

CHAPTER I

INTRODUCTION

1. Backgrounds and Significance of Problem

Why do the healthcare personnel have to conduct home visit and home health care at patient's home? Is it necessary? Do the consumers need it?

Generally, home visit and home healthcare will be conducting by the public health care personnel from home care unit or primary care unit (PCU). It is the vital role to conduct this kind of service due to two main reasons, "30-baht healthcare scheme" and the better health status of the population in the territory.

The universal healthcare coverage program or "30-baht healthcare scheme" is one of the most important government's policy which emphasizes on giving every citizen equal access to quality healthcare service and having a necessary health insurance. It also focuses on the bureaucracy reform in regards of financial and health resource management so that the limited public health resources will have been exploited ultimately in parallel with the health service quality improvement. The scheme introduced as a pilot program in six provinces in April 1, 2001 and had been formally implemented nationwide in October 1, 2001. Consequently, several regulations, law, orders, bills and acts had been legislated to support this policy. Home visit and home health care was defined as all Thais' healthcare welfare right in respect of health promotion, disease control and prevention. The eligible one will not

need to pay the medical care service charge or 30-baht charge per visit whenever taking this kind of service. Consumers or patients will receive home healthcare from the family care unit or primary care unit. As a general practice, the primary care unit needs to set up the home visit system, provide healthcare service in community for the purpose of hospitalization follow-up, patient's family assessment and health promotion. These activities need to be done at least 10-15 hour per week.

Likewise, Krabi province had also implemented "30-baht healthcare scheme" from October 1, 2001 onwards. Over three years of implementation, it is found that the health insurance coverage was at 97.3 per cent of total population in Krabi (March, 2004) and eight contracting units for primary care and 82 primary care units have been established. Moreover, the quality of health service at primary care unit has been improved according to the defined standard continuously (Krabi Provincial Public Health Office, 2004). As can be seen in Table 1.1, the percentage of home visit in 2002 was at 51.6 as it was the first year which data had been gathered. In 2003, the percentage was 38.3 respectively.

Table 1.1 Number and Percentage of home visit of primary care unit in Krabi province by district comparing between fiscal year 2002-2003.

District	PCU (Unit)	Fiscal Year 2002 (Oct. 2001 – Sep. 2002)			Fiscal Year 2003 (Oct. 2002 – Sep. 2003)		
		Number of Household (Unit)	Home Visits (Visit)	Visit/ Household Ratio	Number of Household (Unit)	Home Visits (Visit)	Visit/ Household Ratio
		Muang	13	24,510	3,748	15.3	26,560
Nuea Khlong	15	12,950	7,790	60.2	13,309	4,964	37.3
Koh Lanta	9	5,692	1,512	25.7	6,034	1,812	30.0
Khlong Tom	11	15,462	19,461	125.9*	15,884	7,851	49.4
Ao Luek	11	12,918	4,893	37.9	13,312	2,962	22.3
Khao Phanom	9	9,968	1,811	18.2	10,458	3,321	31.8
Plaiphraya	10	8,570	5,516	64.4	8,833	8,445	95.6
Lam Tub	4	4,965	4,264	85.9	5,194	3,970	76.4
Total	82	95,035	48,995	51.6	99,584	38,169	38.3

Source: Provincial Public Health Office in Krabi Province

* As one household can get more than one home visit. the data cannot be indicated that every household get home visit.

According to the current health status of population in Krabi province, the change in demographic structure has been found, the number of elderly has been also increased and the life span is tentatively longer. In addition the life expectancy at birth in 1997 for female was at 74.02 years and male at 68.98 years respectively but it has been increasingly higher in 2003 for female at 76.99 years and male at 69.97 years. This can imply that the population will have the longer life span in the future tentatively. Nevertheless, the non-infected disease or chronic diseases problem

significantly increase and the high morbidity rate is caused by AIDS infection, Accident, Cancer, Heart disease, etc (Krabi Provincial Public Health Office, 2004). To heal these diseases is normally the time-consuming. It may take the lifetime to cure and take the patients from these illnesses.

Moreover, Krabi provincial chief medical officer had set up the provincial policy regarding home visit service and home healthcare focusing on the restructuring the healthcare support activities with home visit. The management committee had follow-up, evaluated and supervised the implementation of home visit activities more frequently (Krabi Provincial Public Health Office, 2004). As a result, it is essential that the public health personnel need to conduct the home visit for the population in the community.

In respect of consumers' needs on home visit by health workers, it found that this topic has never been studied before. However, there was a study of Boonyathap Manusnit (1993) conducted about Consumer's Needs on Home Health Care which compared the needs by sex, age, income, marital status, occupation, disease/illness, etc in the discharged patients group in Chiangmai province. It used the marketing mix (4P's), which consist of product, place, price and promotion. The finding indicated that the level of consumers' need on home health care was significantly high in all aspects.

At present, as the household environment and home visit policy has been changed, the researcher agreed to study about the consumers' needs on home visit by health workers in Nuea Khlong district, Krabi province in order to be a guideline in development of home visit service system in Krabi province in the future.

2. Research Questions

2.1 Primary Research Questions

How do the consumers' needs on home visit by health workers in aspects of product/service, place, price and promotion?

2.2 Secondary Research Questions

Are the consumers' needs on home visit by health workers in aspects of product/service, place, price and promotion by sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household's members and villages different?

3. Objectives

3.1 General Objectives

To study the level of consumers' need on home visit by health workers in Nuea Khlong district, Krabi province in aspects of product/service, place, price and promotion.

3.2 Specific Objectives

1. To study the level of consumers' need on home visit by health workers in Nuea Khlong district, Krabi province in aspect of Product/Service by sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household's members and villages.

2. To study the level of consumers' need on home visit by health workers in Nuea Khlong district, Krabi province in aspect of Place by sex, age, marital status, educational background, religion, occupation, household's attribute, monthly

household income, type of health insurance, health status of household' s members and villages.

3. To study the level of consumers' need on home visit by health workers in Nuea Khlong district, Krabi province in aspect of Price by sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household' s members and villages.

4. To study the level of consumers' need on home visit by health workers in Nuea Khlong district, Krabi province in aspect of Place by sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household' s members and villages.

4. Research Hypothesis

The research hypothesis is that the level of consumers' need in home visit by health workers in aspects of product/service, place, price and promotion depends on sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household' s members and villages.

5. Scope of Research

The scope of this research can be defined as following:

The study populations are 12,438 households in Nuea Khlong district, Krabi province. The samples are 374 households from 13 villages, randomly sampled by using systematic sampling method.

Operation Variables in this research include:

Independent Variable: it consists of sex, age, marital status, educational background, religion, occupation, household's attribute, monthly household income, type of health insurance, health status of household's members and villages.

Dependent Variable: it consists of the data of consumers' need for home visit.

It can be analyzed by descriptive statistic to find the frequency, percentage, average, standard deviation. The test statistics used in this study include independent Samples test and One-way ANOVA in case of normal distribution. Unless, the non-parameter which consists of two-independent-Sample Test: Mann-Whitney and more than 2 independent samples: Kruskal-Wallis will be applied.

6. Operational Definitions

Needs: It refers to the level of consumers' need on home visit by health workers, in aspect of product/service, place, price and promotion, which can be evaluated from the designed questionnaire by the research.

Home Visit: It refers to the set of healthcare support services provided by the public health personnel in family care unit or primary care unit at the consumers' home. These services include family care

service, health promotion and disease protection and control as well as health rehabilitation.

Consumers: It refers to the population in the household which consisting of all members in the household which have the meal together daily. One household can comprise several families together. It is defined that the head of household will be the representative of the whole members, can be male or female. The selecting criteria are as follow:

a. If there are several spouses in one household, the head of household will be the one who has the better economic status and provides the financial supports to the family mainly

b. If the economic status cannot be distinguished, the seniority will be applied.

7. Expected Benefit and Application

1. To improve the current home visit pattern, which will help meet the consumers' needs more appropriately in accordance with the current problem status in healthcare support service.

2. To be a guideline in the development of other kinds of home healthcare services.