treatment in relation to the symptoms manifested.

Other factors such as "shortage of funds," "fear of finding something wrong," "distrust of services," and "no doctor in the neighborhood," were also given as explanations for incidents of non-use. These factors were mentioned by only a few women. However, future studies when taking larger samples may find these factors given more often.

Finally, though sociocultural factors were perceived as the main type of factors presenting obstacles for use of health services, it should be noted that some of the sociodemographic and social-psychological factors may have been the real causative agents. If a method could be devised to obtain accurate information about the actual reasons preventing use of health services, the sociodemographic factor of "shortage of funds," and the social-psychological factors of "fear of finding something wrong," and "distrust of services," may be found to be as prevalent as the sociocultural factors of "perception of illness" and "lack of time or could not leave work."

## CHAPTER V

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

In 1971 the Church of Jesus Christ of Latter-day Saints for the first time sent Health Missionaries to Taiwan to assist the members of the Church in improving their health knowledge and practices. Then in 1972 the Health Service Corporation of the Church suggested to the author that a survey of the available health resources in Taiwan would be of assistance to the Health Missionaries in Taiwan. However, studies have shown that the mere existence of health services does not guarantee their use. Hence, the objective of this study was to determine what sociocultural, sociodemographic, and social-psychological factors the Sisters in the four Wards in the Taipei Taiwan Stake of the Church of Jesus Christ of Latter-day Saints perceived as keeping them from using the health services during the period from June 1975 to May 1976.

The sociocultural factors included in the study were "Perception of illness," "lack of time or could not leave work," and "other." The factor "other" or "do not like to go to the dentist (doctor)" was added after tabulating the responses of the Sisters to the various questions in the questionnaire. The sociodemographic factors were "shortage of funds," "presence of health service," and

"availability of transportation." The social-psychological factors included, "distrust of the health service," and "fear of finding something wrong."

In order to learn which factors affected the Sisters, it was also necessary to determine (1) if the Sisters used the available health services, and (2) if there were times when they did not use the services. "Use of the health services" was defined as (1) the number of visits by the Sisters and their children to the herb doctor, private doctor hospital, private hospital, public hospital, and dentist; and (2) visits to the health services according to the health needs that caused them to seek help. "Non-use of the health services was defined as (1) no visits to the dentist, and (2) not going to the doctor when feeling a visit should be made.

First, a review of literature was conducted to see if there were health services available for the Sisters to use; to pinpoint what factors in other studies have been found to influence people's use of health services; and to see if a suitable questionnaire existed. Not finding an appropriate survey instrument, a questionnaire was constructed and translated. It was administered to forty-five Sisters in four Wards in the Taipei Taiwan Stake Relief Society. The responses were tabulated by the Computer. A narrative analysis was then performed using the number of responses, percentages, and cross-classifications provided by the computer.

This chapter presents a summary of the findings, conclusions, and recommendations.

## SUMMARY OF THE FINDINGS

The summary of the findings are presented in four sections: (1) profile of Sisters; (2) use of health services; (3) non-use of health services; and (4) factors perceived as causing non-use of the health services by the Sisters during the year from June 1975 to May 1976.

Section I: Profile of Sisters

1. The profile of the forty-five Sisters was as follows:

(a) Sixty percent of the Sisters were between the ages of twenty-one and thirty-five.

(b) Sixty-two and two-tenths percent were married or had been married.

(c) Fifty-five and five-tenths percent had over twelve years of education.

(d) Forty-two and two-tenths percent of the women had a family income between 2001 to 6000 NT per month.

(e) Fifty-seven and seven-tenths percent of the women had a total of eighty-seven children.

(f) Fifty-three and eight-tenths percent of the children's ages ranged from eighteen to thirty years or older. Only 6.8 percent of the children's ages were five years or younger.

2. The single Sisters all had at least a high school education.

3. Two of the married women are childless.



4. Two of the widowed or divorced Sisters were between the ages of twenty-one and thirty-five.

5. Fifty-three and three-tenths percent of the Sisters listed acute illness as a family problem. Only 2.2 percent indicated a lack of health education as a family problem.

6. Fifty-three and three-tenths percent of the Sisters said the Health Missionaries could help their families by teaching preventive health measures. Four and four-tenths percent of the women indicated there was no way that the Health Missionaries could be of aid to their families.

#### Section II: Use of Health Services

1. The following was found for the Sisters' use of the health services:

(a) The dentist was visited by 53.3 percent of the women.

(b) The public hospital was used by 42.2 percent of the Sisters, while the health station and herb doctor were each used by only 6.6 percent of the Sisters.

(c) Acute illness was listed as the main reason for visiting the health services by 53.3 percent of the women. The health need "other" was given by 4.4 percent of the sample.

(d) The public hospital was called upon the most when taking care of health needs. The herb doctor was sought out the least.

2. The following was found for the children's use of the health services:



(a) The public hospital was listed by 26.6 percent of the Sisters as being the service their children went to during the year. Only 4.4 percent of the women for each service said their children used the herb doctor and the same was true for the private hospital.

(b) Acute illness was checked by 37.7 percent of the women as being the main cause of their children's visits to the health services. None of the women indicated their children went to a service because of mental or emotional problems.

(c) The private doctor was used the most by the children when taking care of their health needs. The service used least was the herb doctor.

### Section III: Non-use of Health Services

1. The following was found for the Sisters' non-use of the dental services:

(a) There were seventeen, or 37.7 percent of the Sisters, who did not visit the dentist.

(b) Ten of the seventeen women were between the ages of twenty-one and thirty-five; eleven were married or had been married; nine had children; and ten had more than twelve years of schooling.

2. The following was found for the Sisters' non-use of the doctor during the time period specified:

(a) There were twenty-one Sisters, 46.6 percent, who said there were times during the year when they felt they should have visited a doctor, but decided not to seek medical aid.

(b) Sixteen of these twenty-one women were between the ages of twenty-one and thirty-five; eleven were single; thirteen had no children; and twelve had received over twelve years of education.

(c) The "should visit the doctor but did not go" situation occurred an average of 3.4 times for each Sister answering the question.

(d) Thirteen of the Sisters indicated that if they had visited the doctor, the public hospital would have been their first choice as a service to take care of their need. None of the twenty-one Sisters listed the private hospital or health station as their first choice.

3. Eleven Sisters, 24.4 percent of those surveyed, were non-users of both the dentist and the doctor, but also gave times when either they or their children visited the health services.

4. One Sister was a non-user of the dentist and doctor and, in addition, indicated that both she and her children had not visited any health service for any reason during the year.

5. Twenty-seven Sisters, or 60.0 percent of the sample, did not use the health services at least once during the year.

#### Section IV: Factors Perceived as Causing Non-use

1. The sociocultural factor "other" or "do not like to go to the dentist (doctor)" was listed three times by two women. The factor was given once for non-use of the dentist and twice for non-use of the doctor. Both women were married, had children, and were between the ages of twenty-one and thirty-five.

2. The sociocultural factor "perception of illness" was checked twenty times by seventeen women, 37.7 percent of those surveyed. Three of the Sisters gave this factor for non-use of both the dentist and doctor.

(a) Of the women who indicated this factor for non-use of dentist, over half were age twenty-one to thirty-five, had no children, had over twelve years of education, and had a monthly income between 2001 and 6000 NT.

(b) Of those Sisters checking this factor for non-use of the doctor, over half were between the ages of twenty-one and thirty-five years of age, had received over twelve years of education, had a monthly income between 2001 and 6000 NT, and had no children.

3. The sociocultural factor "lack of time or could not leave work" was checked sixteen times by twelve women, 26.6 percent of those surveyed. Four ladies listed this factor for non-use of both the dentist and the doctor.

(a) Over half of the Sisters who checked this factor for non-use of the dentist were between the ages of twenty-one and thirty-five, had over twelve years of education and had no children.

(b) Of the Sisters checking this factor for non-use of the doctor, over half were between the ages of twenty-one and thirty-five, were single, had no children and had a family income between 2001 and 6000 NT per month.

4. Seventy-five percent of the women who gave "lack of time or could not leave work" as a factor for not going to the doctor took ten minutes or less to travel to medical help, and 50.0 percent had



to wait thirty minutes or less after arriving at the health service. Approximately 62.0 percent of the Sisters in the rest of the sample also took ten minutes or less to travel to the doctor, and 78.3 percent of these women had to wait thirty minutes or less to obtain aid.

5. The sociodemographic factor "shortage of funds" was indicated seven times by five women, 11.1 percent of those surveyed. Two of the women listed it for non-use of both dentist and doctor.

(a) Of those Sisters not using the dentist because of this factor, over half had a family income below 2000 NT per month.

(b) Over half of those who were non-users of the doctor were between the ages of twenty-one and thirty-five, had a family income below 2000 NT per month, were married and had children.

6. Eighty percent of the Sisters listing "shortage of funds" spent 1 to 1000 NT for medical expenses during the year, and 100.0 percent of these ladies did not have health insurance. Of the rest of the sample, 47.5 percent spent none or between 1 and 1000 NT on medical care, and 24.4 percent did have insurance.

7. The sociodemographic factor "presence of health services" or "no doctor in the neighborhood" was checked one time by only one Sister, 2.2 percent of those surveyed, for non-use of the doctor. This Sister was fifty years of age or older, was married, had six children whose ages ranged from eighteen to thirty and over, had seven to nine years of education, and had a family income below 2000 NT per month.

8. The one Sister who checked the factor "presence of health services" or "no doctor in the neighborhood" highly disagreed with the statement that there was not enough health facilities available. Fifty-one percent of the rest of the sample also disagreed or highly disagreed with the statement.

9. There were three women who requested aid from the Health Missionaries in finding better and cheaper health services. However, the one Sister who gave the factor "presence of health services" or "no doctor in neighborhood" was not included among these three women.

10. The sociodemographic factor "transportation" was not listed by any of the non-users.

11. The social-psychological factor "distrust of health services" was checked twice by two Sisters, 4.4 percent of those surveyed, for not going to the doctor. The women were both twenty-one to thirty-five years of age, were both single with no children, and both had over twelve years of education. One Sister preferred to go to the public hospital and the other gave the private doctor as her first choice.

12. The two women who listed "distrust of health services" agreed and were undecided about the statement that Eastern drugs are better than Western drugs. Forty percent of the total sample disagreed with this statement. Also, 17.7 percent of the sample wrote on the questionnaire that each has its own advantage.

13. The social-psychological factor "fear of finding something wrong" was listed five times by five women, 11.1 percent of those surveyed.



(a) The one Sister who gave this factor for not visiting the dentist was over fifty years of age, was married, had six children between the ages of eighteen and thirty or more, had a family income below 2000 NT per month, and had received seven to nine years of education.

(b) Of the women indicating this factor for non-use of the doctor, over half were between the ages of twenty-one and thirty-five and had received more than twelve years of schooling.

14. One Sister, who gave the factor "afraid of finding something wrong," agreed with the statement that it was best not to know of a serious illness. However, three of the other women giving the same factor disagreed or highly disagreed with the statement. Forty-six and three-tenths percent of the Sisters in the rest of the sample also highly disagreed.

15. Two of the seventeen Sisters not using the dentist gave more than one factor for not visiting the dental services.

16. Four of the twenty-one non-users of the doctor gave more than one factor for not seeking the aid of a doctor.

17. Twenty-five factors were checked by seventeen Sisters for non-use of the dentist.

18. Twenty-nine factors were checked by twenty-one Sisters for non-use of the doctor.

19. For non-use of the health services, the sociocultural factors were listed thirty-nine times, the sociodemographic factors were checked eight times, and the social-psychological factors were checked seven times.

## CONCLUSIONS

The conclusions are presented in four sections: (1) profile of the Sisters; (2) use of the health services; (3) non-use of health services; and (4) factors viewed as causing non-use of the health services during the year from June 1975 to May 1976.

### Section I: Profile of Sisters

1. The women surveyed tended to be relatively young, highly educated, and married or previously married. Financially, they tended to be above the per capita income level for Taiwan. Their children tended to be in their late teens, twenties and thirties.

2. The main family health problem tended to be acute illness.

3. The Health Missionaries can best fulfill the Sisters' wishes for family health aid by teaching preventative health measures. However, only one Sister considered lack of health education as a family problem.

4. Most of the Sisters felt their families have health problems.

5. Most of the Sisters felt the Health Missionaries would be of help to them and their families.

### Section II: Use of Health Services

1. The dentist and public hospital tended to be the health services used most often by the Sisters.

2. The private doctor and public hospital tended to be the health services used most frequently by the children of the Sisters.

3. Very few of the women and children visited the herb doctor.
4. When faced with a health need, the Sisters tended to go to the public hospital or private doctor for help.
5. When faced with a health need, the women's children tended to see a private doctor or go to the public hospital for help.
6. Acute illness was the leading health need causing use of the health services by both the Sisters and the children.
7. All of the Sisters except one used the health services at least once.

### Section III: Non-Use of Health Services

1. A majority of the Sisters described at least one kind of non-use of the health services. Twenty-four and four-tenths percent of this majority described two types of non-use of the health services for the period specified.
2. Those Sisters not visiting the dentist tended to be mothers, relatively young, well educated, and married or previously married.
3. Those Sisters not using the doctor when they felt they should, tended to be relatively young, single with no children, and well educated.

### Section IV: Factors Perceived as Causing Non-Use

1. The sociocultural category of factors was viewed as causing non-use of the health services by a majority of the Sisters

who did not go to the dentist and doctor. The following can be said about the three factors in this category:

(a) A majority of the non-users tended to view the sociocultural factor "perception of illness" as keeping them from using the available health services.

(b) Almost half of the non-users tended to see the sociocultural factor "lack of time or could not leave work" as keeping them from using the services available. The time traveling to and waiting at the services tended to be the same for these Sisters as for the rest of the women surveyed.

(c) Only a few of the non-users viewed the sociocultural factor "other," "do not like to go to dentist (doctor)," as preventing them from utilizing the health services.

(d) The women mentioning this category of factors tended to be relatively young, above average financially, well educated, and single with no children.

2. The category of sociodemographic factors was seen by only a small minority of the non-users as preventing them from going to the dentist or doctor. The following can be said about the three factors in this category:

(a) Several of the Sisters not using the services saw the sociodemographic factor "shortage of funds" as the cause for not going to the doctor or dentist. These women tended to have an income below 2000 NT per month and yet tended to spend as much for medical care as almost half the Sisters in the rest of the sample. These women did not have health insurance.



(b) Only one Sister viewed the sociodemographic factor "presence of health services" as the reason preventing her from using the doctor. Most of the women surveyed indicated they felt there were enough medical facilities available.

(c) The sociodemographic factor "availability of transportation" was not considered by any of the Sisters as a cause for non-use of health services.

(d) The women listing this category of factors tended to be relatively young, married with children, and not as financially well-off as the rest of the Sisters in the study.

3. The category of social-psychological factors was also indicated by only a small minority of the non-users as keeping them from going to the dentist or doctor. The following can be said about the two factors in this category:

(a) Only a few of the women not using the health services checked "distrust of the doctor." No conclusion can be made about these Sisters' preference for health services. However, there seemed to be some indication that these Sisters felt Eastern drugs were better than the Western drugs.

(b) Several of the Sisters not going to the dentist or doctor felt "fear of finding something wrong" kept them from going to the service. However, these women tended to disagree with the statement that it is better not to know about a serious illness.

(c) The women giving this category of factors tended to be relatively young and well educated.



## RECOMMENDATIONS

The recommendations are presented in three sections: (1) recommendations for the Health Missionaries; (2) recommendations for improvement of the study; and (3) recommendations for further research.

### Section I: Recommendations for Health Missionaries

1. The Health Missionaries should teach the Sisters the following preventive health concepts:
  - (a) Adults and children should have regular dental and physical examinations.
  - (b) Delay in seeking the aid of health services when sick can result in more serious health problems.
2. The Health Missionaries should help the Sisters become more aware of the services that provide good care at a nominal fee.
3. The Health Missionaries should teach the Sisters how to prevent illness.
4. The Health Missionaries should teach the Sisters about the etiology and symptomatology of common diseases in their area.

### Section II: Recommendations for Improvement of Study

1. The study should be enlarged to include the men of the Taipei Taiwan Stake and all members of the Church in Taiwan in order to determine what factors are viewed by the Church population as preventing their use of the health services.

2. The questionnaire should be administered to a greater number of individuals in order to perform statistical analyses.

3. The following sampling techniques should be used when gathering data:

(a) Personally interview the Sisters in order that all questions may be answered and all answers may be clarified.

(b) Stratify the sample according to geographical area, according to residence in urban or rural areas, and according to Wards.

(c) Obtain a random sample in order that statistical analyses of the data may be conducted.

4. The questionnaire should be altered in the following ways:

(a) Questions asking for number of visits to the various health services should be incorporated into the questions that ask for the health service visited according to the health needs.

(b) Questions should be added which ask about the number of times the children visited the dentist, and the number of times the Sisters did not go to the dentist but felt they should go.

(c) The variables of ethnic background (Taiwanese, Mainlander, and Aborigine) should be added.

(d) The questions about the various factors preventing non-use of health services should be reconstructed so that the Sisters rate each factor according to the following scale: stopped me from going, almost stopped me from going, did not stop me from going, and undecided.

5. In addition to the questionnaire other methods, such as having the Sisters keep a health diary, should be used to check for

the times the health services are used and not used, and for the factors influencing the person's decision not to use a service.

6. Closer examination of the health services available to the actual respondents should be carried out.

### Section III: Recommendations for Further Research

This study was conducted only as a survey. Hopefully, it has provided a basis from which further work can be done. The following research might be considered:

1. A study which correlates the factors viewed as causing non-use of health services with the variables of marital status, income, sex, occupation, geographic area, ward, and ethnic background.

2. A study which correlates various health needs with the health services used to take care of the needs.

3. A study which correlates the Sisters' preference for the public hospital with the variables of geographical area, residence in urban and rural areas, wards, ethnic background, marital status, sex, education, income, and number of years in the Church. This study could be enlarged to include the preference of the members of the Church for the public hospital and other health services correlated with the variables already mentioned above.

SELECTED BIBLIOGRAPHY



## SELECTED BIBLIOGRAPHY

### A. CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

1. Church News. Deseret News 1977 Church Almanac, Salt Lake City: The Church of Jesus Christ of Latter-day Saints, Deseret News, 1977.
2. Church of Jesus Christ of Latter-day Saints, Commissioner of Church Education. Asian Educational Resources Project, Unpublished study, Brigham Young University, 1973.
3. Church of Jesus Christ of Latter-day Saints, Church Historical Department, Salt Lake City, Utah.
4. \_\_\_\_\_. "Corps Blazes 'Trail'," Church News, [Salt Lake City], October 28, 1972, p. 8-9.
5. Health Services Corporation of the Church of Jesus Christ of Latter-day Saints. Personal correspondence between Edward L. Soper, Assistant to the Commissioner, and the Taiwan Mission President. n.d. (A copy of the letter is provided in Appendix A.)
6. McConkie, Bruce R. Mormon Doctrine, Salt Lake City: Bookcraft, 1966.
7. Palmer, Spencer J. The Church Encounters Asia, Salt Lake City: Deseret Book Company, 1970.
8. Smoot, Reed, Luke Henry Grollenberg, and Richard L. Evans. "The Church of Jesus Christ of Latter-day Saints," Encyclopaedia Britannica, 1972, Vol. 13, p. 795.
9. \_\_\_\_\_. "Three Welfare Units Joined," Church News, [Salt Lake City], April 7, 1973, p. 4.

### B. EDUCATIONAL RESEARCH

10. Tuckman, Bruce W. Conducting Educational Research, New York: Harcourt Brace Jovanovich, Inc., 1972.



## C. HEALTH SERVICES IN TAIWAN

11. Assaad, F. A., et. al. "Clinical Evaluation of the Taiwan Trachoma Control Programme," Bulletin of the World Health Organization, 45:491-509, 1971.
12. Chang, T. T., et. al. "A Field Survey on Home Environmental Sanitation in Two Districts of Kaohsiung City, Taiwan," Journal of Formosan Medical Association, 74(4):302-309, April 1975.
13. Chen, Kung-Pei. "Medicine and Public Health in Transition in Taiwan," Harvard Public Health Alumni Bulletin, 23:6-12, January 1966.
14. Chou, C. H. and Kao, C. T. "Paragoniumus and Intestinal Helminthic Infection Among School Children in San-Won District of Miaoli County, Taiwan," Tropical Diseases Bulletin, 70:161-162, February 1973.
15. Lim, Henry. "Victory Over Malaria," Free China Review, 16:33-38, February 1966.
16. National Health Administration, Taiwan Provincial Health Department, and Taipei City Health Department. Health Statistics: General and Vital Health Statistics, Republic of China, 1975 2 Vols., Taipei: Ta Chia Printing Company, 1975.
17. Taipei City Health Department. Public Health in Taipei 1970, [Taipei]: n.n., 1970.
18. Taiwan Provincial Government, Department of Health. Taiwan's Health: 1968 and 1969, Taichung: n.n., June 1970.
19. Yaung, Cl., et. al. "A Survey of Physical Health in a General Population of North Taiwan," Journal of Formosan Medical Association, 73:8-15, January 1974.
20. Yen, C. H. "A Review in Public Health in Taiwan, Republic of China," [Taipei]: n.n., August 1972.

## D. RESEARCH IN HEALTH SERVICES

21. Anderson, C. L. Community Health, Saint Louis: The C. V. Mosby Company, 1967.
22. Anderson, James G. "Anticipating the Second-Order Consequences of Health Care Program," Health Services Research, 7:6-7, Spring 1972.

23. Anderson, James G. "Causal Model of a Health Services System" Health Services Research, 7:23-39, Spring 1972.
24. Anderson, James G. "Health Services Utilization: Framework and Review," Health Services Research, 8:184-199, Fall 1973.
25. Banks, M. H., et. al. "Factors Influencing Demand for Primary Medical Care in Women Age 20-44 Years: A Preliminary Report," International Journal of Epidemiology, 4:189-195, September 1975.
26. Blackwell, Barbara. "The Literature of Delay in Seeking Medical Care for Chronic Illness," Health Education Monographs, No. 16:3-31, 1973.
27. Carey, Judith and E. Lance Rogers. "Health Status and Health Knowledge of the Student In the Changing Community College," American Journal of Public Health, 63:126-133, February 1973.
28. Clark, Margaret. Health in the Mexican-American Culture, Berkeley: University of California Press, 1970.
29. Colson, Anthony C. "The Differential Use of Medical Resources in Developing Countries," Journal of Health and Social Behavior, 12:226-237, September 1971.
30. Garner, J. "A Survey Shows That 75% of Canadian Women Give Fear As A Reason for Delay in Seeking Medical Aid." Canadian Medical Associations Journal, 110:1310-1318, June 1974.
31. Mainland, Donald. Health Services Research, New York: Milbank Memorial Fund, 1967.
32. Mead, Margaret. Cultural Patterns and Technical Change, New York: The New American Library, 1955.
33. Mechanic, David. Public Expectations and Health Care, New York: John Wiley and Sons, Inc., 1972.
34. Penn, Rhesa L. "The Application of a Model for Health Care Services in a Rural Setting," American Journal of Public Health, 63:33-36, January 1973.
35. Peterson, Evan, Barry Johnson, and Robert Parsons. "Health Attitudes and Needs in Utah," Brigham Young University Survey Research Center, Provo, Utah, 1972.
36. Peterson, Evan. "Health Center Evaluation Study: Utilization Data," Survey conducted for Brigham Young University McDonald Health Center, Brigham Young University Survey Research Center Provo, Utah, 1973.

37. Peterson, Evan, Robert Parsons, N. Dale Wright. "Health Provider Attitude Study," Survey conducted for Intermountain Regional Medical Program, Brigham Young University Survey Research Center, Provo, Utah, May 1973.
38. Starfield, Barbara. "Health Services Research: A Working Model," The New England Journal of Medicine, 289:132-136, July 1973.
39. Terris, Milton. "Crisis and Change in America's Health System," American Journal of Public Health, 63:313-318, April 1973.
40. U.S. Department of Health, Education, and Welfare. Research in Community Health, Washington: Government Printing Office, 1964.
41. \_\_\_\_\_. "Use of Health Care: An International Study," WHO Chronical, 30(10):403-406, October 1976.
42. Van Amelsvoort, V. F. P. M. Culture, Stone Age and Modern Medicine, Assen: VanGorcum and Company, 1964.
43. Zboronski, M. "Cultural Components in Response to Pain," Journal of Social Issues, 8:16, 1952.
44. Zola, I. K. "Culture and Symptoms: An Analysis of Patients' Complaints," American Social Review, 31:615, 1966.

#### E. TAIWAN

45. Davidsen, James W. The Island of Formosa, Past and Present, New York: MacMillian and Company, 1903.
46. Executive Yuan, Administrative and Research and Evaluation Commission. A Review of the Administration of the Republic of China, [Taipei]: n.n., 1972.
47. Executive Yuan, Administrative Research and Evaluation Commission. A Review of Public Administration, The Republic of China, [Taipei]: n.n., 1973.
48. Hsieh, Chiao-min. Taiwan--Ilha Formosa, Washington: Butterworths, 1964.
49. Mancall, Mark, ed. Formosa Today New York: Frederick A. Praeger, 1964.
50. Foreign Exchange, The Wall Street Journal [New York], July 1, 1976, p. 23.

## F. WOMEN IN TAIWAN

51. O'Hara, Albert R. Research on Changes of Chinese Society, ed. Lou Tsu-k'uang. Asian Folklore and Social Life Monographs, Vol. 20, Taipei: The Cultural Service, 1974.
52. Wolf, Margery. Women and the Family in Rural Taiwan, Stanford: Stanford University Press, 1972.
53. Wolf, Margery. "Chinese Women: Old Skills in a New Context," ed. Michelle Zimbalist Rosaldo and Louise Lamphere. Women Culture, and Society, Stanford: Stanford University Press, 1974.

## G. UNCITED LITERATURE

54. Li, Frederick, et. al. "Health Care for the Chinese Community in Boston," American Journal of Public Health, 63:536-539, April 1972.
55. Ahern, Emily M. "The Power and Pollution of Chinese Women," ed. Margery Wolf and Roxane Witke. Women in Chinese Society, Stanford: Stanford University Press, 1975.
56. Wolf, Margery. "Child Training and The Chinese Family," ed. Maurice Freedman. Family and Kinship in Chinese Society, Stanford: Stanford University Press, 1970.
57. Wolf, Margery. "Women and Suicide in China," ed. Margery Wolfe and Roxane Witke. Women in Chinese Society, Stanford: Stanford University Press, 1975.

APPENDIX A

PERSONAL CORRESPONDENCE BETWEEN THE HEALTH  
SERVICE CORPORATION AND THE TAIWAN  
MISSION PRESIDENT





THE HEALTH SERVICES CORPORATION OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Executive Offices, General Church Office Building, Eighteenth Floor / 50 East North Temple / Salt Lake City, Utah 84150 / Phone (801) 364-2511

JAMES O. MASON, M.D.  
Commissioner

June 13, 1973

Malan R. Jackson, President  
Taiwan Mission  
No. 5 Lane 183  
Chin Hua Street  
Taipei Taiwan, Republic of China

Dear President Jackson:

I am writing in reference to Candace S. Gutzman, whose address appears below. You may be familiar with Sister Gutzman, who returned from a mission to Taiwan before your assignment there. I understand that she provided you with some assistance in your dissertation.

Sister Gutzman is now working on a masters degree in health education at BYU. I met her about a year ago in a class there. She is now preparing an outline for her thesis, and has met with Dr. Mason and I to inquire how that thesis might assist you in furthering optimum health among members of the Church.

Dr. Mason and I have suggested that a literature review leading to an inventory of health needs and resources in Taiwan might be most useful, especially to your health services missionaries. She has responded well to this idea, and we would now like to suggest that if this is acceptable to you, that perhaps the health services missionaries there might provide some assistance to her in obtaining necessary materials. Sister Gutzman could, I am sure, provide better information than I on what her needs might be.

Sister Gutzman has discussed this, I understand, with Sister Cynthia Joy Call, who apparently is a friend. Pending your approval of this situation we have requested Sister Gutzman to refrain from corresponding with Sisters Call and Gyllenvogel, and felt that you should make that decision and provide them with her address. They might write to her and indicate what assistance they could provide.

Candace has a real desire to serve, and I hope that we can assist her in this most worthwhile project. Please let me know how we could contribute. Thanks so much.

Very sincerely yours,

EDWARD L. SOPER  
Assistant to the Commissioner

ELS:pc

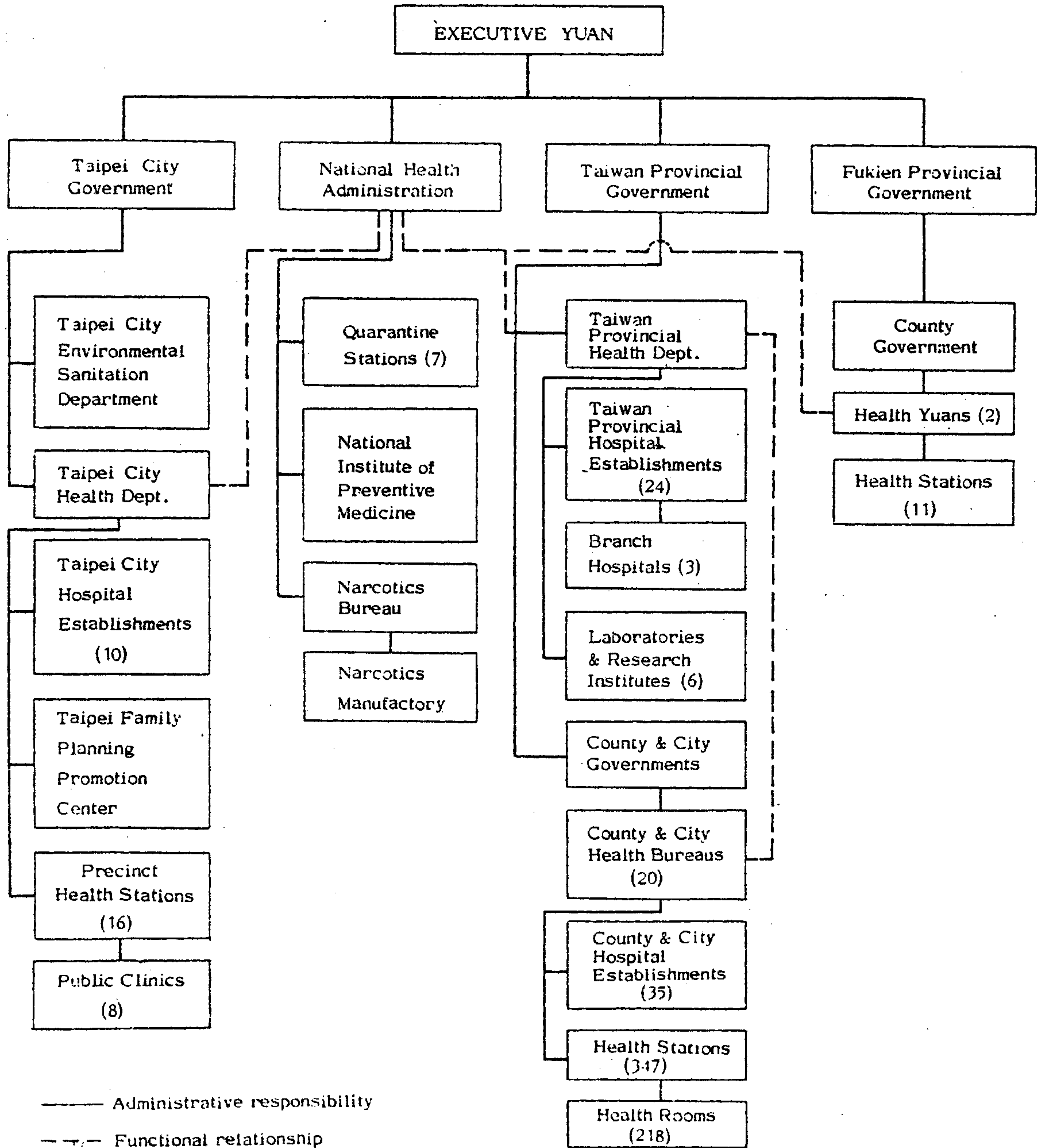
cc: Candace S. Gutzman ✓  
584 North 300 East Apt. #2  
Provo, Utah 84601

APPENDIX B

FIGURES ON THE ORGANIZATION AND ADMINISTRATION  
OF HEALTH SERVICES IN TAIWAN  
AND TAIPEI

Figure 1

Administration and Organization  
of Taiwan's Health Services  
(July 1976)



— Administrative responsibility  
 - - - Functional relationship

Figure 2  
 Organization of National Health Administration  
 (July 1976)

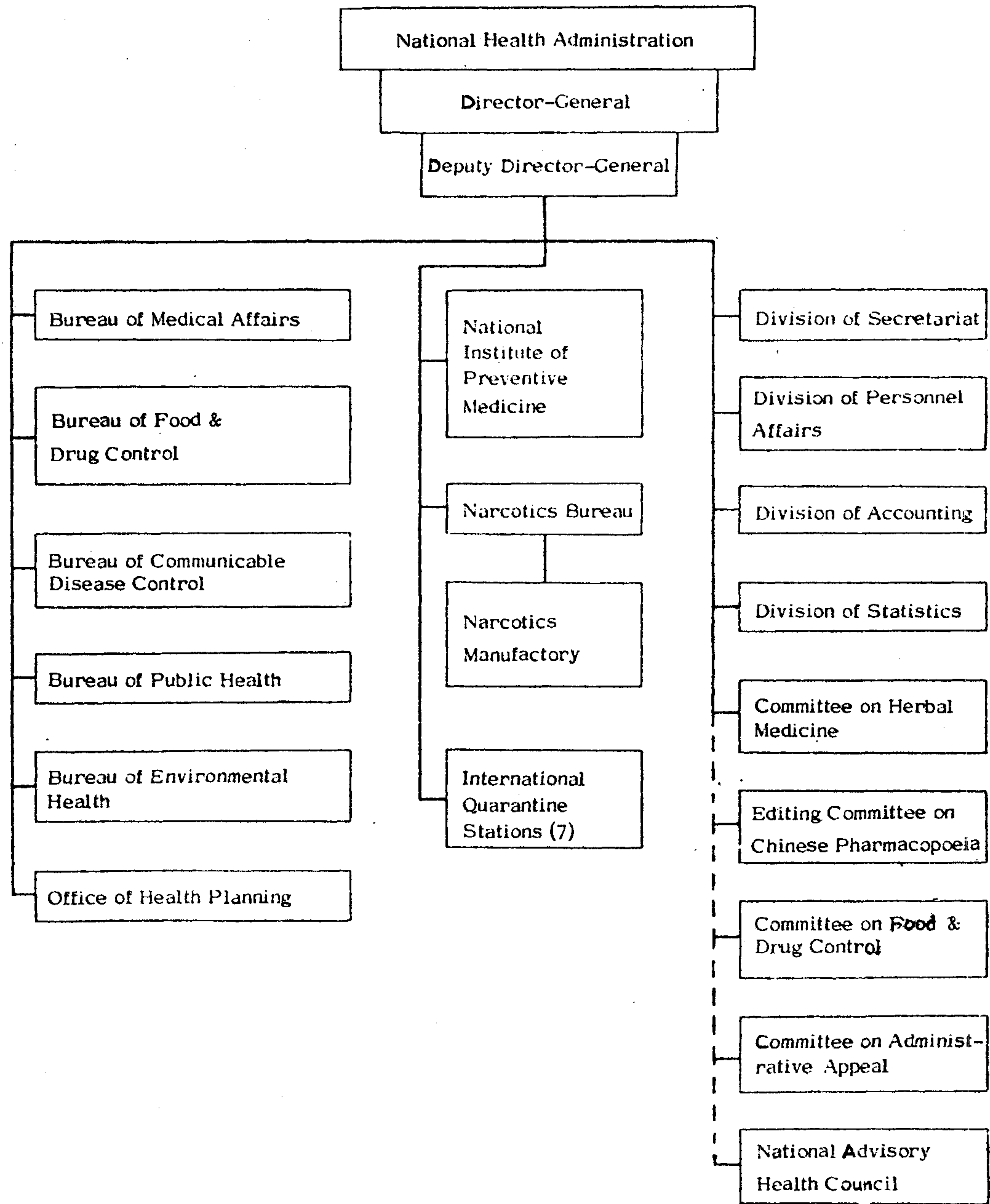


Figure 3  
 Organization of Taiwan Provincial  
 Health Department  
 (July 1976)

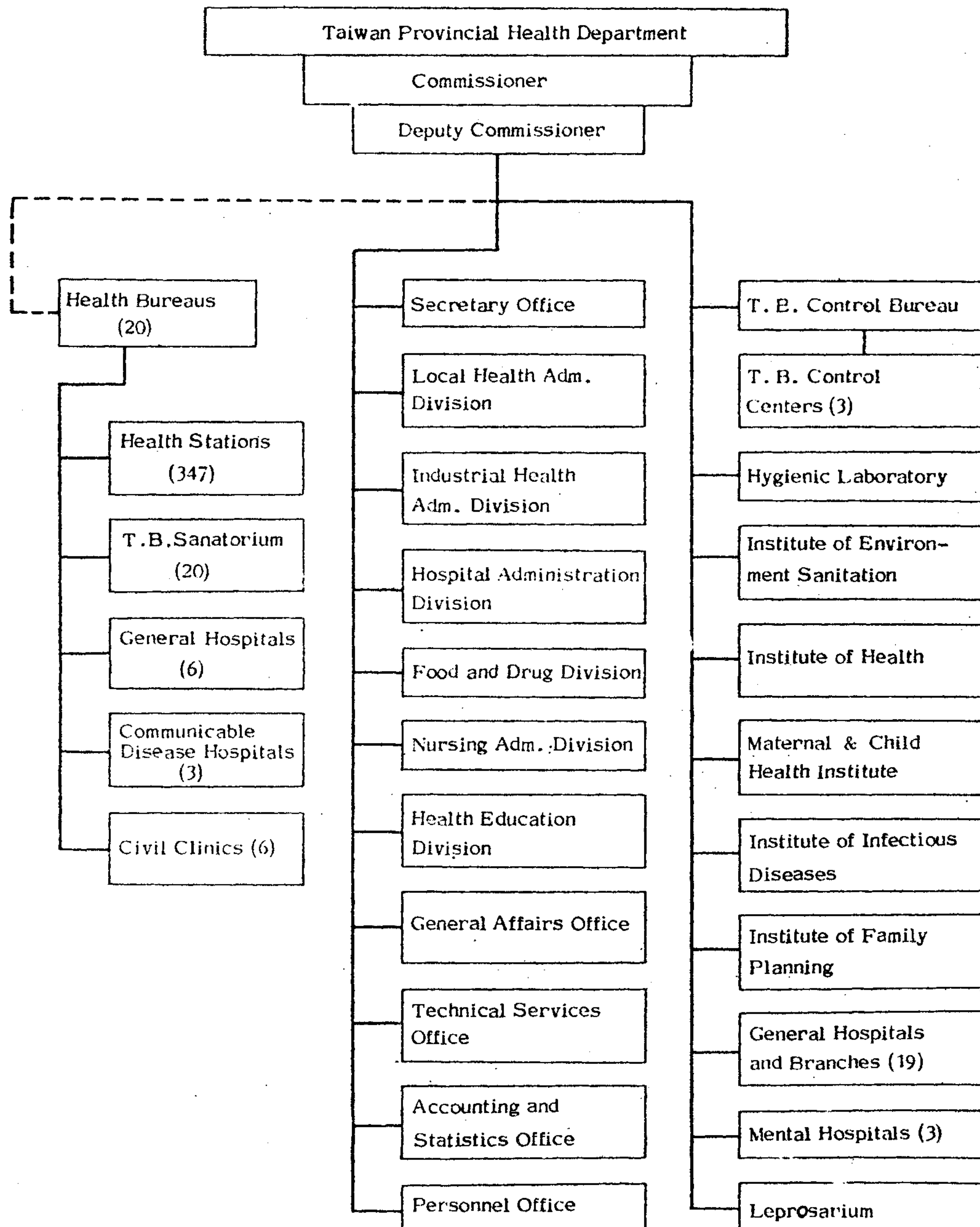
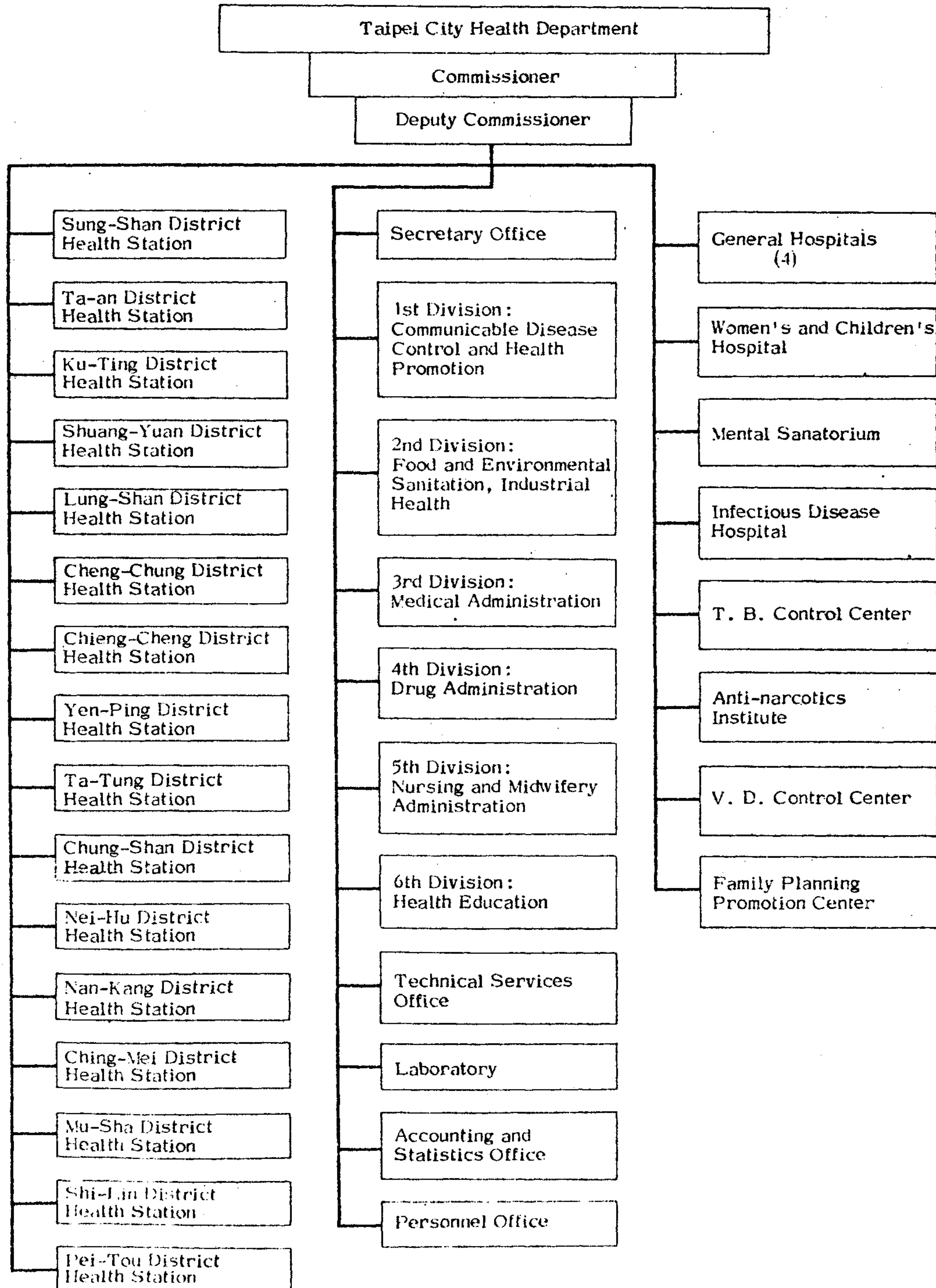




Figure 4  
 Organization of Taipei City  
 Health Department  
 (July 1976)



APPENDIX C

CHINESE QUESTIONNAIRE AND  
ENGLISH TRANSLATION

親愛的教友：

耶穌基督末世聖徒教會一直非常注意教友們的健康問題，為了對教友們的健康做廣泛的服務，教會於1970年9月成立了保健服務機構，從1971年2月開始，許多從事保健服務的傳教士不斷的被派到世界各地去。

目前有一位正就讀於楊百翰大學(B.Y.U.)，而從前在台灣傳教的谷平陽姊妹，在本教會保健服務機構的熱烈贊助之下，正在從事一項研究工作，她希望藉著這一項研究工作，可以了解台灣當地的保健設備，以及教友們使用這些保健設備的情形。

您對於下列問題所提供的答案，將有助於教會領導人對於教友們的保健需要的了解；鑒於其重要性，我們懇切的期望您的合作及幫忙。

我們特別重視您個人的感覺及想法，如果除了下列問題之外，您有任何個人的意見或評語，請將您的寶貴建議寫在任何一頁的背面。

非常謝您的協助！！

第一頁

填法說明：請就下列問題，選擇或填寫對於您自己最適當的答案，並且請儘可能的回答所有的問題。(每一個家庭，請只由一個人填寫即可，所問的問題都是針對填寫人問的。)

一. 性別：男性\_\_\_\_\_，女性\_\_\_\_\_。

二. 年齡：21~35\_\_\_\_\_，36~50\_\_\_\_\_，50以上\_\_\_\_\_。

三. 婚姻狀況：已婚\_\_\_\_\_，未婚\_\_\_\_\_，離婚或寡居\_\_\_\_\_。

四. 受教育年數：

- (1) 0年 \_\_\_\_\_  
 (2) 1~6年 \_\_\_\_\_  
 (3) 7~9年 \_\_\_\_\_  
 (4) 10~12年 \_\_\_\_\_  
 (5) 12年以上 \_\_\_\_\_

五. 家庭每月平均收入：(如果您還是學生，或本身沒有收入，請填寫父母親的每月收入。)

- (1) 低於新台幣2000元 \_\_\_\_\_  
 (2) 新台幣2001~6000元 \_\_\_\_\_  
 (3) 新台幣6001~12000元 \_\_\_\_\_  
 (4) 新台幣12000元以上 \_\_\_\_\_

六. 一年以來(從1975年6月到1976年5月)您看過幾次：

中醫\_\_\_\_\_，西醫(私人醫院)\_\_\_\_\_，  
 私立綜合醫院(例如馬偕醫院)\_\_\_\_\_，公立醫院\_\_\_\_\_  
 衛生所\_\_\_\_\_

六c: 您就医的原因是: (請鉤起所有適當的項目。例如, 如果您在公立醫院動過外科手術, 就請“在公立醫院那一行又在外科手術那一列”的那個方格寫一個✓號)

(從 1975年6月  
到 1976年5月)

	中 医	西 医 (私人医院)	私立 綜合医院 (例如馬偕醫院)	公立醫院	衛生所
(1) 突然發生的病(例如感冒, 破傷風等)					
(2) 慢性病(例如關節炎, 糖尿病, 心臟病等)					
(3) 意外受傷					
(4) 外科手術					
(5) 婦人病					
(6) 心理上的, 神經上的, 或情緒上的過度負擔或不穩定					
(7) 免疫或預防注射					
(8) 只是請教醫生					
(9) 病理檢驗, 照X光量血壓, 或一般的身体檢查等					
(10) 其他請在下面簡單說明病情					

如果您還沒有孩子, 請不必填寫七a、七b及七c, 而直接跳到第八題

七a: 如果您已經有孩子, 請寫明:

(1) 您有幾個孩子了? \_\_\_\_\_

(2) 他們的年齡是 \_\_\_\_\_



七：一年以來（從1975年6月到1976年5月），您帶您的孩子去看過幾次：

中醫 \_\_\_\_\_，西醫（私人醫院） \_\_\_\_\_  
 私立綜合醫院（例如馬偕醫院等） \_\_\_\_\_  
 公立醫院 \_\_\_\_\_，衛生所 \_\_\_\_\_

七a：您的孩子就醫的原因是：（請鉤起所有適當的項目）

（從1975年6月  
到1976年5月）

	中醫	西醫 (私人醫院)	私立 綜合醫院 (例如馬偕醫院)	公立醫院	衛生所
(1) 突然發生的病(例如感冒, 破傷風等)					
(2) 慢性病(例如關節炎, 糖尿病, 心臟病等)					
(3) 意外受傷					
(4) 外科手術					
(5) 小兒期疾病					
(6) 心理上的, 神經上的, 或情緒上的過度負擔或不穩定					
(7) 免疫或預防注射					
(8) 只是請教醫生					
(9) 病理檢驗, 照X光, 量血壓, 或一般的身體檢查等					
(10) 其他(請在下面簡單說明病情)					

八：一年以來（從1975年6月到1976年5月）您看過幾次牙醫？

\_\_\_\_\_

八：如果您一年都沒看牙醫，請指出您沒有看牙醫的原因？

- (1) 經濟太緊 \_\_\_\_\_
- (2) 附近沒有牙醫 \_\_\_\_\_
- (3) 交通不便 \_\_\_\_\_
- (4) 太忙，沒有時間或是不能離開工作 \_\_\_\_\_
- (5) 不信任牙醫 \_\_\_\_\_
- (6) 我的牙齒完全沒有毛病 \_\_\_\_\_
- (7) 恐怕牙醫証實自己的牙齒有毛病 \_\_\_\_\_
- (8) 其他(請註明) \_\_\_\_\_

九：一年以來(從1975年6月到1976年5月)，您有沒有得病感覺應該看醫生而沒有去看的情形？

- (1) 有 \_\_\_\_\_
- (2) 沒有 \_\_\_\_\_

如果您第九題的答案是“沒有”請不必填九、九、九，而直接跳到第十題。

九：如果您第九題的答案是“有”，請寫明有多少次您需要看醫生而沒有去：\_\_\_\_\_次。

九：下面那幾項是使您沒去看醫生的原因？(請鉤起所有適當的項目)

- (1) 經濟太緊 \_\_\_\_\_
- (2) 附近沒有醫生 \_\_\_\_\_
- (3) 交通不便 \_\_\_\_\_
- (4) 太忙，沒有時間或不能離開工作 \_\_\_\_\_
- (5) 不信任醫生 \_\_\_\_\_
- (6) 恐怕醫生証實自己有嚴重的病 \_\_\_\_\_
- (7) 其他(請註明) \_\_\_\_\_

九：如果當時您就醫的話，您優先選擇下列中的那一種設備？請按照您選擇的次序填入1, 2, 3, 4, 5, 6, 以表示您的第一優先, 第二優先... 第六優先等。

中醫 \_\_\_\_\_ 西醫(私人醫院) \_\_\_\_\_

私立綜合醫院 \_\_\_\_\_ 公立醫院 \_\_\_\_\_

衛生所 \_\_\_\_\_ 其他(請註明) \_\_\_\_\_

十. 從您的住處到看病的地方，約須多少時間？（步行或坐車不拘）

- (1) 0 ~ 10 分鐘 \_\_\_\_\_  
 (2) 10 ~ 30 分鐘 \_\_\_\_\_  
 (3) 30 ~ 60 分鐘 \_\_\_\_\_  
 (4) 60 分鐘以上 \_\_\_\_\_

十一. 您到達看病的地方以後，大約須要等多久才能接受治療？

- (1) 0 ~ 30 分鐘 \_\_\_\_\_  
 (2) 30 ~ 60 分鐘 \_\_\_\_\_  
 (3) 60 ~ 90 分鐘 \_\_\_\_\_  
 (4) 90 分鐘以上 \_\_\_\_\_

十二. 一年以來，（從 1975 年 6 月到 1976 年 5 月），您總共花了多少醫藥費？

- (1) 完全沒有 \_\_\_\_\_  
 (2) 1 ~ 1000 元新台幣 \_\_\_\_\_  
 (3) 1001 元 ~ 2000 元新台幣 \_\_\_\_\_  
 (4) 2001 元 ~ 4000 元新台幣 \_\_\_\_\_  
 (5) 4001 元 ~ 6000 元新台幣 \_\_\_\_\_  
 (6) 6000 元新台幣以上 \_\_\_\_\_

十三. 您有沒有任何健康保險？

- (1) 有 \_\_\_\_\_  
 (2) 沒有 \_\_\_\_\_

十四. 您有沒有遭遇過因為是末世聖徒，在看病時被故意忽視的情形？

- (1) 有 \_\_\_\_\_  
 (2) 沒有 \_\_\_\_\_

十五. 有些人認為如果自己有了嚴重的病，寧可不知道比知道了還好，對於這種說法，您的意見如何？

- (1) 非常同意 \_\_\_\_\_  
 (2) 同意 \_\_\_\_\_  
 (3) 還沒有決定 \_\_\_\_\_  
 (4) 不同意 \_\_\_\_\_  
 (5) 非常不同意 \_\_\_\_\_

六. 有些人認為中藥比西藥可靠，您對於這種說法意見如何？

- (1) 非常同意 \_\_\_\_\_  
 (2) 同意 \_\_\_\_\_  
 (3) 還沒有決定 \_\_\_\_\_  
 (4) 不同意 \_\_\_\_\_  
 (5) 非常不同意 \_\_\_\_\_

七. 有些人在心理上感覺沒有足夠的醫療設備供他們保健的需要，對於這種說法，您的意見如何？

- (1) 非常同意 \_\_\_\_\_  
 (2) 同意 \_\_\_\_\_  
 (3) 還沒有決定 \_\_\_\_\_  
 (4) 不同意 \_\_\_\_\_  
 (5) 非常不同意 \_\_\_\_\_

八. 目前您和您的家人受那一種疾病的困擾最大？（請寫在下面空白）

九. 您最希望保健傳教士做些什麼事而能有助於您和您家人的保健及醫療？



Dear Member,

The Church of Jesus Christ of Latter-day Saints has always been very interested in the health of its' members. Thus, in September of 1970, in order to better serve the health of its members, the Church established the Health Service Organization. Then, in February 1971, they began sending health missionaries to different parts of the world.

Now, under the direction of the Health Services Corporation a former missionary from Taiwan, Sister Candace Gutzman, who is now studying at Brigham Young University, is doing a survey regarding Taiwan's local health facilities and their use by members of the Church.

The answers that you give on the following questionnaire will aid the leaders of the Church in understanding various health problems faced by members of the Church in Taiwan. Due to the importance of your answers, we sincerely request your cooperation and help.

Since we are particularly interested in your personal feelings and opinions, if you have any ideas or comments about the subject area covered, please write them down on the back of any page in the questionnaire.

Thank you very much for your help.



INSTRUCTIONS: The following questions have been designed for your response. Only one person per household should complete the survey. Please try to be as accurate as possible and answer all questions. Check or fill in the answers that best describe you or your situation.

1. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
2. Age: 21-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ above 50 \_\_\_\_\_
3. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed/Divorced \_\_\_\_\_
4. How many years of schooling have you had?
 

(1) 0 years _____	(4) 10-12 years _____
(2) 1-6 years _____	(5) over 12 years _____
(3) 7-9 years _____	
5. Average monthly family income: (If you are a student or still dependent on your parents for support, please give your parents income.)
 

(1) below 2000 nt _____
(2) 2001---6000 nt _____
(3) 6001--12000 nt _____
(4) above 12000 nt _____
- 6a. During the past year, June 1975-May 1976, how many times did you go to a:
 

Herb Doctor _____	Western Medicine (Private Doctor) _____
Private Hospital _____	Public Hospital _____
	Health Station _____
- 6b. What were the reasons for your visits to the above facilities? (For example, if you had surgery and were treated at the public hospital, you would check the column under "Public Hospital" and on the line where "Surgery" is marked.)

From June 1975 to May 1976	Herb Doctor	Western Med. (Private Doctor)	Private Hospital	Public Hospital	Health Station
Acute illness (Ex. cold, tetanus, etc.)					
Chronic illness (Ex. arthritis, diabetes, heart disease, etc.)					
Accident or injury					
Surgery					
Female problems					
Mental, nervous or emotional distress					
Immunization shots					
Medical advice					
Check-up or physical exam					
OTHER: Please specify					

If you do not have any children, please do not answer 7a, 7b, and 7c. Instead, proceed to question number eight.

- 7a. If you have children would you please answer the following questions.  
 (1) How many children do you have? \_\_\_\_\_  
 (2) What are their ages? \_\_\_\_\_

- 7b. During the past year (from June 1975 to May 1976) how many times did you take your children to a:  
 Herb Doctor \_\_\_\_\_ Western Medicine (Private Doctor) \_\_\_\_\_  
 Private Hospital \_\_\_\_\_ Public Hospital \_\_\_\_\_ Health Station \_\_\_\_\_

- 7c. What were the reasons for the visits to the above facilities?

From June 1975 to May 1976	Herb Doctor	Western Med. (Private Doctor)	Private Hospital	Public Hospital	Health Station
Acute illness (Ex. cold, tetanus, etc.)					
Chronic illness (Ex. arthritis, diabetes, heart disease, etc.)					
Accident or injury					
Surgery					
Childhood Diseases					
Mental, nervous or emotional distress					
Immunization shots					
Medical advice					
Check-up or physical exam					
OTHER: Please specify					

- 8a. How many times have you seen a dentist during this past year, June 1975-May 1976? \_\_\_\_\_
- 8b. If you did not see a dentist in the past year, please indicate why you did not see one?  
 (1) short of funds \_\_\_\_\_  
 (2) no dental help in my area \_\_\_\_\_  
 (3) had no transportation \_\_\_\_\_  
 (4) did not have time or could not leave my work \_\_\_\_\_  
 (5) did not trust the dentist \_\_\_\_\_  
 (6) no problems with my teeth \_\_\_\_\_  
 (7) afraid dentist would find something wrong \_\_\_\_\_  
 (8) other (write in reason) \_\_\_\_\_

9a. During the past year (from June 1975 to May 1976) have you ever felt that you should have sought medical help but did not seek help?

- (1) Yes \_\_\_\_\_  
 (2) No \_\_\_\_\_

If the answer to the above question is no, please do not answer 9b, 9c, 9d, instead skip to question number ten.

9b. If the answer to 9a is yes, indicate how many times you think you should have seen a doctor but did not see one. \_\_\_\_\_

9c. Why did you not seek medical help? (Please check as many as applies.)

- (1) short on funds \_\_\_\_\_  
 (2) no medical help in my area \_\_\_\_\_  
 (3) had no transportation \_\_\_\_\_  
 (4) did not have time or could not leave my work \_\_\_\_\_  
 (5) did not trust the doctor \_\_\_\_\_  
 (6) afraid doctor would find something wrong \_\_\_\_\_  
 (7) other (please write in) \_\_\_\_\_

9d. If you had sought medical help, which of the following would you have used? Number your answers according to your first, second, third, fourth, fifth, and sixth choice.

- Herb Doctor \_\_\_\_\_ Western Medicine (Private Doctor) \_\_\_\_\_  
 Private hospital \_\_\_\_\_ Public hospital \_\_\_\_\_  
 Health Station \_\_\_\_\_ Other (please write in) \_\_\_\_\_

10. How long does it usually take you to travel to medical help? (Riding or walking)

- (1) 0--10 minutes \_\_\_\_\_ (3) 30---60 minutes \_\_\_\_\_  
 (2) 10-30 minutes \_\_\_\_\_ (4) over 60 minutes \_\_\_\_\_

11. Once you arrive at the medical facility, about how long do you usually have to wait to get medical help?

- (1) 0--30 minutes \_\_\_\_\_ (3) 60---90 minutes \_\_\_\_\_  
 (2) 30-60 minutes \_\_\_\_\_ (4) over 90 minutes \_\_\_\_\_

12. How much have you had to pay for your health care in the past year (from June 1975 to May 1976).

- (1) None \_\_\_\_\_ (4) 2001--4000 nt \_\_\_\_\_  
 (2) 1 -- 1000 nt \_\_\_\_\_ (5) 4001--6000 nt \_\_\_\_\_  
 (3) 1001-2000 nt \_\_\_\_\_ (6) above 6000 nt \_\_\_\_\_

13. Do you have any form of Health Insurance?

- (1) Yes \_\_\_\_\_  
 (2) No \_\_\_\_\_

14. Have you ever felt you were denied medical care at anytime because you were a member of the Church of Jesus Christ of Latter-day Saints?

- (1) Yes \_\_\_\_\_  
 (2) No \_\_\_\_\_

15. Some feel it is better to remain ignorant of a serious illness than to know about it. How do you feel about this statement?
- (1) Strongly agree \_\_\_\_\_
  - (2) Agree \_\_\_\_\_
  - (3) Undecided \_\_\_\_\_
  - (4) Disagree \_\_\_\_\_
  - (5) Strongly disagree \_\_\_\_\_
16. Some people feel that Eastern medicine is more reliable than Western medicine. How do you feel about this statement?
- (1) Strongly agree \_\_\_\_\_
  - (2) Agree \_\_\_\_\_
  - (3) Undecided \_\_\_\_\_
  - (4) Disagree \_\_\_\_\_
  - (5) Strongly disagree \_\_\_\_\_
17. Some people feel there are not enough health facilities available to take care of our health problems. How do you feel about this statement?
- (1) Strongly agree \_\_\_\_\_
  - (2) Agree \_\_\_\_\_
  - (3) Undecided \_\_\_\_\_
  - (4) Disagree \_\_\_\_\_
  - (5) Strongly disagree \_\_\_\_\_
18. What is the greatest health problem facing you and your family at this time? (Please write in)
19. How can the Health Missionaries help you and your family with your health and medical problems?

APPENDIX D

CHINESE INSTRUCTION AND STATISTIC SHEETS

WITH ENGLISH TRANSLATIONS



## 步驟說明

請婦女會會長依照下列的步驟進行這項調查：

- 一、請把題目發給姊妹們，而且請姊妹們先讀在第一頁上面的信，但是在填寫答案前，請他們先聽您的說明。
  - 二、在姊妹們把信讀完以後，請把下列說明讀給他們聽：
    1. 每一個家庭只一個人填寫即可。
    2. 只有21歲以上的姊妹才填寫這些問題，如果你是21歲以下，請把你的題目還給婦女會會長。
    3. 請不必寫上你的名字。
    4. 請回答所有的問題，不要留下任何空白。
    5. 在回答問題時，請不要與其他的人討論。
    6. 當你寫完，請把它放回前面的桌子上。
  - 三、在所有的姊妹把題目交到前面的桌子上以後，請謝謝他們的合作和幫忙。
  - 四、請把所有的題目放回原來的黃色紙夾內。
  - 五、在婦女會秘書的幫忙下，請儘可能正確的填寫“統計表”然後簽名。這些統計數字非常重要，所以請儘可能填完所有的空格。“統計表”填好以後，請把它放回黃色的紙夾內與題目一起，然後再套上橡皮筋。
  - 六、最後請您把紙夾交還原先拿給您的人。
- 謝謝您的協助和幫忙。

## INSTRUCTION SHEET

Attention Relief Society President: Please administer the survey by following the instructions given below.

- A. Please pass out the questionnaires and ask the sisters to read the letter on the first page. Ask them however, to wait for the instructions to be read before answering the questions.
- B. After the sisters have read the letter, please read the following:
  1. Only one person per family unit is to fill out the questionnaire.
  2. Only those who are 21 years of age or older are to fill out the questionnaire. If you are younger than 21, please turn your questionnaire in to the Relief Society president.
  3. Do not put your name on the paper.
  4. Please answer all questions. Do not leave any blanks.
  5. Please do not discuss the questions or your answers with anyone while filling out the questionnaire.
  6. When you finish answering the questions, please bring your paper up and place it on the table.
- C. After all of the sisters have placed their questionnaires on the table, please thank them for their co-operation and their help.
- D. Please place all of the questionnaires back in the yellow folder in which you found them.
- E. With the help of the secretary please fill out the Statistic Sheet as accurately as possible and then sign it. These figures are very important, so try and complete all of the blanks. After the Statistic Sheet is completed, place it in the yellow folder along with the questionnaires and then replace the rubber bands around the yellow folder.
- F. You may now return the folder to whoever gave it to you.

Thank you for your help and willingness to serve a fellow Relief Society sister.

## 統計表

\_\_\_\_\_ 貴分會婦女會名單上的姊妹總人數。

\_\_\_\_\_ 平均每一次婦女會的姊妹出席人數。

\_\_\_\_\_ 進行這項調查的晚上有多少姊妹參加婦女會。

\_\_\_\_\_ 願意填寫這項調查的姊妹人數。

\_\_\_\_\_ 不願意填寫這項調查的姊妹人數。

據我所知道，以上的統計數字是正確的。

\_\_\_\_\_ 簽名

\_\_\_\_\_ 職稱

\_\_\_\_\_ 日期

\_\_\_\_\_ 分會名稱

\_\_\_\_\_ 貴分會的教友總人數。

\_\_\_\_\_ 貴分會的家庭數目。

## STATISTIC SHEET

\_\_\_\_\_ Total number of sisters listed on the rolls of your  
Ward Relief Society.

\_\_\_\_\_ Average number of sisters that attend Relief Society  
each time Relief Society is held.

\_\_\_\_\_ Number of sisters in attendance the night the survey  
is administered.

\_\_\_\_\_ Number of sisters willing to fill out the survey.

\_\_\_\_\_ Number of sisters not willing to fill out the survey.

To the best of my knowledge the above numbers are correct.

Signature	Title	Date
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\_\_\_\_\_ Name of Ward

\_\_\_\_\_ Total number of members listed on the Ward rolls.

\_\_\_\_\_ Total number of families in the Ward.

FACTORS INFLUENCING THE USE OF HEALTH SERVICES: BY FOUR  
WARDS IN THE TAIPEI TAIWAN STAKE RELIEF SOCIETY  
OF THE CHURCH OF JESUS CHRIST OF  
LATTER-DAY SAINTS

Candace Sheila Gutzman Hsiao

Department of Health Science

M.S. Degree, December 1977


ABSTRACT

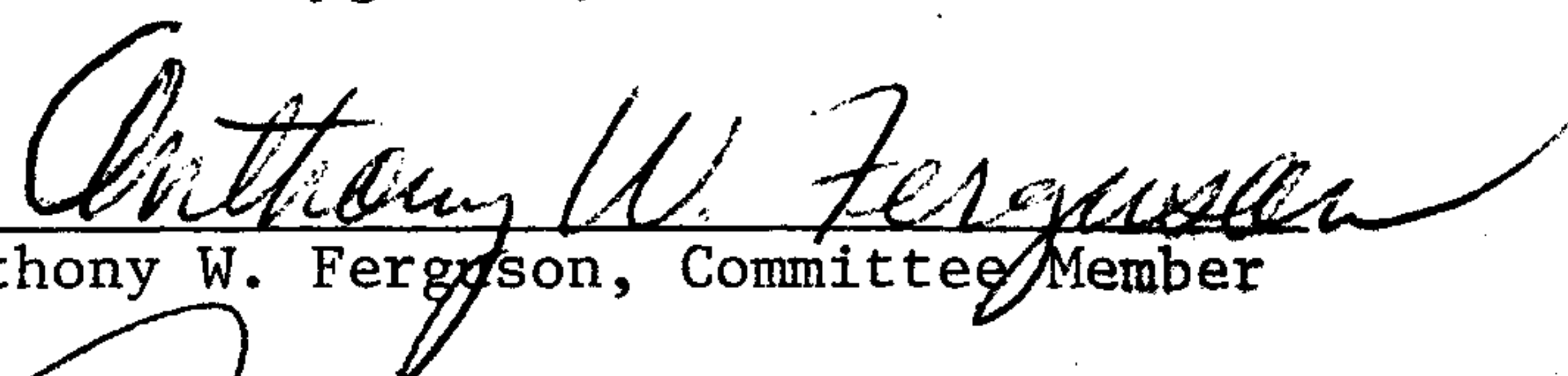
The purpose of this study was to determine what sociocultural, sociodemographic, and social-psychological factors the Sisters in four Wards in the Taipei Taiwan Stake of the Church of Jesus Christ of Latter-day Saints perceived as keeping them from using the health services during the period from June 1975 to May 1976.

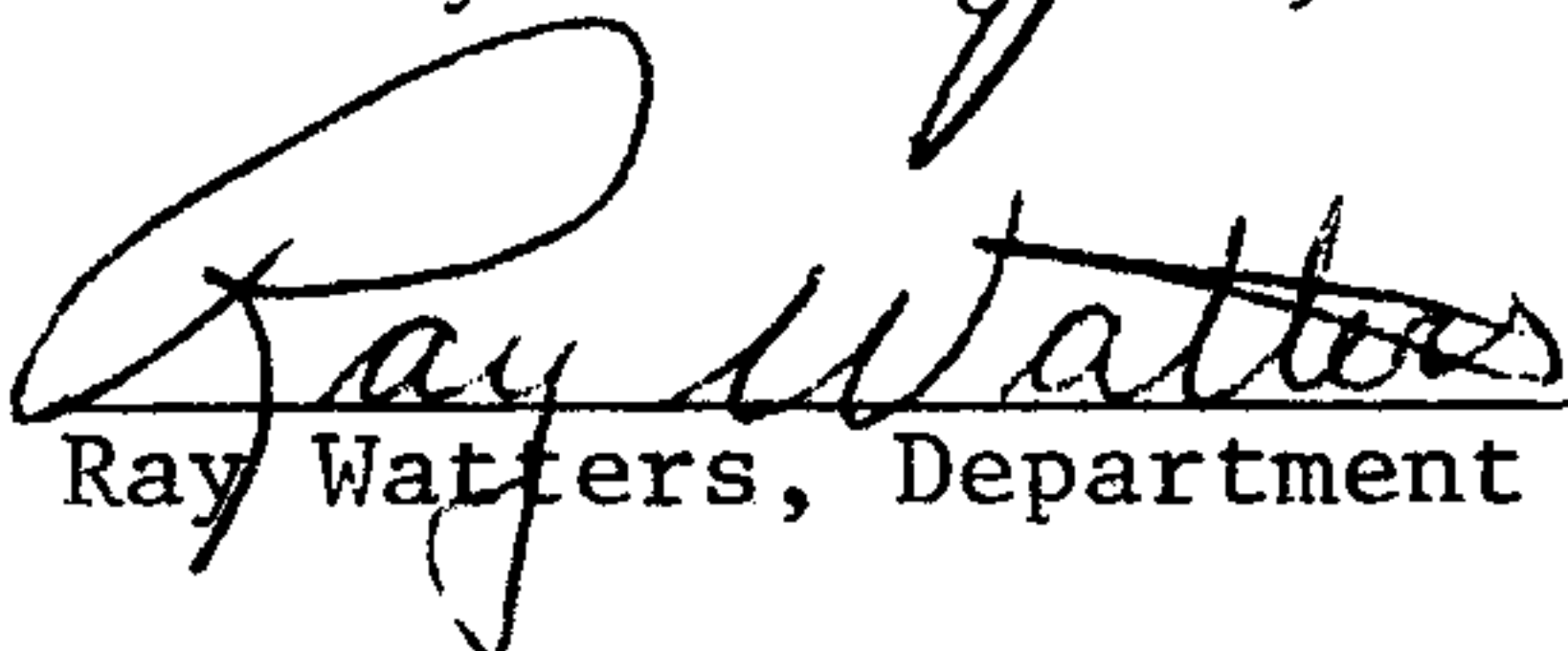
Forty-five Sisters, age twenty-one and older, were surveyed by a written questionnaire during Relief Society meetings during the last week in June and the first week in July 1966.

A majority of the Sisters were found to have experienced times when they did not avail themselves of the existing health services. The way the Sisters viewed their illness, their unwillingness to take time to seek aid, and their limited finances were the reasons most often given as obstacles preventing use of the services. It was concluded that the Sisters tended most often to view the socio-cultural factors as limiting their use of the health services.

COMMITTEE APPROVAL:

  
Alton L. Thygerson, Committee Chairman

  
Anthony W. Ferguson, Committee Member

  
Ray Waters, Department Chairman