

## **CHAPTER V**

### **DISCUSSIONS**

The research was aimed to study the effectiveness of applying the participation of family health volunteers to the change of behavior in control of *Aedes aegypti* larvae, in Thumbon Pho Sadet, Amphur Muang, Nakorn Si Thammarat Province. The experimental group were 208 samples, 109 in the experimental group and the remainder 99 were the comparison group. The result of analyze, family health volunteers change their behavior in control of *Aedes aegypti* larvae, knowledge about DHF, perceived susceptibility of DHF, perceived severity on DHF, perceived cost - benefits in control *Aedes aegypti* larvae, and decrease the index of *Aedes aegypti* larvae. The outcome can be explained as the following hypothesis.

**Hypothesis 1:** The application of participation to the family health volunteers in order to change their behavior in control of *Aedes aegypti* larvae, this cause behavior change to family health volunteers in more correct way with the topics saying below.

#### **1.1 Knowledge about DHF and the control of *Aedes aegypti* larvae.**

After the experimentation, the experimental group get more knowledge of DHF, and the control of *Aedes aegypti* larvae than they were before, and more than the

comparison group in significant statistic. This is in harmonious to the hypothesis 1.1, for which gaining of knowledge was from the first activity held by the researcher for every one participation and share knowledge and experience in the assigned topics, together with the lecture and set of picture sheets media for teaching. The handbook for DHF were given to community volunteers, for they can revise the knowledge at home, the family health volunteers increase their knowledge by this time also. This result was harmonious to the study of (Tatsanee Plugcheewa, 1992: 85-91) by group discussion and given of self practicing hand books to revise at home in the study of pregnant women who are the virus B carriers, the result found after the experiment, the experimental group get more knowledge about the disease and better in health behavior than the comparison group, and so does the experiment of (Orathai ChonMasook, 1995: 56-82) A group discussion with the flip charts and leaflets found the experimental group get more knowledge in cervical cancer than before the experimentation in significant statistic.

**1.2, 1.3 and 1.4 Perceived susceptibility of DHF, perceived severity of DHF and perceived cost - benefits in control of Aedes aegypti larvae.**

It was found that after the experimentation that, more change occurred to the experimental group in perceived susceptibility to DHF, perceived severity to DHF, perceived cost – benefits in control of Aedes aegypti larvae namely, they get better knowledge than previously, and better than the comparison group in significant statistic. These agree to the 1.2, 1.3 and 1.4 hypothesis. The favorable result can be

explained by the first and second activity of health education program for which the family health volunteers share their ideas and experiences, present their population illness of DHF, including the demonstration and practice to survey *Aedes aegypti* larvae the result also harmonious to the study of Sumrong Kunvoot, (1997: 91), Pramoj Sair Ung,(1992: 85) found that students increased their perception in significant statistic to perceived susceptibility, perceived severity of DHF and perceived benefits to follow the instruction. This also harmonious to the study of Thearraviboon, S. (1999: 92) found that housewives increase their perceived severity and susceptibility of DHF in significant statistic.

**1.5 After intervention, the family health volunteers that participated in the program has better behavior in controlling *Aedes aegypti* larvae than before intervention.**

The study showed that after the program, the village that participated in the program has been better their behavior in regard to DHF prevention than before the program. This could explained that the positive behavioral change in controlling *Aedes aegypti* larvae of the experimental village was resulted from activities and planing during implementation such as: survey, destroying breeding sites of *Aedes aegypti* larvae every week, adding abate sand in the big container which had not a cover, in addition to the family health volunteers lacked planning thus, they should be positive change so e.g. immediately closed a cover after had used, scrubbing the container, keeping, burn, bury discards container. The family health volunteers once in may already practice several good behaviors awhile. So they would once in while practice

when was stimulated by the program, they would be enthusiastic to participated in the program and cooperated in activities done by the author.

**Hypothesis 2:** After the health activity in apply of the family health volunteers to participation with, for the goal of change behavior in control of *Aedes aegypti* larvae the result is to decrease of *Aedes aegypti* larvae index.

After the experimentation found more decrease of *Aedes aegypti* larvae index than it was before the experimentation, and lower than the comparison group with in significant statistic, that support the hypothesis 2, because of the three times activities, the family health volunteers get the well trained of behavior in control of *Aedes aegypti* larvae that effect to the decrease of *Aedes aegypti* larvae index, this result harmonious to the study of Sumrong Kunvoot, (1997: 89) found that student decrease in behavior of DHF prevention, and the ratio of container that found *Aedes aegypti* larvae(C.I.) and Breteau Index (B.I.)decrease in significant statistic also harmonious to Pramoj Sair Ung, (1992 : 89) found that students decrease in the conduct to prevent DHF and the ratio of containers that found *Aedes aegypti* larvae Container index (C.I.)decrease in significant statistic, during the procedure of this project there are none of DHF case. All of the positive changes occurred should be due to the health education activities organized.