CHAPTER I

INTRODUCTION

1.1 Background

For many people, health promotion is a new term - something strongly linked to communication, education and preventive health. Although the Alma Ata declaration of 1978 is well known, the subsequent international conference in Ottawa in 1986 which laid a foundation for health promotion is still largely unheard of (Coulson, 2007). While the promoting health increased its crucial and function played in preventive health.

Perhaps the most important outcome of the Ottawa Charter was the challenge to the prevailing approach to preventive health where up until now health promotion had predominated. In developing countries where resources and training were limited, health promotion was often didactic, culturally inappropriate, victim blaming and most importantly unsuccessful within its own terms. Health promoting implementations were shown to have a limited impact on changing behavior.

Worldwide, whilst there is agreement that health promotion is an important function within health services, there is no clear consensus about who the health promoters are and whether health promotion specialists are a necessity in the health service. Given the fact that health promotion is a broad philosophy requiring diverse skills, it may be unrealistic to think that anyone specialization could be responsible for implementing health promotion. If health promotion is to be successful it is essential

that it is coordinated in a sector that encourages creativity and can respond flexibly to national, provincial and local needs. Lack of health promotion personnel and the historical low status of health promotion within the health service may limit the role that government can play in spearheading health promotion (World Health Organization [WHO], 2006).

Thailand has participated in the shift of health promotion paradigms, starting with a conventional paradigm that focused on health promotion services such as maternal and child health-care, nutrition, and family planning. This was followed by the paradigm of Health for all by the Year 2000 and the emerging concept of primary health care (Bureau of Policy and strategy, 2007). Rapid and often adverse social change affects working conditions, learning environments, family patterns and the culture and social fabric of communities. Health promotion is a core function of public health and contributes to tackling communicable and non-communicable diseases and other threats to health. Then, Thailand, as a member of the World Health Organization (WHO), has adopted the WHO guidelines in implementing the national health policy. In November 2004, Thai government launched the Healthy Thailand Policy as one component of the National Agenda. In due course, the WHO choose Thailand to host the 6th Global Conference on Health Promotion in August 2005 which concluded with the adoption of the Bangkok Charter on Health Promotion to promote health as a key focus of communities and civil societies using the capacity building strategy (United Nation Conference Center, 2005). In praising the country as a leader in the field of health-care promotion, Thailand was commended as a source of reference as to how to strengthen public health through health-care promotion at individual, grass-root, village, tambon, district, provincial, and national levels.

Focusing on practitioners, provincial, district and tambon level, Thailand was praised as the leader of health promotion, particular in national policy formulation, but the behavioral diseases still have no posture shown that this critical health problem was calmed down. Top five mortality of Thailand is almost non-communicable disease while rapid and spread of increasing in chronic disease (Wibulplprasert, 2004). This figure not only means increasing of burden of disease (table 1.1), but also preventing disease implementation might be wrong.

Practitioners were emphasized by the government to play a role and one of main contributors were the "Tambon health centers" who implemented health promotion critically, providing health promotion and take action as the leader of tambon health team. The key potentials can adopt quality and success of health promotion providing (Hawe et. al, 2000). In terms of government adoption, health promotion practice might be depended on capacity of health workers that is positive attitude, knowledge and skills. Particularly, health workers in Tambon level who work in health centers. The sufficient support of its ascending headquarters also should be needed. Practically, for example, health workers who provided health promotion lack knowledge with their job and influenced to organizational performance. In study of Arammuang (2006) found most health officers (40.7%) in Samutsongkhram province had a low level of knowledge about the Primary Health Care Unit Standard that focus on community health promoting implementation.

Table 1.1: Top 10 causes of burden of disease (DALYs lost) by gender, 1999*

	MALES			FEMALES			
	Disease categories	DALY	%	Disease categories	DALY	%	
1	HIV/AIDS	960,087	17	HIV/AIDS	372,947	11	1
2	Traffic accidents	510,907	9	Stroke	280,673	6	2
3	Stroke	267,567	5	Diabetes	267,158	6	3
4	Liver cancer	248,083	4	Depression	145,336	3	4
5	Diabetes	168,372	3	Liver cancer	118384	3	5
6	Ischemic HD.	164,094	3	Osteoarthriiotitis	117,994	3	6
7	COPD.	156,861	3	Traffic accidents	114,963	3	7
8	Homicide & violence	156,371	3	Anemia	112,990	3	8
9	Suicides	147,988	3	Ischemic HD	109,592	3	9
10	Drug dependence	137,703	2	Cataracts	96,091	2	10

* Bureau of policy and strategy, Ministry of public health, Thailand, 2007

In terms of community health promotion, the Village Health Management Program practicing that conducted by Division of Primary Health Care Support (2008), Ministry of Public Health, Thailand, found 20.81% of whole country villages did not passed the program's indicator in 2007. Furthermore, more than fifty percent (51.65%) of villages in Nakhonsawan province did not meet qualification of the same program in the same year. Therefore, it seems that there is problem in the provision of health promotion at the Tambon health centers.

1.2 Rationale

As its importance, practitioners in Health Centers act as the policy transporters. They need knowledge and skill to provide health promotion activities in their responsible communities. We should consider what is the most effective way of strategic dawning of strengthening health promotion providing. Capacity for health promotion (Canada, Toronto, The Ontario prevention clearinghouse, 2007) means having the knowledge, skills, commitment, and resources at the individual and organizational levels and in the wider environment to conduct effective health promotion. With greater health promotion capacity, organizations such as Tambon health centers will be better equipped to undertake health promotion on a variety of issues.

As the needs of communities changed, and the roles of practitioners evolve, there is evidence that both practitioners and organizations are questioning what their role is in fostering and doing effective health promotion, and what conditions are necessary to do so (Woodard et al., 2004). Health workers in the health centers, while frequently engaged in capacity-building and developmental practice, have difficulty naming what they are doing. They also tend to dismiss the knowledge on which it is based, and may even 'hide' the work as it does not fit neatly into disease- or program-specific organizational goals. Health centers and their head offices should create conditions for innovative effective health promotion practice to flourish. And as the socio-environmental model of health, this study look beyond individual behaviors to the wider environments that create conditions for health and whether the macro environment of political, public, social and economic factors has an impact on effective practice.

The core question for expanding health promotion for provider perspective is whether the health workers have a clear understanding in health promotion? This study need to determine the critical capacities of health centers in Nakhonsawan province for implementing health promotion. Its finding describe their capacities, whether health centers stated enough capacities, knowledge, skill, resources and environment to enable their populations and communities to increase control over, and to improve their health?

1.3 Research Question

Do the Health Centers in Nakhonsawan province have appropriate capacities to conduct their health promotion activities?

1.4 Research Objective

1.4.1 General Objective

The study aims of assessing three categories of capacity for health promotion namely individual, organizational, and environmental of health centers in Nakhonsawan province.

1.4.2 Specific Objectives

1. To determine the capacity status of health centers for implementing health promotion in Nakhonsawan province.
2. To ascertain key potentials of health center for implementing health promotion, and
3. To define "strength" and "weakness" in the capacities of health centers for implementing health promotion.

1.5 Conceptual Framework

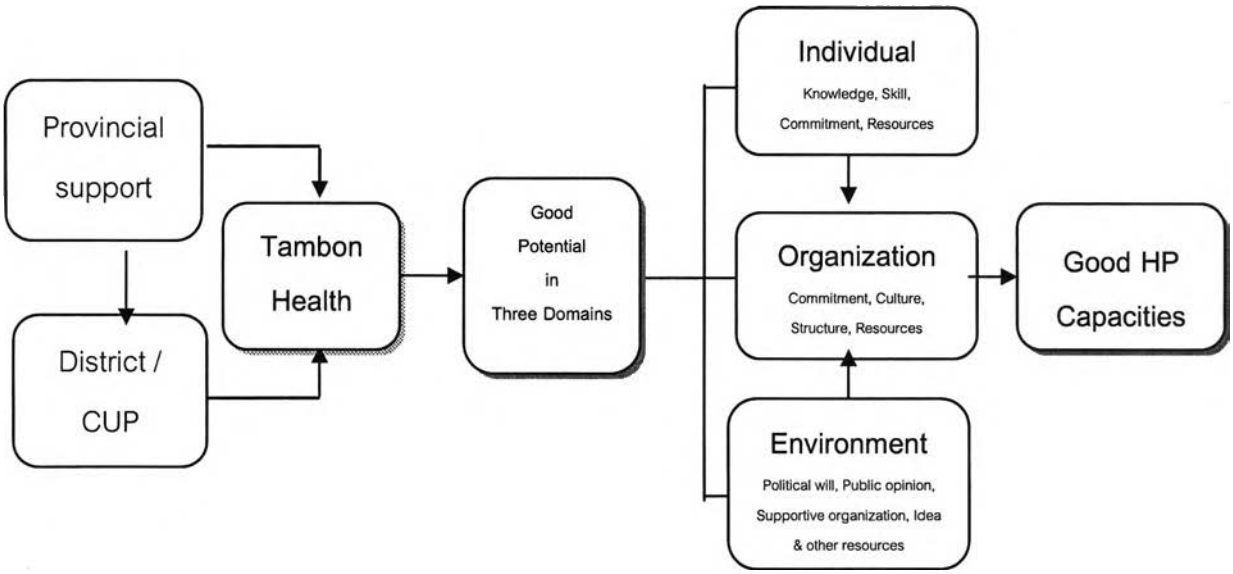

Figure 1.1: conceptual framework of study

1.6 Operational Definition

Capacity - the ability of health workers of the health center who run health promotion activities in the right ways as per the health promotion concept and get appropriate support material.

Health Promotion is the process of enabling people to increase control over, and to improve their health (WHO, 1998).

Disease Prevention - measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established (WHO, 1998).

Primary prevention means directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention means seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation. Disease prevention is sometimes used as a complementary term alongside health promotion.

Although there is frequent overlap between the content and strategies, disease prevention is defined separately. Disease prevention in this context is considered to be action which usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.

Health promoting implementation - the proceeding activities of the process of enabling people to increase control over, and to improve their health.

Tambon Health Centre – the government primary health care units in tambon level and lower, including health centre, primary care unit (PCU), and community medical care unit (CMU).

1.7 Limitation of the Study

1. The study might be influenced by answering bias of self-assessment questionnaire and researcher has no chance to directly inform study process and concern with respondents. Good preparation was launched such as coordination between researcher and district health official staff, cleared directions of checklist questionnaire and also explanations of study benefits for being participants and receiving of valid data return.

2. The time constraints of the data collection process can influence the outcomes of the study. Completeness checked and data proving were done by district health official staffs and rechecked by researcher. Moreover, due date permission and closely monitoring were also done when data collection process was carried on.

3. Since the cross-sectional study can only collect the data during one specific point of time, the reliability of the information obtained during that period is doubtful. This study preferred respondents to review and average data or events in last year then indicate their capacities.

4. The quantitative research design applying non-open ended questionnaires restricts further exploration of information. We added open-ended questions in the final of each part for reflections and in-dept answering. However, still have no reflect from respondents for detailing and association contexts of health centers capacities in each part. According to this limitation, research design should be considered.

1.8 Expected Benefits

1. Self-assessing checklist should lead the respondents to learn and broaden health promotion concept by themselves.

2. The study result will provide fundamental information for future health workforce development.

1.9 Procedures of Research Implementation

This study was developed to explore the capacities of Tambon health centers in Nakhonsawan for promoting health including knowledge and skill in the basic health promotion principles and concepts. The capacities investigation was categorized into three domains which consist of four sub-domains. The self-

administrated questionnaire were distributed through the provincial and district health offices to health centers. Also the completed questionnaires were returned to researcher in the same channel.