

CHAPTER V

PRESENTATION

The contents in this chapter are the brief explanation transparencies used during my oral presentation. The presentation was divided into 4 parts:

1. Background and rationale; this part explained the reasons why I needed to sustain required behaviors to decrease the acute diarrhea morbidity rate.
 - ◆ Acute diarrhea as an important health problem of Chon Buri
 - ◆ Why does acute diarrhea morbidity rate can not be reduced to not less than the national target ?
2. Overview of the essay to explain:
 - ◆ Findings from the research review
 - ◆ Richmond and Kotelchuck's health policy model
 - ◆ Framework for considering a health problem and the appropriate research type
 - ◆ Definition of Participatory Action Research (PAR)
 - ◆ Communication model
 - ◆ The structure of memory
 - ◆ Why were the adolescents chosen as a health messages transferring media in other countries by word-of-mouth encouraging their parents/caretakers to incorporate healthy behaviors into family's

lifestyle and how was the 1998 Provincial Diarrhea Education Program performed?

3. Data exercise findings; this part presented:
 - ◆ Whether did the target adolescents, in the 1998 Provincial Diarrhea Education Program, work well among Thai people?
 - ◆ Whether was the participatory approach only at provincial level, in the data exercise, sufficient for support people to sustain the required health behavior?
4. The proposal; this final part presented:
 - ◆ General objective
 - ◆ Specific objectives
 - ◆ Research questions
 - ◆ The conceptual framework of the proposed study
 - ◆ Relevant communities
 - ◆ Research methodology and the changes in the proposal, received by lesson learned from the data exercise; e.g. target group, PAR at all level of relevant communities and appropriate percentage of required behavior items comparing with theoretical items
 - ◆ The seven guidelines involved in the study
 - ◆ Triangular limitations of the study; from researchers, relevant communities and people in target group

PART 1

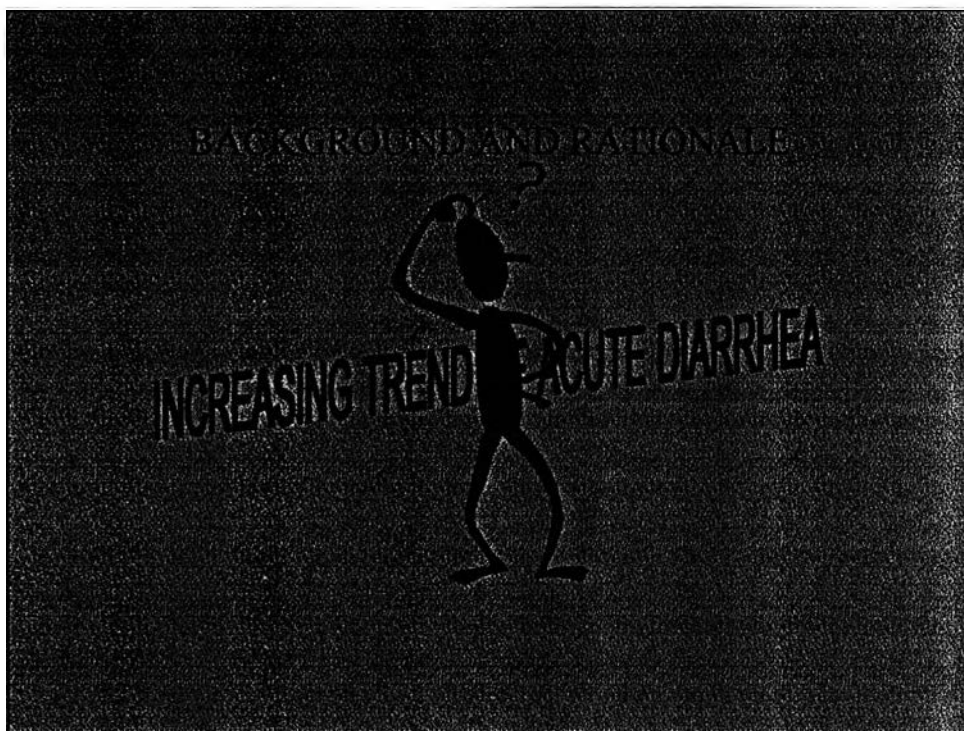
BACKGROUND AND RATIONALE

**Participatory Action Research(PAR):
An Intervention in Diarrhea Education Program
to Sustain Required Behaviors for Acute
Diarrhea Prevention and Self-care
among U-Tapao Villagers
Muang District**



ACUTE DIARRHEA HAS BEEN THE
FIRST-RANKED HEALTH PROBLEM OF
CHONBURI PROVINCE FOR MANY YEARS





PART 2

OVERVIEW OF THE ESSAY

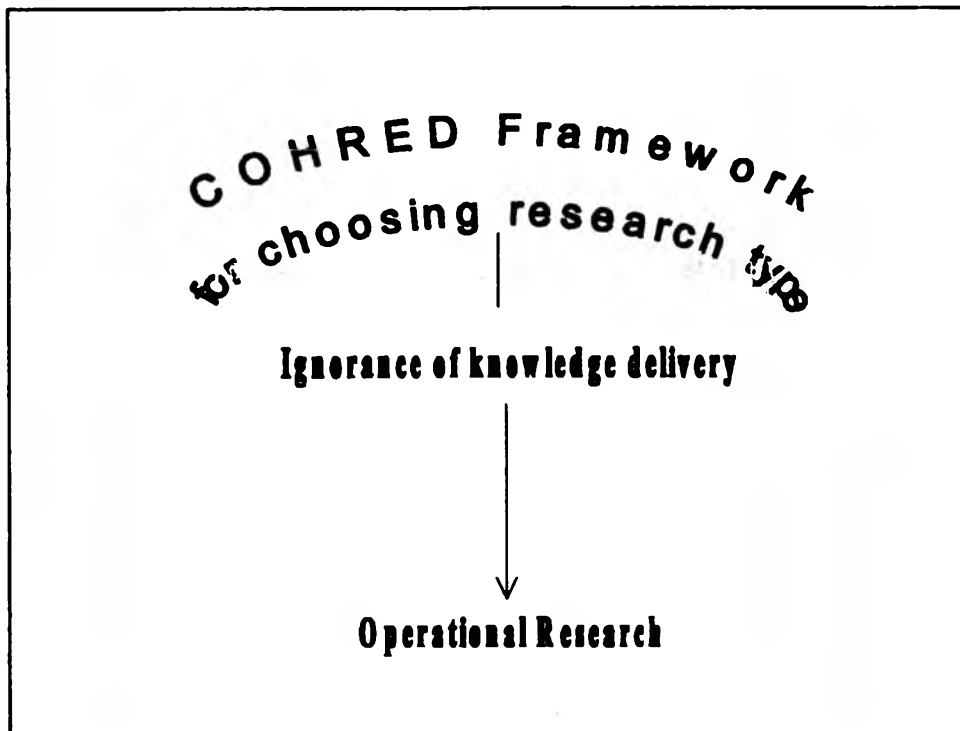
FROM NAJOMIHEIN STUDY

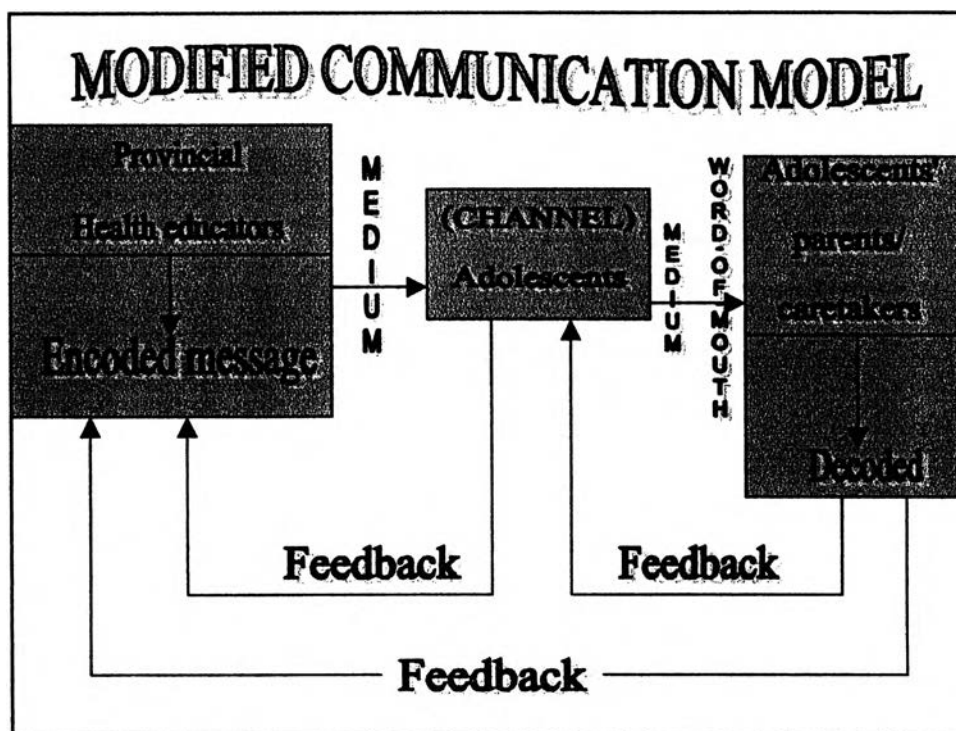
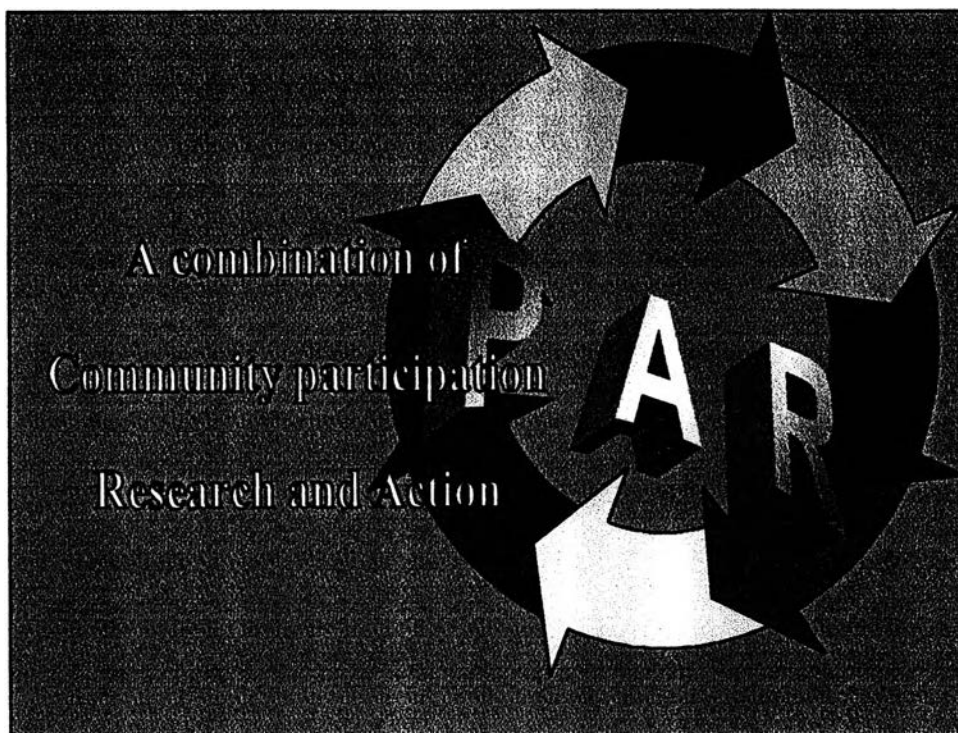
- ▶ NEARLY HALF (12 IN 30) DID NOT KNOW DIARRHEA IS A COMMUNICABLE DISEASE
- ▶ NEARLY ALL (25 IN 30) USE MEDICAL INTERVENTION BUT ORS USE RATE WAS LESS THAN 50%

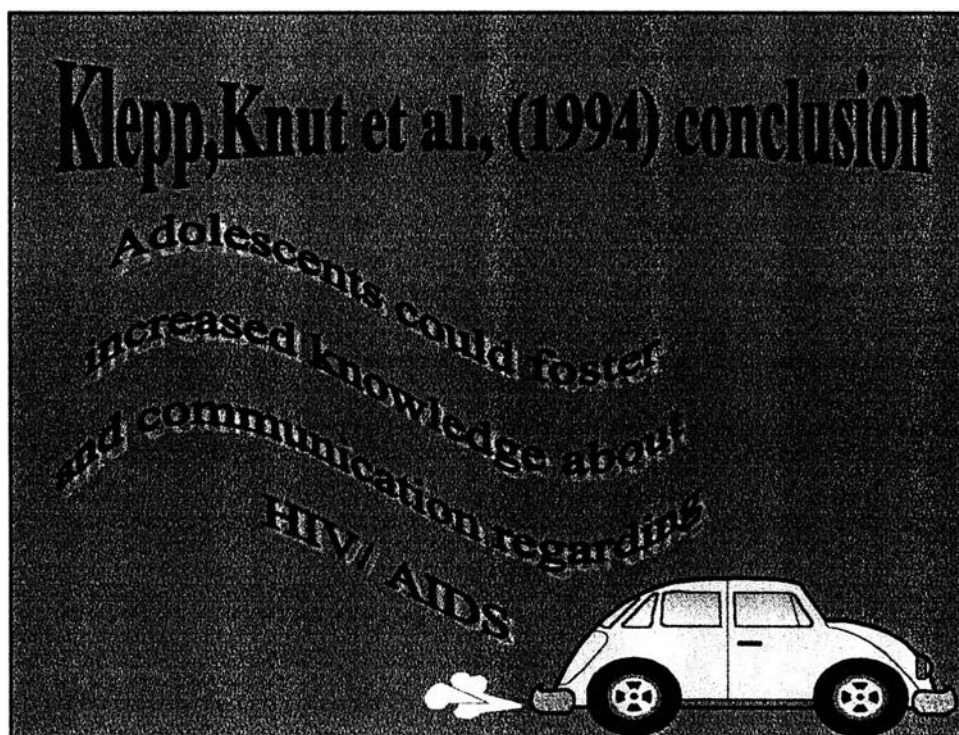
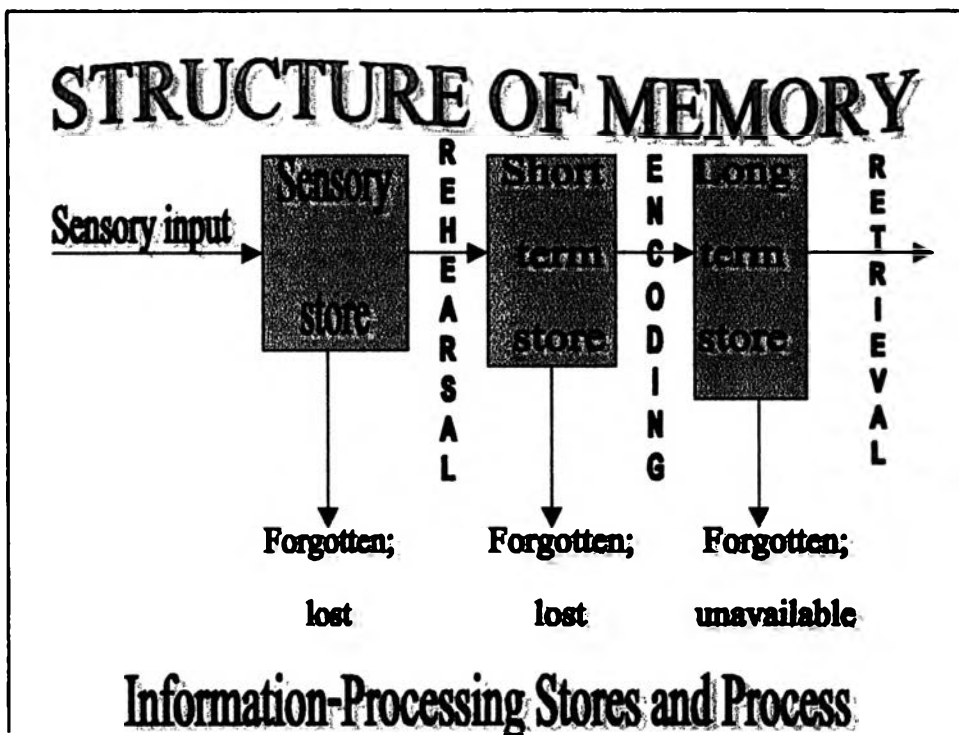


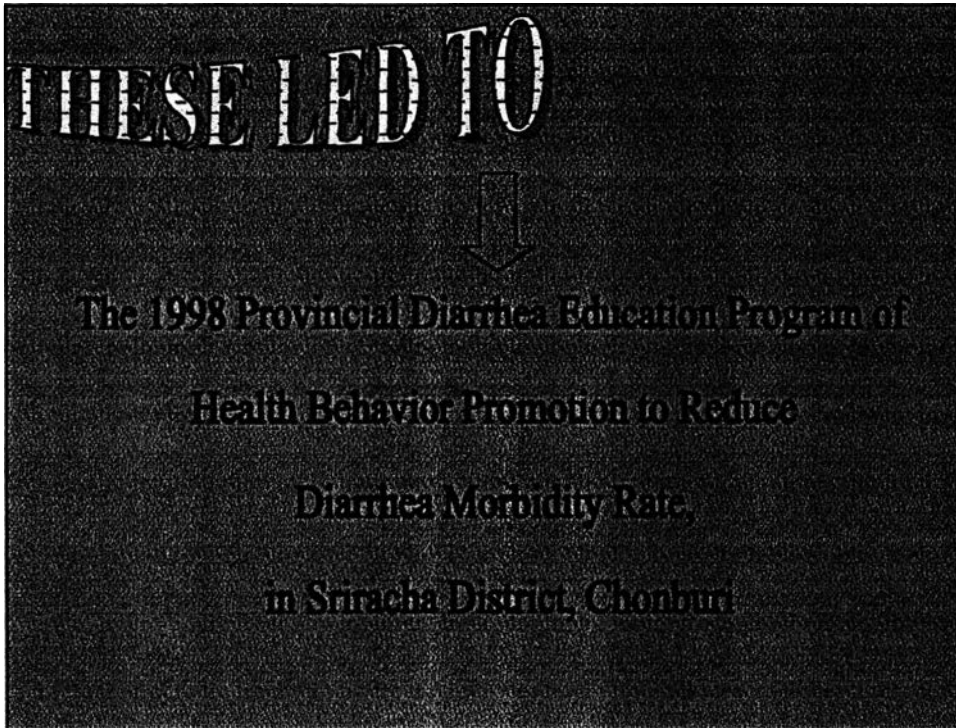
3 LEGS OF HEALTH POLICY MODEL

COMMUNITARIZATION
 POLICY
 SOCIALIZED MEDICINE









PART 3


DATA EXERCISE FINDINGS

DATA EXERCISE WAS PERFORMED

To answer


- Whether the adolescents can work well or not
- Whether PAR only at provincial community level
- Is sufficient or not
- to support sustainability of

Incorporating the healthy behavior into people's lifestyle

A silhouette of a person standing with one hand on their hip and the other raised to their head, suggesting a state of deep thought or confusion.

LESSONS FROM DATA EXERCISE

From informal interview of
parents/ caretakers
42.7% did not receive
the message

A black and white octagonal stop sign with the word "STOP" in bold, white capital letters on a black background, mounted on a black post.

From focus group discussion of
trained adolescents
60% did not transfer
the message to their parents/caretaker

PART 4

THE PROPOSAL

**Participatory Action Research(PAR):
An Intervention in Diarrhea Education Program
to Sustain Required Behaviors for Acute
Diarrhea Prevention and Self-care
among U-Tapao Villagers
Muang District**



GENERAL OBJECTIVE

**To examine the effectiveness of PAR in
sustaining required behaviors among
family health leaders at U-Tapao Village,
and thus reduce the incidence rate of
acute diarrhea in under-5-year age gr.**

SPECIFIC OBJECTIVES



- To describe changing process on acute diarrhea prevention and self-care behaviors in target community
- To empower all the family health leaders behaving on at least 70% of required acute diarrhea prevention behavior (14 in 20 items)
- To empower all the family health leaders behaving on not less than 75% of required acute diarrhea self-care behavior (6 in 8 items)

- To detect the constraints on practicing the target behaviors
- To encourage the target family health leaders incorporating healthy behavior into their lifestyle.
- Finally, to reduce at least 50% of the acute diarrhea incidence rate in under-5-year children in the village

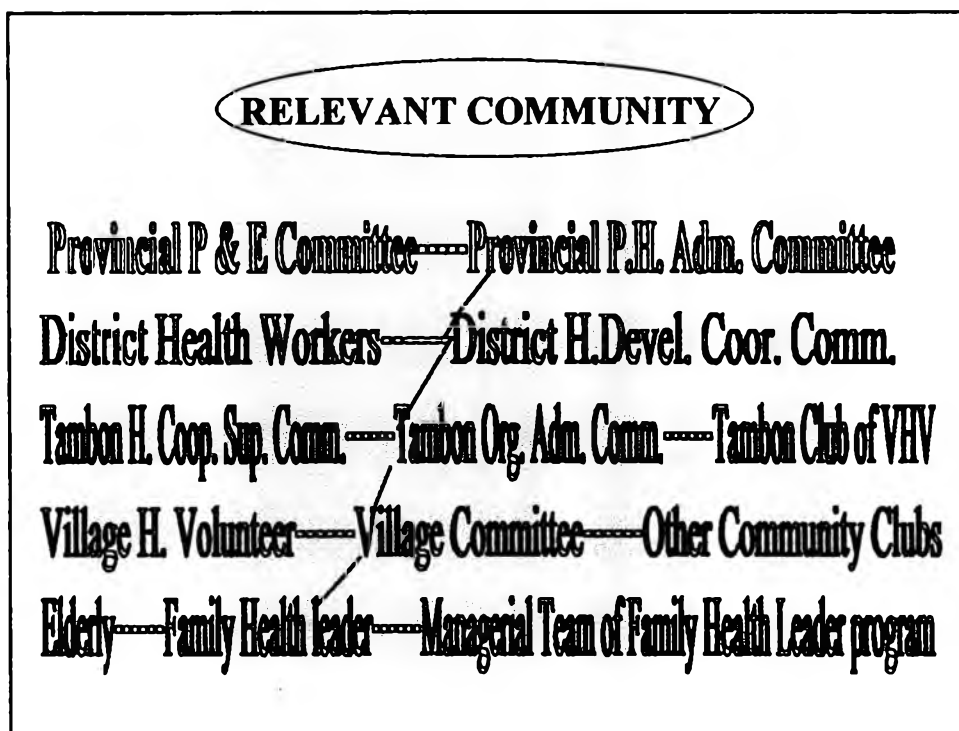
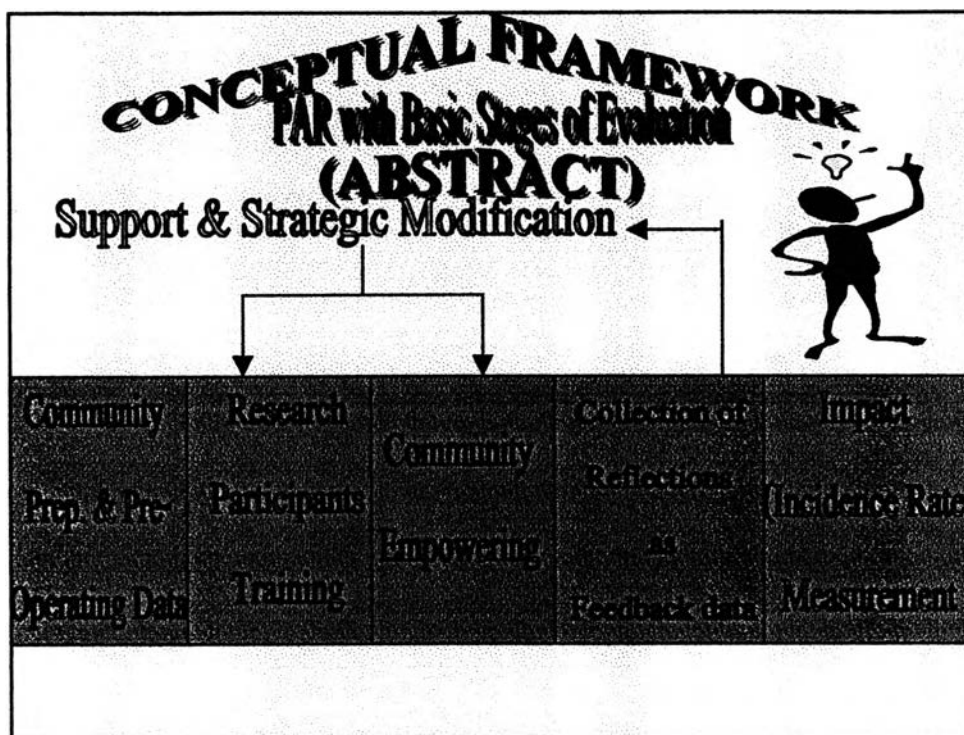
FAMILY HEALTH LEADER

- Is anyone (one or more) selected by the household members to be trained to know how to work with other family health leaders and a village health volunteer in a community's activity. Family health leader also takes the role as a family health information communicator and acts as a model person having appropriate healthy behaviors for it's family



RESEARCH QUESTIONS

- 1 How much the family health leaders develop themselves?; after 6 months of PAR activities, in the followings below:
 - Perception of body dehydration warning sign of acute diarrhea
 - Perception of transmission cycle of acute diarrhea
 - Perception of benefits of ORS solution usage
 - Acute diarrhea prevention behavior
 - Acute diarrhea self-care behavior
- 2 How much the acute diarrhea incidence rate of under-5 be reduced



RESEARCH METHODOLOGY



**Six months prospective study with PAR
and Calder stages of evaluation**



**One purposive village of 893 population
283 family health leaders and 10 VHVs**



**Using quantitative and qualitative
techniques for data collection
and impact evaluation**



**Descriptive and hypothesis testing
statistics will be used for data analysis
and the change testing.**

7 GUIDELINES INVOLVED

For

1. Empowering

2. Getting Gen. Information

**3. Getting perception of acute
diarrhea transmission cycle**



4. Getting perception about ORS

5. Following up the behavior change

6. Getting the alternative behaviors

**7. Measuring acute diarrhea incidence
rate in under-5-year old age group**

LIMITATIONS OF THE STUDY

Success of the study depends on:

-Researchers skills

-Relevant communities

Support participation or not

-People

have public service mind and value