

การมีส่วนร่วมของชุมชนเพื่อปรับปรุงการเข้าถึงบริการด้านการแพทย์ของคนพิการ: กรณีศึกษาดำบลหนองบอน อำเภอโกสุมพิสัย จังหวัดมหาสารคาม

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บทคัดย่อ

คนพิการในประเทศไทยส่วนใหญ่อาศัยอยู่ในชนบทและมีปัญหาการเข้าถึงบริการด้านการแพทย์ โดยเฉพาะการบริการสุขภาพที่บ้านและเครื่องช่วยความพิการ ผู้วิจัยจึงดำเนินการวิจัยเชิงปฏิบัติการตามหลักการการมีส่วนร่วมของการฟื้นฟูสมรรถภาพคนพิการโดยชุมชน เพื่อปรับปรุงการเข้าถึงการบริการสุขภาพที่บ้านและเครื่องช่วยความพิการของคนพิการในชุมชนแห่งหนึ่ง รายงานการวิจัยนี้เป็นการรายงานเฉพาะส่วนแรกของการศึกษา ซึ่งมีวัตถุประสงค์เพื่อ 1) ศึกษาสถานการณ์ปัจจุบันเกี่ยวกับการเข้าถึงการบริการสุขภาพที่บ้านและเครื่องช่วยความพิการของคนพิการ และ 2) พัฒนาแผนปฏิบัติการเพื่อปรับปรุงการเข้าถึงบริการด้านการแพทย์ดังกล่าวของคนพิการ โดยศึกษาในพื้นที่ตำบลหนองบอน อำเภอโกสุมพิสัย จังหวัดมหาสารคาม ระหว่างเดือนตุลาคม 2552 ถึงเดือนกรกฎาคม 2553 สำหรับวัตถุประสงค์แรกดำเนินการโดยสัมภาษณ์คนพิการจำนวน 99 คน (หญิง 42 คน ชาย 57 คน อายุเฉลี่ย 55.4 ± 18.7 ปี) ด้วยแบบสัมภาษณ์ที่ออกแบบโดยผู้วิจัย ส่วนวัตถุประสงค์ที่ 2 ดำเนินการโดยผู้วิจัยจัดการประชุมกลุ่ม ซึ่งมีผู้เข้าร่วมประชุมจำนวน 20 คน ประกอบด้วย ผู้แทนคนพิการ ผู้ดูแลคนพิการ อาสาสมัครสาธารณสุขประจำหมู่บ้าน (อสม.) ผู้นำชุมชน องค์การบริหารส่วนตำบลหนองบอน และบุคลากรสาธารณสุขที่เกี่ยวข้องจากหน่วยบริการปฐมภูมิและโรงพยาบาลโกสุมพิสัย ผลการศึกษาพบว่า ในช่วง 6 เดือนที่ผ่านมา มีคนพิการเพียงร้อยละ 34.3 ที่ได้รับการบริการสุขภาพที่บ้านด้วยความถี่เดือนละ 1 ครั้ง โดยส่วนใหญ่เป็นการเข้าเยี่ยมด้วยระยะเวลานสั้น ๆ โดย อสม. ในขณะที่ร้อยละ 41.4 ยังไม่ได้รับเครื่องช่วยความพิการที่เหมาะสมกับประเภทความพิการของตน จากการประชุมกลุ่มพบว่า กลยุทธ์หลักเพื่อปรับปรุงการเข้าถึงบริการด้านการแพทย์ของคนพิการ คือ การส่งเสริมความสามารถของ อสม. ในการให้บริการสุขภาพบ้านและเครื่องช่วยความพิการ โดยแผนปฏิบัติการประกอบด้วย 1) การพัฒนาแนวปฏิบัติและคู่มือการปฏิบัติงานสำหรับ อสม. 2) การจัดฝึกอบรมการปฏิบัติงานแก่ อสม. และ 3) การจัดบริการแก่คนพิการโดย อสม. จึงอาจสรุปว่า การพัฒนาแผนปฏิบัติการเพื่อปรับปรุงการเข้าถึงบริการด้านการแพทย์ของคนพิการโดยใช้หลักการการมีส่วนร่วมของชุมชนนั้นมีความเป็นไปได้ นักกายภาพบำบัดจึงควรมีทักษะเกี่ยวกับการขับเคลื่อนชุมชนเพื่อส่งเสริมการมีส่วนร่วมของชุมชนในเรื่องต่าง ๆ ของคนพิการ

คำสำคัญ: คนพิการ, บริการด้านการแพทย์, การบริการสุขภาพที่บ้าน, เครื่องช่วยความพิการ, ชุมชน, การมีส่วนร่วม

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Community participation to improve the accessibility to medical services of persons with disabilities: a case study of Nong Bon Sub-district, Kosum Phisai District, Maha Sarakham Province

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Abstract

Most of persons with disabilities (PWDs) in Thailand are living in rural areas and facing a problem of accessibility to medical services, especially home health care and assistive devices. An action research based on the participation concept of community-based rehabilitation was conducted to improve the accessibility to home health care and assistive devices of the PWDs in a community. This article reveals the findings of the first part of the research. The objectives of this part were 1) to explore the current situation of the accessibility to home health care and assistive devices of the PWDs, and 2) to develop action plans to improve the accessibility to the services of the PWDs. The research was operated at Nong Bon Sub-district, Kosum Phisai District, Maha Sarakham Province during October 2009 and July 2010. To obtain the first objective, 99 PWDs (42 women and 57 men, average age 55.4 ± 18.7 years) were interviewed using a structured interview form designed by the investigators. For the second objective, a group meeting was organized for 20 persons including representatives of the PWDs, caregivers, village health volunteers, community leaders, Nong Bon sub-district administrative organization, and relevant health personnel of primary care unit and Kosum Phisai Hospital. It was shown that, during the past 6 months, only 34.3 % of the PWDs received a monthly home health care which was mostly short visits by village health volunteers, whereas 41.4 % did not obtained appropriate assistive devices. The main strategy to improve the accessibility to medical services of the PWDs was to promote the village health volunteers' competency in providing home health care and assistive devices to the PWDs. A set of action plans was established including 1) development of practical guidelines and an instruction manual for village health volunteers, 2) organization of training courses for village health volunteers, and 3) implementation of the services by village health volunteers. In conclusion, a development of action plans to improve the accessibility to medical services of the PWDs via the community participation concept could be possible. Physical therapists should then have a wide range of skills of community mobilization to promote community participation in the PWDs' issues.

Keywords: Persons with disabilities, Medical services, Home health care, Assistive devices, Community, Participation

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Introduction

At present, the number of persons with disabilities (PWDs) in Thailand has been estimated at 1.9 million (2.9 %) of the total population⁽¹⁾. Most PWDs are living in rural areas, facing problems such as poverty and discrimination, and are left behind in the development process. Although a national act for the PWDs enacted in 2007 has aimed to promote and develop their quality of life, only a minority receiving accessible and appropriate rehabilitation services.

Kosum Phisai Hospital is one of community hospitals of Maha Sarakham Province. It has a responsibility to provide health services to the PWDs and their family. Most health services served for the PWDs have been organized by the hospital's physical therapists with the collaboration of other health personnel. Although the hospital has made the effort to provide the best services to the PWDs, they have complained about the accessibility to medical services including home health care and assistive devices. Continuing and frequent home health care by health personnel seems to be the highest rank of demand.

In the 1970s and the early 1980s, community-based rehabilitation (CBR) emerged as an alternative strategy to deal with disability issues⁽²⁾. It was promoted by the world bodies as an approach that was suitable for developing countries with limited resources, to provide wider coverage of services^(3,4). CBR emphasizes the importance of the participation of PWDs and their community, and collaboration between sectors that provide the services used by the PWDs⁽⁵⁾. Theoretically understood, community should involve in planning, decision making, and evaluation of programs⁽⁶⁾. Community participation has been shown as an important factor of social strength to combat any social problems such as illicit drug use in young people⁽⁷⁾.

As the key person who was responsible to the PWDs of Kosum Phisai District, the first investigator

was interested in the CBR approach. An action research based on the community participation concept of CBR was thus conducted to improve the accessibility to medical services of the PWDs of Kosum Phisai District. Action research is a collaborative relationship research method that is capable of empowering community⁽⁷⁾. It is a reflective process of progressive problem solving. Action research was used as the primary design of the study since its primary focus was on solving real problems. Medical services for the PWDs were defined in this study as the provisions of home health care at least once a month and/or assistive devices which were suitable for the disabilities. The research was operated at Nong Bon Sub-district which was selected as a study area due to the large numbers of 129 PWDs (2.1 % of the total population) and the positive attitudes of the sub-district administrative organization (SAO) towards the PWDs. The research consisted of 2 parts: designing action plans and implementing the plans. At present, it is still in the process of implementation as well as evaluation of the outcomes. Thus, this report reveals only the findings of the first part of the research. The underlying objectives of this part were to explore the current situation of the accessibility to home health care and assistive devices of the PWDs in Nong Bon Sub-district, and to develop action plans to improve the accessibility to the services of the PWDs.

Materials and Methods

This part of the research was conducted during October 2009 and July 2010. It was divided into 2 phases: situation analysis and designing action plans. The study protocol was approved by The Khon Kaen University Ethics Committee for Human Research.

Phase 1: Situation analysis

The database of 129 PWDs of Nong Bon Sub-district was gathered from the Nong Bon SAO as well as Kosum Phisai Hospital. By using a structured interview form designed by the investigators, the PWDs

who volunteered to participate in the study were interviewed at their residences. They were asked about their demographic characteristics, classification and duration of disability, ability to perform daily life and outdoor activities, and services of home health care and assistive devices receiving in the previous 6 months. Data were then analyzed using descriptive statistics. The structured interview form was examined for its content validity including clarification and relevance in presenting the topic of interest by 2 experts who had community experiences in the PWDs. The interviews were performed by the first investigator and/or village health volunteers who practiced administering the form with 10 PWDs of another sub-district before commencing the Phase 1.

Based on the structured interview form, the PWDs who met the following criteria were asked to participate in the process of implementation and evaluation of the outcomes: 1) being PWDs with physical impairment who required partial or total help to perform activities in daily life and received home health care less than once a month during the previous 6 months, or being any type of PWDs who lacked appropriate assistive devices, 2) able to verbally or non-verbally communicate by themselves or their caregivers, and 3) willing to participate and cooperate with the study procedures. Moreover, some of the eligible PWDs who were recognized as persons with decisive action and leadership manners were invited to participate in the process of designing action plans (Phase 2). Participants were excluded if they had to be hospitalized during the study period.

Phase 2: Designing action plans

After recruiting the participants, the first investigator arranged several informal small group meetings with relevant stakeholders, especially the Nong Bon SAO, community leaders, village health volunteers as well as health personnel of primary care unit, and some of the PWDs and/or caregivers. The purposes of

these meetings were to mobilize and raise awareness of the community to the PWDs. A formal group meeting was then organized for the PWDs, caregivers, village health volunteers, community leaders, the Nong Bon SAO, and relevant health personnel of primary care unit and Kosum Phisai Hospital. The investigators created an atmosphere for open dialogues and reflection during the meeting. The PWDs' data obtained from the Phase 1 were informed to the group. An analysis of the PWDs' current situation was collaboratively discussed among the group members. They were encouraged to discuss problems as well as barriers of the accessibility to current medical services of the PWDs. The problems were prioritized, then a set of action plans to manage such problems were established by the group members. Note taking was thoroughly performed during the group meeting. The obtained data were then interpreted and grouped into meaningful phrases or words. Comprehensive tables and/or figures were created by the investigators to provide clarity in understanding the action plans for improving the accessibility to medical services of the PWDs.

Results

Phase 1: Current situation of the accessibility to medical services of PWDs

Of the 129 PWDs, 99 (76.8 %) were interviewed. Fifteen PWDs were excluded: 5 lost contact, and 10 were not willing to participate. The rest of them passed away.

The demographic characteristics of 99 PWDs (42 women and 57 men) are outlined in **Table 1**. Their ages ranged from 5 to 90 years with an average age of 55.4 ± 18.7 years. Most of them (54.5 %) had physical or locomotion impairment. Thirty-seven PWDs (37.3 %) required partial or total help of another person to perform activities in daily life. During the past 6 months, only 34 PWDs (34.3 %) received a monthly home health care which was mostly short

visits by village health volunteers. Forty-one PWDs (41.4 %) did not obtain appropriate assistive devices. They lacked assistive devices or received the devices which were not suitable for their disabilities.

Of the 99 interviewed PWDs, 50 (50.5 %) met the study's inclusion criteria. They were 21 women and 29 men with an average of 57.7 ± 18.4 years. Thirty-six PWDs (72.0 %) had physical or locomotion impairment (**Table 2**). Most of them (82.0 %) lacked assistive devices or received the devices which were not suitable for their disabilities. About 44 % did not receive appropriate home health care.

Phase 2: Action plans for improving the accessibility to medical services

A number of informal group meetings to mobilize and raise awareness of the community were organized for village health volunteers, local health personnel, community leaders, the SAO, the PWDs, and caregivers. A formal group meeting was then arranged to solve the problem of accessibility to medical services of the PWDs. This 3-hour meeting, led by the investigators, was held at Kosum Phisai Hospital. Group members consisted of 20 persons including representatives of PWDs with visual and physical impairments, caregivers of PWDs with hearing and intellectual impairments, sub-district headman, representatives of the SAO, village health volunteers, and nurses of primary care unit and the hospital. They were encouraged to reflect on current medical services of the PWDs as presented in **Table 3**.

The main strategy to improve the accessibility to medical services of the PWDs was finally identified, i.e. to increase the competency of village health volunteers in providing home health care and assistive devices to the PWDs. It was expected that with a greater knowledge and skills relevant to the PWDs, the volunteers would have capabilities to provide efficient services to the PWDs. To achieve this expectation,

roles of each sector in the community were identified and presented as a comprehensive model in **Figure 1**. A set of action plans was then formulated. Firstly, guidelines for providing home health care as well as assistive devices to the PWDs and an instruction manual for village health volunteers were cooperatively developed by physical therapists and community nurses. Secondly, training courses for village health volunteers were organized. Finally, the volunteers were facilitated to implement the services to the PWDs.

Discussion and Conclusion

This report was the first part of an action research. It aimed to explore the current situation of the accessibility to home health care and assistive devices of the PWDs in Nong Bon Sub-district, and to develop action plans to improve the accessibility. It was found that more than 50 % of the PWDs in this sub-district were physically disabled. This finding is in accord with a study by Chitsantisook⁽⁸⁾ and the national survey data⁽⁹⁾. Half of the PWDs had not yet received appropriate medical services and then were asked to participate in the process of problem solving for the accessibility.

It was revealed from the group meeting that in Nong Bon Sub-district, village health volunteers were entrusted to play roles in alleviating the PWDs' problem of accessibility to medical services. This finding adds support to the role of community volunteers on the PWDs' issues demonstrated in a previous study at Namphong District, Khon Kaen Province⁽¹⁰⁾. However, physical therapists and community nurses had to take action in the provision of body of knowledge and skills to the volunteers for strengthening their competency. As the research's theme was limited to health issues, it could be possible to find that health personnel had to be key persons for solving the PWDs' problem in this study.

Table 1 Demographic characteristics of interviewed persons with disabilities (n = 99).

Age (years) (mean $\pm$ SD)	55.4 $\pm$ 18.7
Female : Male (n)	42 : 57
Classification of disability, n (%)	
vision	9 (9.1)
hearing or communication	17 (17.2)
physical or locomotion	48 (48.5)
mental or behavior	6 (6.1)
intellectual or learning	12 (12.1)
vision + hearing	1 (1.0)
physical + vision	4 (4.0)
physical + vision + hearing	1 (1.0)
physical + hearing + intellectual	1 (1.0)
Duration of disability (years)	
mean $\pm$ SD	18.8 $\pm$ 17.4
max	79
min	2
Ability to perform daily life and outdoor activities*, n (%)	
level 1	4 (4.0)
level 2	12 (12.1)
level 3	21 (21.2)
level 4	27 (27.3)
level 5	35 (35.4)
Receiving home health care during the previous 6 months, n (%)	
none	18 (18.2)
every 3 months	38 (38.4)
every 2 months	9 (9.1)
once a month	34 (34.3)
Lack of appropriate assistive devices, n (%)	
visual aids	4 (4.0)
hearing aids	10 (10.1)
ambulatory aids	27 (27.3)

* Ability to perform daily life and outdoor activities: level 1 = total dependence, level 2 = need moderate help, level 3 = need minimal help, level 4 = independent activities in daily life but can perform outdoor activities only within appropriate facilities for persons with disabilities, level 5 = total independence

Table 2 Demographic characteristics of participants (n = 50).

Age (years) (mean $\pm$ SD)	57.7 $\pm$ 18.4
Female : Male (n)	21 : 29
Classification of disability, n (%)	
vision	6 (12)
hearing or communication	8 (16)
physical or locomotion	33 (66)
physical + hearing	1 (2)
physical + mental	1 (2)
physical + intellectual	1 (2)
Duration of disability (years)	
mean $\pm$ SD	16.8 $\pm$ 15.2
max	57
min	2
Receiving inappropriate medical services*, n (%)	
home health care	9 (18)
assistive devices	28 (56)
home health care + assistive devices	13 (26)

* Appropriate medical services were the provisions of home health care at least once a month and/or assistive devices which were suitable for the disabilities.

Table 3 Reflection from the group meeting regarding current medical services of persons with disabilities in Nong Bon Sub-district.

Group members	Reflection
PWDs and caregivers	1) Need regular physical rehabilitation. 2) Need appropriate assistive devices.
Sub-district headman and the SAO	1) Do not know how to help the PWDs about home health care and assistive devices.
Village health volunteers	1) Occasionally visit some PWDs but do not know how to rehabilitate them. 2) Do not know how to help the PWDs to obtain assistive devices. 3) Do not know how to evaluate whether the PWDs' assistive devices are appropriate.
Nurses of primary care unit and Kosum Phisai Hospital	1) Do not have time to provide regular home visits to the PWDs 2) Perceive that physical therapists are responsible to the PWDs.

PWDs = persons with disabilities, SAO = sub-district administrative organization

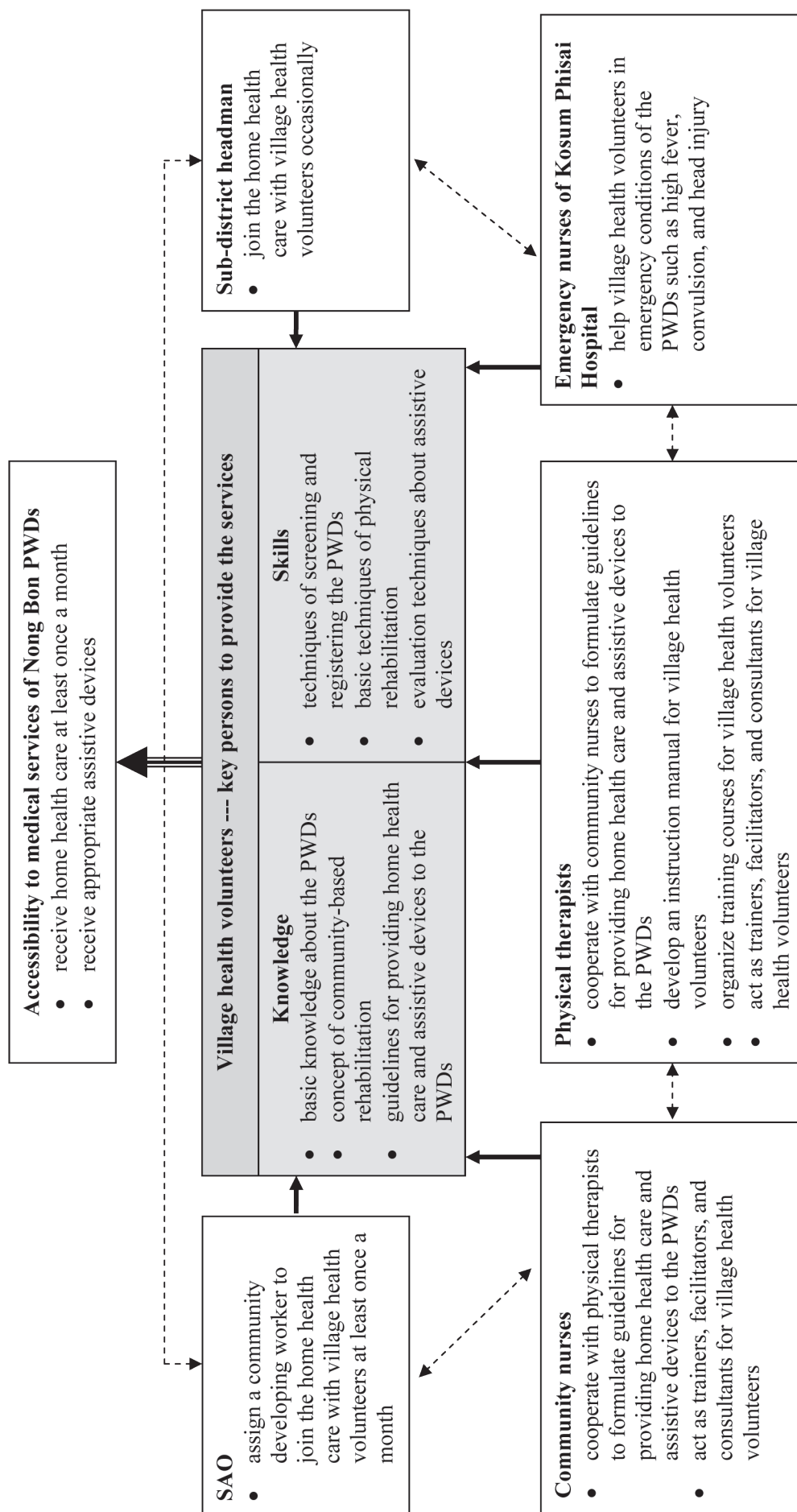


Figure 1 Roles of each sector in Nong Bon Sub-district for improving the accessibility to medical services of persons with disabilities (PWDs = persons with disabilities, SAO = sub-district administrative organization).

The reflection on current medical services of the PWDs during the group meeting showed that the personnel of local government, i.e. the SAO as well as sub-district headman, had not much idea about providing medical services to the PWDs. This may lead to unremarkable roles of these 2 sectors presented in the action plans. This result is inconsistent with the findings of Nualnetr et al.^(11,12). This may be due to the limitation of research's theme only to health issues or inadequate facilitation for the SAO to involve in developing the action plans. In previous studies^(11,12), the authors made great efforts to mobilize and empower the SAOs to be leaders of the PWDs' issues. In fact, it is well acknowledged that the main policy of any SAOs is to enhance the community members' quality of life and focus on community participation⁽¹³⁾. As the PWDs are a group of community members, it may not be reasonable for the SAOs to evade responsibility for any issues of the PWDs. Then, if we can persuade the SAOs to pay attention to the PWDs and let them lead the activities by their own, any strategy for upgrading the PWDs' quality of life may be included in the SAOs' annual administrative plans^(10,11), leading to the sustainability of the activities.

Another interesting finding is nurses' reflection that the PWDs' medical issues should be a responsibility of physical therapists. This may be due to an extensive perception in health professionals that rehabilitation is a main role of physical therapists. Furthermore, at present health services for the PWDs seem to be assigned by the National Health Security Office to physical therapists. In fact, besides medical rehabilitation, physical therapists actually have to deal with other aspects of health care including health promotion, disease prevention, and curative care⁽¹⁴⁾. As the number of physical therapists in a district is generally only 1-2 persons which is much less than that of nurses, it may not be possible to provide efficient physical therapy services to all PWDs. Then, a new

perception about health services for the PWDs in a manner of close collaboration among health personnel should be introduced to nurses as well as other personnel.

In conclusion, a development of action plans to improve the accessibility to medical services of the PWDs via the community participation concept could be possible, and the village health volunteers was found to be key persons to provide the services. Physical therapists should then have adequately considered community participation as a significant means for dealing with the PWDs' issues, and also have a wide range of skills of community mobilization to obtain the great level of community participation.

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