

CHAPTER I

INTRODUCTION

Background of the Study

Recently, many Thai families are in jeopardy due to negative changes in lifestyle that affected to their routine health behaviors which are directly and indirectly affected the health of Thai families. To detect, prevent, and help a risk or unhealthy family, nurses need a reliable and valid instrument to measure health of the family in order to identify which family is being unhealthy or risky unhealthy.

Family health routines are patterns of dynamic behaviors relevant to individual and family health that are rather consistently adhered to individuals, family systems, and families within a household niche and in relation to larger contextual systems (Denham, 2003a: 277). These patterned behaviors are important to family identity and influence health of the family (Denham, 1995). Family health is an integral part of the family in everyday life (Asted-Kurki et al. 1999), and it is a dynamic life experience through which family adjusts to environment stressor to achieve maximum potential for daily living (Bomar, 1996). In everyday life, families try to maintain health of individual members and health of the families through their routines health behavior by transforming individual health beliefs, values, norm, and knowledge when they interact with one another, extended family, friends, others and the larger society (Denham, 2002; 2003a).

The families develop and continue to apply health routines including avoiding illness, disease, and injury; overcoming illness, disease and injury; and make lifestyle changes related to well-being and process of becoming (Denham, 2003a) to their health. Therefore, six family health routines; self-care, safety and prevention,

mental health behaviors, family care, illness care, and family caregiving, were identified as the way to regain, maintain, and promote family health based on structural behavior of the family in daily life (Denham, 2003a). At the same time, these routines have been directly and indirectly influenced by conflicting value systems and ideas, diverse faiths and religious perspectives, dynamic cultural traditions, advancement in information technologies and media as well.

Over the last few decades, many changes in Thai socio-cultural and economic, and advances in science and technology have occurred. The impacts of industrialization, modernization, and globalization have greatly impacted daily life and family health routines which directly and indirectly affect the health of Thai families. Survey study evidence showed that 29.1% to 35.9% of Thai families were considered to be unhealthy families, and the number of unhealthy families tended to increase in the future (Population Research Institute of Chulalongkorn University, 1995). The National Economic and Social Development Plan was used to foster economic growth and move the country from an agricultural focus towards a more industrialization, but did not prepare for negative changes in the values and living patterns of Thai families. These negative changes strongly impacted family health routines and weakened Thai families.

The impact of the country development caused the long-held values of Thai people to change from thinking that virtue and family well-being are significant to thinking that richness and respect are important (Vichai Tienghapon et al. 1999). As a result, the patterns of living of Thai families have been change from simple and sufficient manner to competitive manner which achievement is based on money, real estate, and honor (Office of Women's Affairs and Family Development, 2006).

Consequently, less significance in family happiness, Thai people spent much time and energy working hard for higher incomes in order to achieve an enhanced standard of living (Chintakanod, 2002). Under Thai economy crisis, married women who normally work at home have to work outside the home in order to earn more money to support family's finances. Thus, this economic concern reduces the available time that women use to take care of their children, family, and household needs (Spielmann, 1992; Wibulpolprasert et al. 2002). During the hours of employment, some parents leave their children at home with caregivers who have no spiritual linkage or may not even get along with their children. The Child and Youth Survey Report showed that 33.6% of preschool children were cared for by someone other than their parents during working hours (6 am to 6 pm) (Boonyawongvirot et al. 2003). Some believe that the problems of poor child development, lowered levels of intelligence, and health problems of Thai children and youth are due to the lack of appropriate child-rearing practices and household responsibilities which are essential parts of family caregiving routines (Wibulpolprasert et al. 2005).

More than half of Thai head-of-families had less quality time with their families because of long working days, stress, and feeling too tired after work to share meaningful times together which threatened family care routines (Social Research Institute of Chulalongkorn University, 1998). Besides, the changes in Thailand's socio-economic system, the influences of western culture have reshaped traditional and religious practices that are also important aspects of family care routines. Many Thai families have recently distanced themselves from religious principles and cultural practices and tend to increase in the future (Aimpradith, 1966). Almost 50% of the teenagers do not make food offering to monks and almost 70% do not listen to even a

sermon in a one-month period (Boonyawongvirot et al. 2003). Weakened in religious and traditional beliefs, many Thai people have moved from previously held moral values to a materialistic lifestyle which focuses on seeking more money and power. It can be concluded that Thai culture which was previously characterized as full of generosity, hospitality, and respectfulness toward older persons has deteriorated (Wibulpolprasert et al. 2005).

Emotional support and enjoyment within families, a part of mental health behaviors routines, has deteriorated. The use of the Warmth Relationship Index to measure love, respect, attachment, and concern within Thai families indicated that these characteristics decreased from 80.85% in 1996 to 70.77% in 2002 (National Institute for Child and Family Development, 2002). Nearly 25% of Thai families identified that their family relationships were worse and additionally the rate of neglected children increased from 3% to 5% each year (Social Research Institute of Chulalongkorn University, 1998). Furthermore, an increasing rate of divorces increased from 10.5% in 1994 to 24.6% in 2003 indicated that family relationships have weakened (Bureau of Registration Administration, Ministry of Interior, 2003).

Today, the advances in information technology make access to mass media readily available. The role of the media, such as internet, VCD, magazines, etc., is becoming more important to the lives of Thai people and is altering the values and lifestyle of family members. Much like western countries, Thai citizens are spending more free time watching televisions, listening to radio, surfing the internet, etc., and family members have less time to join together. It is difficult for parents to limit youth's access to mass media when they are working away from home and the impact of the media message appears to be severely impacting families (Ministry of

Public Health, 2000). It was found that safety and prevention routines, particularly avoidance of risk behaviors, are impacted by influences of unscreened media. Children observe many dangerously destructive behaviors such as gambling, smoking, alcohol abused, sexual immorality and aggressive behaviors (using obscene language or fight) and youth often try to imitate these improper behaviors. Aggressive behaviors could be perceived as part of family's safety and prevention routines. For example, children gradually absorb both good and bad things from their parental models (Office of Women's Affairs and Family Development, 2004). In 2003, a study about the major burden of illness in Thailand suggested that poor health behaviors such as unsafe sex, drinking alcohol, smoking, and failure to wear helmets were main causes of illness.

Social values have altered lifestyle involving self-care routines (e.g., eating, sleeping, and exercising) of Thai families. For example, working too long and eating fast food cause excessive calorie intake and less exercise contribute to obesity and high blood-fat levels, especially in people aged 40 to 49, where the rate of obesity has increased from 19.1% in 1986 to 40.2 % in 1995. Additionally, eating small amounts of fruit and vegetable, malnutrition, eating high cholesterol foods and lack of physical activity are common daily health behaviors that cause health problems (Office of Women's Affairs and the Family Institution, 2004).

In summary, evidence shows that health of some Thai families are being declined due to negative changes in self-care routines (i.e., unhealthy eating, less exercise), health protection (i.e., increased participation in high risk behaviors), mental health (i.e., decrease in warmth, love, concern among family members), traditions (i.e., declining in relationships with religious and cultural institutions), illness care (lack of time to take care for ill members), and altered caregiving routines

(i.e., increased child rearing by non-parent). It appears that health of Thai families linked with routine health behaviors that can be observed assessed and possibly modified.

Nurses are in prime positions to assess health of the families which were in their responsible, assist them to identify goals, and suggest appropriate intervention based on the unique nature of the family within their context or household. The sense of family has been altered and the traditional health routines have been seemed to be changing. These changes will transfer to the next generation if the concerns are not addressed now and Thailand will follow patterns similar to those of other western countries that were industrialized many years ago.

The International Council of Nurses (ICN, 2002) pointed out that caring for families, restoring and promoting their health are the important roles of family nurses (ICN, 2002). Community nurses, who work as family nurses in Thailand, have the opportunity to visit families in their homes and can help household members detect health concerns and prevent problems before they become serious (Kristjanson & Chalmers, 1991). Normally, Thai families usually look for health professionals or nurses only when they encounter disease, illness or when their health or family problems are very severe (Suwanpatikorn, 2001). This means that most of Thai families are not routinely assessed until significant health problems already exist.

Thai community nurses can play important roles in detecting and restoring Thai family health, introduce health promoting activities, and prevent illness. Nursing intervention based on the assessment of usual family health routines has potential to suggest ways that nurses can intervene. Therefore, nurses need assessment tools that are appropriate to culture of Thai family and sensitive to

measure family health routines in order to identify health of the family. Ideally, assessment instruments should help nurses organize their thoughts, observations, and interpretation of the gathered data and provide a rationale for intervention (Jacob & Tenenbaum, 1988).

Family health based on nursing perspective is a holistic concept composed of biophysical, psychosocial, and spiritual dimensions (Anderson and Tomlinson 1992; Hanson, 2001). According to the concept of family health is very abstract and complex (Denham, 2003a; Frideman, 1997), measuring family health directly is difficult tasks. Most of the family instruments used to measure family health have been developed based on other disciplines (i.e. family therapy, psychology, sociology, etc.) and measured only psychosocial dimension of family health (Epstein et al, 1983; Friedemann, 1991; Robert & Feetham, 1982; Olson et al. 1985; Skinner et al. 1983; Smilkstein, 1978), or the family health environments (Moos & Moos, 1976). Moreover, these measures were developed based on western culture which might be inappropriate use for Thai family.

Today, a variety of family instruments have been used for the Thai families and focused on the characteristics of desired family and family health behaviors based on Thai culture such as Questionnaire of Changing Health Behavior of Urban Impoverished Families (Darunee Jongudomkarn et al. 2003), the Well-being Family Index (National Institute of Child and Family Development, 2001), Healthy Thai Couple Index and Healthy Thai Family Index (Porapan Punyaragandhu et al. 2005), and Desired Family Index (Vichai Tienghavon et al. 1999). These instruments are used for survey research purposes and their psychometric properties have not been established. Some instruments, Thai Family Functioning Scale (Suttiamnoykul, 2002)

and Chulalongkorn Family Inventory (Umaporn Trankasombat, 1997) have been used to measure family functioning which reflected only a dimension of psychosocial health of Thai family. While the other, Family Health Promoting Behavior Scale (Suwanpatikorn, 2001) measures holistic dimension including biophysical and psychosocial health of Thai family, this instrument measure perception on situations of health promoting behavior through judgments of an individual member of a family which has at least one adolescent member. Therefore, many behaviors which are not to promote health but have potential to destroy, regain or maintain health of individual members or health the whole family would be neglected.

While Thai family health is in jeopardy, nurses can have a critical role in preventing and resolving the negative health outcomes of the families. Nursing interventions need to be developed for a target population of Thai family. The continuous evaluation of health impact on families with reliable and valid instrument is needed because, currently, there is no valid and reliable instrument which appropriately measures family health based on holistic nursing perspective and appropriately uses for Thai family.

Family health routine is an alternative concept which appropriately use to measure health of Thai family because it provides concrete way for describing phenomenon of family health actual routine behaviors. This concept provides six constructs; self-care, safety and prevention, mental health behavior, family care, family caregiving, and illness care routines, covering all aspects of holistic family health based on Thai family context. Thus, the purpose of this study is to develop a psychometrically

sound measure used for measuring health of Thai family through Thai family health routines. This measure is developed from understanding of the Thai culture and information which informed by Thai families. The measure is derived using a framework that articulates the complexity of family health based on holistic perspective of nursing discipline.

Research question

1. What is an instrument which aimed to measure family health routines of Thai family?
2. What are the psychometric properties of an instrument that is aimed to measure family health routines of Thai family?

Purposes of the Study

To develop a reliable and valid instrument for measuring Thai family health routines

Scope of the study

This study, a scale development, was under taken to develop a reliable and valid instrument for measuring health of Thai families. The Thai Family Health Routines scale (TFHR scale) is developed based on the structural domain of the Family Health Model (Denham (2002b, 2003). The TFHR scale is expected to be a useful instrument for clinical and research purposes. The target population is Thai family living in Thailand.

Operational Definitions

Thai family means a group of people who live together with a commitment to the well-being of one another and who label themselves as Thai family living in the central part of Thailand.

Family Health routines mean regular behaviors of individuals and collective members of Thai families that occur in everyday life in order to regain, maintain or promote health and wellness of individual members and a whole family as well as to overcome or prevent injuries and illness. In this study, the family health routines were measured through six categories of health routines as follows (Denham, 2003a):

1. **Self-care routine** means regular behaviors of individuals or collective members of Thai families in relation to daily living. These routines include dietary practices, sleep and rest patterns, hygiene care, exercise and physical activity, and sexuality in order to maintain or promote health and wellness of individual members and a whole family.

1.1 **Dietary practice** means regular behaviors of individuals or collective members of Thai families in relation to adequate meal consumption of five food groups, hygienic food preparation, food procurement and storage safe from pathogenic bacteria and fungi, and avoidance of unhealthy snacking.

1.2 **Sleep and rest pattern** means regular behaviors of individuals or collective members of Thai families in relation to pleasant bedtime, adequate sleep and rest, and avoidance of unhealthy sleep related-behaviors.

1.3 Hygiene care means regular behaviors of individuals or collective members of Thai families in relation to cleanliness of body and clothes, dental care, and appropriate toilet activities.

1.4 Physical activity and exercise means regular behaviors of individuals or collective members of Thai families in relation to intentional body movement to maintain or promote health.

1.5 Sexuality means regular behaviors of individuals or collective members of Thai families in relation to appropriate expression of sexual desire, mutually satisfied sexual relationship, and effectively use of contraceptive methods.

2. Safety and prevention routine means regular behaviors of individuals or collective members of Thai families in relation to prevention of diseases and unintended injuries, and avoidance of risky behaviors.

2.1 Prevention of disease means regular behaviors of individuals or collective members of Thai families to avoid causes of diseases and illness.

2.2 Prevention of unintended injury means regular behaviors of individuals or collective members of Thai families to prevent accidents both inside and outside the house, and avoid situation that might resulting in injuries.

2.3 Avoidance of risky behavior means regular behaviors of individuals or collective members of Thai families to avoid smoking, drinking alcohols, misusing of drugs and other substances, abuse and violence.

3. Mental health behavior routine means regular behaviors of individuals or collective members of Thai families in relation to self-esteem, personal integrity, success in work and play, and stress management in order to maintain or promote health and wellness of individual members and a whole family.

3.1 Mental health behavior routine related to self-esteem includes anticipatory response to member needs, allowing members to be different from one another, providing emotional support, and making good patterns of affiliation to extended family, and neighbors.

3.2 Mental health behavior routine related to personal integrity includes supporting members' emotional wholeness, and the ways to express conscience and right actions sanctioned by social norms, or laws.

3.3 Mental health behavior routine related to work and play means regular behaviors of individuals or collective members of Thai families in relation to support success in occupation, school achievement, and playing.

3.4 Stress management means regular behaviors of individuals or collective members of Thai families to solve problems and conflicts in daily life, and to control emotional stress effectively.

4. Family care routine means regular behaviors of individuals or collective members of Thai families including leisure and traditional activities, special celebrations, and spiritual and religious practices that give meaning to family life and provide shared enjoyment, pleasure, and happiness for multiple members.

5. Family caregiving routine means regular behaviors of individuals or collective members of Thai families in relation to the ways family members act as mutual caregivers to create household environments for members' growth. These routines include household task, health teaching, family resource management, and socialization in order to maintain or promote health and wellness of individual members and a whole family.

5.1 Household task means regular behaviors of individuals or collective members of Thai families in relation to providing basic needs and sharing housework with one another.

5.2 Health teaching means regular behaviors of individuals or collective members of Thai families in relation to discipline, suggestion, or warning each other to maintain or promote their health.

5.3 Family resource management means regular behaviors of individuals or collective members of Thai families in relation to balance the use of family resources and incomes.

5.4 Socialization means regular behaviors of individuals or collective members of Thai families in relation to discipline, suggestion, or warning each other about morals.

6. Illness care routine means regular behaviors of individuals or collective members of Thai families in relation to effective ways family members deal with illness conditions. These routines include decisions making on suitable time to see a doctor, using health services, following-up with prescribed medical regimens, and providing actively support for sick members in order to overcome the illness conditions.

Significance of the study

The outcome of this study, Thai Family Health Routines Scale (TFHR scale), is a new knowledge that provides an alternative way for measuring family health which is different from prior perspectives. The TFHR scale can be used as a tool to develop further knowledge in nursing science both in research and clinical

practice. In research, the scale would be used as an instrument for measuring the effectiveness of an intervention based program for preventing, improving, and promoting health of Thai families. In clinical practices, the TFHR scale could be used as a screening tool to evaluate the health of Thai families and identify at-risk families. The TFHR scale might be used, in conjunction with other instruments, to measure the complex phenomenon of family health more accurately.

Conceptual framework of the study

Conceptual framework for this study is the Structural domain of the Family Health Model developed by Denham (2002b; 2003). In the Family Health Model, there are three correlated domains; contextual, functional, and structural domains used to describe phenomena of Thai family health.

Based on the structural domain, the Family Health Domain describes the term “structure” as the way family members use beliefs, values, attitudes, information, knowledge, resources, and prior experiences to structure patterned behaviors that impact health (Denham, 2002a). Usually, all families organize activities into daily routines as the architecture of everyday life which can be operated as an aspect of family structure in term of “family routines”.

Family routines have been defined as observable patterned behaviors which involve two or more family members in the ongoing life of the family that are repeated with regularity and consistency (Boyce, 1983; Fiese, 1993). These behavior patterns are behavioral unit of family life that provide order and structural integrity to the course of daily events including information about predictable family behaviors (Boyce et al., 1977; Jensen, 1983; Keltner, Keltner, & Farran, 1990; Keltner, 1992).

Concept of family routines have been investigated in many studies as protective in children with respiratory illness (Boyce et al., 1977), a factor related to child health outcomes (Keltner, 1992), associated with coping in chronic pain situation (Bush & Pergament, 1997), linked to the management of asthmatic conditions (Fiese & Wamboldt, 2000), and positively influenced on both child's coping ability and quality of life of headache children (Frare et al., 2002).

As noted earlier, the literature showed that family routines intervened between disruptive changes in family life and alterations in health (Boyce others, 1977; Denham, 2003b), less attention is given to associated biophysical and health perspectives and often ignored by health care profession (Denham, 2002b, 2003b). Nurse clinicians, nurse educators, and many nurse researchers have overlooked their potential for practice (Denham, 1995). The ideas of family routines 'are certainly applicable to social sciences and useful to nursing, but clear ideas about which organizational structures nurses should use to address biophysical and socio-cultural health outcomes are lacking (Denham, 2002b). Therefore, introducing a concept of family health routines as a structural perspective for assessment, intervention, and evaluation health outcomes of the family in nursing discipline is viewed as a new challenge approach.

According to the complexity of the Family Health Model, only the structural domain is used as the conceptual of this study. The reason for selecting only the structural domain is that this domain provides concrete ways to measure family health concept through actual behaviors of individual and collective members divided into six family health routines; self-care routines, safety and prevention routines, mental health behavior routines, family care routines, family caregiving routines, and illness care routines (Denham, 2002; Denham 2003a).

The conceptual model in this study demonstrated in Figure 1.

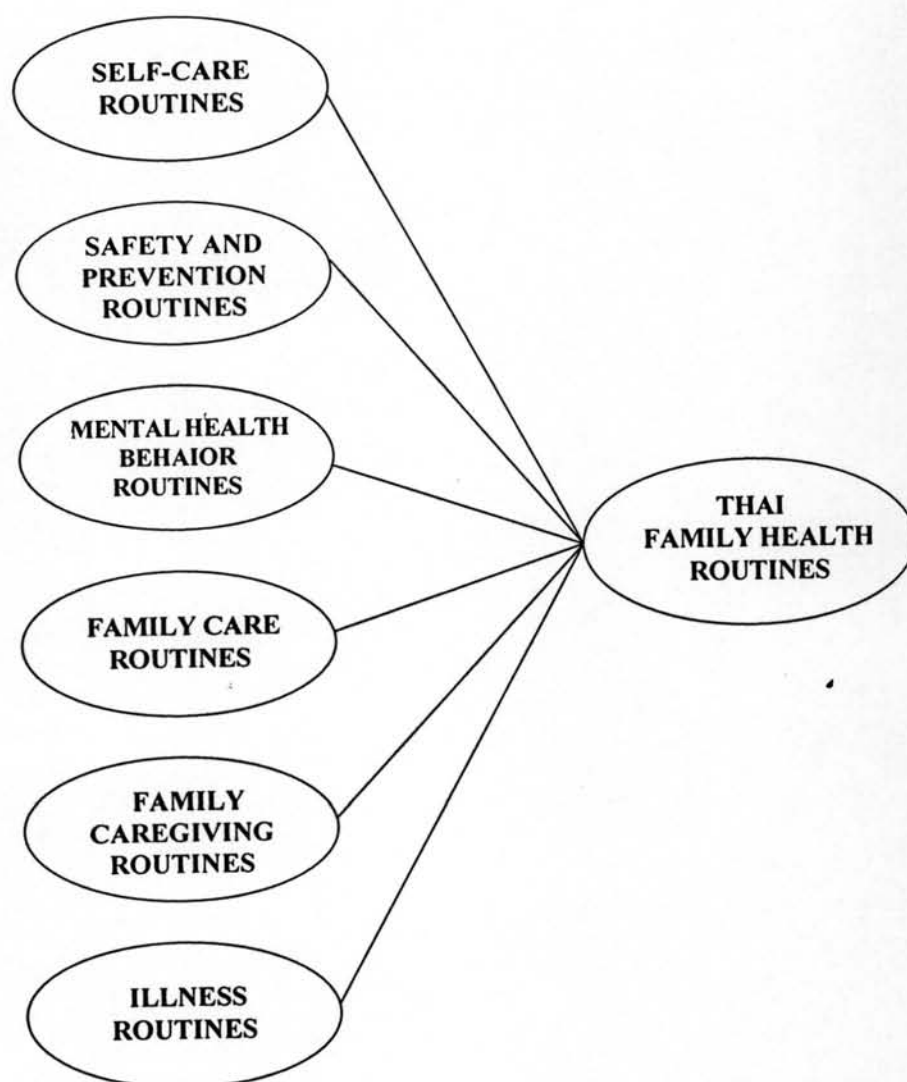


Figure 1 Conceptual framework of the study