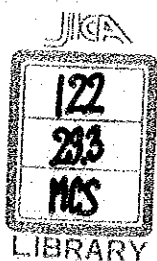


# タイ・家族計画プロジェクト 評価調査団報告書

(別 冊)

平成元年 6 月

## 国際協力事業団



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## 昭和63年度における実績及び事業内容

### 昭和63年度における実績及び事業内容

1. 調査団、専門家派遣 ( Input/Output 表 )
2. 研修員受入 ( Input/Output 表 )
3. 機材供与 ( Input/Output 表 )
4. 事業実績

昭和63年度事業は以下の通り実施された。

#### 4-1 セミナー開催

##### ○ 三国合セミナー

本セミナーはフィリピン、ネパール、タイの3ヶ国が9月4日～9月11日までフィリピンマニラ市に集まり、自国において実施している家族計画について発表するとともに、意見交換を通じ今後の家族計画母子保健向上のための提言を行なうため実施された。

タイ国の参加者からは家族計画を世界的に成功させているという自信がうかがえた。一方同時期に国家政策として家族計画を導入したにもかかわらずその効果についてはかなり水をあけられたフィリピンの参加者からは多くの質問がタイ参加者に向けられた。

しかし家族計画にはかなりの自信をもつタイ参加者であったが、今回オブザーバーとして参加した日本代表者の日本の母子保健に係る講演には今後タイ国が強化すべき問題として強い関心を示し、後日タイ国で開催された母子保健セミナー実施への引き金となった。

##### ○ 母子保健セミナー

本セミナーは中央及び地方の母子保健行政サービスに携わる関係者が現在タイ国がかかえている母子保健の諸問題解決のため、世界的に成功したといわれる日本の母子保健の歴史的発達の紹介及び討議、意見交換を通して今後のタイ国母子保健向上のための諸方策を考えるために実施された。

同セミナーには本邦より専門家が派遣され、母子保健行政、母性小児保健、地域における保健婦の母子保健活動等の分野について講義がなされ参加者より多くの質問が日本人専門家になされた。たとえばタイ国がこれから普及させようとしている母子手帳について日本が経験した問題点その解決策等高い関心を示した。

なお同セミナーの講義録はタイ側の強い要望によりタイ文、英文にまとめられ、1,000部印刷し参加者及び関係機関に配布される。

#### 4-2 地域保健新聞と回覧板

昭和63年4月より発行されている郡レベルでの地域保健新聞は家族計画、母子保健のIE&C活動の一環として従来中央行政機関からの一方的な情報提供から村民のニーズ、地域の諸

問題、または直接彼らの利益となる情報を活字を通して提供し、保健行政サービスが村民にとってより密接なものとなり健康に対する意識を高め保健の向上をめざすために実施された。

本件実施に際してはモデル郡として東北タイノンカイ県ターボ郡ターボ病院が人口約7万5千人1万1千世帯を対象に月1回発行することになった。

配布にあたっては1軒1部の配布が理想であるがプロジェクト終了後における予算の確保が難しいため日本の回覧板制度を導入することとした。ターボ郡においてもプライマリヘルスケアの推進によって10軒あたり1人の保健普及員が養成されているので、配布はターボ病院から郡内に10ヶ所あるヘルスセンターに配布され、保健普及員を通じ村民に回覧されている。

なお本事業の評価はマヒドン大学に依頼し別添<sup>1</sup>英文サマリーが提出されているので参照願いたい。

本事業はプロジェクト終了とともに印刷代等の予算がなくなるが、ターボ病院長によればスポンサーを捜すとか、なんらかの手法で予算を確保し新聞の発行を続けていきたいとのことであった。

#### 4-3 調査研究

- Media impact survey

別添<sup>3</sup>のとおり実施され現在本邦にて分析中である。

- B型肝炎の母子間感染に係る研究

肝臓の原因の一つとして考えられているB型肝炎はタイ国においてHBsキャリアが7%~11%と感染率は非常に高い。その多くは出産時にキャリアである母親から感染した母子間感染によるものと思われるが、試験薬や感染が予想される新生児に打つワクチンが高価であるためMCHセンターでは本件に対する関心が低かった。

しかしながら近年ワクチンの開発により近い将来かなりの低価格でワクチンが供給できる見通しがついたため母子間感染に高い関心を示し、コンケン、ラップリ、ナコンサワンのMCHセンターにて実施された。調査結果についてはInput/Output表 Annex VII参照願いたい。

- FP/MCHと係るリサーチ

MCHセンター及び郡病院より提出のあった研究テーマより8つを選び5ヶ所のMCHセンター3ヶ所の郡病院に依頼した。その研究結果は別添<sup>2</sup>のとおり英文サマリーが提出されたのでInput/Output表 Annex VIIIに追加添付願いたい。



## タイ国における家族計画（総合報告書）

1. 国家経済社会開発計画における人口政策
2. 国家家族計画の活動内容
3. 海外援助と自助努力
4. 我が国の援助
5. タイ国家家族計画の展望

### 1. 国家経済社会開発計画における人口政策

1970年に開始された国家家族計画は保健省保健局家族保健課を中心に国民の自発的な家族計画の実行をととしての人口抑制を目的とし、1982年10月より始まった第5次国家経済社会開発5ヶ年計画では1986年末までに人口増加率1.5%という目標が掲げられ南部タイ、東北タイ一部地域を除いてはほぼ達成されたが、ひき続き1986年10月より始まった第6次国家経済社会開発5ヶ年計画においても、タイ国が現在及び将来において直面するであろう経済社会発展の重要な障害の一つとして人口増加があげられ適正な人口構成を成就しその人的資源の質的向上を計るとし、第6次5ヶ年計画の終了時の1991年末までに人口増加率を1.3%とするという目標があげられた。

その背景には今後100万人の労働力の供給が予想される一方、政府部門の雇用は減少、農業部門の雇用の増大は限界、工業部門の緩慢等、雇用機会の減少、失業者の増大がある。

### 2. 国家家族計画の活動内容

タイ国における家族計画は4つの活動内容からなり、これらの組み合わせにより多くの事業が実施されている。

その4つの活動とは1)サービスの提供 2)IE&C 3)トレーニング 4)調査、評価、統計のプログラムからなる。

具体的には1)サービスの提供とは病院レベルにおける避妊手術IUDのサービス、Health Centerでは避妊器具の配布、出産介助のサービス、2)IE&Cは家族計画、母子保健に係るポスター、パンフレットの開発、配布、年間6,000時間のラジオ番組製作、広報車による屋外上映等である。3)トレーニングは医師及び看護婦助産婦に対する避妊技術のトレーニング、村の保健普及員、リーダーに対する母子保健、家族計画に係る知識の向上を目的とした研修等、4)家族計画、母子保健に係る調査評価、統計等である。

以上4つの活動によるインテンシブプログラムが保健省家族保健課の計画に基づいて同課より地方の県衛部に予算が配布され実施される。

### 3. タイ国の家族計画プロジェクトに対する海外援助と自助努力

タイ国の家族計画プロジェクトは独自の予算と海外援助を実施機関である保健省家族保健課が調整実施させている。

同プロジェクトの実施機関である家族保健課の1988年度の予算は42,280万バーツでそのうち60%以上が同課職員等のサラリー、避妊器具の購入にあてられ事業費の多くは海外援助に頼っている。

同プロジェクトに対する海外援助機関としてはUNFPAが1971年より開始し1986年までの援助額が2,300万ドルに達し、1987年～1991年までのUNFPA第5次計画では480万ドルの援助額を決定している。

USAIDも同じく1971年より援助を開始し、1981年までに2,266万ドル、第2次協力計画

(1982年～1987年)で851万ドルの総額3,117万ドルの協力を実施しているが予算の執行が遅れ1989年6月まで延期された。なおUSAIDの協力延長の可能性は少ない。

我が国の援助は1974年から1989年3月まで15年間にわたり専門家派遣、研修員の受入、総額約11億の機材供与の援助をしてきた。

一方、タイ国政府は1971年国家の重要政策の一つとして家族計画を打ち出して以来その予算は年々増加され、家族計画の実施機関である家族保健課の1988年度予算は42,280万バーツで10年前の3.7倍、5年前の1.37倍になるなど家族計画が国家の重要政策として位置づけられている。

#### 4. 我が国の援助

1974年より始まった我が国の援助は商品援助であったが、1980年より専門家派遣、研修員受入、機材供与からなる技術協力として1989年3月まで母子保健センターに対する協力、特に母子病院の医療技術の向上、全国的には広報活動による家族計画の普及、地球における助産婦の家族計画、母子保健活動を強化すべく実施された。

具体的には別添Input/Output表を参照願いたい。

#### 5. タイ国家家族計画の展望

第6次国家経済社会開発5ヶ年計画の終了時である1991年末までに人口増加率を1.3%にするという目標は、80%以上の住民がイスラム教徒である南部タイ、東北タイの一部、北部山岳民族を除いた地域ではほぼ達成されるのではないと思われる。保健省内部においてもこれまでの経験から1.3%の目標達成には自信を持っているようである。また第6次国家計画では適正な人口とその人的資源の質的向上を計るとする質を重視した政策も打ち出されている。

その理由としては家族計画の普及により子供の数が減少しているため政府が1人あたりに対する投資の密度の高まりがある。たとえば幼児の減少と予防接種の増加、また、義務教育は小学6年であるが今後中等高等教育に対する需要の高まり、バンコクにおいては幼児教育に対する関心の高まり等があると思われる。また家族計画、母子保健の実施機関である家族保健課においても今まではどちらかという家族計画に重点が置かれていたが最近の傾向としては、あくまで私見であるけれど、家族計画は母子保健推進のための一手段として考えられてきているように思われる。

もちろんこれまでも家族計画と母子保健を統合した事業、たとえばイスラム教徒の多い南タイで行なわれている母乳推進事業はその典型であるが、その目的はあくまで人口抑制にあり主体は家族計画であったが今後は同じ母乳推進にしても主体は母子保健になるのではないと思われる。

タイ国における家族計画は人口抑制を目的とした時代から母子保健の一手段として、また人生設計の手段としての家族計画への転換期にあるように思える。

別添 1.

The Evaluation of the Acceptability of  
Japanese Kairumban in the North Eastern Communities in Thailand

Research Team Leader : Dr. Som-arch Wongkhomthong  
Deputy Director  
Asean Institute for Health Development  
Mahidol University

Reserach Team Member: Ms. Chongkolnee Chutimatewin  
Research Division, AIHD  
  
Ms. Benchawan Wiwatanapatapee  
Computer Section, AIHD

## The Evaluation of the Acceptability of Japanese Kairumban in the North-Eastern Communities

### Background and Rationale

It is well recognized that the provision of necessary information for the villagers is a key to success in health and community development in any community. With this regard, the Family Health Division, Ministry of Public Health and the Japan International Cooperation Agency (JICA) have initiated a unique method in providing necessary health information for the villagers in the North-Eastern communities of Thailand through the application of Japanese information circulation experience, the Japanese Kairumban.

The Japanese Kairumban is a system based on participation of the villagers in circulating the information in the community. For example, when the municipal government published a document, they will give it to Mr. A, then from Mr. A to Mr. B and Mr. C respectively. With this respect, the Tabo community Hospital has published a newsletter named "Warasarn Sukapab Muuhaw (Our Health Newsletter)". These newsletter will be delivered to the health center, then to the village health volunteer (VHV). The VHV will distribute these newsletter to all village health communicators (VHCs). The VHC will read the newsletter first, then pass it to the next family. The next family will read it and pass it to the next - next family. It is anticipated that by this circulation method (the Kairumban system), the newsletter will be read by all villagers who are under the VHC responsibility.

With this regard, the Tabo Community Hospital has produced "Our Health Newsletter" 1,200 papers each month for 9 consecutive months to circulate to all citizens of Tabo district which consists of 10 tambons, 86 villages, 10,808 households and 75,686 people.

Therefore, it is necessary to evaluate the acceptability of the newsletter by the villagers and also to know various problems which the hospital encountered.

#### Objectives of the research

1. To know the problems on production and circulation of the newsletters by Kairambon system at provincial, district, subdistrict and village level.
2. To know the opinion and acceptability of the community for "Our Health Newsletter"
3. To know the appropriateness of the newsletter content and its impact to public health status in the community.

#### Period of the research

February 1, 1989 - March 15, 1989

#### Place of Study

Interview and data collection were carried out at Nongkai provincial Public Health Office, Tabo Community Hospital, health centers in Tabo district and the villages in the project. Data analysis and procession were carried out at the computer section of ASEAN Institute for Health Development, Mahidol University.

## Research Methodology and Data Collection

The research methodology consisted of interview and data collection of people concerned and analysis of the newsletter content as follows :

1. Study the problems on production and circulation of the newsletter by interviewing 21 people concerned at provincial, district and subdistrict levels.

2. Study the acceptability and health impact at the community by random sampling 300 readers and 283 non readers from 28 villages, 10 tambons in Tabo district.

## Summary of Results

1. Study on the problem on production and circulation of the newsletter by Kairumban system

- 1.1 The study on the management of the newsletter from 21 officers revealed that place, time, interval, finance personnel and techniques are moderately to highly appropriate. However most of them (80.95%) think that the newsletter place considerable burden on them. (see details on Table 6 in the Thai report)

2. Study on the opinion and acceptability of the community for the newsletter

- 2.1 The study of correlation between person numbering (No.1 - 12) in the circulation and copies received (copy 1) revealed that in the total there is significant trend that those persons who received the newsletter at the

beginning will read more copies than those at the ending (No.1 person who read 9 copies consisted of 44 persons, No.6 40, No.9 22, No.12 only 1 copy). However, when one examined in detailed it showed that the pattern of circulation did not necessary go from No.1 person to No.2 to No.3... as expected in the Kairamban system, but rather distributed in non-systematic way (for example No.1 who read 4 copies consisted of 3 persons while No.6 8 person, No.7 decreased to 2 but No.8 increased to 8 persons). (see details on Table 1. in the Thai report)

2.2 The study on opinion and acceptability of the 300 readers on the newsletter revealed that, 82 % received the newsletter in complete condition, 76.3% think that they want to read the newsletter and 44.0 % think that the Kairumban system is appropriate. Moreover 99.7% of them reported that each household is ready to pay 1 Baht for reading each copy. (see details on Table 10, 13 of the Thai report)

3. Study on the appropriateness of the newsletter content and its impact and its impact to public health status in the community.

3.1 The study on the benefits from reading the newsletter of 300 readers revealed that most of them have much knowledge in MCH, general health status, knowledge on daily life, and on their neighbours. (see details on Table 11 of the Thai report)

3.2 The study of knowledge gained in 9 aspects of MCH+ PHC revealed significant increase in the knowledge of readers when compared with non readers (84.33 ~ 98.33% of the readers can answer the questions



correctly while only 20,5 - 94.0 % of the non-readers can). The correlation study show that the knowledge gained has strong correlation with number of copy read, but no correlation to sex, age or level of education. (see details on Table 7, 14, 17, and 20 in the Thai report)

### Suggestions and Recommendation

It is clear from the study that the Japanese Kairumban is one of the promoting health education methods in the North Eastern communities in Thailand. It is financially, and technically feasible to produce and at the same time well accepted by the villagers. Although it is difficult to assess the health impact to the community, but it proved to have considerable effect in increasing the essential health knowledge on the people.

It is anticipated that, if following recommendations are to be taken, the newsletter will be more efficiently operated and more beneficial to the people.

### Recommendations

1. The health center staff should be stimulated and involved more to understand the significance of the newsletter and in production of the newsletter.
2. The system of Kairumban (ie. sequence and regulations on circulating the newsletter) should be made clear among the health center staff, VHVs, VHCs and the readers.

Moreover, this system should be regularly checked, monitored and supported until it became a custom in the community.

3. The content of the newsletter should not be limited only to MCH or family planning, but should cover the common health problems in the community, ie. communicable diseases, poisoning of insecticides, food poisoning, unhealthy behaviors, etc. However, distracting too much from health to other non-health problems like agriculture, securities, politics are not recommended at this stage.
4. The newsletter will have considerable health promotion effects on the villagers only if it is carried out continuously, and well accepted by the people. Therefore, it is necessary to consider about financing method of the newsletter. It is recommended that financial sources should come from at least 3 parties, the Tabo community hospital, the business sector in Tabo district, and the readers themselves, to share responsibilities and to affirm commitment.

Finally, the research team strongly believe that with the commitment, leadership and managerial skill of the Tabo community hospital director and staff, the newsletter based on Japanese Kairumban system at Tabo district will make more progress and will be one of the good models on health education among the Thai communities in the future.

別添 2.

2-1 コンケンMCHセンター

MEASUREMENT OF FETAL BIPARIETAL DIAMETER  
IN NORTHEASTERN PREGNANT WOMEN

SOMPIT RUGSEREE, M.D., M.P.H.

NARONG WINIYAKUL, M.D.

KRAISORN VIVATPATANAKUL, M.D.

SANSANEE HANPINITSAK, M.D.

SUVANNA ASAVAPIRIYANONT, M.D.

**Abstract**

The study of fetal biparietal diameter (BPD) in each week of pregnancy between the 14<sup>th</sup> and 40<sup>th</sup> weeks was carried out in the Health Promotion Center Region 4, Khon Kaen, during August 1988- February 1989. The measurements were performed by three ultrasonologists, using Toshiba Model SAL - 50A. Seven hundred and fifty pregnant women with certain menstrual dates, no medical, surgical or obstetrical complications, were involved in the study. The mean increase in the BPD between 14<sup>th</sup> and 30<sup>th</sup> weeks, the 31<sup>th</sup> and 36<sup>th</sup> weeks, the 37<sup>th</sup> and 40<sup>th</sup> weeks were  $3.05 \pm 1.06$  (SD),  $1.79 \pm 0.46$  and  $1.08 \pm 0.49$  mm/wk respectively. The growth of BPD in this study followed the curves of Hadlock et al's and Chula's studies in the second trimester and Hobbins et al's till the 33<sup>rd</sup> week. But it was less than those studies after that period.

There was no correlation between the BPD and body weight of fetus. The head growth of males and females were not significantly different.

The pregnancy outcome of mother who attended antenatal care on schedule assigned by Ministry of Public Health .

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Charnchai	Pinmuang-ngam	M.D.
Vicha	Sathonpanich	M.D.
Yenjit	Kwanmuang	B.N.

Maternal and Child Hospital , Health Promotion Center , 6  
Nakhonsawan , Thailand .

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The association between lack of prenatal care and increased maternal and fetal morbidity and mortality has been recognized for a long time . Pregnant women with four or more prenatal visits had low prematurity rate . <sup>1,2,7</sup> Two-thirds of Thai population are women and child , so health of them is the future of nation . To improve health of these population , antenatal care should encompasses health assessment , medical service , social service education and psychological support , but the most important is how to get all pregnant women to have prenatal care .

According to Sixth socioeconomic developmental plan, seventy percents of pregnant women should receive prenatal care by health personels at least four times during definite - gestational age<sup>1,5</sup>, which some studies show that this number was appropriate for good pregnancy outcome .

Maternal and Child Hospital , Health Promotion Center 6 , has serviced for six years . Mother came to delivery composed of mother who received no care and who received prenatal care of different number of visits .

We undertook this study to describe the population of mother who delivered without care , those with incomplete schedule and those with complete schedule of prenatal visits , and to assess the pregnancy outcome of them .

#### Materials and methods

All pregnant women who delivered during the four month period from September 1 to December 31 , 1988 . Were interviewed by nurses and midwives . They were classified in three groups

- group 1 = received no care
- group 2 = incomplete schedule of prenatal visits
- group 3 = Complete schedule of prenatal visits

Schedule of prenatal visit assigned by Ministry of Public health was that at least 4 prenatal visits with the first time in the 6 month period of gestation , the second in the seventh month, the third in the eighth month and the fourth in the ninth month of gestation .

### Results

Only 4.02 % of all pregnant women had no prenatal care , 55.38 % attended in incomplete schedule and 40.60 % attended in complete schedule . Two - thirds of group 1 and 2 are agriculture and employees . Age was also an important factor , in this study the women with no care of the age over 30 are 30.51 % while the other two groups are less than 20 %

A family income less than 20,000 baht per year was 79.93 % in groups 1 , 61.13 % in group 2 and 45.13 % in group 3 . Ninety six percents of no care women had educational status below high school level which is significant different from group 3 that only sixty percents were educated below high school . During delivery period group 1 had higher incidence of pregnancy induced hypertension and postpartum hemorrhage . The rate of low birth weight infant was higher in group 1 and 2 than group 3 . ( 13.56 % , 13.35 % and 6.9 % respectively )

There is no perinatal death in group 1 which may be due to the small sample size . In group 2 perinatal mortality rate is 15.78/1000 while the group with complete schedule prenatal care , group 3 , is only 6.64/1000 .

### Conclusion

It would appear that the adequacy of prenatal care has definite effect on pregnancy outcome , such as complication during delivery , low birth weight and perinatal mortality . But our study was only a survey method which the groups of the patients were not racially , demographically , socioeconomically and medically well controlled , so there should be the well designed propective study for the more reliable - results .

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Abstract

This is the study of the nutritional status, dietary intake and food habit of 468 labourers aged 15 - 24 years from 13 factories in Ratchaburi Nakornpathom Smutsakorn and Kanchanaburi provinces. Subjects were classified into 53 overnutrition, 311 normal and 104 undernutrition categories by comparing their weight to the standard weight for height of the Nutrition Division, Health Department, Ministry of Public Health (1987) for those 15 - 19 years of age, and calculating the body mass index (BMI) from their weight and height for those 20 - 24 years old.

From the 24 hours dietary recall male subjects were found to consume  $2618.57 \pm 803$  Calories and  $65.66 \pm 22.8$  grams of protein per day, both of which are higher than the Thai recommended dietary allowance (RDA 1970). Female subjects were found to consume  $1806.15 \pm 486.72$  Calories and  $47.64 \pm 17.42$  grams of protein per day which are equivalent to the Thai RDA. The amount of fat intake of the overnutrition group is significantly higher than that of the normal one ( $\alpha = 0.05$ ) and the amount of fat intake of the undernutrition group is significantly higher than that of the normal one ( $\alpha = 0.05$ ).

From the total score of 61 for the appropriate food habits, no significant difference is found for the average score of the normal, undernutrition and overnutrition group are  $41.13 \pm 5.64$ ,  $44.23 \pm 5.6$  and  $43.28 \pm 6.04$  respectively. However, the habit of eating between meals is found to be predominant in the overnutrition group. Furthermore, food taboos are still practiced in all groups, 45 % during sickness and 48.93 % during injury, and the kinds of food forbidden are nutritious and needed for convalescence and tissue healing.

Title Knowledge and Attitude towards Contraceptions and Sterilization between Thai - Buddhist and Muslim in the South of Thailand

Investigator Family Planning Unit,  
Health Promotion Center, Region 9, Yala,  
Department of Health, Ministry of Public Health,

Date February 1989

Abstract...

Two groups of women, 759 Buddhist and 420 Muslim, who visited the Maternal and Child Hospital in Yala - Province, during the last five months of the year 1988, were asked about their attitude and knowledge in contraceptions and sterilization, while they were attending family - planning clinic and antenatal - care clinic and were interviewed by the service - providers during counselling and health education sessions.

It was found that the background characteristics of the two groups were similar because they comprised of the people who were able to visit the hospital situated in the municipal area of the province.

The proportions of Muslim and Buddhist who said that sterilization is sinful and prohibited were 66% and 4% respectively. The proportions were 33% and 2% respectively, concerning temporary methods of contraception. Over 90% of both groups wanted to use contraceptions for birth spacing.

Although Islamic custom influences the acceptance of family planning in the South of Thailand, it is possible that the women of both groups will be persuaded to accept family planning, because many of them had already accepted it for the benefit of maternal and child health.

ABSTRACT

At present, increasing numbers of pregnancies have taken the antenatal care services up to a satisfactory level. Nevertheless, the death rate of mothers and infants is still on the high side. A method that might help a more efficient antenatal care services is to let the husbands having activities of antenatal care together. Studies were conducted by random sampling of pregnancies who came to five community hospitals in Ubon Ratchathani Province. Pregnancies were divided into two groups: those who came with their husbands, and those who did not. The hospitals gave normally two times of antenatal care services, each time a month apart. Interviews concerning knowledge and behavior during pregnancy was conducted in the first and third month. Comparing the two groups' knowledge and behavior, no important differences were found statistically. Hence, there should be more time to conduct studies and to follow up of the long-term consequences continuously.

### Abstract

The purpose of this study was to explore and describe the knowledge, attitude and practice of mothers who had postpartum care education by the hospital nurses.

97 cases of mothers who delivered in Royal Crown Prince Det-Udom Hospital without any complication and whose baby were healthy during 1 September to 30 November 1987 have been studied prospectively. They all had postpartum care education by the hospital nurses.

The study was done using questionnaire pre and post education in view of knowledge, attitude and behaviour of these mothers.

The result of the study shows that the knowledge, attitude and behaviour of these mothers post education is statistically significant better than pre education ( $P < 0.01$ ).

ABSTRACT

A study of the relationship between birth weight of infants and antenatal practice and other risk factors of the mother was done at 15 community hospitals in Ubonrathani during October 1 to November 30 1988. The subjects were 47 mother that delivered Newborns having birth weight less than 2,500 gm. as study groups and 373 ones that delivered Newborns having birth weight equal or more than 2,500 gm. as control groups Data were collected by maternal interview form, and analysed by Chi - square Test and Relative odds.

The study was also found that; There was statistically significant between birth weight of infants and antenatal care less than 4 times risk is respectively 1.8 and 0.95 times as control groups there was not statistically significant between birth weight of infants and antenatal knowledge of mother, but mothers who had low and moderate level of knowledge had risk rate of low birth weight of infant 1.5 times as high knowledge group

Other maternal factors such as, education level, income and gravidarum were not related with birth weight of infants. were not statistically significant ( P .05). In the other hand occupation weight gain, height and complication during pregnancy were statistically significant with birth weight of infants. Risk of low birth weight of infant was found in agriculyrial mother Maternal age less than 20 year, Maternal age more than 35 year uneducated mother,

income less than 2,000 baht/year, primigravidarum,  
maternal weight less than 50 kg, height below 150  
centrimeters, and Complication pregnancy. This is rate  
respectively 1.9 , 2 , 0.9 , 0.8 , 2 , 2 , 2.3 and 0.5  
times as Control grup.

別添 3.

Donation to FHD

By JICA

List of Equipment

Item	Description	Qty.
1.	Camera "Canon" AF 35 Ml Quartz Date	1
2.	Typewriter "Brother" JP-7-763	1
3.	Calculator "Casio" S-2	1
4.	Refrigerator "National" NR 197 TZCN	1
5.	Desk	1
6.	Chair TK 10	1
7.	Cabinet 5366 "Lucky"	1
8.	Cabinet "Lucky" Bookshelf	1
9.	Microdilutor	3
	Khon Kaen Ratchaburi	
	Nakhon Sawan HPC	
10.	Multi Gas Alarm system	3
	2 D 3030	
	Khon Kaen Chiangmai Yala HPC	
11.	Cabinet Locker Kingkong	2
12.	Desk and Chair for Typewriter	3
13.	Camera "Canon"	1
	For Tabo district Hospital	
14.	Typewriter "Olympia"	1
	Standard BT 200	
	For Tabo district Hospital	



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