Acute infantile diarrhea is a major public health problem in developing countries. In Thailand and Thungsong District, Nakhon Si Thammarat Province, this trend increases every year. The infectious agents that cause diarrhea are usually spread by the fecal-oral route, which includes the ingestion of contaminated water or food, and direct contact with infected faces.

This research’s objective is to study the prevalence rate of acute infantile diarrhea and the related factors in the municipal communities in Thungsong District, Nakhon Si Thammarat Province. PRECEDE Framework was used as conceptual framework of this study.

Cross-sectional study was designed to search for factors related to acute infantile diarrhea. The samples were all children under one year of age and 245 caregivers in the municipal communities, data were collected by interview carried out from 1-31 July, 2003. Descriptive statistics and Chi-Square test were used to test the association.

The result of this study showed that the prevalence rate of acute infantile diarrhea in the municipal communities in Thungsong District, Nakhon Si Thammarat Province, was 23.7%. The factors statistically related to acute infantile diarrhea was children’s age, education levels of caregivers, level of preventive practices and garbage disposal. (p < 0.05)

It is recommended that, health education activity should be organized for mothers by using group process, demonstration, role-playing, and local media. The community leader should be the focal person for community activity and public health personnel should be motivated to educate, to facilitate, to provide consultation to the care-givers, to develop their knowledge, positive attitudes, and proper hygienic behaviors, especially among care-givers with high risk of acute diarrhea. For children age 7-12 months, care-givers should take good care of the their children, always keep children under close watch and the floor where the children play should be clean. Proper management community and household garbage disposal, sewage disposal and houseflies eradication should be continuously carried out in cooperation with the community leader. In the hospital, the discharge plan should be set for the diarrhea patients and refer them to primary care unit for follow up and home-visit, and diarrhea surveillance activities.