



Using participatory action research for injury prevention in child development centers, Suratthani province

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ARTICLE INFO

Article history:

Received 8 April 2016

Received in revised form 3 October 2016

Accepted 16 October 2016

Available online 9 January 2018

Keywords:

child development center,
injury prevention,
participatory action research

ABSTRACT

This study investigated the effects of using participatory action research (PAR) in the prevention of injury to children in 14 child development centers (CDCs) under local administrative organizations in one district in Suratthani province, Thailand. In total, 98 stakeholder representatives participated in the study, consisting of 7 managers or representatives of the CDCs, 14 caregivers, 7 local health officials and 70 children's parents. They participated in all stages of the study—problem identification, setting the objectives and goals of the study, planning the study, development of research tools, data collection, risk analysis, risk management, monitoring, evaluation, and revision. The physical environments that were in non-compliance with safety standards were identified after a walk-through survey with the participants using an approved checklist. The number of injuries to children was collected before and after the risk management. The participants' knowledge and awareness of child injury prevention were collected using questionnaires. Optimal solutions for injury prevention were obtained through several focus group discussions between the participants within each CDC and among the CDCs. Active participation of the stakeholders resulted in significantly more knowledge and awareness relating to child injury prevention. The environments of CDCs in compliance with safety standards were significantly increased. The number of injuries to the children decreased. The participatory action model in this research was developed through collaboration between the 14 CDCs. The executives of local administrative organizations and local health officials can take the model used in this study and apply it to injury prevention in other CDCs which have a similar environment across the province.

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Introduction

Injury is a leading cause of illness, disability, and death among children worldwide. Everyday around the world, there are children of families negatively affected by injuries or accidents that could have been prevented ([World Health](#)

[Organization \[WHO\], 2008](#)). Among preschool children aged 5 years and under, accidents can result in injury at any time because of their heightened interest in the environment around them. Children's behavior can make them more prone to various types of injuries because they lack awareness of the dangers and cannot yet take care of themselves. Trauma cases for preschoolers were most often associated with the environment in their home or place where the children lived ([Craig et al., 2010](#); [Keall, Baker, Howden, & Cunningham, 2008](#)), mischievous behavior ([Ordannana, Caspi, & Moffitt, 2008](#)) and caregivers' level of

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Peer review under responsibility of Kasetsart University.

awareness of the risks to the child, as well as their attention to care (Morrongiello & Schell, 2010).

In Thailand, preschool children injury remains a major problem. Data from 33 National Injury Surveillance Hospital Networks showed that children between the ages of one and four suffered from accidental drowning, accidental falls, and exposure to inanimate mechanical forces, in addition to exposure to animate mechanical forces and exposure to unspecified venomous animals or plants (Bureau of Epidemiology, 2012). In Thailand, many children between the ages of three and five are in the care of child development centers (CDCs), which are affiliated with local administrative organizations. Fourteen CDCs in one district in Suratthani province were examined in this research study. All of them suffered from the flood crisis in late 2011, resulting in damage to their physical structures. This damage was still visible during the period of this study. As such, risk of injury from the physical environment still existed. Despite there being security requirements, these requirements were not substantially enforced. There was no collaboration safety management among the CDCs. There was also a lack of participation by stakeholders in finding appropriate solutions for injury prevention in preschoolers (Suwanti, 2012).

The involvement of stakeholders in the child injury prevention program helped identify the injury risk factors, leading to appropriate risk management (Goodman & Joyner, 2010; Siller, Hajar, & Mora, 2011). These findings led to the application of participatory action research (PAR) for child injury prevention in CDCs in this study. PAR is a combination of action research and participatory research. It provides an opportunity for stakeholders from all parties to be involved in all stages of the research (Kemmis, McTaggart, & Retallick, 2004). The purpose of this study was to investigate the effects of using PAR for the prevention of child injury in a group of CDCs. The knowledge and awareness level of participants, changing environmental conditions for compliance with safety standards and the number of injuries to the children in the CDCs were assessed to determine the effectiveness of this application.

Literature Review

PAR is research resulting from a combination of participatory and action research, which offers opportunities for stakeholders from all parties who take part in all phases of the study such as planning, defining problems, identifying solutions, practice, and assessment practices (Kemmis & McTaggart, 2006). PAR turns stakeholders from being a research population to becoming participants in the study. They are able to understand and improve the performance of their involvement (Baum, MacDougall, & Smith, 2006). PAR focuses on the implementation process continuously through the cooperation of the participants for both data collection and data analysis. This study will focus on the nature of relationships, communications, and heritage opinions, as well as any feelings that exist between the researchers and stakeholders involved in the decision process. PAR allows researchers to work with the

community in a way that leads to action for change (Baum et al., 2006).

Research studies reflecting the results of the process contribute to the prevention of diseases and injuries among children. For example, Saraung, Durongritichai, and Kompayak (2014) studied health development partners to prevent injuries among preschool children. The group of participants included parents or guardians, nurses, staff who work in the division of public health, village health volunteers, police, community leaders, volunteers, teachers, students, and student leaders. The process under study has constantly raised the issue of injury as a common goal. All parties see the benefit and importance of the issue. Emphasizing that stakeholders fix the problem themselves through brainstorming activities regarding the role of each party found that more injuries were prevented after developing a successful partnership to promote healthy behaviors. Buawsuwan (2008) studied the involvement of the school community in enhancing the safety of children. This was analyzed together with the study participants involved with the safety of children in various fields to determine the cause of the problem and an action plan. The process addresses the problem immediately. In addition, a study by Freudenthal et al. (2006) used the participatory process to create environments in order to prevent disease in school children and community members. In the research process, participants define the problems together. They reflect on any problems and hold discussions in order to find solutions appropriate to the local context. The results from applying participatory processes contribute to better connections between schools and communities. The participation can lead to the enhanced development of educational programs for children.

Methods

Participants

This research was conducted at 14 CDCs under local administrative organizations in one district in Suratthani province, southern Thailand. The participants were part of the stakeholders from the injuries of the children in 14 CDCs. The population of this study was the stakeholders, totaling 889 people consisting of 7 managers, 29 caregivers, 7 local health officials who are responsible for health promotion in the CDCs, and 846 children's parents. The 14 CDCs that participated in this study served seven sub-districts in the same health network. Some of the managers of the CDCs and local health officials were responsible for more than one CDC within the same sub-district. Managers of different CDCs could be the same person. Some local health officials were also responsible for more than one CDC located in the same area.

These CDCs voluntarily agreed to participate in the study. At each CDC, a group of stakeholder representatives was involved in all stages of the research, including a manager or representative, a caregiver, a local health official, and five representatives from the children's parents, together with the researchers. The study included 98 participants of the CDCs. The managers or representatives,

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