

Health Promotion Behaviors of Thai Women of Working Ages in Rural area : A Case study of Women of Working Ages in the Naplong community, Uttaradit, North of Thailand

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Abstract

This qualitative study aimed to explore health promotion behaviors of women of working age in a Naplong community, Uttaradit, North of Thailand. A focus group of 12 participants (30-55 years) formed to explore their health promoting behaviors, and an indepth interview guideline using for collecting data in detail related factors. Data was collected during November 17- 30, 2011. Data were analyzed using thematic content analysis. It was found that the participants had a good knowledge and attitude towards health promoting behaviors but they did not have particular knowledge of health promoting behaviors, and did not take positive action towards health promoting behaviors because they ranked it as low priority in their busy life and though that they were still strong. More over, their health promoting behaviors including working overload, doing poor exercise, eating poor nutrition, accessing health information via televisions and neighborhoods, drinking alcohol as a social drink, no annual physical examination, releasing stress by buddy talking and going merit at the temple, and also drinking coffee and joining social regularly.

Keywords: Health promotion behaviors, women of working age, rural area

1. Introduction

Developing countries during more than four decades, the social conditions have changed

significantly, economic, social and cultural traditions. At the same time, they have forced women as part of the force. Workers need to be involved in more economically to help earn money for themselves and their families. In Thailand, especially, rural area the women have a role in helping the family income by working outside the home even more. Working outside the home, women have to face the various health threats which can cause illness and stress. Thus, women working outside the home should do healthy lifestyle. Both their physical health and mental health is always complete. Therefore, studying health promoting behaviors of women of working ages in rural area is important for leading to improve their quality of life

2. Research Purposes

The objective of the study was to explore health promotion behaviors of women of working age in the Naplong community, Uttaradit, North of Thailand.

3. Theoretical backup /Conceptual framework

Health problems of women of working age can be solved or reduced the intensity down with health promoting behaviors. Health Promotion Model (Pender, 2004)

4. Research methodology

This study was qualitative research using a focus group discussion guideline and an indebt interview

guideline which the researchers constructed. it was tested validity by health experts and was test reliability with women of working ages in nearby villages. Collecting data, head of researcher was an operator of a focus group discussion, co-researcher was a note taker ,and the tape recording was used through out focus group discussion 45minutes. The researcher team had approached the participants for 2months before focus group discussion using, and paid respect them for leaving from focus group discussion, and also posted their data as a whole

5. Data analysis

The data was analysed by thematic content analysis

6. Result

The finding showed that that the participants had a good knowledge and attitude towards health promoting behaviors but they did not have particular knowledge of health promoting behaviors, and did not take positive action towards health promoting behaviors because they ranked it as low priority in their busy life and though that they were still strong. More over, their health promoting behaviors including working overload, doing poor exercise, eating poor nutrition, accessing health information via televisions and neighborhoods , drinking alcohol as a social drink, no annual physical examination, releasing stress by buddy talking and going merit at the temple, and also drinking coffee and joining social regularly

7. Discussion

This study shows a view of the health of women of working age and their health care that focus on making a living rather than the love of their own health because they needed more money for spending in a family and they thought that they were still strong. It can be explained that the current conditions, social changes, economic downturn, products and

services at affordable prices as in higher costs. Thus, women need to work to help earn money for their expenses in the family, they neglect of health care. (P.Narisara and S. Suwanee, et. al.,2006²; M.Ranjita, P.Bhagaban, 1996).¹ More over ,as the same reasons can explain other results including working overload, doing poor exercise, eating poor nutrition, accessing health information via televisions and neighborhoods , drinking alcohol as a social drink, no annual physical examination, releasing stress by buddy talking and going merit at the temple, and also drinking coffee and joining social regularly.

8. Conclusion

In conclusion, this research clearly reflects that women of working ages involved at risk in health-promoting behavior problems. This is likely to be caused health problems in the future. This will affect their quality of life of women of working age as well as families and social, and also will affect developing countries. The assistance and backing of the associated organizations and alliances who are currently involved with women of working ages population would be of great assistance to encourage and promote them to getting awareness and achieving a good health promoting behaviors for their quality of life

9. References

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