

## Abstract

The major objective of this study is to analyze the utilization of woman under National Health Insurance (NHI) in Taiwan. The Samples were selected from NHI Insured the first and second Registry for Beneficiaries' Database and files period from 1996 to 2000. Stratified sampling method was adopted to randomly select 100,000 insured cases about 0.5% of the population.

Major findings of this study are as followed:

Taiwan cesarean section rate ( cs ) in 1996 to 2000 is increasing, much more than the average of the world. Kaohsiung branch's cs rate is the highest in Taiwan. By the way, female prefer to cs could decrease with lower hospital scale.

Kaohsiung branch's hysterectomy rate is the highest in Taiwan, Taichung branch's second, Taipei branch's is the lowest.

Taiwan papanicolaou rate ( pap ) in 1996 to 1999 is increasing, but suddenly decreasing in 2000, much lower 60%-70% than foreign. Kaohsiung branch's pap rate is the highest in Taiwan, Taichung branch's second, Taipei branch's is the lowest.

For female cancer, breast cancer average medical expenses for outpatient calls NT\$1962.25, Taichung branch's is the highest than others, average medical expenses for outpatient calls NT\$4076.44. Cervical cancer has high utilization in woman that third insures or with chronic disease.

Female ambulatory utilize more than male, average 16.11 times. Woman age over 65 as well as between 55 and 64 use more outpatient than other age groups.

Woman who third insures are the highest ambulatory utilization than other insures groups, average 18.73 times. Female with income between \$14,000-20,000 use more ambulatory than others, average 17.35 times. Taipei branch's female use more ambulatory than other branches, average 17.14 times.

In 2000 claims data , Taiwan woman most claim in upper respiratory

tract infection and common cold. The first disease in total ambulatory claim expenses is dental caries that ratio of total outpatient expenses is 6.52%.

Our recommendations for health policy are :

1. Using benchmarking for six branches and under community units to educate female self-prevention knowlange.
2. Adjusted payment system to lower woman cs rate.
3. Focus on high utilization female groups to follow up and education.

Keywords: Health Service Utilization, Female, Women' s Health, Female Medical Care