
Student community empowerment approach

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Abstract

The objective of this documentary research was to analyze the empowerment approach of third year Thammasat University medical student health promotion projects in the academic years from 2003 to 2005. The data were extracted from six student group reports and a research report entitled "The Promise of Empowerment". The approach began with knowledge/ideas of sharing and transparency in decision making. The community underwent the empowerment process by active participation. Provision of a local resource person is suggested for on-going activities for problem solving and the learning process to continue when the students and instructor leave the community. This model is the Strengthening of Community Action and the Developing of Personal Skills, following the Ottawa Charter strategy, whereby students themselves acquire community experience in the actual context

Introduction

Community health development is undergoing a change. In the past, projects were planned and implemented regardless of people's needs. In the present empowerment approach, health professionals heed the community's potential intellectuality and capability in managing their own concerns or solving the problems that present for themselves.

In the course of community medicine field practice, empowerment health promotion projects were carried out in the Thai community by both instructors and third year Thammasat University medical students.

Six rural community projects were evaluated for the features of empowerment by the students involved who were aided through substantial community participation.

These six projects were done in Moo 1 and Moo 2 of Onkarak sub district, Poh-thong district, Ang-thong province (area O1 and O2); Moo 1 and Moo 2 of Ban Don sub district, U-thong district, Supan-buri province (area B1 and B2); and Moo 3,4 and Moo 5 of Tab-Ya sub district, In-buri district, Sing-buri province (areas T1 and T2), Thailand, during 2003, 2004, and 2005.

Projects of areas O1, B1 and T1 involved bio-agriculture, areas O2 and T2 involved exercises inclusive of younger adults and the elderly and B2 involved Thai traditional medicine. The promise of empowerment was evaluated in 2007 and was reported in the 10th International Conference on Thai Studies, 2008 (Ongroongruang, 2008). The evaluation suggested that activities of the health promotion projects continue enhancing the learning process and that organization is developed through proper management with gradual formation of net-works. Upon evaluation, participants stated that the health promotion projects were the starting point of continuing activities. They were able to recall the rationale of the project discussed in the community forum and also were able to recall the activities done together in detail.

Obviously this alone cannot assure significant change in community health which depends on many factors. However some positive effect may be expected. Due to the limited time of two weeks for field practice, active community participation was introduced in relevant activities, including analysis of community

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health problems, as well as prioritizing and decision-making with regard to a health promotion project. Student mind mapping was encouraged in any suitable community small group discussion. Finally, in the community forum, it is the *people* who made decisions concerning health promotion, who set objectives, action plans, then implemented it.

Objective

The objective of this study was to analyze the empowerment approach of third year Thammasat University medical student health promotion projects in community medicine field practice during years 2003 to 2005.

Methodology

This is a documentary study. The data are from six student group reports on health promotion projects with an empowerment approach, including a research report entitled "The Promise of Empowerment". Data extraction and arrangement of topics involving results and discussion were done by content analysis with keywords in the conceptual framework of the empowerment process (Kaewhavong, 2000; Phongphit, 2003).

Results

Student Empowerment Approach: Overall picture

The projects started with an empowerment approach, where the process emphasized almost all steps of active community participation. In community small group discussions, students applied mind mapping to encourage the community to think of and discuss health factors in the context of an overall related picture.

Sharing ideas: community health problems and their possible causes were discussed in small groups and community forums.

Evidence-based to know: students shared quantitative secondary data such as the number of patients with specific diseases in their community.

More knowledge through academics: the community was able to have more information about pathology and possible causes that can be simply explained by the students/instructor.

Trust Transparency: Problem prioritization and health project decision making were transparent with everybody being able to vote.

Community based project: The community itself set objectives, goals and action plans with a local resources. This ensured knowing what to do, why, when, and how to, etc.

Student Empowerment Approach in each area

Student Empowerment Approach: Academic year 2003 in area O1 and O2

Students used mind mapping in five small group discussions related to the area of O1. Each group discussed how to finalize the bio-agricultural project. In community forums of O2, four small groups conducted health discussions using mind mapping and the decision about the exercise project was made in this forum.

Community leaders contributed significantly to the empowerment approach. This convinced people to participate and ensured that everyone would have a chance to speak. Hence, transparency was factored into decision making and resource use. A certain amount of academics was needed. Community members with high education levels shared considerable knowledge. This made the continuous academic talk both more interesting and absorbable. The district agriculture authority was invited to join in the O1 project activity, becoming a resource person for the community, whereas, the exercise project of O2 advanced with the exercise leader as a resource person.

Student Empowerment Approach: Academic year 2004 in area B1 and B2

B1 held a community forum to analyze problems of poverty, debt, stress, and illness. As these were consequences of chemicals used in rice paddy fields, i.e., cultivation, the community decided to carry out a bio-agricultural project. B2 held five small group discussions where mind mapping was used and each group covered topics of "health", community health problems and how to solve these problems locally. Brain storming from five groups proposed different projects including the Thai traditional medicine project, food and nutrition safety project and exercise project. The feasibility of these three tentative projects was discussed. Possible activities of each project, human resources, and other community-based resources were discussed.

Decision making was done in the community forum with transparency, with support from community leaders. The health agenda was held in the community forum at 6.30 PM to

9.30 PM. It was integrated to the regularly scheduled meeting. Working according to the community schedule resulted in high community participation. In the B1 area, some members of the community were able to be project leaders promoting self-directed learning on bio-agriculture and implementation with the expectation of better health.

Student Empowerment Approach: Academic year 2005 in area T1 and T2

The five student mind-maps were distributed to cover area T1 with alternatives to be decided at the community forums. T2 student mind mapping was done at the community forums, which resulted in a list of community health problems with probable causes, prioritizing them and finally decision making regarding health projects.

Community participants said that they gained interesting and useful health information in detail from small group discussions. Mind mapping helped them to better relate the causal factors. In a Thai context, friendly talk with resourceful support helps the people learn without stress.

Discussion

The students followed the Ottawa Charter Strategy (WHO, 1986), under the rubric *Strengthen Community Action and Develop Personal Skills*. Members of the community went through the empowerment process by active participation in 1) community health problem analysis, 2) prioritizing and decision making regarding the health project and 3) developing an action plan and implementation.

Students should prepare themselves for the concept of empowerment, data in a community context as well as considering local community development plans. In improving health of a community, primary obstacles are cultural, social, and interpersonal expectations and behaviours (David, 2003). From the overall result and perspective, it is apparent that the community learning process started with active participation in ideas or experience sharing. As it concerns community health analysis, the students and the instructor are expected to introduce evidence-based data. Giving people the information and ability to make a choice is an essential and important component of the health-for-all strategy (Dhillon & Philip, 1994). Transparency in 1) priority setting, 2) decision making of health projects and 3) resource sharing helps ensure community participation and continuing activities. *Transparency*

assures that the community itself makes decisions about its health prospects and important ethical aspect in health promotion (Alan & Duncan, 2002; David, 2003).

Health promotion is the process of enabling people to increase control over and improve their health (WHO, 1998). Healthcare concerns the entire community and the responsibility should not be taken lightly. The majority of the community accepts this concept, exhibiting willingness to take appropriate action. The student empowerment approach seemingly creates some positive thinking in self-support and the knowledge-based concept as it bears on the community. This is the process evaluation in health promotion (Thorogod & Coombes, 2000). Appropriately, medical students also become familiar with the context of the Thai community.

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