

Perspectives of Thai Healthcare Providers and Nursing Students on the myPlan App for Abused Women

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Abstract: Intimate partner violence is common in Thailand. The myPlan app (www.myplanapp.org) is an individualized, evidence-based safety planning decision aid for abused women. The aim of this study was to explore the perspectives of Thai providers working with abused women regarding the potential usefulness and feasibility of app-based interventions in the Thai context. We conducted an exploratory qualitative study in a province in northeast Thailand. Using a semi-structured interview guide, we conducted Thai-language focus groups and interviews with a convenience sample of service providers, health providers, and nursing students. These lasted 90-120 minutes and were recorded, transcribed verbatim, and analyzed qualitatively.

There were 67 participants (seven focus groups and one in-depth interview). Overall, participants described app-based interventions as likely being appropriate for Thai culture, aligned with Thai government policy and resources, and having potential to help abuse survivors. Internet access in rural areas was an area of concern, as was the readiness of health and social service providers to respond to survivors and the effectiveness of referral systems. In conclusion, participants view app-based safety planning as largely possible and feasible in the Thai context. Future research is needed to include survivors' perspectives on myPlan app, as well as on culturally-specific, evidence-based risk assessment and safety planning for Thai survivors to inform and tailor of adapting the myPlan app. Mixed-methods and longitudinal research is needed for future research.

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Introduction

Intimate Partner Violence (IPV) is defined as physical, psychological, or sexual harm by a spouse or current or former partner.¹ The majority of violence against women takes place in intimate relationships and husbands or partners are often reported as the perpetrator.² IPV has gained recognition around the

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world as a serious violation of human and legal rights² and is associated with negative physical and psychological health.^{3,4} IPV is everywhere, however,

the group of countries with the highest prevalence of lifetime physical and/or sexual partner violence are African, Eastern Mediterranean, and Southeast Asian countries,² including Thailand.^{2, 5} This is a patriarchal, middle-income country where women are relatively disempowered and 44% experience lifetime physical and/or sexual intimate partner violence (IPV),^{6, 7} For example, in one cross-sectional survey of 421 pregnant women at 32 weeks gestation or later in antenatal clinics at tertiary hospitals in rural Thailand, 53.7% reported lifetime psychological abuse, 26.6% reported physical abuse, and 19.2% reported sexual abuse.⁸ IPV has been linked with serious implications for survivors' health and safety.^{6, 7} For instance, researchers have found depressive symptoms are a common symptom for married Thai women experiencing IPV;⁹ in one study, 49.3% of women who screened positive for past-year IPV were positive for depression, and 17.6% reported attempting suicide. Sexual violence has also been significantly associated with depressive symptoms among Thai women.¹⁰

Women in abusive intimate relationships weigh economic, safety, health, cultural, and relationship priorities on a daily basis in complex, rapidly-changing situations; often these decisions are made in isolation and with little support.¹¹ Individualized safety planning with attention to abused women's priorities, level of risk, and resources is the cornerstone of empowerment-based, effective IPV intervention.¹² Safety planning interventions have been demonstrated to be effective to reduce future IPV exposure.^{13, 14}

Thai culture may contribute to the severity of IPV and/or adverse outcomes related to IPV by constraining women's access to safety planning resources. Thai women are reluctant to disclose any information related to IPV to authorities and do not want their lives disrupted by a criminal investigation.¹⁵ Rather, they choose to keep quiet and not report IPV events.^{16, 17} Accordingly, Thai women under-utilize formal violence resources due to embarrassment, shame, privacy concerns, or mistrust of police or

other authorities.^{15, 16, 18} Similarly, research indicates that factors such as cultural norms around IPV as a private issue and inadequate training or preparation may prevent healthcare providers from screening their patients for IPV, further constraining women's access to help and support.¹⁹

Over the past decade, mobile technologies have been extensively integrated into health services, an innovation known as mHealth.²⁰ mHealth is defined as the intervention of wireless technologies to convey data, contents, and services via mobile devices such as smart phones.²¹ In developing countries, the usage of wireless technologies and smartphones have generally increased dramatically over the past decade, leapfrogging fixed-line technologies. Thailand has a rapidly growing digital infrastructure and 82.4% of Thais are internet users.^{22, 23} Therefore, the timing may be right for Thailand to develop mobile health services so that users can seek their health services and remove barriers to care.

The myPlan app (www.myplanapp.org) is an individualized, evidence-based safety planning decision aid for abused women, and accessible through a discreet and confidential tablet/smartphone app. It provides an interactive tool for women to confidentially disclose IPV, better understand their relationship health, priorities for safety (e.g. safety for children, having economic/housing resources, family dignity), their risk for repeat severe violence, and develop a tailored safety action plan based on their priorities and available local resources. The myPlan app is well-accepted by IPV survivors as a private and safe resource, and has demonstrated significant impact on their sense of clarity of own priorities for safety, sense of support in making decisions, as well as decreased decisional conflict regarding safety decisions, increasing use of safety strategies, and increasing their ability to leave an abusive relationship safely.²⁴⁻²⁶

The myPlan app (see Figure 1) is a PIN-protected intervention, accessible by smartphone or web browser. It is designed to raise awareness of common myths about relationships (for example, that

jealousy indicates love). It also describes characteristics (e.g., mutual respect, compromise, trust) of healthy relationships. Next, the user is directed to a section about safety, which includes questions about red flags (e.g. controlling and isolating behaviors, jealousy,

threats) for abusive relationships. If users identify red flags, they are encouraged to complete the Danger Assessment (DA), a validated risk assessment tool to identify the risk of severe and/or lethal violence in abusive relationships.²⁷

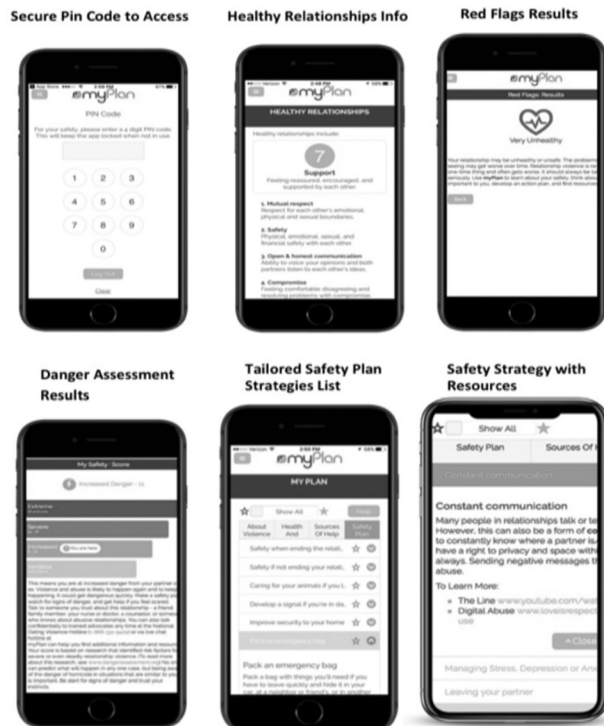


Figure 1. Components of the myPlan app

The user is then presented with personalized messages about their DA score. Next, the app presents an interactive visual aid that allows users to set priorities for safety. A clickable “sliding bar” allows them to make pairwise comparisons of importance between priorities including privacy, feelings for partner, having resources, severity of violence, well-being of children (if parent) and social support/network. Finally, the user is presented with a tailored safety plan with personalized with messages based on responses in the previous sections (e.g., level of danger, priorities, abuser behaviors). For example, if a user indicates that their

partner was stalking her/him, the personalized safety plan messages will include detailed information about stalking and resources available to increase safety.

The myPlan app is free and available to the public. It is also highly adaptable and has indeed been extensively adapted with versions for women in the US, New Zealand, Canada, and Australia.²⁸⁻³⁰ However, no version exists specifically adapted for Thailand, nor (to the best of our knowledge) do any similar interventions exist in the Thai context. Therefore, the aim of this exploratory, preliminary study was to explore whether such an intervention would be usable

and feasible for abused Thai women, from the perspectives of Thai healthcare and social service providers, who are most likely to encounter abuse survivors in their daily practice. This information is foundational for future research to adapt and test app-based interventions for Thai IPV survivors.

Method

Design

We conducted qualitative descriptive research to explore the comprehensive summary of individual experienced.³¹ Qualitative research contributes to describing, interpreting, and generating theories about individual experiences as they occur in their natural situations.³² To do this, focus group and individual semi-structured interviews were used to obtain insight perspectives of the acceptability and feasibility of the myPlan app for Thailand. The group process was applied, depending on participants' inhibitions or the group climate; when someone in the group speaks freely, the group process can encourage others to do so as well,³² and if the climate becomes uncomfortable, the moderator can decide to stop the group discussion.

Setting and Participants

We chose Khon Kaen province as the setting of this study because the first One Stop Crisis Center (OSCC) in Thailand (a service setting for IPV survivors) was established in this province. This OSCC is based in the Khon Kaen Hospital and well-established; it was given the United Nations Public Services Award in 2014 for promoting Gender-Responsive Delivery of Public Service. The OSCC consists of experienced multi-professionals (doctors, nurses, teachers, community leaders) working with abuse survivors and meeting monthly to discuss cases. Therefore, these providers are well-positioned to offer well-informed opinions on the acceptability and feasibility of adapting the my Plan app for Thailand from the perspective of Thai health and social service providers who work

with IPV survivors. Additionally, we included senior nursing students in clinical practice in the Khon Kaen hospital, who may interface with IPV survivors in this setting.

Eligible participants were Thai-speaking healthcare providers, service and community providers (community health volunteers, community leaders, teachers), and senior nursing students over the age of 18, who had experience working with women patients/clients and/or with directly supervising other providers that work with women patients/clients. Recruitment of this convenience sample was primarily accomplished through OSCC colleagues and networks in the area. Participation in this study was voluntary.

Collecting data

Data was obtained by focus group and individual face-to-face semi-structured interviews in the Thai language. We used our professional and community contacts and flyers to conduct outreach with community partners with information about the purpose of the study and our contact information. Upon participants' agreements and arriving to the focus group and interview locations, a moderator conducted an informed consent process, describing the research study and its voluntary nature in the Thai language.

The first author (an experienced qualitative researcher) conducted all focus groups and in-depth interviews, which lasted about 60–90 minutes with audio recorded. There were 8–10 people in each focus group. The moderator introduced the myPlan app with original version to the groups/individual. Participants were able to review the app if they liked; the moderator also described the app components and usage of the app. Participants were asked to discuss their perspectives on working with abuse survivors in Thailand, and regarding the likelihood, feasibility, acceptability, cultural appropriateness and safety issues related to the use of a smartphone-based app by Thai survivors and within the Thai context. Participants were also asked about facilitators and barriers to using such an intervention in Thailand,

about specific content, information, and resources that would be important to include, and about individual- and organizational-factors that may influence the adapted intervention's implementation. Handwritten notes were taken during the interviews, to facilitate the asking of further questions and clarification of important points raised. Before finishing a group discussion and individual interview, the researcher summarized the discussion to participants, who could confirm or recommend removal of portions of those for the accuracy of data.

Participants were compensated for their time and provided with refreshments. Participants were not asked to describe their own personal experiences with IPV. However, as experienced IPV researchers, we know that IPV is common and it is possible there may be IPV survivors among the sample; therefore, the moderator was able to connect any participants who requested help to available local services and sources of support. All human subjects procedures were approved by the University of Missouri Health Sciences Institutional Research Board (IRB) (IRB # 2009792) and the IRB of Khon Kaen hospital (IRB #KE61013) in northeast Thailand and included a waiver of documentation of written informed consent.

Measures

We developed a semi-structured interview guide with open-ended questions based on previous studies and feedback from IPV experts. The interviews started with general questions about providers and their practice setting. Open-ended and non-leading questions were used; for example: What do you understand as the definitions of abuse? How could you see healthcare providers or community outreach workers using the myPlan app to help talk to women about relationships? Where might it be used? How would nurses or doctors, or community educators, feel about such an intervention? How would survivors feel about it? What would be the barriers to using it? How might such an intervention be helpful, or not helpful? In addition, participants were asked (a) When you think about this type of

program, does it seem useful in Thailand? What would it be used for? What programs, resources, changes are needed to stop violence against women in Thailand? The authors reviewed the transcripts to help reflect on interview style and to identify problem topics, for example, whether questions were not being answered as expected. This continuous review did not yield any concerns and helped us identify when we were reaching saturation.

Data analysis

All interviews were tape-recorded. Notes were taken during the focus groups/in-depth interview and debriefed following data collection to discuss emerging themes and areas for further exploration. The data were transcribed verbatim and translated from Thai into English by bilingual IPV researchers, and then back-translated to ensure accuracy, with the assistance of a professional translator. The reason to translate and back-translate from Thai to English is because one of our co-authors is an international violence researcher and expert in qualitative research. The transcripts were imported into Dedoose, a software analysis program. We used a qualitative descriptive approach for analysis, a low-inference, low-abstraction method of analysis appropriate for use in health research and intervention development. All authors were involved in the coding process to validate coding and consistency of coding, then debriefed and discussed the codes and emerging categories to arrive at consensus and minimize individual bias. Trustworthiness processes were also done. Any potentially identifying data within the transcriptions were redacted, and audio-recordings were destroyed following the transcription process.

Rigorous of the study

Credibility: The study participants were chosen through a convenient strategy to achieve a diversity of data type of healthcare providers, service providers, and nursing students, thus increasing credibility. Moreover, before finishing a group discussion and individual interview, the researcher summarized the discussion to participants, who could confirm or

recommend removal of portions of those for the accuracy of data. The process of content analysis, especially of transcribed verbatim transcripts and codes, and categories were back-translated into English to investigate issues concerning missed information. The process of building categories and themes were created by the researchers experienced with IPV and the qualitative research method. *Transferability*: The researchers believe this study can provide valuable insight into the feasibility of adapting a web-based app to developing countries where are limited resources regarding IPV. *Dependability*: The data analysis process was consistently followed, and the authors were open for dialogue and judgments about similarities and

differences of the content that were consistent over time until agreement about the data was reached. *Conformability*: The researchers checked and reviewed the purposes, methods, and procedures to enhance the rigor of research findings.

Results

There was a total of 67 participants (60 females, 7 males). The majority were nurses (N=24) or senior nursing students (N=31); the remaining participants included doctors, social workers, community health volunteers, community leaders, teachers, and nurse educators (see **Table 1**).

Table 1. Demographic characteristics and practice setting of participants (N=67)

Characteristic	Number
Gender	
Male	7
Female	60
Practice setting	Number
Doctor	1
Nurses	24
Social work	2
Community health volunteer	3
Community leader	1
Teacher	2
Nurse educator	2
Nursing student	31

There were four thematic categories and ten sub-categories that emerged in the analysis related to the appropriateness of this type of intervention for Thai culture, existing resources and networks to support

such an intervention, the potential benefits of this type of intervention to different groups of people, and the potential challenges to using such an intervention.

See **Table 2**.

Table 2. Codes and categories of healthcare providers' perspectives toward the myPlan app

Code	Category
Confidentiality	An appropriated tool for Thai culture
Community education Tool	
Government policy support	
OSCCs	Existing resources and networks to support the intervention
NGOs	
Healthcare providers	
Young, adult, and adolescents	Benefits to different groups of people
IPV survivors	
Internet access	
Provider readiness	Potential challenges

An appropriate tool for Thai cultures and contexts

Confidentiality

The privacy and confidentiality of the app-based safety planning was described by a majority of participants as one of the major potential advantages of the myPlan app. Participants described the intervention as appropriate for Thai culture because Thai people tend not to disclose IPV to others and it is a stigmatized and highly private topic. For example, one participant remarked:

I like how confidential the myPlan is and it is very important and appropriate to Thai cultures. IPV is still a private issue in Thailand and it is influencing to IPV survivors' negative consequences. However, it is challenging for Thai providers to make the myPlan app as a Thai version to be confidential as much as the US version. (physician)

Community educational tool

Several participants discussed that the benefits of the myPlan app would not be only related to helping survivors, but useful to educate Thai people about healthy relationships, safety plans, and community resources. They stated that Thai people overall (including many health and social service providers) have relatively little knowledge or understanding about IPV and they do not know how to address this or support survivors. In addition, a few participants remarked that the majority of people in the community still have not opened their minds to listening about this issue. Therefore, these participants described the usefulness of the myPlan app as not only related to the ability to provide safety plans for survivors, but also to potentially educating others about IPV. As one said,

We try to educate people in community about IPV and they have more understanding and against violence in their community. However, there are some groups of older people who still

think IPV is normal. If we have another platform like the myPlan app, which is downloadable in a smartphone, it will be helpful. People can understand and learn how to help and safety from this app. I believe education is the best way to deal with IPV. (community provider)

Government policy support

About a half of the participants noted that the concepts and characteristics of the myPlan app are well-aligned with the government policy known as "Thailand 4.0," which is related to using technology for improving quality of life of Thai people. Participants noted that because there are no existing interventions regarding IPV in Thailand at this time, the government would likely be interested in and support the myPlan app for Thai people, especially, for abuse survivors.

The government health policies recently supported technologies for health. I went to a conference in Bangkok last week; people talked a lot about the app and the government will support the IT systems to help for building the app too. Therefore, I think if you present the myPlan app to someone who work on this, they would definitely support and help. (social worker)

Existing resources and networks to support the intervention

One Stop Crisis Centers

The majority of participants discussed that the myPlan app would be particularly helpful to raise awareness of Thailand's One Stop Crisis Centers (OSCCs). Participants suggested that the myPlan app could be a resource provided by OSCC, and that OSCC resources and networks could be provided on the myPlan app as well.

It will be a great opportunity to have a platform to collect the resources that OSCC has such as hotlines or clinics or shelters. This resource will not be only good for the victims, but also healthcare providers as well. It will be very helpful. (nurse)

There are a lot of resources at OSCC that we provide, but people do not know about. I think if we include these resources in the app; it will be very helpful. However, we have to make sure that resources are practical. (nurse)

Non-government organizations

Participants noted there are many non-government organizations (NGOs) in Thailand which have varied foci related to IPV, including unwanted pregnancy in adolescents, HIV, family planning and sex education in school. Such NGOs may like to use the potential opportunity of the myPlan app to give their populations another resource to be safe from violence. Participants also discussed about their NGOs networking with those they are working with and that they believed that the NGOs will be interested in and like the myPlan app.

You could not imagine that there are a lot of NGOs in Thailand that are working about violence against women and girls, such as, HIV, STD, unwanted pregnancy, and human rights. I think we can ask them to cooperate with the myPlan. (physician)

Benefits to different groups of people *Healthcare providers*

Participants suggested that the myPlan app could be used not only on individual smart phone, but also may be useful in the healthcare setting, to provide tools for healthy relationships. Some nurse participants also stated that the myPlan app could be used in the clinics for efficient and private screening of women for IPV as well. For example, one nurse remarked:

The myPlan app can be used at an antenatal care clinic as well, if it provides the tools. We have many pregnant women who have stress; we can use this app to ask and screen them about their relationships with husband or educating related to IPV. (nurse)

Young adults and adolescents

Young Thai people were a population that many participants described as likely very open to such an

intervention. For example, some participants suggested that the researchers should try out this app with university students in Thailand because most of them have a smartphone. Additionally, some participants remarked that students in high school use the internet frequently, and could use such an app and they can refer it to their friends if they thought it will be helpful for them.

I think you should visit the [secondary] schools and introduce this app to my friends, they will like it a lot. As I know, my friends have been abused from their boyfriends, and they did not know how to deal with. They used to ask me, but I was not much help at that time. (nursing student)

IPV survivors

The majority of participants stated emphatically that providing a safety plan on the myPlan app would potentially be very helpful for IPV survivors in Thailand. They shared that such survivors are often very isolated, and may feel overwhelmed without proper support as they do not know how to respond to violence in their relationships. Participants described the myPlan app as potentially useful to help survivors create their own safety within their situations:

Thai women have less choices for creating safety. Informing to the police officers is the last choice if they get severe physical injuries and they think they could not be patient with their husbands anymore. But if the myPlan app can help them create their safety, it will help them a lot. (community provider)

Potential challenges

Internet access

Participants from all the focus groups stated that same feeling that one potential challenge for using the myPlan app is internet connectivity, which is required for the app to function. Participants noted that even though the majority of Thai people use smartphones and purchase internet data, speedy

internet and wifi need to be available. If the users can access myPlan without problems and enjoy getting through the contents on the app, it will be helpful to them and create a positive first impression of the intervention and allow them to comfortably invite others to use this app. These concerns were particularly heightened for more rural and poor Thais, who may not have the same access to the technology or the ability or understanding to use it.

Even though we agree that the app would help IPV survivors and have a lot of benefits for many groups of people, the challenge of internet access is considered. A lot of survivors in rural areas may have challenges to access the app because they are poor and do not have a smartphone. (community provider)

Provider readiness

Participants discussed that the myPlan app could be very useful in healthcare settings, however, they also shared some potential challenges for using such interventions in these settings, related to provider preparation and knowledge around IPV. For example, nurse participants described that it will be helpful to bring the myPlan app for using in the clinics, but it is also very important to prepare providers with the knowledge and understanding of the benefits of screening for IPV, the tools on the app, the purpose and uses of a safety plan, and also preparing Thai IPV resources and referral systems in many levels, including clinics, hospitals, and shelters. They noted that even though practicing Thai providers are now receiving training about IPV annually, to prevent unintended negative consequences, such training needs to be revised and refreshed again when integrating new tools and resources such as the myPlan app into clinical settings.

I think it is important to train providers about the tools and safety planning on the app, and making sure they have positive attitude with the myPlan app before using it. If our providers do not be ready to use the myPlan app, it will have negative impacts to the victims as well. (nurse)

Discussion

Overall, the findings were encouraging and supportive of the potential usefulness of such an intervention in a Thai context. Participants were generally positive about the idea of an mHealth intervention for abused Thai women and provided extensive feedback regarding future adaptation and implementation.

Participants described the myPlan app as potentially helpful and suitable to provide private, tailored safety planning for Thai IPV survivors, and for survivors and the larger community to educate themselves on IPV and increase their understanding of this stigmatized, difficult issue. Participants agreed the privacy afforded by such an intervention was congruent with Thai cultural norms that contribute to women being reluctant to disclose IPV to others and prevent them from accessing safety services.¹⁵ A private safety planning app can help to close the gaps of stigma and the lack of informational resources, enable women to create a safety plan, and help them to improve knowledge and resolve their decisional conflict around difficult and complicated IPV safety decisions.³³

Participants frequently noted that the characteristics of such an intervention are aligned with the Thai government's "Thailand 4.0" policy, an economic model based on leveraging technological creativity, innovation, new technology and high-quality services to increase the quality of life for Thai people.³⁴ There are over 94.3 million total mobile devices used in Thailand; of the 67.9 million people in Thailand, 82.4% use the internet, and some two-thirds (44.6 million) access the internet with mobile devices.^{35, 36, 37, 38} Therefore, the myPlan intervention is potentially accessible to the majority of Thai people, and also congruent with Thai governmental priorities. However, as our participants noted, for some populations, internet access remains challenging, especially in rural areas and for persons who do not have access to digital devices. Different

strategies, such as providing access in healthcare settings, might be particularly important in such settings and for such populations, and should be a consideration for future researchers in intervention design to reduce inequities in access for vulnerable Thai survivors.

Thailand's existing strong network of IPV resources makes adapting the myPlan app in Thailand far more feasible and acceptable to our participants. Specifically, Thailand's multidisciplinary, UN award-winning OSCC network (located in hospitals across Thailand), provides comprehensive services for IPV survivors, including women-centered, empowerment-based services and networking with multidisciplinary and NGOs addressing IPV and related issues. The OSCC provides critically important protection, prevention, awareness-building and correction on domestic violence in local communities.³⁹ The services include hotline, violence shelters, and counselling.³⁹ Importantly, the OSCCs can provide the resources to support the myPlan app. This is critically important, given that this intervention is not designed to replace existing services, but rather to provide an interactive and non-judgmental initial assessment, safety options for IPV survivors to consider based on their priorities, resources, and risk, and help them find the resources and support in their own communities that are proven to decrease IPV exposure.

Our study participants described this type of intervention as not only appropriate for individuals to use privately, but potentially also for use it in clinical settings to screen women for IPV and introduce safety planning resources to IPV survivors. Furthermore, the myPlan app could be a tool for creating the conversation between women and providers which is helpful for building the trust relationship. This is similar to findings from another myPlan app study related to adapting the app for Latino women in community healthcare settings.⁴⁰ Those researchers found that healthcare providers felt clinical and community resources were limited for patients experiencing IPV; and that without protocols and standard procedures to support addressing IPV, the "warm hand-off" needed to facilitate IPV

survivors' access to such services could be overlooked.⁴⁰

This is consistent with the findings in our own study, where although the participants in this current study described the myPlan app as potentially very useful in the clinical sites, adequate preparation of providers and guidelines of referring IPV cases are critically important to properly implement the intervention in such settings.

Limitation

Although our findings are promising, there are of course limitations to this exploratory, descriptive study related to the design. For example, our participants were a convenience sample from only one Khon Kaen province, Thailand, limiting our ability to generalize to the perspectives of providers in other geographic areas of Thailand. Similarly, nurses and senior nursing students were overrepresented among the multiprofessionals in this sample. While nurses are well-known to be the front-line providers who have the most contact with abuse survivors, a more diverse sample of providers may have provided more diverse perspectives as well. The relative inexperience of nursing students could also have limited their perspectives, although we did not see tremendous differences in the themes that came out of nursing student focus groups compared to the rest of the participants.

Another potential limitation lies in asking participants to provide feedback on whether abused Thai women might use a type of intervention that does not currently exist for them. We note that while it is true that participants did not have direct experience using the myPlan app, the content and structure of the app was discussed in the focus groups/interviews, and participants were able to review the English version of it (which is publicly and freely available). More importantly, all of our participants have expertise in the Thai context, and most were recruited through our OSCC colleagues and had substantial expertise in working with Thai IPV survivors.

Implications and future research

Overall, the results of this study suggest that our participants, a convenience sample of Thai health and social service providers, generally viewed an mHealth intervention for IPV survivors as potentially usable, feasible, safe, and helpful within the Thai context. Further, these providers generally saw health and social service settings as a specific site where such an intervention could be useful, and this type of intervention as well-aligned with current Thai government policy. This suggests that future researchers should consider working collaboratively with Thai national health services and policymakers to make sure the contents and services are in line with national health strategies, and partnering with healthcare providers to ensure healthcare settings and providers are well-prepared to assist IPV survivors. Our data also suggests future research may also address how such interventions might need to be adapted further for Thai subpopulations such as rural survivors, young adults or adolescents, or persons of low literacy.

To further establish the feasibility of mHealth interventions for Thailand, an important next step is to explore how abused women themselves view smartphone apps, and whether they could use them safely or would find them acceptable, trustworthy, and useful. Therefore, while we are aware that some of our participants were also themselves IPV survivors, an important next step is to explore the feasibility of such an intervention from this target population – to include the specific perspectives of Thai abuse survivors on the acceptability and feasibility of adapting the myPlan app for Thailand. Mixed-methods with longitudinal designs to understand how Thai survivors use such intervention and are impacted by them are also needed.

Finally, our findings suggest specific cultural factors exist in the Thai context (e.g., privacy concerns, community beliefs that IPV is normal). Thus, future work to design mHealth interventions for survivors should include the integration of culturally-appropriate

risk assessment tools and safety plans for Thai survivors, perhaps implementing community-based participatory research or similar approaches to ensure rigorous cultural adaptation processes where all stakeholders are heard and where unintended consequences or harms to IPV survivors can be minimized. Testing and validating app-based interventions for Thai people, including language and cultural sensitivity, will be an important step for future researchers. We recommend that future researchers also carefully attend to sustainability and how they interface with Thailand's OSCC network and other community resources.

Conclusion

App-based safety planning represents an innovative and promising area for IPV research in Thailand, which our sample of health and social service providers who work with women (who are overwhelmingly the victims of IPV) viewed as largely helpful and feasible from both cultural and pragmatic perspectives to consider adapting the myPlan app for Thai people. Numerous potential adaptations for vulnerable subpopulations of Thai survivors may also be possible. This area of future intervention should be of broad interest to Thai health and social service providers, policymakers, and others who are invested in reducing the substantial burden of intimate partner violence and its negative health and social consequences in Thailand. However, mixed-methods research is also needed.

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Author Contributions

TU and TB conceived of the study, participated in its design and coordination and assisted to draft the manuscript. TU PS YK participated in the design and collaborated of the study. TU and TB translated verbatim and analysis and data management. TU oversees study development and coordination and assisted to draft the manuscript. TU PS YK were responsible for participant recruitment and study participating. All authors read and approved the final manuscript.

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มุมมองต่อ myPlan app ของเจ้าหน้าที่ทางด้านสุขภาพสุขภาพและ นักเรียนพยาบาลในประเทศไทย

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บทคัดย่อ: ความรุนแรงในครอบครัว เป็นเรื่องที่พบเห็นในประเทศไทย MyPlan app (www.myplanapp.org) เป็นแอปพลิเคชันที่มีความเป็นส่วนตัวและมีการพัฒนาขึ้นมาจากการทำวิจัยเพื่อช่วยในการวางแผนและตัดสินใจผู้หญิงที่ได้รับความรุนแรงในครอบครัวให้มีความปลอดภัย ดังนั้นวัตถุประสงค์ของการทำวิจัยในครั้งนี้เพื่อที่จะศึกษามุมมองของเจ้าหน้าที่ทางด้านสุขภาพและนักศึกษาพยาบาลในประเทศไทยเกี่ยวกับประโยชน์และความเป็นไปได้ของการนำ myPlan app มาพัฒนาใช้ในประเทศไทย การวิจัยครั้งนี้เป็นการวิจัยเชิงคุณภาพในจังหวัดหนึ่งในภาคตะวันออกเฉียงเหนือของประเทศไทย ใช้การสัมภาษณ์กลุ่มและสัมภาษณ์รายบุคคลในการเก็บข้อมูล ใช้ข้อคำถามกึ่งสัมภาษณ์และใช้ภาษาไทยในการสัมภาษณ์ กลุ่มตัวอย่างคัดเลือกโดยวิธีเจาะจง กลุ่มตัวอย่างประกอบด้วย เจ้าหน้าที่ทางด้านสุขภาพ ผู้ให้บริการและนักศึกษาพยาบาล การสัมภาษณ์ใช้เวลา 90-120 นาที มีการบันทึกเสียงในระหว่างการสัมภาษณ์และถอดเทปบันทึกเสียง มีการวิเคราะห์ข้อมูลจากการสัมภาษณ์อย่างเป็นระบบ

มีผู้เข้าร่วมวิจัยทั้งหมดจำนวน 67 คน สัมภาษณ์กลุ่มจำนวน 7 กลุ่มและสัมภาษณ์รายบุคคลจำนวน 1 คน โดยภาพรวมกลุ่มตัวอย่างได้แสดงให้เห็นว่า myPlan app เป็นแอปพลิเคชันที่สามารถนำมาพัฒนาใช้ในประเทศไทยได้ และมีความเหมาะสมกับวัฒนธรรมไทย มีความสอดคล้องกับนโยบายของรัฐบาลไทย และประเทศไทยมีแหล่งสนับสนุนในเรื่องนี้ อีกทั้งจะเป็นโอกาสที่จะช่วยผู้ที่ได้รับความรุนแรงในครอบครัวในประเทศไทยให้มีความปลอดภัย อย่างไรก็ตาม สัญญาณอินเทอร์เน็ตในเขตชนบทความพร้อมของเจ้าหน้าที่ในการให้บริการและประสิทธิภาพของการส่งต่อ เป็นสิ่งที่ต้องนำมาพิจารณาในการพัฒนา myPlan app ในประเทศไทย กล่าวโดยสรุปผู้ร่วมวิจัยมีความเห็นว่า การนำ myPlan app มาพัฒนาปรับใช้ในประเทศไทยนั้นมีความเป็นไปได้อย่างมาก การวิจัยในครั้งต่อไปควรที่ต้องมีการสอบถามความคิดเห็นของผู้ที่ได้รับความรุนแรงในครอบครัวต่อ myPlan app ด้วยและพิจารณาลักษณะเฉพาะของวัฒนธรรมไทย ปัจจัยเสี่ยงและแผนในการช่วยเหลือผู้ที่ได้รับความรุนแรงในประเทศไทยเพื่อที่จะเป็นข้อมูลในการพัฒนา myPlan app ให้มีความสอดคล้องกับวัฒนธรรมไทยมากขึ้น การวิจัยแบบผสมผสาน (Mixed-method research) ควบคู่ไปกับการวิจัยการศึกษาระยะยาว (Longitudinal research) เป็นสิ่งที่มีความสำคัญและจำเป็นในการวิจัยในครั้งหน้า

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