



# HEALTH NEED ASSESSMENT OF ETHNIC GROUP IN LIPE ISLAND, SATUN PROVINCE, THAILAND

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## Abstract

Lipe Island is a beautiful Island locate in Andaman Sea, about 80 kilometers from main land of Satun province, Thailand. Chao Ley or Urak Lawoi is an ethnic group who firstly settle-down on this Island many decades ago. The Lipe Island has been changed dramatically after tourist business setting. Most lands of Chao Ley were sold to business men. Nowadays, the Chao Ley becomes a minor group in their home land. This study aims to assess health need of Chao Ley group in Lipe Island, Satun province. Four focus group discussions were conducted after health data reviewed, including groups of 10 health volunteers, 5 community leaders, 10 fishery villagers and 5 housewives villagers. The study conducted during May, 2011 and April 2012. Results showed that the ethnic group could not meet national standard regarding problems in low coverage of health insurance, low proportion of public participation, high proportion of unreadable Thai, high proportion of unemployment, high proportion of cigarette smoking, high proportion of unsafe drinking water and improper solid waste disposal. Prevalence rates of diarrhea, infectious and parasitic diseases, and respiratory diseases among ethnic group were 2 folds higher than those of the sub-district, and provincial levels. According to the focus group discussion, the ethnic group needed more safe drinking water in drought season, jobs to earn more income during non-tourist months, emergency boat for carrying patient to the main land hospital, proper technology to dispose solid waste and wastewater. Conclusion, under basic minimum need and high prevalence of un-sanitation related diseases affected health of ethnic group in Lipe Island. Special plan to improve health of minor group should be done as well as sustainable environmental management.

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**Keywords:** health, health need assessment, ethnic group, Lipe Island

## Introduction

Health need assessment is a systematic approach using to indentify health need of various interested groups. This tool can provide important information for appropriate health planning and health service to improve health equity (Wright, et.al., 1998). The previous studies applied health need assessment in individual, ethnic group, community, regional, and national level and provided wider needs for health improvement (Tsianakas, et.al, 2012; Welch, et.al, 2012; Martirosyan,et.al., 2012; Henderson, et.al., 2012; Canavan, et.al., 2012; de Carvalho Leite, et.al., 2011, Jeal and Salisbury, 2004). This study focuses on assessing health need among ethnic group in a changing community on a small but attractive Island, the so call koh Lipe. The Lipe Island locate in Andaman Sea, about 80 kilometers from main land of Satun province, Thailand. Because of having beautiful natural resource, more than 300,000

tourists visited this Island annually. Local population, namely Chao Ley or Urak Lawoi, become a vulnerable group in their home land. Health need assessment is considered as a tool for indentifying health need of this group.

## Methodology

An evaluation research was designed. Both primary and secondary data were gathered. Secondary data covered data of basic minimum need, population, health service and community health data. For primary data collection, four focus group discussions were conducted after secondary data reviewed, including groups of 10 health volunteers, 5 community leaders, 10 fishery villagers and 5 housewives villagers. Environments, sanitation, water supply and health practices were also observed. The study conducted during May, 2011 and April 2012. For data analysis, descriptive statistics, such as frequency, average, percentage and prevalence rate were used to describe characteristics of target subjects, community health status and their health need. Content linkage analysis was applied for analyzing qualitative data.

## Results

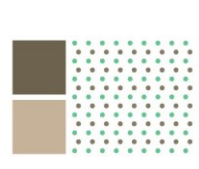
Local populations on Lipe Island were 1094 in 2011. Of these, 53.9% was male. Its population growth rate was 3.5%. This ethnic group could not meet national basic minimum need goal. Coverage of health insurance was only 90.4 %, while national goal was 98%. Proportion of eligible among age group of 15-60 years was only 14%, the national goal was zero. Ten percent could not access safe drinking water. Above 90% of household disposed solid waste improperly. Moreover, they gained lower income, seldom participation of public activities, and high rate of cigarette smoking. Prevalence rates of diarrhea infectious and parasitic diseases, and respiratory diseases among ethnic group were 2 folds higher than those of the sub-district, district and provincial levels. According to the focus group discussion, the ethic group needed more safe drinking water in drought season, jobs to earn more income during non-tourist months, emergency boat for carrying patient to the main land hospital, proper technology to dispose solid waste and wastewater.

**Table 1** Prevalence rates of diarrhea, infectious and parasitic disease and respiratory disease in ethnic group, sub-district and provincial populations in 2011

Populations	Prevalence rate of selected diseases per 100000		
	Diarrhea	Infectious and parasitic diseases	Respiratory diseases
Ethnic group	2425.3	8377.6	30109.2
Sub-district	1429.8	4232.4	16524.3
Provincial	892.0	2580.2	11845.6

## Discussion and Conclusion

Growth rate of population on Lipe Island was 4 folds higher than that of national level (Kanchanachitra, et.al, 2012). However, data from focus group discussion showed that the ethnic population did not increase because of number deaths were as similar to those of births. The rate increased mostly from some business men im-migrated to the Island after buying lands for their business. The ethnic group showed poor health comparing to sub-district and provincial levels because they still exposed to risky environment. Problems



of solid waste and wastewater management caused ground water contamination (Patthanasak, et.al., 2011). The ethnic group not only exposed to more risky environmental contamination, but also annoyance from unwanted medical vector such as fly. These problems caused high prevalence of un-sanitation bonded diseases in this area. Conclusion, the ethnic group on Lipe Island could not meet basic minimum need standard of the nation. They also be affected by high prevalence of un-sanitation related diseases and problematic to access health care on the main land. Special plan to improve their health and more sustainable environmental management should be done.

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