

Health Network's Developing in Prison Communities by Empowerment

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Abstract

Correctional institutions or prisons are places with a large number of people living crowded, which affects the health status of inmates. The main objective of this developmental research is to study the model of health network development in prison communities by using empowerment process and has a specific purpose were 1. To study the characteristics of communities and health problems of Kalasin Prison Communities. 2. To develop an appropriate health care model for people in Kalasin Prison Community and 3. To develop the potential of the health network in the Kalasin prison. The population is as many as 3,005 inmates living in prisons. The sample consists of 75 inmates in the Kalasin Prison Community, 2 nurses' inmates of nurse units in the prison, the total of 77 person. The instruments consisted of knowledge assessment form, understanding of case manager in community health care of public health volunteers in prisons and in-depth interviews, focus group interviews, and transcription lessons in supervision. The results showed that 1. The top 5 health problems that sick inmates were: 1.1 Upper respiratory infection 1.2 Rash / itch 1.3 Muscle pain 1.4 Arthritis 1.5 Gastrointestinal disease and health risks such as Stress, Depression, Obesity, Diabetes, Hypertension and Dyslipidemia. 2. Appropriate forms of health care for people in Kalasin prison community, namely Public health volunteers in prisons have a role in screening health conditions. Illness surveillance and education for self-care in order to prevent illness. 3. After the training in general knowledge about public health volunteers in prisons. The sample group had the mean scores and knowledge median of 11.65 and 12.00 ($X = 11.65$, $Med. = 12.00$) respectively which increased statistically significant. And the development of the potential of the health network in prisons should focus on participation providing empowerment to volunteers with appreciation and record the merit points. Suggestions since it is a studied in a closed community. Therefore should be cooperation from all sectors involved in driving the public health volunteers in prisons for strength and sustainability, which will lead to further reduction of illness in prisons.

Keyword: Prison Volunteers, Correctional Institutions, Health Care Forms in Prisons

Background

The ideas and concepts related to “community” and “community engagement” are not new. Community participation was determined as a fundamental component of primary health care in the Alma Ata Declaration, back in 1978, and paved the way for broad support for community participation, engagement and mobilization in health. This notion was revitalized as “engagement and empowerment” and became a core strategy of the WHO Framework on integrated people-centred health services (IPCHS) adopted by Member States in 2016 [1, 2].

The economic, social and environmental conditions which is highly dynamic in the era of globalization affects the status and health behavior of Thai people [3]. Causing to change of thinking about life coexistence and caring for the community [4]. Communities well-being can occur from the development of health care systems in the community to be strong and adapt to the circumstances while

maintaining a balanced life. Under universal health insurance, rely on hospital services, as necessary [5]. Correctional institutions or prisons are places with a large number of people living crowded. Which is a crowded number of inmates but the area is divided into both male and female regions using the same rules and regulations. In which the prison community consists of people who share almost everything [4, 5]. They live in the same place, work in a limited number of positions, restrict participation in the same church and take advantage of the same health clinic as visiting physicians and nurses and other communities [6]. The prison or correctional institution is another community that is crowded. According to the statistical report of Thai inmates nationwide, as of November 1, 2019, there are 318,425 male inmates, 47,139 female inmates in total 365,384 inmates [5]. It is found that every year the number of inmates is increasing. The resulting in the congestion of the prison community or the penitentiary increasing, causing the problems of overflowing inmates. Resulting in not being able to fully focus on the work of rehabilitation, rehabilitation and development of prisoners' behavior must control so many inmates continuously beyond the standard capacity and the full capacity. If this phenomenon continues unresolved, it will affect the efficiency and effectiveness of the work

of controlling inmates as well as confidence in the justice system as a whole, and most importantly, thorough health care.

At the same time, Kalasin prison has many inmates living together found that in 2019 there are as many as 3,005 inmates who are extremely congested. According to the health impact, the top 5 diseases that the inmates are sick were 1. Upper Respiratory Infection Disease, 2. Rash / Allergies, 3. Muscle Pain, people who share almost everything, 4,5 They live in the same place, work in a limited number of positions, restrict participation in the same church and take advantage of the same health clinic as visiting physicians and nurses and other communities.⁶ The prison or correctional institution is another community that is crowded. According to the statistical report of Thai inmates nationwide, as of November 1, 2019, there are 318,425 male inmates, 47,139 female inmates in total 365,384 inmates.⁵ It is found that every year the number of inmates is increasing. The resulting in the congestion of the prison community or the penitentiary increasing, causing the problems of overflowing inmates. Resulting in not being able to fully focus on the work of rehabilitation, rehabilitation and development of prisoners' behavior must control so many inmates continuously beyond the standard capacity and the full capacity. If this phenomenon continues unresolved, it will affect the efficiency and effectiveness of the work of controlling inmates as well as confidence in the justice system as a whole, and most importantly, thorough health care.

At the same time, Kalasin prison has many inmates living together found that in 2019 there are as many as 3,005 inmates who are extremely congested. According to the health impact, the top 5 diseases that the inmates are sick were 1. Upper Respiratory Infection Disease, 2. Rash / Allergies, 3. Muscle Pain, 4. Arthritis, 5. Gastrointestinal Disease and health risks of Kalasin prison, including stress, depression, obesity, diabetes, and high blood pressure. Since 2017 - 2019, the most common diseases were Upper Respiratory tract Infections was 1,821, 2,578 and 2,896 persons, respectively [6]. At the same time, only 2 health care personnel in Kalasin Prison are professional nurses [6]. Which is needed to take care and early treatment for inmates who are ill that may result in care that is not comprehensive and thorough village public health volunteers are people in the community who are involved in the community by helping to promote public health. It has an understanding of the geographic, social and cultural context of the area and therefore is an important part of managing the health care system of the people in the community [7]. It should be systematically developed as a mechanism that takes care of the health of the people in the area to be used. To a sustainable self-reliance on health. Therefore, in order to promote and support the community to participate in the health care of people in the community. The community health volunteer development to be a case manager. Taking care of people in the community is therefore a challenge [6, 7]. In this study, the researcher studied the development of the health network among the inmates who are public health volunteers in Kalasin prison. The system was designed to develop the capacity and ability of the volunteers to be able to provide basic health care for inmates living in the community of Kalasin prison. As well as to help the business in taking care of basic health problems for inmates together. In this study, the process is divided into 1) surveying the situation, health problems and needs, 2) jointly determining the development model of the potential of the public health volunteers in the Kalasin prison community, 3) adopting the collaborative service model to design to try with the inmates in the Kalasin Prison community and 4) use

suggestions or deficiencies in operations to improve and review for further use. Therefore, in order to create a process of health network development in Kalasin prison community which is a community in which there are a large number of inmates giving a chance to many health problems such as respiratory illnesses Gastrointestinal diseases and others, therefore, the researcher needs to develop a health network which is public health volunteer at Kalasin prison to be able to help provide basic health care to inmates correctly and appropriately in accordance with the standards.

Objectives

To study the model of health network development in prison communities by using empowerment process.

Keyword: Prison Volunteers, Correctional Institutions, Health Care Forms in Prisons

Specific Purpose

1. To study the characteristics of communities and health problems of Kalasin's Prison communities.
2. To develop an appropriate health care model for people in Kalasin's Prison Communities.
3. To develop the potential of the health network in the Kalasin's prison.

Research Question

What is the model of health network development in prison's communities using empowerment process?

Importance of research

Correctional institutions or prisons are places with a large number of people living crowded. Which is a crowded number of inmates however the area is divided into both male and female regions using the same rules and regulations in which the prison community consists of people who share almost everything.

Scope

This research study was conducted in the area by purposive selective were prison's community, Kalasin province. On 1 October 2019 to 30 January 2020, totaling 4 months. Content for study consist Theoretical knowledge about health networks, community and community health management, empowerment, context of Kalasin's Prison and related literature.

Population and Sample

The population is 3,005 prisoners in Kalasin prison and sample group were inmates in the Kalasin's prison communities. There were a total of 75 people in the prison from 6 months upwards and 3 prison's nurses in the prison and purposive sampling was used.

Research tools and Analysis

The assessment form of knowledge, understanding of case manager in community health care of public health volunteers in prisons. Collecting quality data used In-depth Interviews, Focus Group Interviews and Transcription Lessons. Observe behavior, enthusiasm and participation. Analyze data by percentage, average, standard deviation and content analysis to describe the phenomenon for Qualitative data.

Results

1. The top 5 health problems that sick inmates were:

- 1.1 Upper respiratory infection
- 1.2 Rash / itch
- 1.3 Muscle pain
- 1.4 Arthritis
- 1.5 Gastrointestinal disease and health risks such as Stress, Depression, Obesity, Diabetes, Hypertension and Dyslipidemia.

2. Appropriate forms of health care for people in Kalasin prison community, namely Public health volunteers in prisons have a role in screening health conditions. Illness surveillance and education for self-care in order to prevent illness.

3. After the training in general knowledge about public health volunteers in prisons. The sample group had the mean scores and knowledge median of 11.65 and 12.00 ($X = 11.65$, Med. = 12.00) respectively which increased statistically significant.

The studies found that the process of creating a health network in Kalasin's prison community there is a pattern as shown in the diagram;

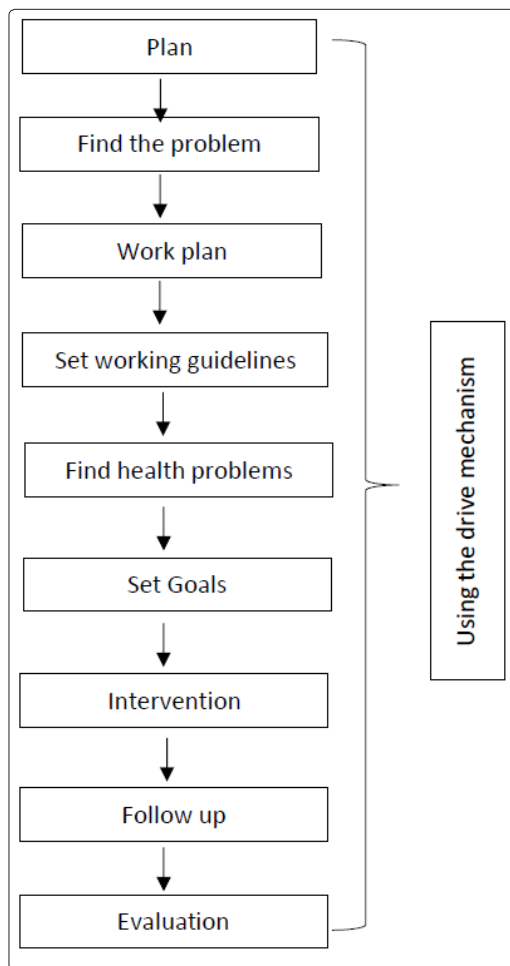


Diagram 1: The process of creating a health network in Kalasin's Prison Community

Discussion

The most important in health care for inmates in prisons was screening for illness and at-risk groups as soon as possible, including hygiene promotion to ensure proper and consistent practices which in line with the study of Aphakorn Ngam Non (2015) found that compliance with

the standard of quality of life of inmates was the standard of quality of life of inmates for basic needs, consisting standards quality of food services, medical treatment, accommodation services and sleeping clothes [8]. In order to strengthen the health network in the prison community, it requires cooperation from volunteer inmates and there must still be a positive reinforcement in order to drive and achieve sustainability. Which is consistent with Ming Kong Kongcharoen and Achanya Rattanubol (2011). There was found that the sustainability components of the learning community. There are many components such as participation in community, activities, moral system, ethics and the process of knowledge transfer of the community [9]. And empowerment of communities for the sustainability of the learning community consists of empowering the community at the individual level was individual expression. There are important components internal composition, interaction components, behavioral elements and empowerment of the community at the community level. Which has important social structure elements. There are 2 forms of empowerment of communities in order to enhance the sustainability of the learning community of Thai society [9]. Urban layout and forms of rural communities which have similar components but are different in some areas. The sustainability model of learning communities in both urban and rural communities consists of setting goals and planning, community needs analysis, the community to find the cause of the problem, organizing a forum for villagers to give knowledge and understanding, to record the development of community changes in the creation of learning communities, committees and faculty or leaders in creating communities to be a sustainable learning community. Which is consistent with Adams, Robert (2008). Cornell Empowerment Group (1989). Zimmerman, M.A (2000). There was found Performance tracking and building relationships to exchange learning with members or other community groups [10-12]. Incidentally, public health volunteers in prisons after receiving the training to prepare as a public health volunteer, there was found that had knowledge and understanding in health screening and providing basic health care information to other inmates in the prison community. Which can be seen from the qualitative data that says "Have increased knowledge can be used and will take care of the family after acquittal "or" I'm glad that I can measure blood pressure " which is consistent with the studies of Chomsawan Wanapornsiri and Wanida Ma Duang (2009). Inmates at Phitsanulok women correctional institution. The groups that received the health support and education program there are scores of holistic health care behavior and health responsibility. After the end of the experiment, higher than before the experiment and inmates Phitsanulok women correctional institution. The groups that received the health support and education program. There are scores of holistic health care behavior and health responsibility. After the experiment, the control group was higher than the control group [13, 14].

Restrictions

Because the prison community is a closed community therefore, access to various areas will be difficult such as an easy access to health services or even. Regarding the limited number of health personnel prison's nurse is only 2 people per total number of inmates which is not enough to look after which will affect the quality of health of the inmates in the prison community.

Suggestions

Since it is a studied in a closed community. Therefore, should be cooperation from all sectors involved in driving the public health volunteers in prisons for strength and sustainability which will

lead to further reduction of illness in prisons and the development of the potential of the health network in prisons should focus on participation providing empowerment to volunteers with appreciation and record the merit points.

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