

Report of

Cohort Study III (2016)

Oudomxay Province

Team Research

- Director and Facilitators

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- Study team

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Overview of the province

- **85% Mountainous.**
 - **7 districts, 471 villages, 51,125 household, population: 307,602 (female: 151,317)**
 - **Number of poverty villages: 220 villages covered 46,7% ,poverty household: 16,201 ,covered 30.4%, poverty population: 107,563 ຄົນ = 35,4%**
(info from provincial statistic center 2015)
- Including 61 group villages, 15 focus point of development, 3 focus point to build small city.**
- **3 districts, 5 area and 5 villages which are the test area of 3 concept building.**



Health service facilities

- Provincial hospital 1 with 85 beds.
- District hospital 6 including 150 beds.
- Service center 1.
- Army hospital 2 with 40 beds.
- CHC 50 including 100 beds.
- Village drug kit 322.
- Private hospital 1 with 120 beds.
- Private clinic 41.
- Pharmacy company 4.
- Pharmacy store 52.

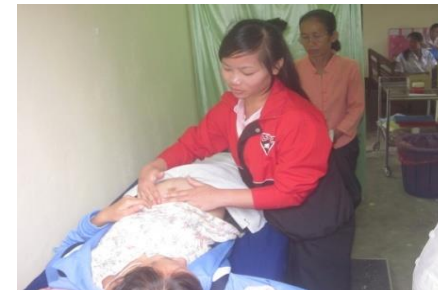
By average, health service covered 100%.

Koukeo Sayachack MPH



Health statistic of province in year 2016

- **Mortality rate of child <1year** **21/1000**
- **Mortality rate of child <5year** **31/1000**
- **Mortality rate of mother** **137/100.000**
- **Pregnancy check up rate 1time** **70%**
- **Pregnancy check up rate 4time** **50%**
- **Gave birth helped by doctor** **62%**
- **Vaccination rate (Measles)** **60%**
- **Child< 5 year with below standard weight** **18,4%**
- **Mortality rate of child <5year** **31,4%**
- **Total mortality rate** **0,2%**
- **Water usage rate** **95%**
- **Toilet usage rate** **65,6%**



- **Objectives**

- **To study the cause of death of people in Houn district, 2 areas (Sibounheung and Naxiengdee)**

General information of Houn district

93 villages, with 14 development group villages, 2 test villages of 3 concepts building 3, total population: 75,945, female: 37,007. 12,880, Poverty village: 36, poverty household: 3039, poverty population: 10,770 (covered 24% of total population).

- **Houn district has 1 Hospital, with 25 beds , 9 CHCs with 22 beds, Drug kit :61.**

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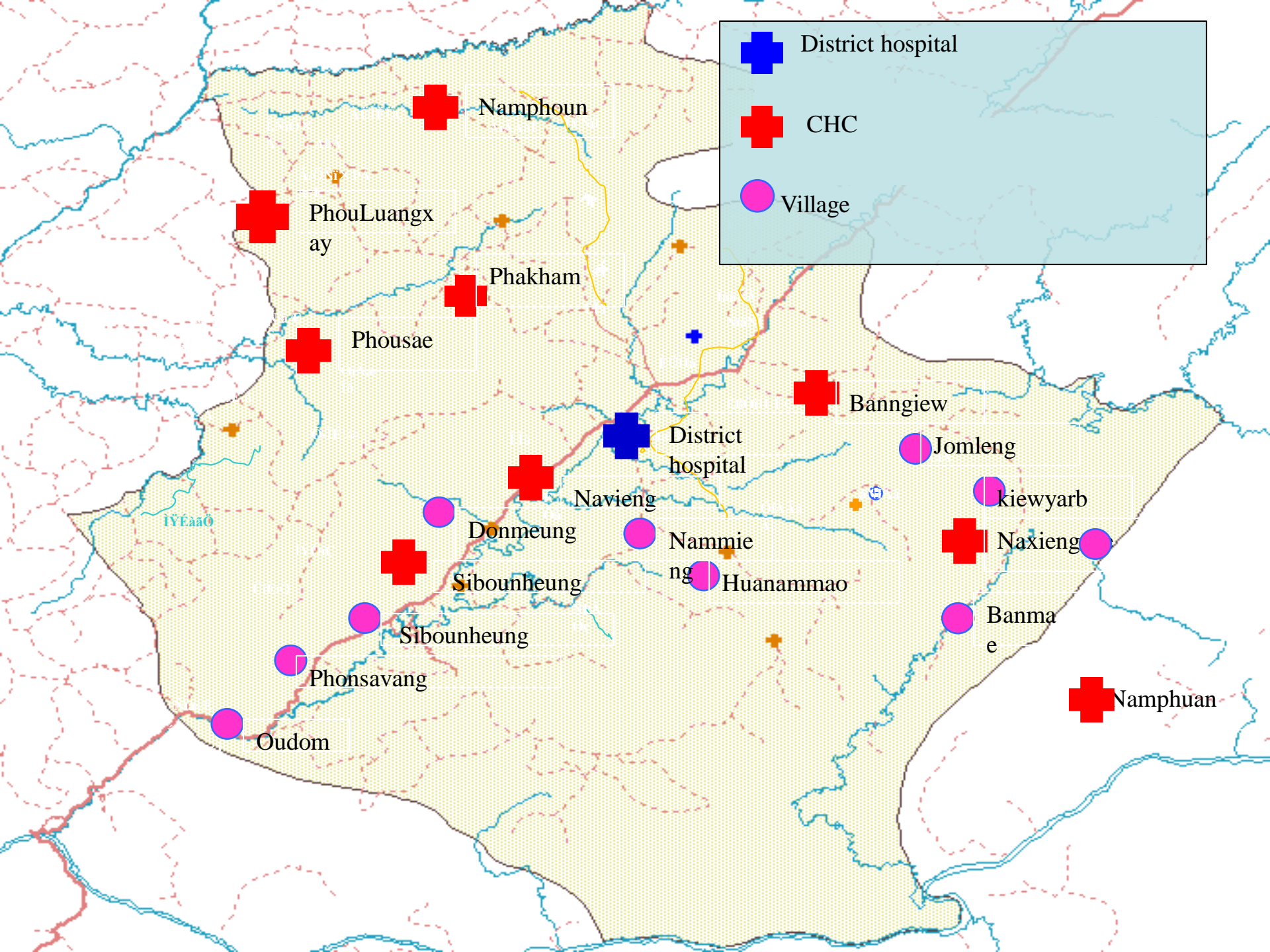


General information of Sibounheung area

- **The area has 7 villages.**
- **Total population: 10,777, female: 4,355.**
- **Household: 3,345.**
- **Poverty household: 167**
- **Poverty population: 939, covered 8,8% of total population.**
- **Village drug kit : 4**
- **VHV: 20 people.**

General information of Naxiengdee area

- **The area has 8 villages.**
- **Total population: 6,285 female: 3,148.**
- **Household: 1,377.**
- **Poverty household: 41.**
- **Poverty population: 153, female: 74 covered 3,4% of total population.**
- **Village drug kit: 7**
- **VHV: 16 people.**



Activities that have done

- 1. Creating the questionnaire form for collecting dead case info.**
- 2. Training the team to collecting info.**
- 3. Follow up and collecting info.**
- 4. Summarize the data according to the form collected by using Excel**
- 5. Data analyzing.**

Research methodology

- **Cohort Study**

This is (Descriptive study) by using (Quantitative Research Method) and (Qualitative Research Method), especially the Quantitative Research is used (Indepth interview) with all family members and relative.

Study site

- 1 Houn district, 2 areas 15 villages

Sibounheung area: 7 villages.

Naxiengdee area: 8 villages.

Number total Population study

Every dead case in the past 1 year 1, total : 53 cases

Sibounheung: 33 cases.

Naxiengdee: 20 cases.

Duration of Study

1 / 1 / 2016 - 31 / 12 / 2016

Materials and methods

**Using the questionnaire form to interview family and
close relative**

Step data collection

Step 1

- **Study team trained the district and CHC about the questionnaire form.**

Step 2

- **Provincial level team collected data, test the questionnaire at CHC and village.**

Step 3

- **Provincial level team choose the staff to collect data of every dead case.**

Data analysis

1. **After done data collections, then input data in computer using Excel, by using (Descriptive statistic), which described the statistic that necessary such as : average and surplus standard**

Out put data analysis 53 cases

Age

Age Group		Frequency	Percent
>1 y		3	5.7
1-5y		2	3.8
5-10		0	0
10-15		2	3.8
15-45		15	28.3
45-60		15	28.3
>60		16	30.2
Total		53	100

Sex

Sex	Frequency	Percent
Female	28	52.8
Male	25	47.2
Total	53	100

Buddha

Buddha	Frequency	Percent
Buddhism	7	13.2
Traditional	46	86.8
Catholic	0	0
Total	53	100

Education

Education	Frequency	Percent
No	43	81.1
Primeriy School	10	18.9
Secondary School	0	
High School	0	
Total	53	100

Status

Status	Frequency	Percent
Single	6	11.3
Married	44	83
Divorce	1	1.9
Widow	2	3.8
Total	53	100

Occupation of spouse

Occupation	Frequency	Percent
Farmer	44	83.1
Fishery		
Business		
Company/state officer		
Labor		
None(Children)	9	16.9
Total	53	100

Education of spouse

	Occupation	Frequency	Percent
	No	45	84.9
	Primeriy School	8	15.1
	Secondery School	0	0
	Higth School	0	0
	Total	53	100

Occupation of dead person

Occupation	Frequency	Percent
Farmer	48	90.6
Fishery		
Business		
Company/state officer		
Labor		
Others(children)	5	9.4
Total	53	100

Past illness history of dead person

	Frequency	Percent
Yes	4	7.5
No	49	92.5
Total	53	100

Number of children or family

Number of children or family	Frequency	Percent
Single or child	6	11.3
1 child	0	-
2 children	3	5.7
3 children	7	13.2
More than 4	37	69.8
Total	53	100

Income all Famillies /y

	Frequency	Percent
No	2	3,8
800,000	0	0
800,000- 3,990,000	19	35.8
4mil – 7,999,000	24	45.3
>8.000.000	8	15.1
Total	53	100

In come /y

	Frequency	Percent
No	16	30.2
800,000	13	24.5
800,000- 3,990,000	19	35.8
4mil – 7,999,000	4	7.5
>8.000.000	1	1.9
Total	53	100

Duration of illness

Duration of illness	Frequency	Percent
1 w	20	37.7
1 m	20	37.7
1 y	7	13.2
>1 y	6	11.4
Total	53	100

Where the dead person got treatment during illness

	Frequency	Percent
Drug kit	7	13.2
HC	41	77.4
Hosp District	3	5.7
Hosp Province	0	0
Clinic/Pharmacy store	2	3.7
Not go	0	0
Total	53	100

Distance from house to health service

	Frequency	Percent
4 Km	51	96.2
10 Km	1	1.9
20 Km	1	1.9
Total	53	100

Place of Death

Place of death	Frequency	Percent
Hosp (Province and District HC)	0	0
Village	50	94.3
Workplace	2	3.8
Others	1	1.9
Total	53	100

Nearest facility to the house of dead person

	Frequency	Percent
Drug kit	14	26.4
HC	39	73.6
Province/District Hosp	0	0
Clinic/Pharmacies	0	0
Total	53	100

Cause of death

Cause of death	Frequency	Percent
Disease or Geriatric disease	46	86.8
Accident	1	1.9
Food toxics	0	
Gave birth	0	
suicide	6	11.3
Total	53	100

Confirmation of cause of dead

	Frequency	Percent
Yes	7	13.3
No	46	86.7
Total	53	100

Treatment done

	Frequency	Percent
Accident	1	1.9
Gave birth	0	0
Stomach inflammation	11	20.8
Blood pressure	0	0
Heart disease	0	0
diarrhea	4	7.5
Kidney	0	0
diabetes	0	0
anemia	0	0
Liver inflammation	0	0
Cancer	0	0
Fever	5	9.4
Brain inflammation	0	0
Lung inflammation	12	22.6
Suicide	6	11.3
Others	14	26.5
Total	53	100

Expense during treatment

	Frequency	Percent
>800,000	26	49.1
>4mil	5	9.4
>8mil	15	28.3
>40mil	7	13.2
>80mil	0	0
Total	53	100

Health Insurance ?

	Frequency	Percent
Yes	0	0
No	53	100
Total	53	100

Smoking ?

	Smoking	Frequency	Percent
	Yes	13	24.5
	No	40	75.5
	Total	53	100

How many year Smoking?

	Smoking	Frequency	Percent
	1 y		
	2 y		
	3 y		
	4 y	13	100
	Total	13	100

Drink alcohol?

	Frequency	Percent
Yes	24	45.2
No	29	54.8
Total	53	100

Type of drinking

	Frequency	Percent
liquor	19	79.2
Beer	5	20.8
Opium	0	0
amphetamine	0	0
Total	24	100

How often of drinking?

	Frequency	Percent
Always	0	0
Sometimes	24	100
Total	53	100

Exercise

	Frequency	Percent
Yes	0	0
No	53	100
Total	53	100

Sleeping habit

	Frequency	Percent
8 h	31	58.5
7 h	21	39.6
6 h	1	1.9
Total	53	100

Are there any activities that may be a risk to health?

	Frequency	Percent
Yes	13	24.5
No	40	75.5
Total	53	100

What do you think about the most important hindrances which keep you from saving a life of dead person?

1. Limited transportation to the service places

2. Limited in economic status .

3. Less concerned in taking care of own health and in using chemical .

4. Less knowledge in information about health and health care.

(Conclusion)

- **By studying the Cohort Study of 53 dead case in 2016,we concluded as below:**

1. Geriatric disease and Long term individual disease 26.5%

2. Dead cause of lung inflammation 22.6%

3. Dead cause of stomach inflammation 20.8%

4. Dead cause of suicide 1.3%

5. Dead cause of fever 9.4 %

6. Dead cause of diarrhea 7.5%

7. Dead cause of accident 1.9%

Limited of study

- 1. Knowledge and experience of the team is limited.**

Ethical Clearance

the information from this study is kept confidential, and to be release only if the relevant organization allow. All relevant have same justice, after giving the information every body is not receiving the harmful to the body or mental harmful. It is not forcing by Using the questionnaire form, after interview, every body went back home as usual.

This study will be very benefit, as one part is the data to help improve and prevent dead case and also the data to develop the health sector on solving problem on cause of dead which is necessary for developing country.

Budget

2016= 2000 \$

(16,000,000 Kip)

Advantage and disadvantage of the implementation

Advantage

- 1. The budget supported from project and from Provincial health office.**
- 2. Have cooperation from district, CHC and relative of the dead person.**

Disadvantage:

- 1. Lack of budget**
- 2. Some info was not clear because of lacking in filling info.**
- 3. Questionnaire forms checking still not done so well from district office's staffs before submitted to provincial level.**
- 4. Study team have many others tasks.**

Suggestion

- 1. Increase the budget to expand the study to other CHC or to cover other district.**
- 2. Organize study tour for exchange knowledge and experience**

Thanks



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