

CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

This project separated evaluation into 2 phases at the intensive training phase and at the follow up training phase. Data collecting instruments were interview and questionnaire. This project evaluated on the FHLs and the elderly.

3.2 Purpose

The purpose of this project was to focus on output evaluation.

The purpose of the project output evaluation was to;

3.2.1 To defined base line data in the elderly.

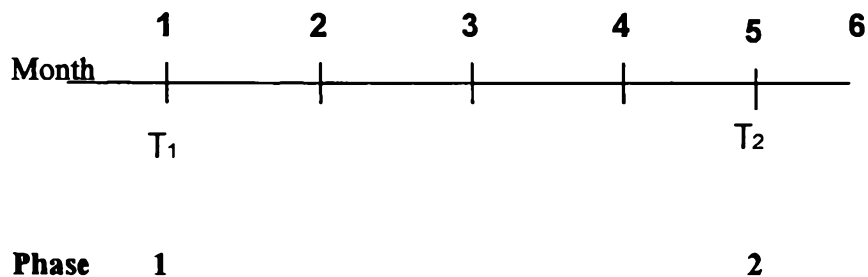
3.2.2 To dissolved problems within the project.

3.2.3 To discover what variable were believed to be the significant elements and behaviors of training program.

3.3 Evaluation Program Design

The evaluation was divided into 2 phases as illustrated in figure 3.1

Figure 3.1 Phase of evaluation



T1 means the 2-day intensive training of the Family Health Leaders.

T2 means the follow up training of the Family Health Leaders.

The project was divided into 2 implementation phases as follow;

Phase 1 evaluate took place at the 2 –days intensive training of FHL which was at the beginning of program. After the program has been implemented for 5 months, a follow-up training of FHL was launched, in which, phase 2 evaluation was an integrate component.

Phase 1 : The 2-days intensive training of the Family Health Leaders (T1)

1.1 Evaluation Question

1. What are the demographic of the Family Health Leaders?
2. Does the 2-days intensive training program lead to improving in the Knowledge after the 2-days intensive training in the Family Health Leaders?
3. Do the Family Health Leaders improve in the Attitude after the 2-days intensive training?

1.2 The Place for 2-days intensive training.

This phase took place at the temple hall in the target village.

1.3 Time for implementation

This phase had trained on 1-2 November 2000 at the target village.

1.4 Result

There were 50 Family Health Leaders in this training program on both 2 days. The 4 trainers also attended both 2 days.

Questionnaire was given to the FHLs' to assess their knowledge and attitude before and after the 2-days intensive training program. Detailed questionnair may be found in Appendix 2 Page 72

The result of pre 2-days intensive training

In this phase data collected from all 50 of the Elderly on 1 November 2000 the main results are follows.

1.4.1 Result from the number 1 evaluation question “What are the demographic of the Family Health Leaders?”

Table 3.1 Demographic characteristic of the Family Health Leaders. (n= 50)

Characteristic	Frequency	Percentage
Gender		
Male	16	32
Female	34	68

Age Groups (Years)	Frequency	%	Frequency	%	Frequency	%
20-39	5	10	15	30	20	40
40-59	10	20	13	26	23	46
> 60	1	2	6	12	7	14
Total	16	32	34	68	50	100

Max = 65 , Min = 17 , Mean = 43.32 , S.D. = 13.03

Education

Primary Level	10	20	30	60	40	80
Secondary Level	6	12	4	8	10	20

Education

Primary Level	10	20	30	60	40	80
Secondary Level	6	12	4	8	10	20

Occupational

Agricultural	14	28	30	60	44	88
Employed	2	4	4	8	6	12

Total Income per month

₺ < 1,000	4	8	5	10	9	18
₺ 1,000-1,500	10	20	22	44	32	64
₺ >1,500	1	2	7	14	8	16

Mean = 1,201.10 S.D. = 534.91 Max = 3,000 Min = 400

Table 3.1 Demographic characteristic of Family Health Leaders. (n = 50)

(Continue)

Characteristic	Male		Female		Total	
	Frequency	%	Frequency	%	Frequency	%
Source of Income						
From their occupational	12	24	26	52	38	76
From another once	4	8	8	16	12	24
Marital Status						
Uncouple	5	10	6	12	11	22
Couple	11	22	28	56	39	78
Members in the Family						
1 - 4	9	18	14	28	23	46
5 - 6	5	10	13	26	18	36
> 6	2	4	7	14	9	18
	Mean = 4.84		S.D. = 1.07		Max = 9 Min = 1	
FHLs' Status in the family						
Leader	7	14	5	10	12	24
Member	9	18	29	58	38	76

Table 3.1 displays frequency, percentage, mean, Standard Deviation, and range of demographic characteristic of the 50 Family Health Leaders.

It shows that the Family Health Leaders consisted of 16 male (32 %) and 34 female (68 %) The mean age of the Family Health Leaders was 43.32 years, ranging from 17 to 65 years with standard deviation of 13.03.

The educational background of the subjects ranged from those who had primary education (80 %) to those who had secondary education (20 %).

The majority of the subjects were agricultural occupational (88 %). More than half of them received 1,000- 1,500 baht per month (64 %), from their work. The number of FHLs' member with 1-4 members in their family was 46 %, 5-6 members 36 %, and 7-9 members 18 %. 12 were Family Leaders and 38 were family members.

1.4.2 Result from the number 2 Evaluation questions “Are the Participatory Learning make the Family Health Leaders improving in the Knowledge after the 2-days intensive training?”

Table 3.2 Comparisons of mean score on the FHL.s' Knowledge pre and post the 2-day intensive training. (n=50)

	Min Score	Max Score	Mean	S.D	P- value
Pre 2-day intensive training	28	54	39.96	4.99	0.610
Post2-day intensive training	41	56	47.42	3.87	

Table 3.2 shows that the minimum score and the maximum score for FHLs' knowledge pre the 2-days intensive training was 28 to 54 respectively and the mean score was 39.96, SD = 4.99. The minimum score and the maximum score of FHLs' knowledge post the 2-days intensive training was 41 to 56 respectively and the mean score was 47.42, SD = 3.87. The mean score of FHLs' knowledge post 2-days intensive training was higher than pre 2-days intensive training without a significant difference ($p = 0.610$). However, the minimum score after training was higher than before training.

Table 3.3 Comparison of the number and percentage of the level of the subjects' knowledge at pre and post the 2-days intensive training. (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	N	%	n	%	n	%
Pre 2-day intensive training	2	4	40	80	8	16
Post 2-day intensive training	25	50	25	50	0	0

Table 3.3 shows that in pre 2-days intensive training there was 2 subjects at the high level of knowledge (40 %), 40 of the subjects were at the moderate level of knowledge (80%) and 8 of the subjects were at the low level of knowledge (16 %). Post 2-days intensive training there were 25 subjects at the higher level of knowledge (50 %) and 25 of the subjects were at the moderate level of knowledge (50 %).

1.4.3 Result from the number 3 Evaluation questions “Are the Family Health Leaders improving in the Attitude after the 2-days intensive training?”

There were 20 questions in the questionnaire that addresses assess FHLs’ attitude. The total scores for this section was 60.

Table 3.4 Comparisons of mean score on the FHL.s’ Attitude pre and post the 2-days intensive training

	Min Score	Max Score	Mean	S.D	P- value
Pre 2-day intensive training	30	49	38.54	4.56	0.027
Post2-day intensive training	40	56	47.40	4.20	

Table 3.4 shows that the minimum score and the maximum score for FHLs’ attitude before the 2-days intensive training was 30 to 49 respectively and the mean score was 38.54, SD = 4.56. The minimum score and the maximum score of FHLs’ attitude post the 2-days intensive training was 40 to 56 respectively and the mean score was 47.40, SD = 4.20. The mean score of FHLs’ attitude post 2-days intensive training was higher than pre 2-days intensive training without a significant difference ($p = 0.027$). However, both the minimum and maximum score were both higher the training program.

Table 3.5 Comparison of the number and percentage of the level of the subjects' attitude at pre and post the 2-days intensive training (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	n	%	n	%	n	%
Pre 2-day intensive training	1	2	35	70	14	28
Post 2-day intensive training	26	52	24	48	0	0

Table 3.5 shows that in pre 2-days intensive training there was 1 subject at the high level of attitude (2 %), 35 of the subjects were at the moderate level of attitude (70%) and 14 of the subjects were at the low level of attitude (28 %). After the 2-days intensive training, there were 26 subjects at the higher level of attitude (52%) and 24 of the subjects were at the moderate level of knowledge (48 %). Although the mean score after the training program did not increase statistically, more FHLs scored higher and more scored in the low level.

There were 20 questions in the questionnaire that address assesses FHLs' practice. The total scores for this section was 60. Since the FHLs have not had the opportunity to practice what they learned from the training program. The assessment was determined only before the training program.

Table 3.6 The mean score on FHLs' practice at pre 2-days intensive training.

	Min Score	Max Score	Mean	S.D
Pre 2-days intensive training.	33	50	39.90	4.05

Table 3.6 shows that the minimum score and the maximum score for FHLs' attitude pre the 2-days intensive training was 33 to 50 respectively and the mean score was 39.90, SD = 40.50

Table 3.7 The number and Percentage level of the subjects' practice at pre 2-days intensive training

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	n	%	N	%	N	%
Pre 2-days intensive training	2	4	41	82	7	14

Table 3.7 shows that in pre 2-days intensive training there were 2 subjects at the high level of attitude (4 %), 41 of the subjects were at the moderate level of practice (82 %) and 7 of the subjects at the low level of practice (14 %) .

Phase 2 Follow-up Training

The follow-up training took place five-months after 2-days intensive training program. Expand to include where was the training and how the training was conducted.

2.1 Evaluation Question

- 1) Did the Family Health Leaders improve in the Knowledge after the follow-up training?
- 2) Did the Family Health Leaders improve in the Attitude after the follow-up training?

2.2 The Place for follow-up training.

This phase had trained on the temple hall at the target village.

2.3 Time for implementation

This phase had trained on 26-27 April 2001 at the target village.

2.4 Result

In this phase data collected from all 50 of the FHLs on 27 April 2000 the main results are follows.

In this phase the 50 Family Health Leaders participated in the training program. After follow-up training, by questionnaire were given to all 50 FHLs. The pre follow-up training data in this phase is the data from the post 2-days intensive training

data, there fore evaluation after follow-up training would indicate an increase in Knowledge and Attitude. The main results of the test are as follows;

Result from the number 1 Evaluation questions “Are the Family Health Leaders improving in the Knowledge after the follow-up training?”

There were 20 questions in the questionnaire that address asses FHLs’ knowledge the total scores for this section was 60.

Table 3.8 Comparisons of mean score on the FHL.s’ Knowledge pre and post the follow-up training.

	Min Score	Max Score	Mean	S.D	P- value
Pre follow-up training	41	56	47.42	3.87	0.322
Post follow-up training	44	60	55.88	3.18	

Table 3.8 shows that the minimum and maximum score for FHLs’ knowledge pre the follow-up training was 41 to 56 respectively and the mean score was 47.42 , SD = 3.87 The minimum and maximum score of FHLs’ knowledge post the follow-up training was 44 to 60 respectively and the mean score was 55.88, SD = 3.18. The mean score of FHLs’ knowledge post follow-up training was higher than pre follow-up training without a significant difference ($p = 0.322$).

Table 3.9 Comparison of the number and percentage of the level of the subjects’ knowledge at pre and post the follow-up training (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	n	%	n	%	n	%
Pre follow-up training	25	50	25	50	0	0
Post follow-up training	49	98	1	2	0	0

Table 3.9 shows that in pre follow-up training there was 25 subjects at the high level of knowledge (50%), 25 of the subjects were at the moderate level of knowledge (50%). Post follow-up training there were 49 subjects at the higher level of knowledge (98 %) and 1 of the subjects were at the moderate level of knowledge (2%). Although the mean scores between the pre and post follow-up training did not differ significantly, most of FHLs' knowledge have increased from the moderate level to the high level

Result from the number 2 Evaluation questions "Are the Family Health Leaders improving in the Attitude after the follow-up training?"(see page 36)

Twenty questions with a total score of 60 were used to assess FHLs' attitude.

Table 3.10 Comparisons of mean score on the FHL.s' Attitude pre and post the follow-up training.

	Min Score	Max Score	Mean	S.D	P- value
Pre follow-up training	40	56	47.40	4.11	0.595
Post follow-up training	40	60	55.94	3.41	

Table 3.10 shows that the minimum and maximum score for FHLs' attitude pre follow-up training was 40 to 56 respectively and the mean score was 47.40, SD = 4.11. The minimum and maximum score of FHLs' attitude for the post the retraining was 40 to 60 respectively and the mean score was 55.94, SD =3.41. The mean score of FHLs' attitude post follow-up training was higher than pre follow-up training without a significant difference ($p = 0.595$.)

Table 3.11 Comparison of the number and percentage of the level of the subjects' attitude at pre and post the follow-up training. (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	n	%	n	%	n	%
Pre follow-up retraining	1	2	35	70	14	28
Post follow-up retraining	49	98	1	2	0	0

Table 3.11 shows that in pre follow-up training there was 1 subjects at the high level of attitude (2 %), 35 of the subjects were at the moderate level of attitude (70 %) and 14 of the subjects were at the low level of attitude (28 %). Post follow-up training there were 49 subjects at the higher level of attitude (98 %) and 1 of the subject were at the moderate level of knowledge (2 %). Although the mean scores between the pre and post follow-up training did not differ significantly, most of FHLs' attitude has increased from the moderate level to the high level

3.4 Summarize of training program evaluation

1. Evaluation Question

1.1 How many participants participated in the program from the start to the end.

1.2 What about support from the organization?

1.3 Was the budget support appropriate?

1.4 Did the FHL increase their knowledge score by the end of training program?

1.5 Did the FHL increase their attitude score by the end of training program?

1.6 Did the FHL increase their practice score by the end of training program?

1.7 Were the FHL characteristics related to their knowledge attitude and their practice?

1.8 How about the FHL's Knowledge and FHL's Attitude correlate with the FHL's Practice at the post intervention program?

2. Evaluation content

2.1 Content: Questionnaire for the Family Health Leaders in

1. Knowledge
2. Attitude
3. Practice

2.2 Program effectiveness: Comparison with FHL's KAP

In this evaluation I want to compare with the FHLs' KAP data pre 2-days intensive training with the post follow-up training, would indicate and increase in FHLs's.

3. Data Analysis

In this phase the program was evaluated. The analysis of the data was based on the package program SPSS Version 7.5. The statistical methods used in the data analysis was based on the descriptive statistics, such as the percentage the average and standard deviation and and analytical statistic as Chi-sqaure.

4. Result

(Result from the evaluation question page 40).

4.1 Result from the evaluation question 1: How many participants still participate in this program from the start to the end of the program?

The participants in the program from start to finish were.

1. The Family Health Leaders.
2. The 4 trainers.
3. The participants in this program are not still on the program from the start to the end of the program was the Elderly. The program started with 53 Elderly by the end reduced this to 47 as 6 moved away.

4.2 Result from the evaluation question 2: What about support from the organization?

The supported from the organization was;

1. The Yasothon Province Public Health Office.

1.1 Provided for the time to study at this project.

1.2 Provided for the 10,000-bath budget to implement in this project.

2. The Kham Khuan Kaeo District Health Office.

2.1 Provided for the time to study at this project.

2.2 Provided the material facilities such as a car, an overhead projector.

3. The Kaennoi Health Center.

3.1 Provided for the 2 health personnel to be the trainers in this project.

3.2 Provided the material facilities such as a camera, pen, pencil, and some paper and collaborate to the place for the training.

3.3 Participated in the project and provided with the target group.

4.3 Result from the evaluation question 3: Was the budget support appropriate?

The proposal from the project was the budget 12,890-bath. When the project was implemented it received 10,000-bath from the organization. This was a shortfall of 2,890-bath this was made up by the teamwork members.

4.4 Result from the evaluation question 4: Did the FHL increase their knowledge score by the end of training program?

There were 20 questions in the questionnaire that address asses FHLs' knowledge the total scores for this section was 60.

Table 3.12 Comparisons of mean score on the FHL.s' Knowledge pre 2-days intensive training and post follow-up training.

	Min Score	Max Score	Mean	S.D	P- value
Pre 2-days intensive training	28	54	39.96	4.99	0.000
Post follow-up training	44	60	55.88	3.18	

Table 3.12 shows that the minimum and maximum score for FHLs' knowledge pre 2-days intensive training was 28 to 54 respectively and the mean score was 39.96, SD = 4.99. The minimum and the maximum score of FHLs' knowledge post follow-up training was 44 to 60 respectively and the mean score was 55.88, SD = 3.18. The mean score of FHLs' knowledge post follow-up training was higher than pre 2-days intensive training with a significant difference ($p = 0.000$).

Table 3.13 Comparison of the number and percentage of the level of the subjects' knowledge at pre 2-days intensive training and post follow-up training (n=50)

	High (48-60)		Moderate (31 -47)		Low (20-30)	
	N	%	N	%	n	%
Pre 2-days intensive training	2	4	40	80	8	16
Post follow-up training	49	98	1	2	0	0

Table 3.13 shows that in pre 2-days intensive training there was 2 subjects at the high level of knowledge (4 %), 40 of the subjects were at the moderate level of knowledge (80 %) and 8 of the subjects were at the low level of knowledge (16 %). Post

follow-up training there were 49 subjects at the higher level of knowledge (98 %) and 1 of the subjects were at the moderate level of knowledge (2 %).

4.5 Result from the evaluation question 5: Did the FHL increase their attitude score by the end of training program?

Comparisons of mean score of the FHLs' Attitude at the evaluation phase.

There were 20 questions in the questionnaire that address asses FHLs' attitude the total scores for this section was 60.

Table 3.14 Comparisons of mean score on the FHL.s' Attitude pre 2-days intensive training and post follow-up training

	Min Score	Max Score	Mean	S.D	P- value
Pre 2-days intensive training	30	49	38.54	4.56	0.000
Post follow-up training	40	60	55.94	3.41	

Table 3.14 shows that the minimum and maximum score for FHLs' attitude pre 2-days intensive training was 30 to 49 respectively and the mean score was 38.54, SD = 4.56. The minimum and the maximum score of FHLs' attitude post follow-up training was 40 to 60 respectively and the mean score was 55.94, SD = 3.41. The mean score of FHLs' attitude post follow-up training was higher than pre 2-days intensive training with a significant difference ($p=0.000$).

Table 3.15 Comparison of the number and percentage of the level of the subjects' attitude at pre 2-days intensive training and post follow-up training (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	N	%	N	%	n	%
Pre 2-days intensive training	1	2	35	70	14	28
Post follow-up training	49	98	1	2	0	0

Table 3.15 shows that in pre 2-days intensive training there was 1 subjects at the high level of attitude (2 %), 35 of the subjects were at the moderate level of attitude (70 %) and 14 of the subjects were at the low level of attitude (28%). Post follow-up training there were 49 subjects at the higher level of attitude (98 %) and 1 of the subjects were at the moderate level of knowledge (2 %).

4.6 Result from the evaluation question 6: Did the FHL increase their practice score by the end of training program?

There were 20 questions in the questionnaire that address asses FHLs' practice the total scores for this section was 60.

Table 3.16 Comparisons of the mean score on HFLs' practice pre 2-days intensive training and post follow-up training intervention.

	Min Score	Max Score	Mean	S.D	P- value
Pre 2-days intensive training	33	50	39.90	4.06	0.090
Post follow-up training	42	55	48.50	2.71	

Table 3.16 shows that the score for FHLs' practice pre-intervention was 33 to 50, mean score was 39.90, SD = 4.06. The score of FHLs' practice post follow-up training was 42 to 55, mean score was 48.50, SD = 2.71. The mean score of FHLs' practice post follow-up training was higher than pre 2-days intensive training without a significant difference ($p=0.090$).

Table 3.17 Comparison of the number and Percentage level of the subjects' practice at Pre 2-days intensive training and post follow-up training. (n=50)

	High (48-60)		Moderate (31 –47)		Low (20-30)	
	N	%	N	%	n	%
Pre 2-days intensive training	2	4	41	82	7	14
Post follow-up training	31	62	19	38	0	0

Table 3.17 shows that in pre-interventions there was 2 subjects at the high level of attitude (4 %), 41 of the subjects were at the moderate level of practice (82 %). And 7 of the subjects were at the low level of practice (14 %). Post-interventions there were 31 subjects at the higher level of practice (62 %) and 19 of the subjects were at the moderate level of practice (38 %). None of the subjects scored in the low level after the follow-up training. In addition, more FHLs gained higher scores after the follow-up training.

4.7 Result from the evaluation question 7: What about the independent variables of the Family Health Leaders how do they correlate with the KAP post training?

Table 3.18 The Chi-Square Test of the main FHL's independent variables and the level of the Family Health Leaders Knowledge, Attitude and Practice.

Independent Variables	P. Value		
	Knowledge	Attitude	Practice
- Gender	.000	.000	.090
- Age	.000	.000	.090
- Education	.000	.000	.090

Table 3.18 shows the analysis of the FHL's independent variables and the level of the FHL's KAP using the Chi-Square Test frequency analysis. The analysis of Knowledge and Attitude found that the independent variables significant were Gender, Age and Education. (P=. 000). There were no independent variables significant with the FHLs' practice.

4.8 Result from the evaluation question 8 : How about the FHL's Knowledge and FHL's Attitude correlate with the FHL' Practice at the post intervention program?

Table 3.19 The Chi-Square Test of the FHL's Knowledge and FHL's Attitude to their Practice pre 2-days intensive training and post follow-up training.

Variables	FHL's Practice	
	Pre-intervention	Post-intervention
	P -value	P -value
1. FHL's Knowledge.	.000	.090
2. FHL's Attitude	.000	.090

From the Chi-Square Test frequency analysis of the FHL's Knowledge and FHL's Attitude to their Practice shows that;

Pre-interventions

Analysis of the FHL's Knowledge and FHL's Practice using the Chi-Square Test frequency analysis found that the Knowledge of the Family Health Leaders and The Attitude of the Family Health Leaders were correlation with their Practice.(P = 0.000)

Post-interventions

Analysis of the FHL's Knowledge and FHL's Practice using the Chi-Square Test frequency analysis found that the Knowledge of the Family Health Leaders and The Attitude of the Family Health Leaders were not correlation with their Practice.(P = 0.000)

4.9 Changes in the FHLs' KAP

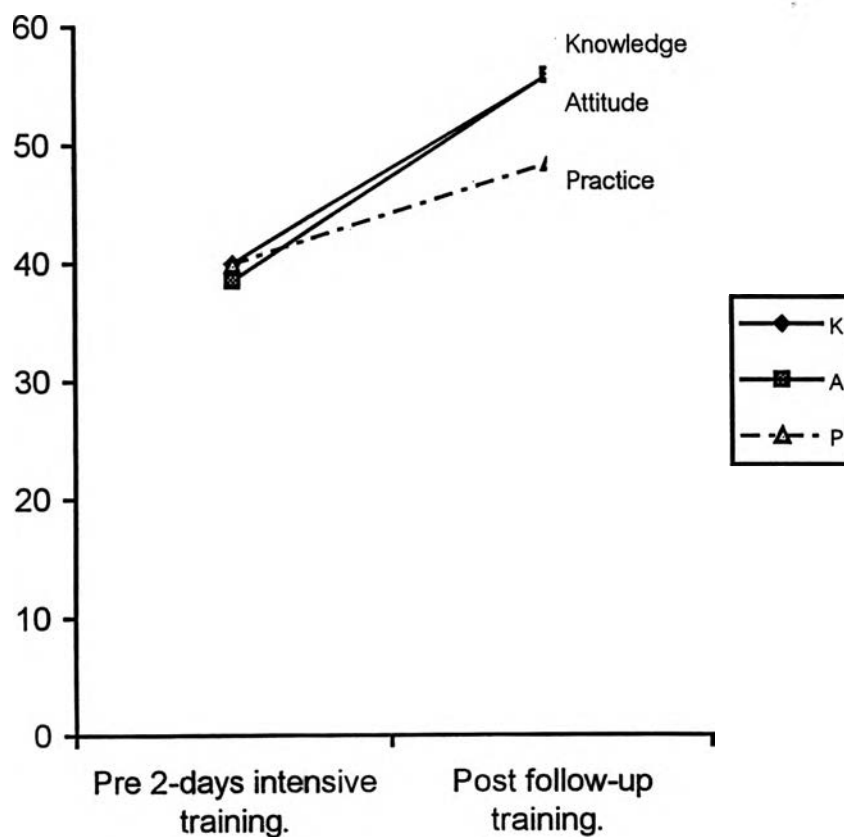
Table 3.20 Illustrate the increase in Knowledge Attitude and Practice from the begin of the program when the FHLs have not received any training to the time when the FHLs received follow-up training.

	Pre 2-days		Post follow-up		Gain		P-value*
	intensive training		training				
	Mean	SD.	Mean	SD.	Mean	SD.	
Knowledge (Total Score = 60)	39.96	4.99	55.88	3.18	15.92	6.07	0.000
Attitude (Total Score = 60)	38.54	4.56	55.94	3.41	17.40	5.75	0.000
Practice (Total Score = 60)	39.90	4.05	48.50	2.71	8.60	3.67	0.090

* Comparison the gain in Knowledge, Attitude and Practice between pre 2-days intensive training with the post follow-up training.

The result showed that pre 2-days intensive training the mean score of the FHLs' Knowledge was 39.96(SD=4.99) and increased to 55.88 (SD=3.18) at the post follow-up training. The FHLs' Knowledge improved their average overall knowledge scores (6.07 point increased, see figure 3.2), which was statistically significant ($P=0.000$). The mean score of the FHLs' Attitude was 38.54(SD=4.56) and increased to 55.94 (SD=3.41) at the post follow-up training. The FHLs' Attitude improved their average overall attitude scores , which was statistically significant (5.75 point increased, see figure 3.2) ($P=0.000$). The mean score of FHLs' Practice was 39.90(SD=4.05) and increased to 48.50 (SD=2.71) at the post follow-up training. The gain mean score of the FHLs' Practice improved their average overall practice scores (3.67 point increased, see figure 3.1).The FHLs' Practice was increase whitout a significant statistical difference ($P=0.090$).

Figure 3.2 Comparison of mean FHLs' knowledge attitude and practice score at the pre 2–days intensive training with the post follow-up training.



3.5 Impact of the project

This project was evaluated in the Elderly's quality of life, between baseline data of the elderly with the end of the training program.

Data was collected after training to established information on the quality of life. The survey was done using survey-collecting between 1-15 May 2001 on 47 the elderly people at the target village by 2 health personnel from Kaennoi Health Center.

Table 3.21 Comparison of the number and percentage of the Elderly that pass quality of life indicators by the end of the project.

Quality of Life Indicators for the Elderly		Number of pass the indicator *			
		Base line Data in the elderly N=53		Post Training Program n=47 , Missing=6	
		Number	%	Number	%
1.	Body Mass Index (BMI.)	31	58.5	27	57.5
2.	Individuals routine activities.	53	100	47	100
3.	Received treatment when they got sick.	53	100	47	100
4.	They can access the health sector when they sick.	53	100	47	100
5.	They have health examination every year.	30	56.6	39	83
6.	They usually exercise.	30	56.6	43	91.5
7.	There is a rehabilitation center in the community.	0	0.00	0	0.00
8.	The Elderly Health Problems				
	8.1 No problems with hypertension	25	47.2	47	100
	8.2 No problems with Diabetes mellitus	22	41.5	47	100
	8.3 No problems with Rheumatoid and arthritic.	52	98.1	46	97.9
	8.4 No problems in Asthma	53	100	47	100
	8.5 No problems with Semi-Paralysis.	53	100	47	100

*The criteria for pass the indicators of the elderly's quality of life see page 87

Table 3.21 Comparison of the number and percentage of the Elderly that pass quality of life indicators by the end of the project. (Continue)

Quality of Life Indicators for the Elderly		Number of The elderly who pass the indicator			
		Base line Data in the elderly N=53		Post Training Program n=47 , Missing=6	
		Number	%	Number	%
9.	Urinary : evacuation problems				
	9.1 Don't have problem with Urinary.	28	52.8	40	85.11
	9.2 Don't have problem with Evacuating.	37	69.8	45	95.7
10.	Don't have a problem sleeping.	18	34.0	27	57.5
11.	Don't have a problem walking.	46	86.8	46	97.9
12.	Don't have a problem with their eyesight.	33	62.3	33	70.2
13.	Have more than 20 good teeth.	41	77.4	37	78.7
14.	Don't have a problem with their hearing.	50	94.3	44	93.6
15.	They get suitable food.	8	15.1	10	21.28
16.	They received adequate drinking water and adequate domestic water supply.	53	100	47	100
17.	Good mental health.	44	83.0	46	97.9
18.	There is a suitable room for the elderly in the house they live in.	39	73.6	47	100
19.	There is the suitable toilet and suitable bathroom.	53	100	47	100
20.	There are no nuisances.	53	100	47	100
21.	Received the accepted by others.	51	96.2	47	100

Table 3.21 Comparison of the number and percentage of the Elderly that pass quality of life indicators pre and post intervention.(Continue)

Quality of Life Indicators for the Elderly		Number of The elderly who pass the indicator			
		Base line Data in the elderly N=53		Post Training Program n=47 , Missing=6	
		Number	%	Number	%
22.	There are activities with other people in the community or at least that they must be a member of a social group.	31	58.5	47	100
23.	There is a person to consult when they have any problems.	53	100	47	100
24.	They live in a genial or friendly family.	53	100	47	100
25.	They have adequate income every month.	23	43.4	23	48.9
26.	They are not addicting to alcohol.	51	96.2	45	95.7
27.	They are not addicting to tobacco.	48	90.6	42	89.4
28.	They usually enjoy religious activity in the community.	41	77.4	46	97.9
29.	They receive (and benefit from) information about improving their lives.	53	100	47	100
30.	They have the health welfare card so they don't pay when they are sick or they receive free attention because a relative works for the government sector.	52	98.1	46	97.9
31.	They live safety in the community and their assets are safe.	53	100	47	100
32.	There is social welfare for the elderly.	53	100	47	100

Table 3.21 shows that pre interventions program there were the 53 elderly survey. The elderly's quality of life that have the problems were there were the 22 the elderly have the Body Mass Index (BMI) do not in the standard level, 20 were have not examination every year, 23 were have not usually exercise. The Quality of life of the elderly health problems, there were 28 the elderly don't know they have the problems with hypertension or not, 28 don't know they have the problems with diabetes mellitus or not. There were 25 the elderly were have the problems with the urinary, 16 were have the problems with the evacuation. There were 35 the elderly who have problems sleeping, 7 were having problems with walking, and 20 were have a problem with their eyesight and 12 were having problem with their teeth. There were 30 the elderly no have adequate income every month. The health behavior, there were 5 the elderly smoking tobacco.

Post interventions program there were the 47 elderly survey because 6 had gone away from the village to the other place.