

People's Health Development in Tambon (Sub-district Administrative Organization-TAO.) Responsible Areas by Emphasis on Community Participation in LOEI Province, Thailand 2012.

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Abstract

The aimed of mixed research were as follows: To study the potential of social capital and the community potential on their health in term of physically, mentally and social development. To encourage community participatory planning on health. And to study the continuity in the implementation of participatory community health development. Research methods as an integrated (Mixed Research) between Qualitative Research (Qualitative Data) using the community participation by technique of Appreciation, Influence and Commitment : AIC), focus group discussion among the representatives of the villager and Quantitative research (Quantitative Data) by using a structured questionnaire developed by the researcher. The data collected from conduct a meeting among the participants (30 clients) by using AIC technique and focus group discussion 13 clients among them. And 126 of interviewees concerning their health activities which respondents with a total number of 182 clients in the target area. Tools used in the research consisted of focus group discussion guideline and structured questionnaires. Quantitative Data were analyzed with a computer program which have been shown for the frequency distribution of the average and standard deviation also Pearson correlation.

The result showed that social capital and community capacity consists of the management group, volunteers group and local intelligent groups in the village. And environmental capital, community health planning with community participation, an anti-drug campaign for the youth, aerobic exercise program, campaigning program to dengue prevention, health promotion behaviors to reduce the risk of diabetes and high blood pressure, environmental management projects and training program in community, mental health to the public has been done within the village. Continuity in the implementation of participatory community health development by planned delays due to villagers need to do other important activities during daily life. The participated from six projects mostly in aerobic exercise, Aegypti eradication project to dengue disease prevention. And other projects have involved both acknowledge the participation and get benefit. The correlation of the overall project's participation of all dimension are interrelated and significant at the .05 level.

Keywords: Health development ,Tambon (sub-district) Administrative Organization(TAO.) Community participation.

Introduction

The nation will develop well. Needed high quality in various population with even health. Self-reliance and participation of the community can be started by thinking and do things together then sharing the benefits. It will be critical or heart core in the health development of the people. Due to the people had a chance to participate in decision making. Determine the direction and management of their own health. Participation of the public may cause the learning process of the community. This is the beginning of a health development. And to achieve good health are requires participation from the people. Tambon(sub-district) Administrative Organizations(TAO.) each with different capabilities . And understanding the role of own duties within the scope of the law by TAO. Especially healthy individuals lack the support from TAO. as a research report of Piangchan Savetsikul, et al (2544 : iv) that the TAO. level 1, with revenue sufficient can be supported to health services by primary mission . However, there are weaknesses in the management part of the organization to focus on less health. Lack of analysis of the health problems situation in the responsible area. And from Kamolwan Suravinaibordee (2545:36-37) found that of the status quo in most of the local government does not have enough staff . Income and budget. Capacity and coordination is not good enough. And health development plan mostly has been guild from the health personnel within their own areas. Buntaung Thanakhan (2543 : iv) that the TAO. had not participated in the health development plan. And 46.9 % problem is lack of knowledge, understanding the practices and lack of participation in the policy and planning with the communities and local governments do not pay more attention on health also not enough staff to implementation of health development in the community. In the past often experiencing many aspects most of people's behavior or practices that adversely affect health and may cause risk of diseases. This can be seen from the survey are likely to get sick with the diseases, an increase of 21 percent including smoking, alcohol consumption but lack of exercise then get

overweight which effected to their health. (ChuanRuethai Kanchanajitra, 2547 : 10-31) also found that drug addicted among the youth start from age 13 to 14 years old (Pimjai Boonyoung , 2540 : 139), the age at started drinking alcohol about 15-19 years (Thepintara Patcharanurak, 2541:49) and the behavior of the first sexual intercross since the age of 12 years and the age at which sexual intercourse is the most aged 15-16 years (Chanthanuch Thongsiri, 2539 : d) and conduct various other continuing into adulthood , which will lead to further health risks in later period . These problems may have been involved with the process of make people think, do together by participatory plan and become the beneficiaries. Therefore, the researcher thus decided to study the people's health development by using community participation within the TAO. responsible areas of Loei province and the province nearby anyway.

Methods

This study used a mixed methods research (Mixed research) consists of Qualitative research by using the creative brainstorming process (Appreciation-Influence-Control: AIC), focus group, in depth interview. And Quantitative research by using the instructed questionnaire to be involved in the health development

1. Sampling, the areas of research has been selected by purposive selection. And the correspondent consisted of voluntary participants to join the creative brainstorming process including the assistant village headman, representatives from TAO. Chairman of the village health volunteers, and each group of volunteers in the village such as head of housewife farmers, youth groups by the 13 people who attended the creative brainstorming process on creating 30 groups 13 people interviewed 18 people (126 people) and the respondents were 126 people who participated in the project Health Development Plan 182 people total.
2. Instruments used in the study are two types of tools used in qualitative data (Qualitative research) topics include creative brainstorming process. Appreciation influence control: AIC approach, Focus group discussion, in depth interview and the tools used in quantitative data (Quantitative research) is a research survey questionnaire was created to participate in the health development. It is a standard assessment plus 6 units divided into 4 parts:
Part 1 Biological Society of the samples.
Part 2 Acknowledged to get the project under the health development plan.
Part 3 Participated in project of health development plans.
Part 4 To benefit from the project implementation of health development plan.

By the criteria for scoring is divided into six levels, from "real as possible" to "not true". Which is an average score from as following ;

- 5.51 - 6.00, indicating that the most
- 4.51 - 5.50, indicating that the very
- 4.01 - 4.50 show that the average scores are quite good.
- 3.51 - 4.00 show that the average scores are quite low.
- 3.01 - 3.50 show that the average score is less involved.
- 2.50 - 3.00 show the average rating that does not participate at all.

3. Creating a research tool, when creating a query tool and then bring it to a third person to check the validity and accuracy of the contents (Content validity) as well as the appropriate use of language and a validity index (IOC).

4. Data collection by conducted participatory planning meeting with the creative process of brainstorming topic (AIC technique), focus group discussion, in depth interviews and using instructed questionnaires.

5. Analysis of data gathered from the interviews, focus group discussion. The data obtained from the instructed questionnaire. Data were analyzed by frequency, mean (\bar{x}) and standard deviation ($s.d.$) relationship with a correlation coefficient of Pearson by using the program of integrated software then summarize and present the composition.

Results

1. The data analysis on the potential of social capital and community health at the physical, mental and social analysis of documents and interviews showed that the potential capital and community health includes physical, mental and social groups, village leaders. Group of volunteers in the village, village's health volunteers and other groups in various fields including village health's intelligent as well as the potential of capital physical environment.

2. Community health development planning, participatory process with creative brainstorming topic (AIC) found that participatory planning for health development began from preparation by selecting areas of research.

Coordinate with the district health promotion hospital, head village and the research assistants to have brainstorming meeting. After that conducted 2 day meeting with the creative brainstorming process through AIC technique for the health development plan. The project coming up with 6 project as follows ;

- 2.1 Anti-drug addiction campaign among the youth.
- 2.2 Aerobic exercise program.
- 2.3 Aegypti eradication program for dengue prevention.
- 2.4 Promoting healthy behaviors to avoid the risk of diabetes and high blood pressure.
- 2.5 Environmental management projects within the village.
- 2.6 Training for community mental health.

3. The continuity of the implementation of participatory community health development plan found that monitoring the implementation of the project. After meeting with the creative process of brainstorming topic (AIC) within 2 weeks has no any activities. Therefore, a researcher has been tried to prepare for next step of data collection by focus group discussion by some students(research assistant) have been trained and plans into action. And then interviewed the respondents by the sixth overall project using the instructed questionnaire which summarized that all project are very useful for the community health development. Acknowledge and participate in the hearing of an announcement from daily news of the village broadcast. It was really high benefit both for themselves and their families. They are also encouraging people to participate in community activities voluntary. The respondents participating in the health development plan is the six project participants were mostly female, aged between 40-60 years (71.43 %), followed by 20-40 years old (19.5 %), farmers (67.46 %), elementary education (55.56%), married (66.67 %) are children of 1-3 year of age (78.57%), most of the time living in this village for over 40 years(42.06 %) members of the family of 4-6 people (74.61%) have sufficient income (90.48 %), there is a home of their own and a brick wood(97.62 % and 33.33%) are involved in the village and was a member of various groups in the village (61.11% and 66.67%) have had an annual health check up (88.89%) found that no any disease and treatment (62.70%) but when they have illness is going to get services from the promotion health district hospital (58.73%) and never admit in the hospital (86.51%).

The community health development plan were six projects analyzed and considering for the overall mean (\bar{x}) and standard deviation ($s.d.$) and relationship with a correlation coefficient of Pearson test were found in Table 1.

Table 1 Mean and standard deviation of the participation, acknowledgment and get the benefit from all six projects of community health development

Projects	Level of participation					
	acknowledged		Joined		got the benefits	
	\bar{x}	$s.d.$	\bar{x}	$s.d.$	\bar{x}	$s.d.$
Campaign against drugs the community.	5.33	.542	5.29	.574	5.22	.729
Aerobic exercise program.	5.84	.201	5.56	.322	5.69	.305
Project to eliminate the mosquito to prevent dengue disease.	5.58	.51	5.18	.72	5.60	.523
Promoting healthy behaviors. to avoid the risk of disease of Diabetes and high blood pressure.	5.37	0.756	4.90	1.104	5.30	0.543
Project environmental management. within the village.	5.29	.403	5.30	.571	5.24	.390
Training on mental health in the community.	5.05	.583	5.47	.385	5.16	.566

Table 1 Shows that most of the respondents are participated in term of acknowledge at highest level in the project to get aerobic exercise ($\bar{x} \pm s.d. = 5.84 \pm 0.201$) and Aedes aegypti eradication program to prevent dengue ($\bar{x} \pm s.d. = 5.58 \pm 0.513$) and joint participation in the program, aerobic exercise ($\bar{x} \pm s.d. = 5.56 \pm 0.322$) and mostly benefits from project aerobic exercise program ($\bar{x} \pm s.d. = 5.69 \pm 0.305$), and the elimination of Aedes aegypti to prevent dengue ($\bar{x} \pm s.d. = 5.60 \pm 0.523$), followed by participation in a high level is to acknowledge the health promoting behaviors to avoid the risk of diabetes and hypertension ($\bar{x} \pm s.d. = 5.37 \pm 0.756$) and mental health training program for the community ($\bar{x} \pm s.d. = 5.47 \pm 0.385$), and also highest benefit from the promotion of healthy behaviors to avoid the risk of diabetes and high blood pressure ($\bar{x} \pm s.d. = 5.30 \pm 0.543$).

Table 2 Mean and standard deviation of personal data and level of participation

Personal data		Level of participation					
		Acknowledged		Joined		Got benefit	
		\bar{x}	<i>s.d.</i>	\bar{x}	<i>s.d.</i>	\bar{x}	<i>s.d.</i>
Sex	Male	5.31	.594	5.08	.728	5.19	.586
	Female	5.46	.560	5.3	.702	5.43	.534
Age							
	Less than 20 years	5.34	.561	5.28	.600	5.30	.629
	20-40 years	5.43	.540	5.1	.6	5.3	.668
	60 years and over	5.28	.612	5.21	.836	5.22	.510
Career							
	Farmer	5.40	.582	5.27	.724	5.35	.526
	Labour	5.55	.527	5.06	.84	5.40	.595
	Government officer	5.50	-	5.00	-	5.75	-
	Students	5.24	.587	5.38	.598	5.37	.665
Education							
	Primary	5.33	.649	5.14	.847	5.26	.658
	Junior high school	5.45	.434	5.27	.497	5.36	.347
	High school / Vocational	5.59	.412	5.48	.457	5.55	.363
	Diploma	6.00	.000	5.66	.471	5.85	.029
	Bachelor degree and above	5.00	-	5.00	-	5.25	-
Marital status							
	Single	5.44	.581	5.20	.788	5.38	.506
	Married	5.36	.523	5.28	.551	5.25	.696
	Widowed / divorced	5.41	.660	5.61	.422	5.48	.527
Number of children.							
	1-3	5.28	.573	5.38	.636	5.39	.650
	4-6	5.44	.544	5.26	.742	5.32	.560
	7-9	5.39	.670	5.15	.644	5.53	.478
Duration of stay in this village.							
	less than 10 years	4.70	.240	4.50	.500	4.94	.096
	10-20 years	5.16	.690	5.12	.723	5.52	.642
	21-40 years	5.50	.548	5.33	.661	5.40	.645
	more than 40 years	5.57	.423	5.34	.734	5.46	.409

Number of family members living.						
1 - 3	5.28	.642	5.38	.636	5.39	.650
4 - 6	5.44	.544	5.26	.742	5.32	.560
7 - 9	5.39	.670	5.15	.644	5.53	.478
Average have sufficient income.						
sufficient	5.42	.571	5.28	.732	5.36	.571
insufficient	5.38	.606	5.28	.555	5.33	.436
Shelter						
Their own house	5.42	.575	5.26	.722	5.37	.564
Relative	5.16	.440	5.22	.433	5.16	.144
The housing material						
Wood house brick	5.43	.508	5.01	.799	5.26	.539
Wooden	5.37	.625	5.27	.716	5.34	.736
Wooden second floor	5.36	.600	5.36	.622	5.39	.457
Others	5.54	.585	5.44	.666	5.47	.568
Stability of permanent housing.						
Stable	5.54	.585	5.44	.666	5.47	.568
unstable	5.43	.598	5.42	.594	5.39	.574
Participation any activities within the village						
Joined	5.43	.598	5.42	.594	5.39	.574
Not participating	5.40	.543	5.01	.821	5.31	.534
Membership groups in the village						
Not membership groups	5.32	.596	5.16	.762	5.29	.535
Membership groups	5.61	.47	5.45	.576	5.51	.579
The annual health check up						
ever has had	5.44	.581	5.25	.745	5.37	.539
Never checked	5.26	.477	5.33	.428	5.27	.711
The underlying disease						
no any diseases	5.50	.473	5.34	.563	5.45	.432
some diseases	5.28	.692	5.12	.906	5.22	.705
Where to get services when have sick?						
Hospital	5.50	.552	5.17	.738	5.46	.469
Health Promoting Hospital	5.32	.559	5.40	.65	5.27	.554
Private Clinic	5.11	1.11	5.00	1.04	4.33	1.37
Ever admitted in the hospital since last year						
ever	5.43	.572	5.28	.689	5.37	.533
never	5.37	.587	5.13	.881	5.28	.710

Table 2 Mean and standard deviation of the participation of all projects at level of participation for three(3)dimensions are acknowledged, joined and got the benefits by sex, age, occupation, education level, marital status and number of children. at family income, housing characteristics, housing, stability of permanent housing, medical check up, underlying disease, where to get services when got sick and admitted in the hospital. There were mostly at level of acknowledged for highest score by almost the same by sex, age between 40-60 years old ($\bar{x} \pm s.d. = 5.53 \pm .570$) occupations of labour ($\bar{x} \pm s.d. = 5.55 \pm .527$) lower than bachelor degree of education ($\bar{x} \pm s.d. = 6.00 \pm .000$ and $5.59 \pm .412$) and time of living with this village more than 40 years ($\bar{x} \pm s.d. = 5.57 \pm .425$) respectively. And at the level of joined the respondents were mostly under bachelor degree of education ($\bar{x} \pm s.d. = 5.66 \pm .471$) and widowed / divorced of marital status ($\bar{x} \pm s.d. = 5.61 \pm .422$) But for level of participation at got the benefits from the project were mostly the career of government officer ($\bar{x} \pm s.d. = 5.75 \pm .0$) and level of education at lower than bachelor degree ($\bar{x} \pm s.d. = 5.85 \pm .029$) the number of children and number of family members 7-9 ($\bar{x} \pm s.d. = 5.53 \pm .478$) and the time of living in this village 10 – 20 years ($\bar{x} \pm s.d. = 5.52 \pm .642$) respectively.

Table 3 Relationship of level of participation at all projects

Project(s)	Acknowledged / Joined /got the benefits		
Campaign against drugs for the youth	.000 *	.000 *	.000 *
Aerobic exercise project	.805	.911	.151
Eliminate the mosquito to prevent dengue	.000 *	.002 *	.000 *
Promoting healthy behaviors to avoid the risk of diseases of			
Diabetes and high blood pressure	.020	.002 *	.000 *
Project management environment within the village	.007 *	.001*	.106
Training in mental health for the community	.003 *	.000 *	.104

* P = 0.05

Table 3 Shows that the relations of participation by the project's participation at all level. Overall, the relationship between the three (3) dimension which statistical significance level of 0.05 with only a single project is aerobic exercise project by acknowledged = .805, joined = .911 and got the benefit = .151

Discussion and Conclusion

1. Social capital and potential of the community on health includes physical, mental and social consists of the administrative groups such as village leaders, group of volunteers in the village and village health volunteers. And also some others local groups in various fields as well as the environmental potential in physical of the village. Which all took parts of village health development in the village supporting the development of public health activities. Consistent with the research of Panas Peauksunan et al (2544: Abstract) has done research on participatory action research with community members to develop a healthy city of the communities: A case study of Ratchaburi province found that the administrative groups were as a social commitment. Important factors that initiated to empowering the potential of the community to shows that from the master plan to meet the real needs of the community as well.

2. The community members has participated health development plan by participatory process with creative brainstorming by using AIC technique resulting in the six projects are 1. Campaigning against drugs among the youth 2. Aerobic exercise project 3. Aegypti eradication to prevent dengue disease 4. Promoting healthy behaviors to avoid the risk of diabetes and high blood pressure 5. Environmental management projects within the village and 6. Training for community mental health. Consistent with the research of Somjai Vinitkul and Orawan Keawboonchu (2547: 28-30) has done research on the health of women of reproductive age in the community to prevent breast cancer. Using the participatory of the group starting from community preparation, focus group discussion of women of reproductive age in the community and analyze the data together then planned to do the health development of reproductive women and strengthening of women's health in the community by health education, exhibitions and training join together between the researcher and with the women of reproductive age representatives.

3. To study the continuity in the implementation of participatory community health development found that by follows the implementation of the project. After meeting with the brainstorming process on creation (AIC) over time 2 weeks no any action due to those who responsible for the mission still busy with other private duties which is relevant to a research report of Suwat Boon La (2545: Abstract) were research on participation in progress of local development from an attitude of civil society groups. A Case Study of Bang Saray's TAO, Sattahip district, Chonburi province found the civil society groups more concern and pay more attention of participation on local development progress. But in terms of level of participation, civil society groups were main accepted on acknowledged but the opportunity to participate less due to the time required for the livelihood of members of civil society.

Regarding the continuity of participation by supported data from quantitative research methods found that respondents participating in the health development for six projects, those who have enough income and have had their own house, all are member of some groups in the village and did an annual health check up, no underlying disease. As individuals who are ready to participate in the implementation of health development. Relevant to research reports of Preecha Srisopha (2540: Abstract) has done research on the factors affected to the participation of the Council of the District Administration in the village development: A case study of Muang district, Khon Kaen province. Found that factors affected with the participation is leadership personality and community participating in the activities. And to study on the correlation between the participation of all projects by the participation on three (3) dimensions were statistical significance at level of 0.05.

Suggestion and Recommendation

Feedback from the research

1. Should promote and support the development of individuals by various methods, such as training, study tour and appointed to be the committee of each group etc. as an important investment and will result in a health promoting of the people. The leaders and the people that have been developed to assess a person can plan and carry out operations effectively.
2. Should support funding for community health improvement planning process with the creation of the topics raised. It will enhance the knowledge of health promotion and proprietary activities which can participate in activities voluntary.
3. Should encourage the development of health with the brainstorming process on creation (AIC) in the other villages and if the budget can be both at district and province then the plan is more practical in their responsible areas.
4. Relevant agencies both public and private sector should work together to strengthen health activities accurate to people to be able to perform various activities by it planned.
5. Relevant agencies should develop the participatory plan for the community health development to be able to perform the activities constantly and consistently.

Suggestion to do the research next time

1. Should have done a research on the health development by the community participation in other areas to make plans to improve health overall.
2. Should include the participatory health development of research findings and other information to be more useful in general

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