

Faculty  
of  
Nursing

# Sawasdee ka

## Thailand Country Report

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Thailand



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Thailand

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**66-81-4710980**



The Editor of Journal of Nursing and  
Health Care , Nurse Association of  
Thailand, Northeastern Division



ศสค : REQW

ศูนย์ส่งเสริมคุณภาพชีวิตคนวัยแรงงาน  
Research and Training Center for Enhancing  
Quality of Life of Working-Age People

Deputy Director

**Thailand:** Officially the **Kingdom of Thailand**  
*Ratcha Anachak Thai*; formerly known as **Siam**:Sayam

**10  
Nations of  
ASEAN**

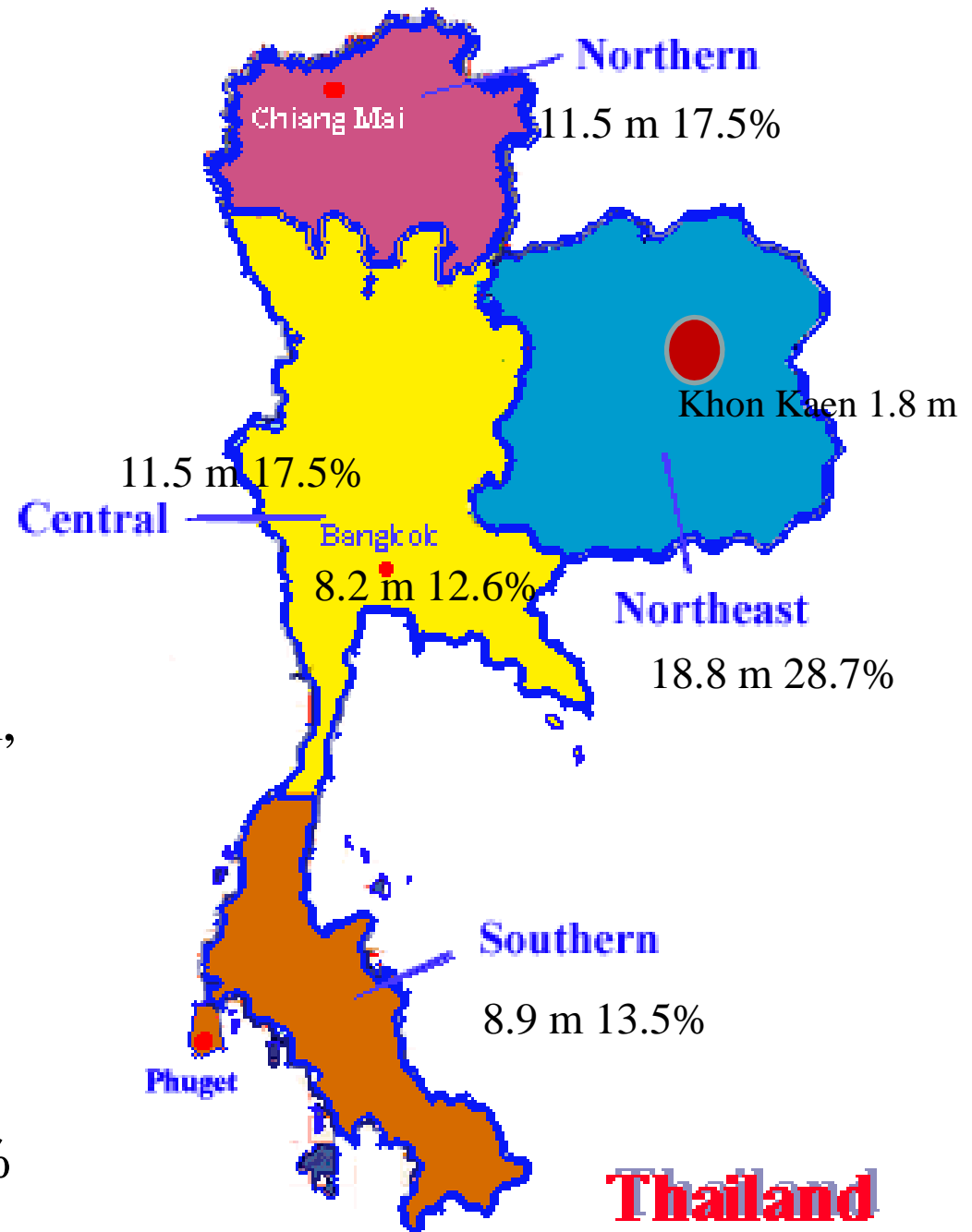
- **Brunei Darussalam**
- **Cambodia**
- **Indonesia**
- **Lao**
- **Malaysia**
- **Myanmar**
- **Philippines**
- **Singapore**

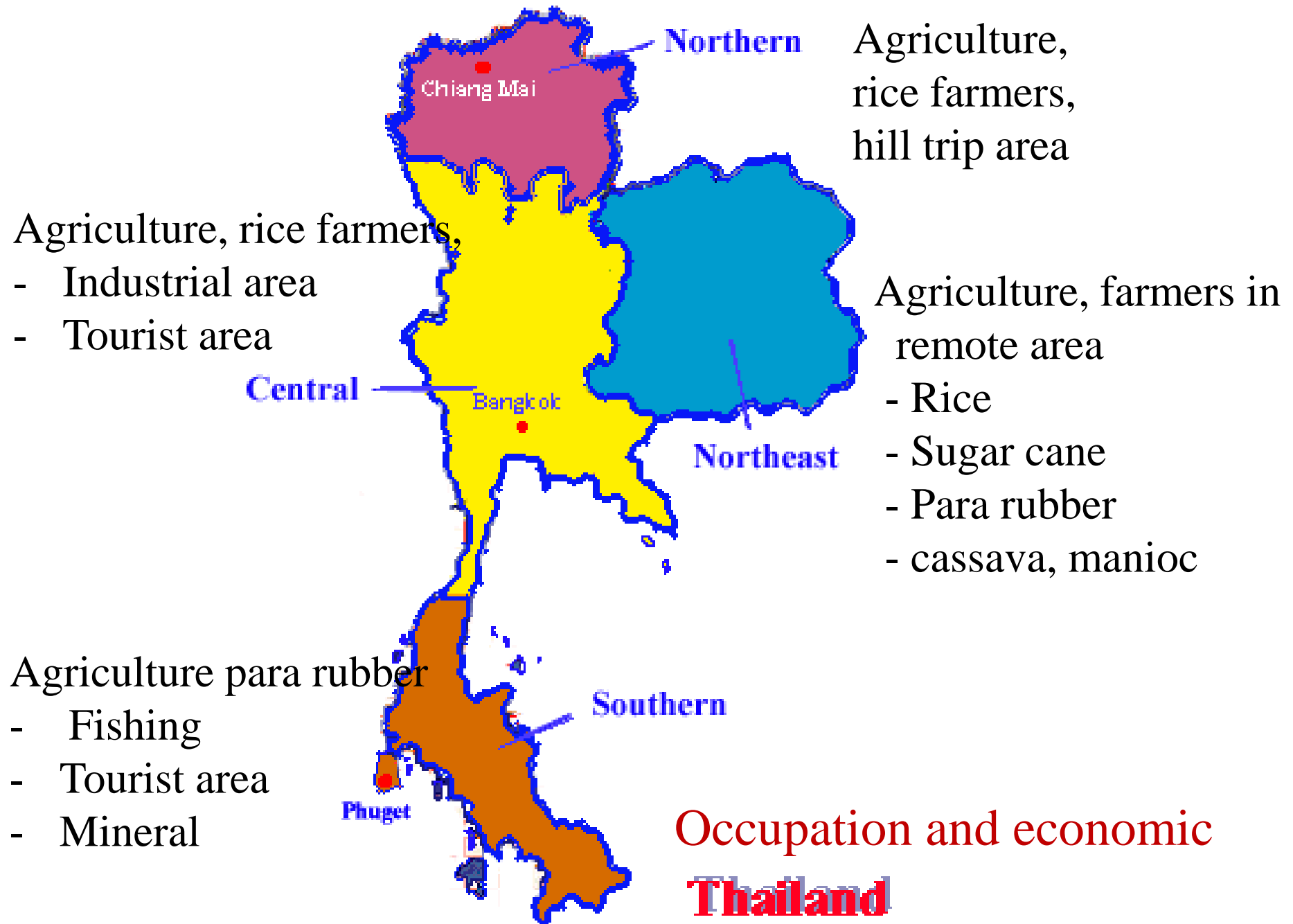


**ASEAN** - Association of Southeast Asian Nations

- **Thailand**
- **Vietnam**

- The population of Thailand is 65,981,600
- Annual growth rate of about 0.3 percent
- Ethnic Thai 75%, Thai Chinese 14%, other 11%
- Religion Buddhism 97%, Muslims 10% and 5% Christianity, Hinduism
- Age structure (0-14 years: 21.2%, 15-64 years: 70.3% m, 65 years and over: 8.5%)
- Life expectancy at birth total: 74 years, male: 71 female: 77 years (2011)
- **Literacy** > 15 yrs can read and write 92.6% *male: 94.9%* *female: 90.5%*





# Health indices

## The mortality

- Adults for those in the 15 to 59 years
- 20.5 per 1,000 **the** under-5 mortality rate is 14 per 1,000 live births.
- Maternal mortality ratio is 48 per 100,000 live births

## The morbidity

- The prevalence of HIV is 13 per 1,000 adults aged between 15 and 49 years
- The prevalence of tuberculosis is 189 per 100,000 population
- Years of life lost, distributed by cause:
  - 24% communicable diseases: bacterial diarrhea, hepatitis, dengue fever, malaria, Japanese encephalitis, rabies, and leptospirosis, parasite, **HIV/AIDS and tuberculosis, remain serious public health issues,**
  - 55% non-communicable diseases CA, DM, HT
  - 22% injuries Car, motorcycle accident become important causes of morbidity and mortality

# Utilization of health services

- Annual spending on health care amounted to 345 international dollars per person in purchasing power parity (PPP).
- Total expenditures represented about 4.3% of the gross domestic product (GDP)
- Of this amount, 75.8% came from public sources and 24.2% from private sources.
- Physician and density was 2.98 per 10,000 population, with 22 hospital beds per 100,000 population
- 81% contraceptive prevalence,
- 80% antenatal care coverage with at least four visits,
- 99% of births attended by skilled health personnel,
- 98% measles immunization coverage among one-year-olds,
- 82% success in treatment of smear-positive tuberculosis.
- 98% improved drinking-water sources were available
- 96% were using improved sanitation facilities

# Health care services

The majority health care delivered by the public sector, which includes 1,002 hospitals and 9,765 health stations.

Universal health care is provided through three programs:

- The civil service welfare system for civil servants and their families,
- Social Security for private employees,
- The Universal Coverage scheme theoretically available to all other Thai nationals

Some private hospitals are participants in these programs, though most are financed by patient self-payment and private insurance.

According to the World Bank, under Thailand's health schemes, 99.5% of the population have health protection coverage



# Health Care Institution

- The Ministry of Public Health (MOPH) oversees national health policy and also operates most government health facilities.
- The National Health Security Office (NHSO) allocates funding through the Universal Coverage program.
- Other health-related government agencies include
  - The Health System Research Institute (HSRI),
  - Thai Health Promotion Foundation ("ThaiHealth")
  - National Health Commission Office (NHCO)
  - The Emergency Medical Institute of Thailand (EMIT)
- Other government units and public organisations also operate hospitals, including the military, universities, local governments and the Red Cross.



# Thailand universal coverage

- Thailand introduced in 2001
- Means-tested health care for low income households was replaced by a new and more comprehensive insurance scheme, originally known as the 30 baht project in line with the small co-payment charged for treatment.
- People joining the scheme receive a gold card which allows them to access services in their health district, or Health Promoting Hospital and be referred for specialist treatment to secondary, tertiary hospital elsewhere.
- The bulk of finance comes from public revenues, with funding allocated to Contracting Units for Primary Care annually on a population basis.

# Thailand universal coverage

- According to the WHO, 65% of Thailand's health care expenditure came from the government, while 35% was from private sources.
- Thailand achieved universal coverage with relatively low levels of spending on health but it faces significant challenges: rising costs, inequalities, and duplication of resources.
- Although the reforms have received a good deal of criticism, they have proved popular with poorer Thais, especially in rural areas.

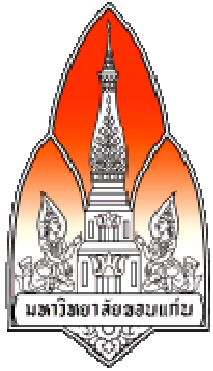
# Hospital in Thailand

- There are 1,002 public hospitals/ 316 registered private hospitals
- Provincial hospitals operated by the MOPH's Office of the Permanent Secretary are classified as follows:
  - Regional hospitals are located in province centres, have a capacity of at least 500 beds and have a comprehensive set of specialists on staff.
  - General hospitals are located in province capitals or major districts and have a capacity of 200 to 500 beds.
  - Community hospitals are located in the district level and further classified by size:
    - Large community hospitals have a capacity of 90 to 150 b
    - Medium community hospitals have a capacity of 60 b.
    - Small community hospitals have a capacity of 10 to 30 b
    - Health promoting hospitals is usually limited to providing primary care, while referring patients in need of more advanced or specialised care to community, general or regional hospitals.

# Thai Nursing Education

- The Bachelor of Nursing Science Program:  
BNS Program (International Program) Public university and school of Borromrajchonnani College of nursing and Private university
- Master of Nursing Science Program
- APN
- Doctor of Philosophy Program in Nursing (International Program) Ph.D. in Nursing
- Special short course training

Under supervised by Midwifery and nursing council of Thailand



มหาวิทยาลัยขอนแก่น  
KHON KAEN UNIVERSITY  
WE BUILD FUTURE GLOBAL CITIZENS



- Motto "Knowledge, Virtues, Wisdom"  
(Witthaya Chariya Panya")
- Established 1966, Type Public
- 22 Faculties
- Admin Staff 2,075 / Students 34,382
- Location Khon Kaen, Thailand
- Symbolic tree Cassia bakeriana
- Website [www.kku.ac.th](http://www.kku.ac.th)



**KKU HEALTHY**  
มหาวิทยาลัยขอนแก่น  
มหาวิทยาลัยสร้างเสริมสุขภาพ

# The Faculty of Nursing, Khon Kaen University



- The Bachelor of Nursing Science Program: BNS Program (International Program)
- Master of Nursing Science Program: MNS Program (International Program) Areas of thesis research include adult nursing, community nursing, family nursing, pediatric nursing, psychiatric nursing, nursing administration, aging, and midwifery nursing.
- Doctor of Philosophy Program in Nursing (International Program) Ph.D. in Nursing
- TOP RESEARCH
  - 1) Center for Research and Training on Gender and Women's Health
  - 2) Center for Research and Development in Community Health System



# Khon Kaen University

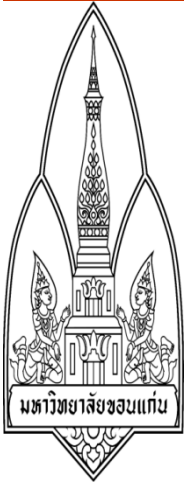
## Green and clean campus



## Healthy University







**Thailand is the land of smile.**  
**Best regard to you all**



*Thank you  
swasdee ka*



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**Thailand**

# **Family nursing process in community**

**By**

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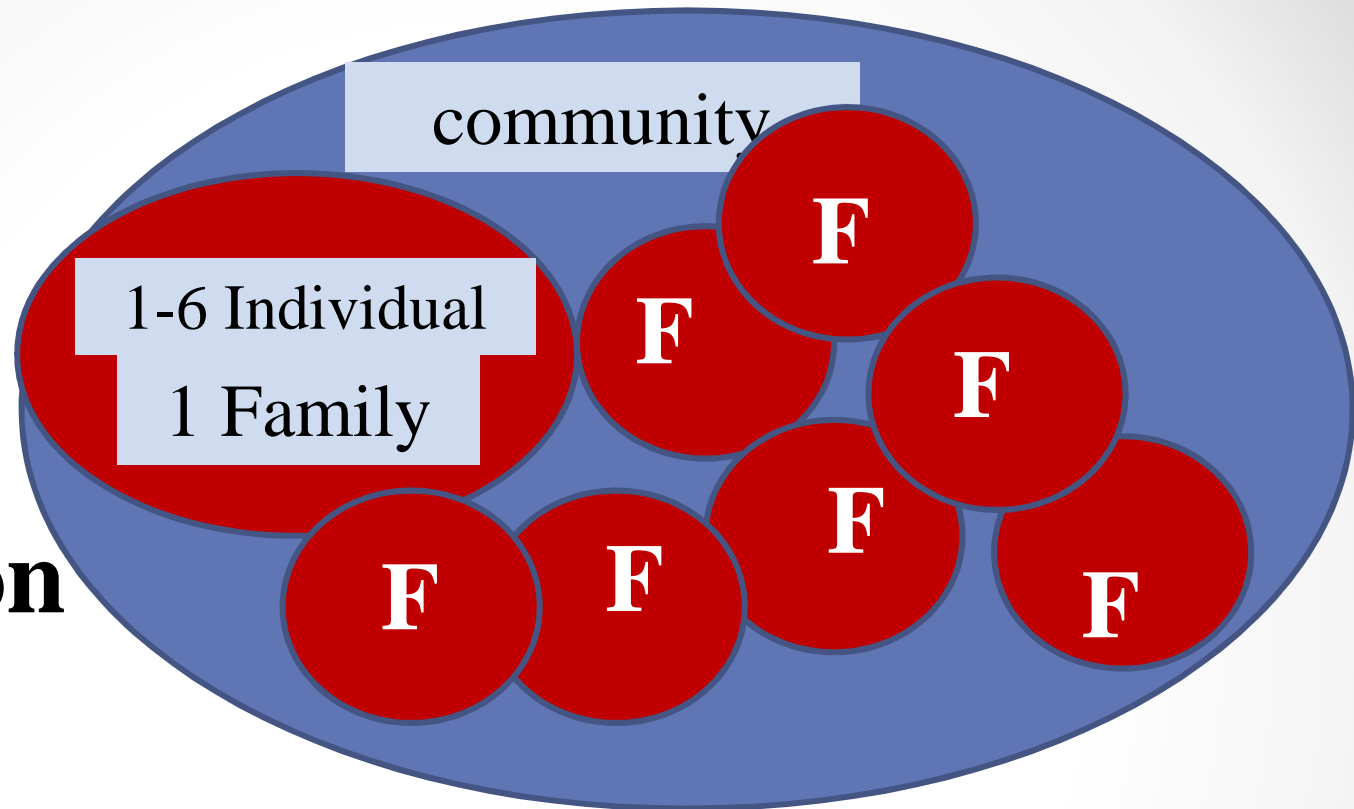


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# Concept and application



What is family?

What is family health?

What are there factors related to family health?

What is nursing care for family through  
family nursing process?

# Thailand: Health Promoting Hospital: Nurse and midwife give family care

1 HPH 8-12 villages 2,500-4,000 population 4-6 staffs

- 1 Director, 1-3 Nurses, 1 assist dentist,  
**Provide** Rx, mental H, immunization, Surveillance,  
Infectious d, NCD
- **Village health volunteer give caring for:**  
elderly, infant, children, NCD, CD surveillance



# **Indonesia: Public Health Center nurse and midwife give family care**

**1 PHC 22 villages 49,581 population 44 staffs**

- **1 Director, 1 Doctor, 1 dentist, 1 pharmacy,**
- **24 midwives, 1 midwife/1 village, 2 midwives work in PHC**
- **6 nurses, 1 n work with doctor/ Rx, mental H, immunization, Surveillance, HIV, Infectious d,**
- **Laboratory worker, administrator,**
- **Village health volunteer for caring elderly, infant, children, NCD, CD surveillance**





# What is family nursing?

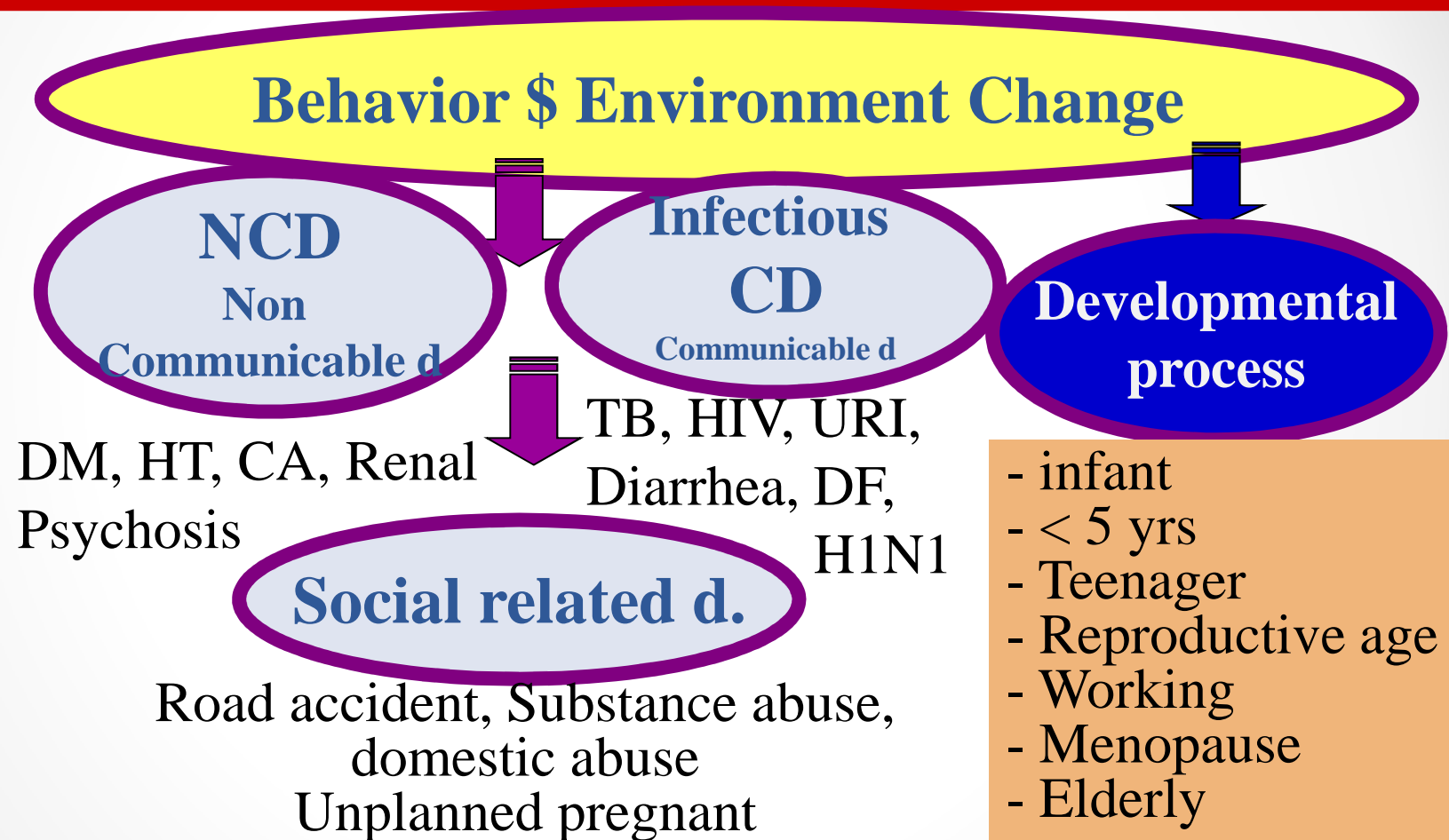


- Promote family & community care giver
- Mutual learning & net working





# Health problem in family



Case finding, Caring, Surveillance, Prevention & Control

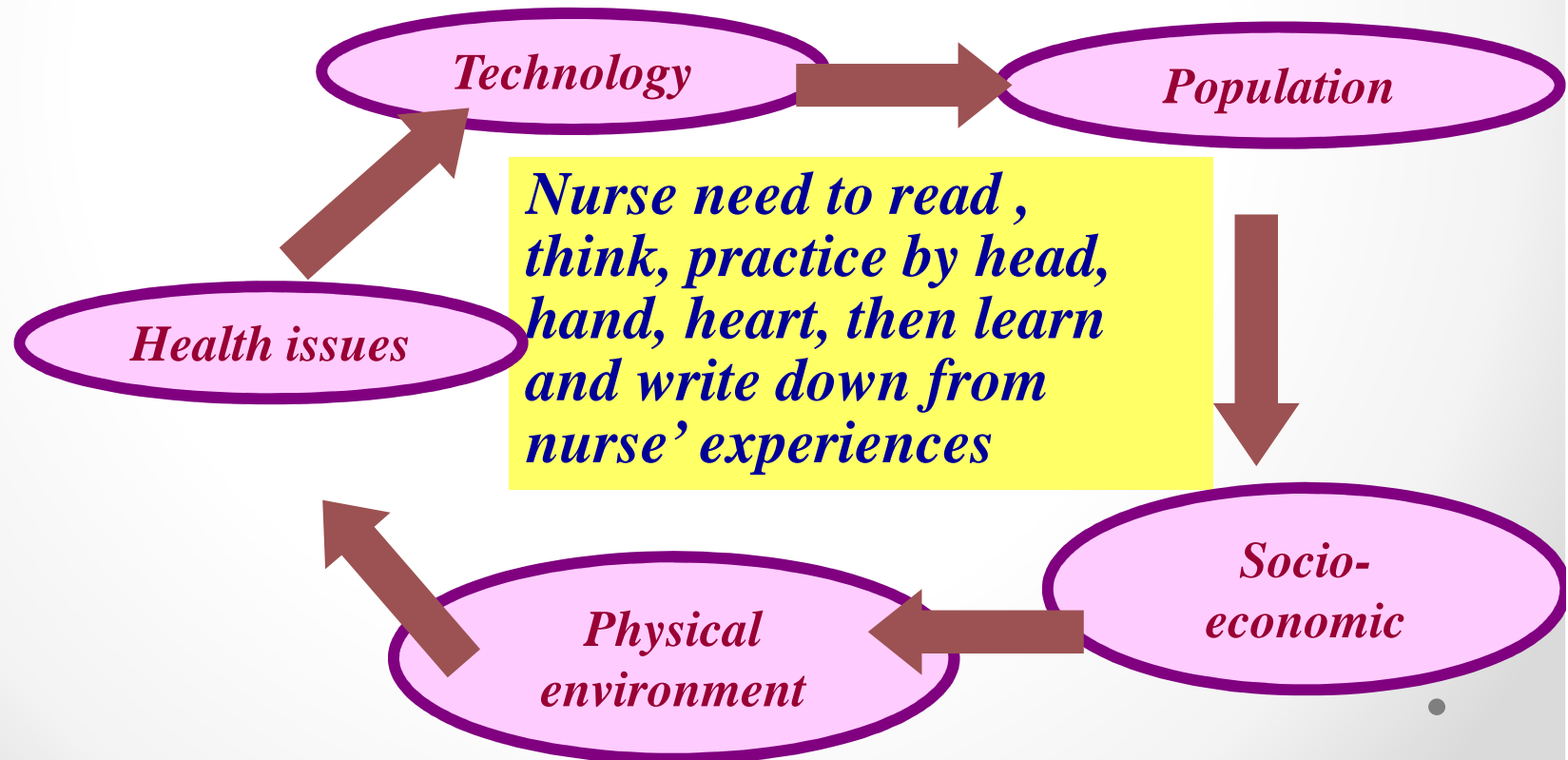




# Family in complex society need young blood nurse

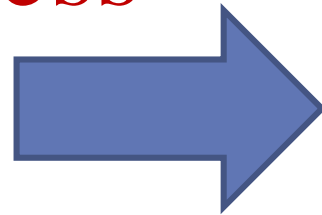
**Changing**  
*For build up new approach*

*Nursing for family care need to learn from evidence based*



# Give Positive caring outcome

- Accessibility
- Competency
- Acceptability
- Appropriateness
- Effectiveness
- Efficiency



- Safety,  
- Happy,  
- Quality of life, have  
harmonious living in  
complex society

- Family structure, role, function, environment, economic,
- Health status of each family member, health perspective
- Lifestyle: diet, sleep, exercise, clothing, bathing, toilet, sex activity, substance use, health care seeking, information seeking, Social support, social welfare, security, insurance

# *Prevent Negative clinical outcome*

- *Death*
- *Disease*
- *Disability*
- *Discomfort*
- *Dissatisfaction*



The Broad of the American Housing Association , 1994

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# Family Nursing

Conducts a continuing and comprehensive practice including

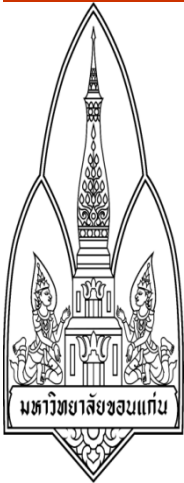
- 1) health promotion,
- 2) preventive,
- 3) curative, and
- 4) rehabilitative.

The philosophy of family nursing care in community is based on **participatory learning from**

- client's experiences,
- belief
- culture
- socio-economic status
- education







# Family Nursing Process

**Family Nursing Process** is a systematic, scientific, dynamic, and ongoing interpersonal process in which the nurses and clients are viewed as a system with affecting to whom the nurse applies the process **of 4 steps of Community Nursing Process** (Cuevas, Precilla, et.al., 2007).

1. **Assessment/ diagnosis**
2. **Planning Nursing Action**
3. **Implementation of Planned Care**
4. **Evaluation of Nursing Intervention**





# Data Collection;

1. Environment
2. Demographic data
3. Socio-cultural
4. Vital health statistics
5. Community strength



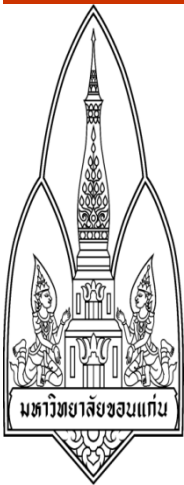
**Entertainment**



**Transportation**



**Living, working, housing** •



# Environment



**Community as a place**, which is the territorial place where individuals share a bit in universal phenomenon, interested and communion, a number of basics like environment, boundaries and a place for social services

## Demographic data



Community as a people, the component of community are people, goal and needs,

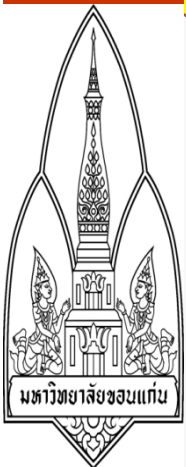
- 1) Population structure (age – sex structure), education, religious, occupational background, income
- 2) Family structure, bonding, relationship, role of family members, healthy life style, and patterns of coping •



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# Socio-cultural

Community regulation, solidarity, trust, commitment, mutuality and belief, culture

## Vital health statistics

**Vital Statistic:** Crude birth rate, Crude dead rate, Growth rate,

**Health status:** mobility rate-incidence rate and prevalence rate, mortality rate- specific dead rate, case fatality rate

## Community strength

Utilization of health services, previous health development project, health insurance or social welfare, community organization and community volunteers



# Ottawa Charter for Health Promotion

## • Strengthen community action

### Prerequisites for Health:

peace, shelter,  
education, food,  
income, a stable  
eco-system,  
sustainable  
resources, social  
justice and equity  
**Ottawa Charter**  
**(WHO, 1986)**

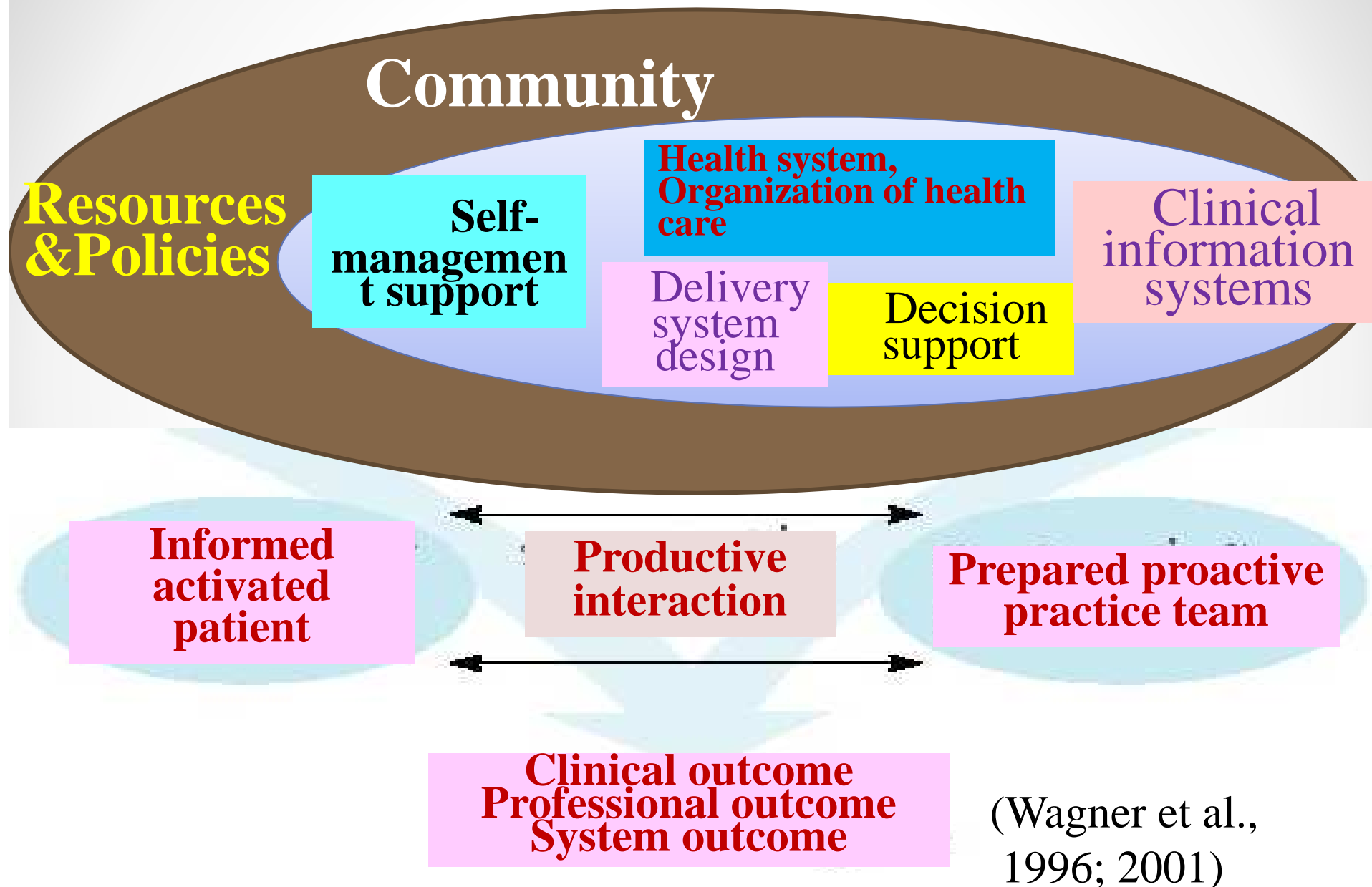
**Develop  
personal  
skills**

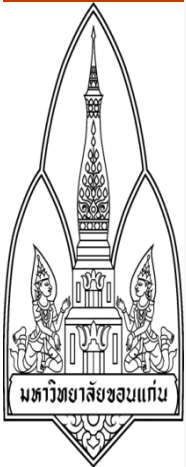
### Strategies

- Enable
- Mediate
- Advocate

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# Chronic care model





# *1. Building public policy*

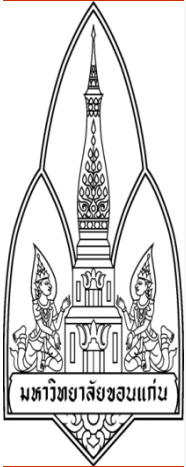
**Constitution,  
Law,  
Local regulation,**

***Culture &  
believes***



*For example:*

*Prohibit pubic smoking , Increasing water supply*



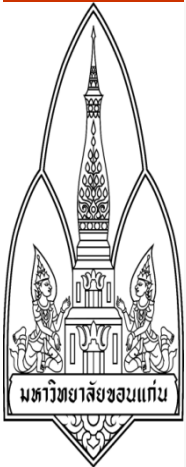
## *2. Creating Supportive environment*

### *Physical, Biological, Chemical, Social Environment*

- **Green – clean family community, work place, school (campus), waste disposal**
- **Enough water supply**
- **Increasing sport area**
- **Well transportation**
- **Strengthen social and spiritual support**



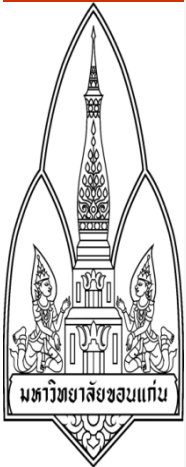
*For example:*



### 3. Strengthening family and community participation

#### Promote participation as empowerment





## 4. Enable personal skill

**Inform, educate, communication, support**

- Intake appropriate diet (Food & water)
- Regular exercise
- Recreation, sleep, stress management
- Safe sex , Family planning
- Prevent substances, drug use
- Good hygiene

**Concern benefit and harm**

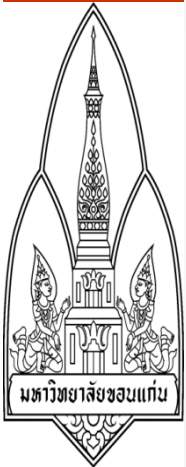
change 

**Think, dicission, plan, commitment support**

**For example:**

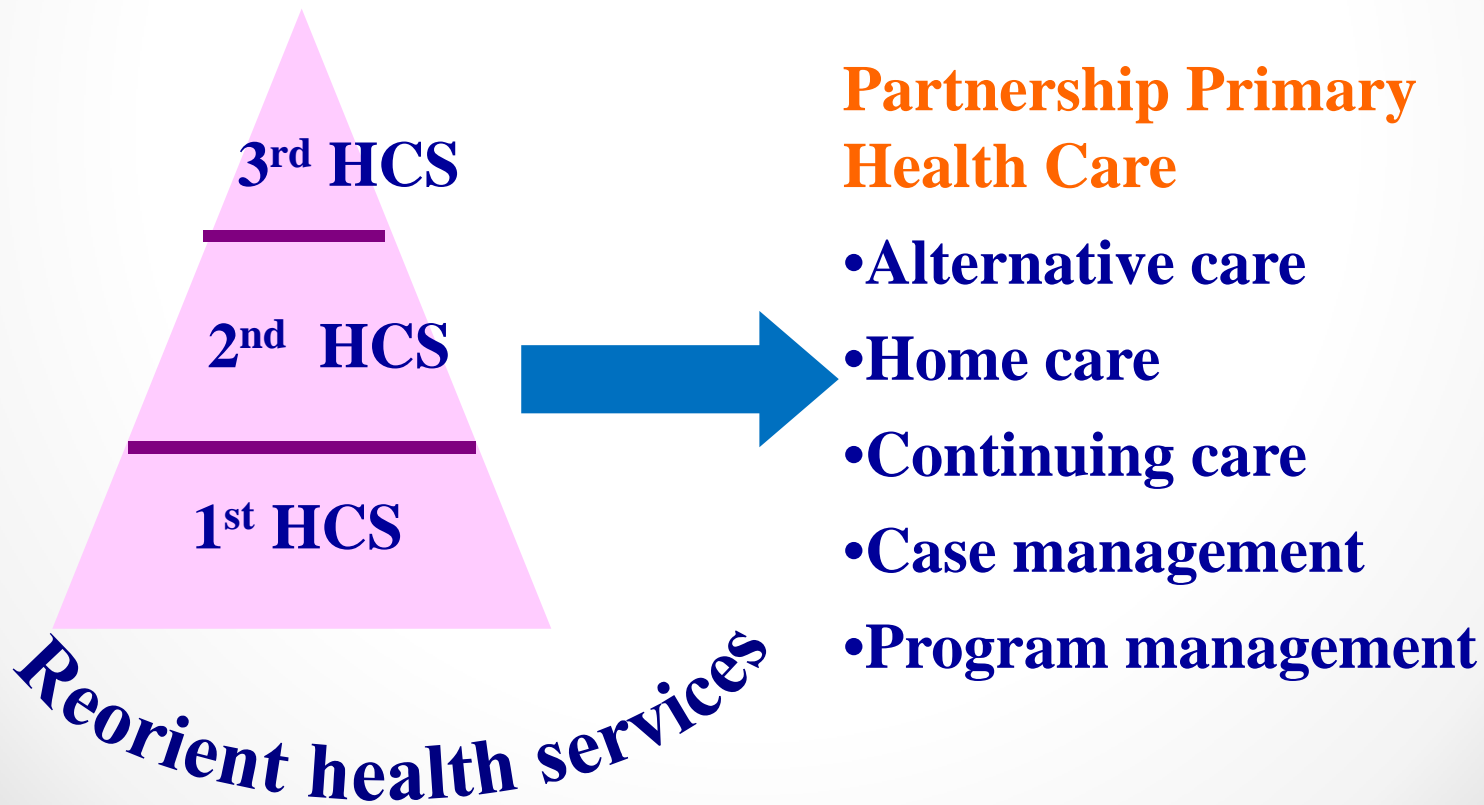
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## 5. Reforming health system

Expanding healthcare service & strengthening primary health care



# Community System

- Supportive Environment
- Community participation
- Regulation/ health insurance/ law
- Health care system to promote self management
- Referral system

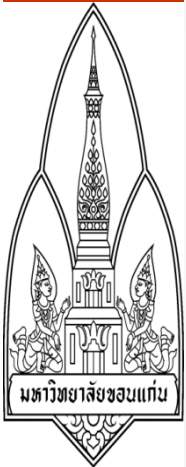




# Social capital investment





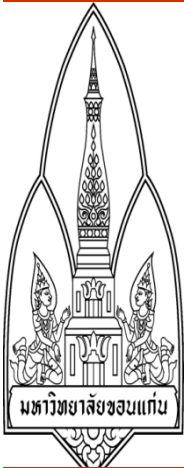


# Midwifery role

- 1) Direct care provider
- 2) Health educator
- 3) Counselor
- 4) Collaborator/ coordinator
- 5) Case manager/ project manager
- 6) Facilitator / change agent
- 7) Researcher/ innovator
- 8) Evaluator



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# Family and community nurses can stepping up nursing performance to promote a better society



## Massage of Love & trust



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*Somjit Daenseekaew@facebook*

## Thank you swasdee ka

