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論 文 内 容 の 要 旨

1. Introduction

Since the end of the 1980s, the health care system in Laos has developed and implemented primary health care (PHC), and undergone expansion and privatization. Comprehensive PHC has been implemented in Laos based on the theoretical objectives of four principles ; equity, appropriate technology, intersectoral action and community participation. Some critical arguments are that health workers are active in implementing health programs because of the considerable support from international donors. Suppose, support was to diminish how sustainable would these programs with scarce resources be ? Scarcity of resources at the governmental level would be mitigated by community participation. The question of how participation of the Laotians in PHC activities in developed and how to improve matters at the present time has not yet been clarified. Hence, this research was carried out.

2. Objectives

All citizens obtain better health outcomes if broad participation in the process is ensured. Thus this research explored community participation in terms health outcomes and in the five processes, including, leadership, organizations, needs assessment, management and funds allocation. The specific objectives are 1) to study situations of illness and disease, 2) to evaluate the degree of participation in selective PHC and in health-related activities in the transitional phase, 3) to investigate factors related to community participation.

3. Methodology

The present research was conducted in June 2001. It applied triangulation approach, including an interview, a focus group discussion and an observation. Three provinces were selected, namely, rural Xekong, semi-urban Khammoune and urban Vientiane municipality. 325 representatives of households who had children under five years old were asked about community participation, in terms of health outcome. This was to investigate, pattern of illness and death, the practicing of family planning, health education sources, sanitation, immunization and health care services.

6 focus group discussions, with 40 recruited key informants, were conducted. Then 127 Key informants were interviewed in-depth according to the current community participation in health and health-related activities at community levels. Questionnaires on participation consisted of five processes of participation, namely organization, needs assessment, leadership, management and allocation of funds. Health activities included village drug posts, revolving drug funds at health centers, impregnated bed-net activities, sanitation and water supply. Road renovation, micro-credit and electric power supply are considered in health-related activities. The degree of community participation was scaled 1 to 5 (very narrow to excellent). For example, needs assessment was broad if local people identified it and narrow if it was the professionals who did so. The analysis of the data was done using SPSS, 10.1 versions. Chi-Square was employed to analyze the significant differences in the respondents of participation in health outcomes. The qualitative data was analyzed by a spidergram and ANOVA Analysis.

4. Results

4.1. Community Participation in Terms of Health Outcomes at Household Levels

The mean age of the respondents was 28.2 years with 6.8 Standard Deviation (SD), ranging from 16 to 52 years. About 24.0% of the respondents reported that they lacked rice for about 2 months a year. 40.1% being from Xekong compared with 19.2% and 11.0% in Khammoune and Vientiane, respectively. 44.8% of the respondents had a toilet in their households. 40.2% of the respondents in Xekong had access to toilets compared with 41.2% and 53.7% in Khammoune and Vientiane, respectively. 33.5% of the respondents reported practicing family planning during the 5 months. 56.1% and 36.8% of the respondents in Vientiane and Khammoune, respectively, reported that they used contraceptives. Only 12.1% of interviewees in Xekong used modern contraceptive methods from January to June 2001. 17 out of 18 of the respondents of the Hmong ethnic group (94.4%) did not practice any family planning method, compared with 92.6% of the Lao Theung and 54.4% of the Lao Loum respondents. The most common disease was acute respiratory infections (44.6%), followed by diarrhea (14.8%) and malaria (13.1%). The next was reproductive tract infection disease (7.0%) and others (20.5%).

4.2. Community Participation in the 5 Processes at Community Levels

The present research found that there were 3 patterns of participation in Laos. Firstly, urban participation in village drug posts is very narrow. The pattern of participation of urban communities in health-related activities was broader than in selective PHC, in particular with safe water supply and electric power supply. This means the urban community is more likely to participate in infrastructure development than in health activities. Degree of their participation in health-related activities significantly differed among the five factors, for instances, much broader with funds allocation (Mean 3.46 with SD. 75), and much narrower in organization (Mean 2.53 with SD. 49), compared with the other factors. Secondly, the pattern of participation of the semi-urban population in health activities was satisfactory, particularly, in village drug posts activities and in utilizing village health volunteers. The majority of villages in Khammoune had village drug posts, which were operated and managed by village health volunteers and village health committees. The involvement of the Khammoune people to constructing roads was broader than their counterparts, the urban and the rural people. Thirdly, the pattern of participation of the rural Xekong people in health activities, especially, in utilizing health centers and revolving drug funds, was broader than in the semi urban and urban provinces. Notably, participation in Xekong in the five processes in impregnated bed net-activities was relatively poor. Rural people participation in health-related activities, such as in electric power and construction of roads, was considered as narrowest.

5. Discussion

Findings degree of participation in health outcome and processes is varied in individuals, families and communities. The significance of characteristics of communities, environment or systems surrounding which

included socio-cultural, and political factors is associated with the levels of community participation in Laos. It is also related to people's interests and their felt needs. Poor participation of the Xekong in electric power and road construction was found when their demands for these services were not fulfilled. Narrow participation in utilization of village drug posts, revolving drug funds and impregnated bed-net activities can be attributed to the fact that health professionals identified the number of nets and drugs, irrationally. On the other hand, the pros and cons of market economy and community participation in health activities are emerged. The pros of market economy in transitional phase are that privatization in the health sectors, like liberating private clinics and pharmacies, leads to be greater opportunity of choices for people looking for alternative health care providers. However, the cons are community people and professionals in the transitional phase consider medical services a sound business investment, more than a humanitarian aspect. Leading good health had to be bought which jeopardized masses of the poor who could not afford. The phenomenon discourages the tradition of solidarity, of sharing and of helping each other as before. It undermines the nature of community participation in communal activities.

Three strategic approaches are discussed to increase participation in the three different areas in Laos as follows :

5.1. In the rural communities

Community participation in the rural areas is to fulfill their great needs. But their participation is discouraged by scarcity of resources and poverty. This leads to great demand for basic needs. They include care services, and infrastructure. The rural communities should be encouraged to create community-based activities in respect to their basic needs and aim for the satisfaction of the needs of the greatest number of people. Community-based organization, thus, is committed to awareness building, autonomy and to go beyond the differences of interest groups. At the same time, close support from outsiders is one way to reduce community powerlessness over problems.

5.2. In the semi urban communities

The semi-urban communities have fair resources and manpower. The community-action approach is addressed in these levels. Ensuring involvement of the semi-urban people means that they are given skills and knowledge on management of activities. Awareness and capacity building for the semi-urban communities may increase their participation. Informal and formal training for the community people and leaders should be carried out.

5.3. In the urban communities

In the urban communities, resources and stakeholders are available. Advocacy should be a strategic approach to promote the urban communities' involvement in health and health-related activities. Advocacy may mobilize people's consciousness to contribute anything that can develop their societies. Mobilizing people to realize participation is enhanced by recognition, such as civic rewards, acknowledgement and valuing their participation. Importantly, empowerment of community should be emphasized more to increase urban community participation. The government should exercise the bottom-up approach to put skills, decision-making and responsibilities in the hands of the communities.

6. Conclusions

Community participation has high regard for devotion and voluntary work, while the market economy has emphasized, "Trade not Aid". In conclusion, this research addresses how the two differences can constructively interact. The government of Laos has to have the courage to design policy and social movement to balance community participation and development of the economy to ensure equitable benefits for the mass of the Laotians in health, and socio-economic development. These approaches may promote community participation in operating PHC to achieved health for all the Laotians beyond 2000.

論文審査の結果の要旨

本論文は、経済的移行期の途上国におけるプライマリヘルスケア（PHC）について、ラオス人民民主共和国における住民参加を事例として分析を行ったものである。本論文の目的は、ラオスにおける PHC の活動を分析すること、PHC の重要な要素の一つである住民参加がコミュニティ・レベルでの保健医療活動とどのように関連しているかを明らかにすることであった。ラオス国内の3つの地域において、申請者は325名の母親への質問紙調査、127名のヘルス・ワーカーへのインタビュー調査、6回のフォーカス・グループ・インタビュー調査を行った。

本論文では、水利用、ボランティア活動、医薬品配布等の保健活動内容により、地域ごとに住民参加度に関して大きな違いがあることをラオスにおいて初めて明らかにした。また、ラオスの地域や民族によって家族計画の普及率に違いがあることも新しい知見であった。政治経済体制の移行期にあるラオスにおいて、民営化の波を受け大きく変質しつつある保健医療システムの種々の課題も明らかになった。このように、申請者は本論文においてオリジナリティの高い分析結果をもとに、今後のラオスの PHC のあり方に関する有益な提言を行った。

以上の理由から、本論文は博士（人間科学）の学位授与にふさわしいものと判定する。