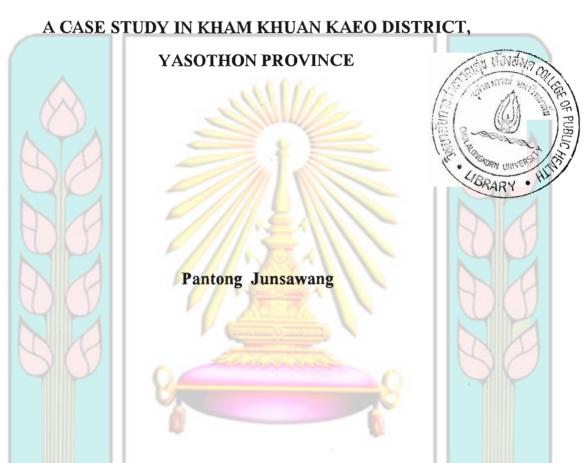
## FAMILY HEALTH LEADER TRAINING FOR PROMOTING SELF HEALTH CARE OF THE ELDERLY:



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for the Degree of Master of Public Health Health System Development Programme

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## **ABSTRACT**

The aim of this project was to develop and implement a health promotion program for the elderly focussing on the Family Health Leaders (FHLs). 1) To train the FHLs so they are able to know about the promotion of self health care for the elderly using a Participatory Learning strategy (PL.). 2) To encourage the FHLs to have a more positive attitude toward the elderly and for the FHLs, to advise the elderly about promoting of self-health care for the elderly. 3) To compare the Family Health Leader's basic conditioning factors with Knowledge, Attitude, Practice (KAP) pre-intervention and post-intervention. This project was implemented at Ban Dondauykai, Moo 4, Tambon Kaennoi, Kham Khuan Kaeo District, Yasothon Province, Thailand. There were the fifty FHLs trained by 4 health personnal and a Dentist from November 2000 to May 2001. There were 2 phases of implementation, 1) The 2-days intensive training phase and 2) The follow-up training phase. The analysis of the data was based on the package program SPSS Version 7.5. The statistical methods used in the data analysis were based on the descriptive statistics, such as the percentage, the average, standard deviation and analytic statistics such as the CHI-SOUARE.

The result revealed that most of the FHLs were female 68 percent. Their aged range from 17-65. Most were in the age group 20-45 years of 54 percent and the mean age was 43.32. 80 percent of the FHLs had the primary education for only 20 percent had secondary education. Eighty-eight percent of the FHLs were agricultural occupational. Sixty-four percent received an income between 1,000- 1,500 baht per month. Forty-sixth percent of the FHLs have 1-4 members in their family. Thirty-sixth percent have 5-6 members. Twelve were Family Leaders and 38 were family members.

The FHLs enjoyed the process of PL because they participated in the group with their trainers. Some had the opportunity to talk to the group some had the opportunity to write their experiences. Everybody at various times was able to present to the class. They learned from their experience and from the experience to the group.

The mean score of the FHLs' Knowledge (K) post intervention was 55.88 higher than 39.96 by pre-intervention with a statistical significant difference (p =0.000) and 98 percent of them at the higher level of knowledge post intervention. The mean score of the FHLs' Attitude (A) post-intervention was 55.94 higher than pre-intervention (38.54) with a statistical significant difference (p =0.000) and 98 percent of them at the higher level of attitude post intervention. The mean score of the FHLs' Practice (P) post-intervention was 48.50 higher than pre-intervention (39.90) without a statistical significant difference (p =0.090) and 62 percent of them at the higher level of practice post intervention. The CHI-SQUARE test main the FHL's independent variables and the level of the FHL's Knowledge Attitude and Practice (KAP) found that, the gender age and education variable were statistical significant with the FHLs' Knowledge and the FHIs' Attitude (P=0.000). There were no independent variables with statistical significance with the level in the FHL's practice at 0.05.

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