

## Community diagnosis of health life style in the maternal community — A project for maternal & child health at Ban Nong Loob division in Thailand—

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### I. Acknowledgement

This group project is one of the assignment in international training programme in community maternal and child health nursing.

The objective is to enable participants to develop skills in preparing strategies to solve health problems, which is mainly community orientated. Thus enables the participants to recognize related problems pertaining to community setting. Thus enabling them to prioritize the main concerns by developing measures in programme planning to solve the problems identified.

First and for most, we would like to thank, the Royal Thai Government and DTEC for giving us the opportunity to participate in this international training programme. Thus enabling us to work and exchange ideas in this project.

The stages of implementation of this group project by the participants has been assisted through out by the ever helpful Ajarns of the nursing committee of this international training programme. The volunteer advisors have been very helpful and instrumental in the practical

session by overcoming the language problem by assisting in interpretation and also in providing guidance. The participants have put great effort and time in producing a good and successful tentative plan for implementation.

Most all this group project would not be possible without the sincere co-operation and willingness of the people of Ban Wong Loob division 4 and 7 Daen Yai—Muang district of Khon Kaen province specially the village head man, village health communicators and volunteers not forgetting the most friendly and co-operative people in the village particularly the mothers with children under five years of age.

We would like also to thank the temple monks for allowing us use the temple for our base as study area and last not least driver who took us to the village.

### II. Introduction

The health of the child is the utmost concern of parents, the community and the nation

This project which was carried out by 17

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participants from 14 developing countries of the international Training on Community Maternal and child Health Nursing, was conducted at Ban Nong Loob village, Division 4 and 7 of Muang yai Subdistrict in Muang District, Khon Kaen Province.

Questionnaires were developed and these were utilized in collecting data through interviews and observations. Households under study were 75 and all had similar characteristics of mothers with children under 5 years old. The sampled group was selected specifically for this study.

After data collection and analysis, many problems affecting mothers and children under 5 years were identified and prioritized according to their effects on the maternal & child health problems, the highest ranking problem was Lack of knowledge about complication during labor, pregnancy and purperium, the project is focused on strategies in minimizing this problem.

### III. General Information

Ban Nong Loob Village, Situated 10 kms. west of Khon Kaen city on Maliwan Highway consists of 2 divisions : Division 4 and 7 of 168 and 240 households respectively.

The name Nong Loob is named after the water pond in the village which never dries up or becomes shallow. Electricity is available to all households while their main water supply comes from open dug wells. Only the Buddhist monastery and the Health Center use the local pipe water

The total population of Ban Nong Loob is 1888, 1062 of Which are female and 826 male while the number of children 0-6 years of age are 168. All people in the village are Buddhist.

It is an agricultural community and majority of the villagers are farmers who grow sticky and long-grained rice. However there are Some villagers who are engaged in temporary labour government employment and small scale business.

The major cause of health problems of children are respiratory and gastro-intestinal diseases. Accident is also a problem as the village is near Maliwan Highway and some of the residents travel a lot to town for work

There are 80% of the households with sanitary facilities.

#### Contributing data of the mother

Educational level	-primary 51.1%
Income level	-5600 Baht /m(average) (1 Baht = 35 won)
IMR(Infant mortality rote)	-69.3 /1,000
MMR(maternal mortality rate)	14 /1,000
Dependency ratio	-51.6
Age of 1 <sup>st</sup> pregnancy	(21.7) Yrs means
Age of 1 <sup>st</sup> marriage	(20.3) yrs means
Occupation	-Farmers 66.9%

#### Supporting Data

Knowledge about complication during labour pregnancy and purperium

	Yes	%	No	%
- Antenatal	38	41.9	36	58.1
- During labour	19	20.3	55	79.7
- Purperimm	18	17.6	56	82.4

No of mothers who experienced postnatal check up

Yes	N	%	N	N	%
	55	81.1	M		18.9

Community involvement

No	N	%	Yes	N	%
	65	87.8		9	12.2

〈Table 3〉 Knowledge of complication during pregnancy, labour and Post-natal period

	No	%
<u>Complications during Pregnancy</u>		
1. Hyperemesis	8	10.8
2. Anaemia	1	1.4
3. Edema	3	4.1
4. Bleeding	12	16.2
5. Absence of fetal movement	8	10.8
6. Others	6	8.1
<u>Complications during Labour</u>		
1. Haemorrhage	7	9.5
2. Retained placenta	—	0.0
3. Still birth	6	8.1
4. Ruptured uterus	3	4.1
5. Others	—	0.0
<u>Complications during Post-natal</u>		
1. Post-Partum Haemorrhage	10	13.5
2. Engorgement of Breast	—	—
3. Anaemia	2	2.7
4. Infection	2	2.7

#### Information of the target group

The household surveyed total were 74 houses female reproductive age group 15–45 years who are having children under five years, education level of mothers are primary level, mainly farmers. Family size is 5 in house hold.

Study K.A.P. findings 80% were found practicing health standards, knowledge of the mothers on Aids was 85% and family planig 98.6% and in practice of family planning are 78.4%

#### Significance of the problems

During the survey this problem was identified

Health problem	Priorities of the problem				Sum of score
	Score				
	A	B	C	D	
18.9% if mother have no PNC chech'UPS	2	3	2	1	8
Lack or knowledge about complication during pregnancy labour & PNC	4	4	3	4	15
No community involoment in the community	4	3	1	3	11

- A The extent of the problem
- B The seriousness of the health problem
- C The preventability of the health problem
- D Concerns of the local community

and prioritised because 41.9% of mothers have no knowledge about ANC complication 79.2% During labour 82.4% above postnatal which causes concern for the health of the community and may lend to maternal death. Thus this problem was selected for the group project.

#### IV. Maternal health care plan

According to this problem, master plan, operational plan, time frame, Budget are as follows.

MASTER PLAN

HEALTH PROBLEM	OBJECTIVE	GOAL(LONG TERM)	GOAL(SHORT TERM)	RESOURCES	BARRIERS	EVALUATION	
Lack of knowledge about complication during pregnancy, labour and postpartum	To increase the extent of knowledge about complication during pregnancy labour and postpartum	A. The woman should know the complication in antenatal period from 41.9% to 100.0% in division 4 and 7 Muang district from Oct. 1993 to sept. 1994	A-1. The woman should know the complications in antenatal period from 41.9% to 70.0% in division 4 and 7 muang district from Oct, 1993 to Feb. 1994	Medial records, statistics, Money, Manpower, material, Facility, Transport &	Money, manpower Literacy Beliefs (Tradition) Geographical barriers, Time	Medical record survey Questionnaire	
			A-2. The woman should know the complication in antenatal period from 70.0% to 100.0% division 4 and 7 muang district from Mar. 1994 to Aug. 1994	Communication			
			B-1. The woman should know the complication in labour period from 20.8% to 60.0% in division 4 and 7 Muang district from Oct. 1993 to Feb. 1994.	Medical records, statistics, Money, manpower, material, facility, Transport & communication	Money, manpower, Literacy, Attitude, Beliefs (Tradition), Geo-graphical barriers, Time	Medical record survey Questionnaire Attend Home visiting by VHV(village health volunteer)	
To increase the extent of knowledge about complication during puerperium		C. The woman should know the complication during puerperium form 17.1% to 100% in division 4 and 7 in muang district from october 1993 to September 1994	C-1. The woman should know the complication during puerperium from 17.1% to 60% in division 4 and 7 in muang district from October 1993 to February 1994	Medical records statistics, money Manpower, Material, Facilities, Transport, communication	Money, Manpower, Literacy, Attitude Beliefs (Tradition), Geographical barriers, time	Survey Questionnaire home visiting by VHC(village health communicator)	

## OPERATIONAL PLAN

ACTIVITIES	PERSON / AGENCY RESPONSIBILITY	RESOURCES REQUIREMENTS	TIME SCHEDULE	EXPECTED OUTCOME
1. Meeting with the community for arrangements of refresher course with health district staffs community Contents : -Budgets -Place (Regional Training center) -Accommodation of staffs -Transport -Participant 20 (Health Personnel) -Duration 2 weeks	Medical officer of Health District and the Trainers	Money from ministry of health (the Health district for the organizing of meeting)	1 day	Participation coopenaion
2. Preparation of Training -Man power -Teaching material -Hand out (pre test and post test) -Prepare for Accomodation ETC.	Medical Officer and Trainers Health Personnel	Money Material, slides Projectors, Pen, Pencil, Equipment and supply, postars ETC.	1 week	et will be able to train the staffs
training of staffs Introduction Pretest Contents : -Normal Pregnancy -Complication in three stages of pregnancy -during Labour -during Purperium -Early detection and referal -Practical experence -Attendance rate -Post test	Public health nurse, doctors, ministry of health	money, material man power, facility transport	2 weeks	Post test to be 100% of pretest attendance rate 100%
training of VHV, VHC : by trainers in the village Contents : -Pre test and post test -Complication in three stages of pregnancy -During Labour -Durigh Purperium -Early detection and referral	Public health nurse	money material equipment and supply	3 days	Post test to be 100% of pretest 100% attendance rate

## OPERATIONAL PLAN

ACTIVITIES	PERSON / AGENCY RESPONSIBILITY	RESOURCES REQUIREMENTS	TIME SCHEDULE	EXPECTED OUTCOME
A - ANC. Clinic -Normal pregnancy -Complication during preg, Labour & purperium	Health Personal, Health Centre,	By visual aids Flip chart, vedio,	Oct 93 to	100% attendamce rate in clinics

ACTIVITIES	PERSON / AGENCY RESPONSIBILITY	RESOURCES REQUIREMENTS	TIME SCHEDULE	EXPECTED OUTCOME
-Divide the mother in 3 groups 1. Trimester 2. Trimester 3. Trimester -Early detection and consultations	Hospital Mobile Clinic		July 94 (on going)	90% Attendance rate in clinics
B -Home visits post natal Individual Councelling to the needs of the motherand the family, supervising observation, post natal check up	VHV, VHC Health Centre	flip charts and the kits B /P apparatus Stethoscope B /P apparatus	Oct 93 to July 94 (on going)	minimum visit knowledge of ANC during Labour, postpartum
C -Community halls Temple Health education about Complication during preg. Labour, purperium.	Health personnel Committee leaders the whole community	Posters Flap Chards Loud speaker	3 times /per year /day programme Oncea month from oct 93 to July 94	
D -IEC Programmes Deceminating information to the public about the Compli-cation via Radio, TV, Mass Media	Health porsonnel information Mass Media	Government Radio Stations		
E -Exhibition in-school Temple Health Centre public place about complications during pregnancy, labour and postpantum	Health Personnel Teachers Religious leader	posters pamphlets	3 times /pear	
F -Involvement of mother in woman group -Meeting with woman group leaders -Information by Loud speaker -Declare and give prize to model mothers	Health personnel group leaders VHC, VHV, N.G.O. (Non government organijation)	money prize place check list for cpiterih for model mother	1 day meeting 93' Oct - June 94 on go-ing	
G -Evaluation by Questionnier	participants Health personnel Village head and leaders VHV, VHC.	Questionnaire Transport Time, money	1 mounth (Aug 84)	

TIME FRAME

1993

1994

ACTIVITIES	S	O	N	D	J	F	M	A	M	J	J	A	PERSON RESPONSIBILITY
	P	C	O	E	A	E	A	P	A	U	U	U	
* Meeting with the community for arrangement District office staff(Community & Health Personnel) Contents : -Budget -Place -Accomodation -Transport -Personnel -Time Schedule	↔												-Medical Officers of Health District -Lectures -Public Health Nurse -Trainers

ACTIVITIES	S	O	N	D	J	F	M	A	M	J	J	A	PERSON RESPONSIBILITY
	E	C	O	E	A	E	A	P	A	U	U	U	
	P	T	V	C	N	B	R	R	Y	N	L	G	
*Preparation for Training -Man Power -Teaching materials -Handouts -Prepare the place -Preparation for accomodation -Pretest and Post test tools		↔											

TIME FRAME  
1993 1994

ACTIVITIES	S	O	N	D	J	F	M	A	M	J	J	A	PERSON RESPONSIBILITY
	E	C	O	E	A	E	A	P	A	U	U	U	
	P	T	V	C	N	B	R	R	Y	N	L	G	
* Training of staffs Refresher Course -Pretest -Introduction -Contents -Complication 3 periods -During prachaney -Labour -Postnatal	↔												-Lecturers -Clinic Instructors
* Training of VHV, VHC by Trainers		↔											
* Plan for Health Education		↔											
a. Anc : Normal Abnormal Complication in 3 Periods) 1 <sup>st</sup> , 2 <sup>st</sup> , 3 <sup>st</sup> during labour Early detection and Consultation													on going
b. Postnatal Home Visits -Supervising -Observation -CheckUps -IEC about complication during Postnatal Period													on going
c. Community Halls(eg. Temple)		↔		↔								↔	(one day every 3 months) -NGO(non Governmental organization) -Officers from Ministry of Information
d. Mother Involvement -Meething with Woman' Group leaders -Model mother competetion By loud speaker Temple : Group talks about model mother (criteria)													Community leaders health personal, mother's group  Evaluation

ACTIVITIES	S E P	O C T	N O V	D E C	J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	PERSON RESPONSIBILITY
-Giving Prizes to the model mother													- Health Team - Ngo's(Non governmental organization)
e. IEC Programme declaration Information to Public health(Radio, TV, etc)													Once a month
f. Exhibition													
- Shools			↔										- Health Personnel
- Health Center							↔						- Health Trainers
- Public Places					↔			↔					- Ngo's
- Temple										↔			(1 week every 3 month)
Evaluation					↔			↔				↔	Health personel participants

#### BUDGET

Estimated budget for one year programme (271110Baht)

Meeting with the committee(Refreshment) --500 Baht

Preparation for the course

- Teaching material .....10,000
- Food and Accomodation for 20 people ...207,20
- Travelling expenses .....10,360

IEC Program : - Poster AVA, Radi .....20,00  
VHV, VHC  
Refreshment .....500

guest Speakers .....10,000

Meeting with mother group .....500

Prizes involving NGO .....

Winning prize(1<sup>st</sup>) .....1,000

Winning prize(2<sup>nd</sup>) .....750

Winning prize(3<sup>rd</sup>) .....500

Consolation prize(20 people) ...1,000

Program Arrangement for prize giving day .....500

For the health personnel who is working overtime .....8,300

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- 국문초록 -

### 지역사회 진단을 통한 모자보건사업 계획

소 애 영\*

본 프로젝트는 1993년 6월부터 9월까지 태국의 International Community Maternal and Child Health Nursing Training Program에서 이루어진 것으로 17개국 참석자 중 8개국 참가자들이 태국의 권케지역(태국 북동부)중 한 농촌지역을 택해 1개월간의 가정방문과 Group Work을 통해 지역사회 진단후 진단내용을 근거로 사업계획을 시행한 것이다.

조사지역 -Ban Nang Loob Village-은 우리나라의 일차보건의료를 수행하는 가장 말단지역인 밍에 해당하며, 이 중 5세 미만의 영유아가 있는 어머니들을 조사대상으로 하였다. 조사가구는 75가구였으며, 자료수집도구는 일반적인 특성, 환경상태, 지역사회조직, 모자보건에 대한 지식, 태도, 실천과 관련된 내용으로 총 52개 문항이었다. 자료수집은 면접과 관찰을 통해 이루어졌으며 면접은 통역을 위해 태국 권케대학의 간호대학 교수들과 함께 시행하였다. 본인이 참석한 그룹에서는 모자보건사업 중 모성건강에 관한 조사만 이루어졌으므로 이 지면에 소개된 프로젝트는 모성건강문제에 국한된다. 본 조사에서는 3가지 모성건강과 관련된 문제가 나타났는데 이를 문제의 정도, 심각성, 예방가능성, 지역사회의 관심정도로 점수화하여 총계를 낸 후, 가장 커다란 문제점으로 '모성의 임신과 산욕기 동안의 합병증에 대한 지식부족'이 제기되어 이를 기초로 Master Plan, Operational Plan, Time Frame, Budget이 제시되었다.

본 프로젝트에서 제시된 사업계획은 담당지역의 Health Center, 권케 간호대학, 지역사회 주민조직의 협조로 지역주민의 모자보건사업 활성화를 위해 실제로 시행될 계획이다.

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