

APPENDIXS

APPENDIX : A**Guideline for Empowering of Health****Problem Solving Participation**

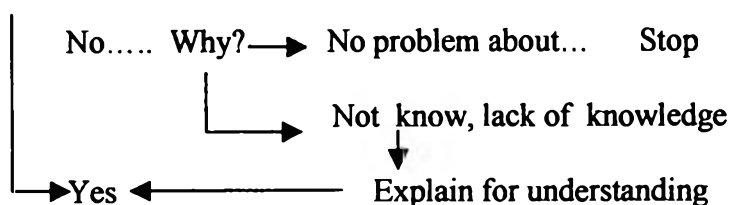
This appendix explains Sawetaseranee's ten steps ladder for empowering people participation in rural health development compared with PAR process (Look, Think, Act and Reflect).

Guideline for focus group discussion (FGD) to empower Health Problem

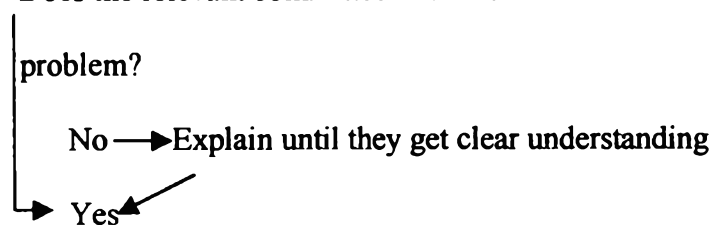
Solving Participation

LOOK

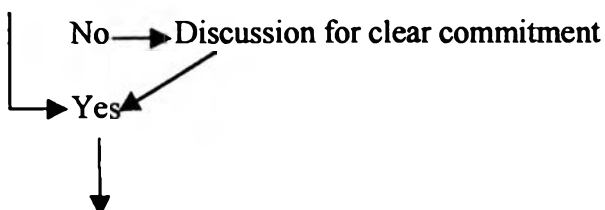
1. Is there a problem about..... in the village?



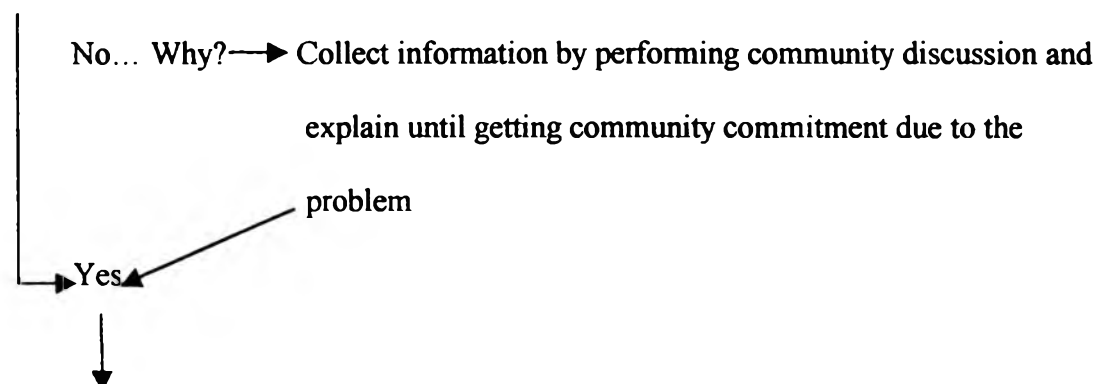
2. Does the relevant committee in the relevant community know the causes of the problem?



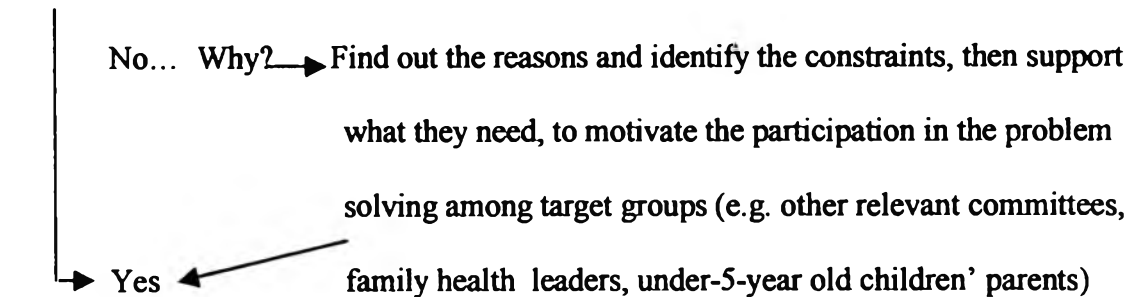
3. Do they really think this is the problem?



4. Is the community concerned with the problem? (in the committee's perception)

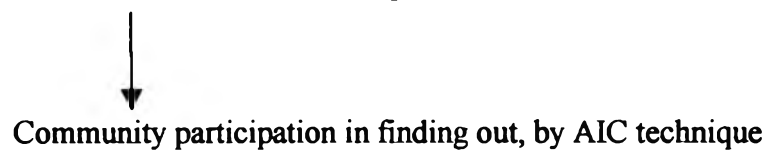


5. Does the committee need to solve the problem?



THINK

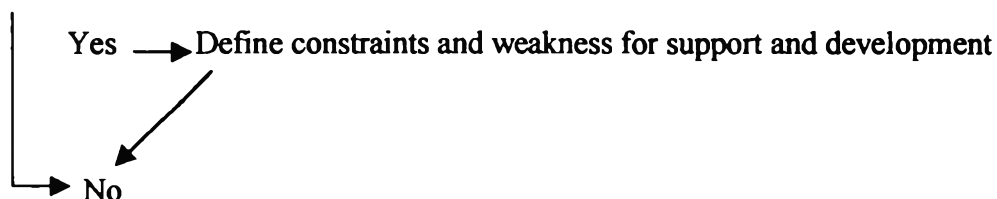
5.1 What are the causes of the problem?



5.2 Are there any organizations/clubs can take responsibility to eliminate each of the causes?



6. How strong are the village organizations/clubs? Do they need any support?



7. Are there any self-reliance activities of each community in the village?

(Both governmental and non-governmental sections)



ACT

8. Set the operation plan of each organization/club by group discussion using system framework technique.



9. Implementation

**REFLECT**

10. Set monitoring plan to collect reflection information (e.g. limitations, constraints) as feedback for the plan modification and assessment, Is it successful or a failure?



Success → continue development

Failure → return to step 1

APPENDIX : B**How to Get General Information of U-Tapao Village**

Listed in this appendix are guidelines for group discussion among relevant community members on general information of the target. All outlines, checklist and questionnaire entries will help the researcher collect basic data related to what they need to study or plan for health education.

1. Guideline for group discussion among relevant community members on general information of the U-Tapao (Mou 6) Village (Interviewed by technical researchers).

- What is the village history ?
- How many people are there in this village ?
- What are their occupation ?
- How far is the village from the town ?
- How convenient is communication and transportation ?
- How healthy are the villagers ? (Village's health status)
- Is there any problem that they need to solve ?
- What is the priority of the problems they need to solve ?

1.1 Out line of Evaluation Issue

-Are the goal and objectives of the study in conformity with the needs identified by the village leaders ?

No..... Why ?.....No problem indeed..... ———→ Stop

Yes.....Do they know the causes ? What ?

-Do they really think this is the problem ?

No.....Discussion for clear commitment with health information

↙ support from village health personnel

Yes.....Discussion for clear commitment with health information

support from village health personnel

-Do they think the community is concerned about the problem ?

No..... Why ?→ Collect information, perform family health
 leaders' discussion and explain until getting community
 commitment due to the problem. Conforming with the goal
 and objectives of the study.

Yes

1.2 Outline of Health Status and Health Service Information Needed for Explanation to Family Health Leaders.

- Morbidity Rate of top-5 diseases of village
- Why has acute diarrhea been ranked as the first priority?
- What is the incidence rate of acute diarrhea in under-5-year age group?
- Why do health personnel select the under-5-year age group as a target group for Surveillance

1.3 Outline for Attitude-affected Information

- How many villagers are getting acute diarrhea in this village?
- How do you feel? When someone says “ We don't dare to eat anything in this village, because whenever I eat something purchased from here , I get diarrhea ”
- What would you think, if those words were referred to your house?
- Do you think acute diarrhea can be transmitted from one to another? Why?
- Do you know the causes of acute diarrhea?
- Can you be responsible for reducing or diminishing each of those causes?

- Would you need any support, both from governmental and non-governmental sources to prevent your family from getting acute diarrhea?
- What are the health behaviors that can prevent you from getting acute diarrhea?
- What are behaviors of self-care that can protect you from dehydration danger?
- Do you think acute diarrhea is a dangerous disease for under-5-year age group? Why ?

1.4 Outline of information needed for strategic planning

-Is there a committee in the village that is responsible for disease control?

No..... Why? → Discussion on setting or determining of disease control committee until getting clear commitment and then making the decision to set the disease control responsible committee.

Yes

-Does the committee need to solve acute diarrhea problem

No..... Why? → Find out the reasons and identify the constraints, then support what they need to motivate problem solving participation.

Yes

-Is there any information needed for acute diarrhea problem solving?

*Village incidence rate of acute diarrhea in under-5-year age group

*Number of under-5-year age group in this village

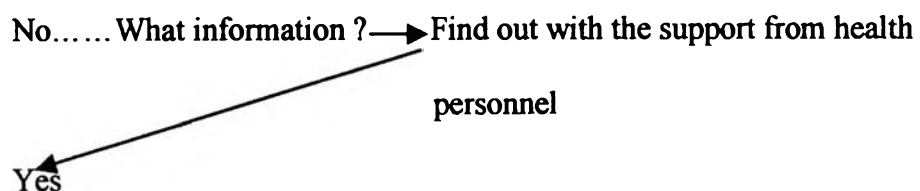
*Number of under-5-year age group getting acute diarrhea

*Number of village health volunteer

*Number of family health leaders

*Data on housing and food sanitation

No..... What information ? → Find out with the support from health personnel



Yes

-Can the committee prepare the mapping of:

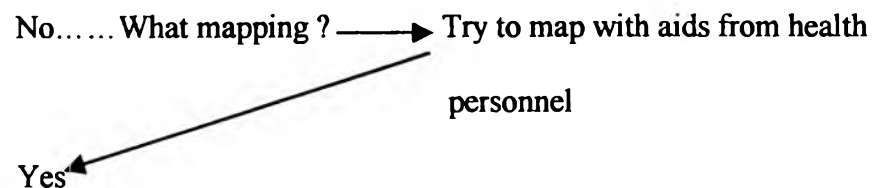
*Responsible village health volunteers and houses

*Family health leaders with number of family members and their houses

*Number of under-5-year children and their houses (separately show

both those who are healthy and those getting acute diarrhea)

No..... What mapping ? → Try to map with aids from health personnel



Yes

2. Checklist for Observational Data Collection on Housing and Food Sanitation in the Village (Survey report by village researchers)

Housing and food Sanitation Checklist

Name of interviewer.....

Number of houses for which responsible.....

Mark ✓ or ✕ in if the item in checklist is true or false respectively, after interviewing and observation.

Checklist	Family Health Leader	House Address
	Name	
1. Using only the registered flavoring and coloring agents		<input type="checkbox"/>
2. Having food cabinet or food cover		<input type="checkbox"/>
3. Having and using sanitary cooking and eating utensils		<input type="checkbox"/>
4. Three steps of utensils washing		<input type="checkbox"/>
5. Cleanness and tidiness of kitchen		<input type="checkbox"/>
6. Having garbage bin with cover in kitchen and housing area		<input type="checkbox"/>
7. Having clean drinking water		<input type="checkbox"/>
8. Sanitary consuming water		<input type="checkbox"/>
9. Having sanitary latrine		<input type="checkbox"/>
10. Having proper garbage disposal		<input type="checkbox"/>
11. Having proper waste water disposal		<input type="checkbox"/>
12. Using separate spoons for taking the dish up		<input type="checkbox"/>

3. Questionnaire for Interviewing about Acute Diarrhea Warning Sign Perception (Village researcher = Interviewer, Family health leader = Interviewee)

Questionnaire for Acute Diarrhea Warning Sign Perception

Respondent Name.....

Sex 1. Male

Age.....Year

2. Female

1. Sufficient

Occupation

Income / month

2. Insufficient

Education level

1. No literacy

2. Prathom 1 – 4

3. Prathom 5 – 6 / 7

4. Mathayom 1 – 3

5. Mathayom 4 – 6 / 3 years of vocational training

6. Five year of vocational training / else

Village name Tambon

Amphur

Record ✓ in that is right (In your opinion)

1. Warning sign symptom of three-types of acute diarrhea

Loose stools	Watery stools	Loose stools with blood
<input type="checkbox"/> 1. One time / day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Two times / day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. More than 2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Three times / day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. More than 3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. Four times / day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. More than 4	<input type="checkbox"/>	<input type="checkbox"/>

2. Which type of acute diarrhea frightens you?

- 1. Liquid stool
- 2. Watery stool
- 3. Bloody mucous stool

3. Do you know that a dangerous symptom of acute diarrhea is body dehydration?

- 1. Yes 2. No

4. Do you know three times or more of liquid stool, one time of watery stool or one time of bloody mucous stool may lead to the body dehydration?

- 1. Yes 2. No

5. Do you know the three levels of dehydration ?

1. Yes 2. No

6. Do you know warning sign of each level of dehydration ?

1. Yes 2. No

7. Do you know drinking of oral rehydration salt (ORS) solution will prevent body from dehydration ?

1. Yes 2. No

8. Do you know personal hygiene and consumption behavior are the most important factors related to acute diarrhea?

1. Yes 2. No

APPENDIX : C**How to Get Villagers Perception about Acute
Diarrhea Transmission Cycle**

The questionnaire and guideline in this appendix will be used for making a dialogue about the acute diarrhea transmission cycle and risk group (under-5-year age group). These will be used to educate people about germ theory, transmission cycle of the germ that causes acute diarrhea and about the human being as an important factor in the transmission cycle.

1. Questionnaire for interviewing about perception of transmission cycle of acute diarrhea

(Village researcher = Interviewer, Family health leader = Interviewee)

Questionnaire for Transmission Cycle Perception of Acute Diarrhea

Name of Researcher

Number of houses for which responsible.....

Mark in Yes or No , according to respondent's opinion

Checklist	Family Health Leader Name	House Address
<p>1. Do you agree with the words “ The infectious agents or germs that cause diarrhea, come from dirt and stools and are usually spread by the fecal-oral route , which includes the ingestion of fecally contaminated water and food, and direct contact with injected feces ”</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Do the following specific behaviors promote the transmission of the germs that cause diarrhea ?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Checklist	Family Health Leader	House Address
	Name	
2.1 Failing to breast-feed exclusively for the first 4 – 6 months of life		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 Using infant feeding bottles		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 Store cooked food at room temperature		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 Using drinking- water contaminated by uncovered storage container or contaminated hand coming into contact with the water while collecting it from the container		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5 Failing to prepare food Hygienically		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6 Failing to wash hands after defecation, after disposing of feces or before handling food		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7 Failing to dispose of feces (including infant feces) hygienically		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8 Improper garbage disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9 Failing to prevent breeding of flies in latrines and garbage dumps		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.10 Failing to protect food fom flies		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Guideline for informal focus interview and observation about perception of transmission cycle of acute diarrhea

(Technical researcher = Interviewer, Selected family health leader = Interviewer)

1. Do you agree with the words “The infections agents or germs that cause diarrhea, are usually spread by the fecal-oral route, which includes ingestion of fecally contaminated water or food and direct contact with infected feces”?
Why ?
2. Do you know acute diarrhea would be transmitted from you to your children if you are unaware of hand washing with soap and water after defecation, after feces disposal (including infant feces) or before handling food ?
3. Do you have any infant under-5 years old ?
4. Do you feed them with breast feeding for the first 4-6 months ?
5. Do you know, if breast feeding is not possible, cow’s milk or milk formula should be given with a cup and a spoon? How do you feel with this suggestion?
Do you know the reasons for this? What?
6. Do you agree with the conclusion “A number of specific behaviors promote the transmission of enteric pathogens and thus increase the risk of diarrhea”?
7. Do you use feeding bottles?
8. Do you think feeding bottles easily become contaminated by fecal bacteria and are difficult to clean? When milk is added to an unclean bottle it becomes contaminated; if it is not consumed immediately, bacterial growth will occurs.
9. Have you ever stored cooked food at room temperature? Is it easily contaminated or rotten? Why?
10. Do you store the cleanest possible drinking water in covered storage containers?
If there is any doubt as to the purity of the water what should you do?

APPENDIX : D**How to Get Villager Perception about ORS**

This appendix of questionnaire and guideline will help the researchers collect basic knowledge about O.R.S. of people, the constraints in using it and people's attitude for using it. These will be useful for health education planning.

1. Questionnaire for interviewing about ORS perception

(Village researcher = Interviewer, Family health leader = Interviewee)

Questionnaire about ORS Perception

Name of village researcher.....

Number of houses for which responsible.....

Answer the questions in checklist

Checklist	Family Health Leader Name	House Address	
1. Do you know O.R.S. and O.R.S. solution ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there any package in your house ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. What kind of O.R.S. do you have ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. How did you receive it ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you know the home-made formula of O.R.S. solution ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the formula consist of:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clean water 750 ml. (approximately equal to volume of one large round bottle)			
Sucrose 2 g. (two table spoonfuls)			
Powdered salt 1.7 g. (half tea spoonful)?			

Checklist	Family Health Leader	House Address
	Name	
7. Can you prepare it ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is it difficult to prepare?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you use after three times of loose stools or the first time of watery stool / mucous stool with blood ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you use ORS solution each time of stool passing as follows ? Under-2-year children , use $\frac{1}{4}$ - $\frac{1}{2}$ glass (50 – 100 ml.) Two-10- year children, use $\frac{1}{2}$ - 1 glass (100 – 200 ml.) More than ten years, use greater than one glassfull or as required		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you know you have to send the children or patient to health center or hospital, if they still have more than one time of watery stool passing in 2 hours or they are thirsty / weakness or they cannot eat or drink?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you know ORS solution will be freshly prepared and not used after 24 hours have passed ?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist	Family Health Leader Name	House Address

13 Do you know the ORS solution over 24 hours may be germ contaminated ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you know you can use food-based fluids (e.g. soup, watery rice, yoghurt drinks, or cereal fluid) containing some salt instead of O.R.S solution ?		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Guideline for informal focus interview about ORS

(Technical researcher = Interviewer, Selected family health leader = Interviewee)

1. What do you know about ORS and ORS solution?
2. Do you use ORS solution when you or your family member have acute diarrhea?
 - No..... Why? → Discussion about the reasons and on what the respondents use instead of ORS solution until getting the commitment.
 - Yes
3. In your opinion, what are the appropriate home fluids or food-based fluids for prevention of body dehydration?
4. Do you have any package of ORS in your house?
 - No..... Why? → Discussion for clear understanding on ORS importance for prevention of body dehydration.
 - Yes
5. What type of ORS solution is practically used ?
6. Do you know a home-made formula of O.R.S solution? Can you prepare it?
 - No..... → Discussion, demonstration and practicing on formula and method to get clear understanding
 - Yes
7. How long does the ORS solution have been used after dissolution? Why?
8. Do you know the quantity of ORS solution intake will be adjusted by and quantity of stool passing?

9. Do you know when ORS solution is used for effective prevention of body dehydration?
10. Do you know when patient of acute diarrhea especially, the child, will be sent to a health facility?

APPENDIX : E**How to Know Villagers Behaviors Development
on Acute Diarrhea Prevention and Self-Care**

The questionnaires and guidelines in this appendix will be used for following the development of acute diarrhea prevention and self-care behaviors in each stage of PAR process (Before, On going and After) compared with weekly observed data of housing and food sanitation.

**1. Questionnaire for interviewing about behavior development on acute
diarrhea prevention**

**Questionnaire for watching about Behaviors Development
(Acute Diarrhea Prevention Behavior)**

Name of village researcher.....

Number of houses for which responsible

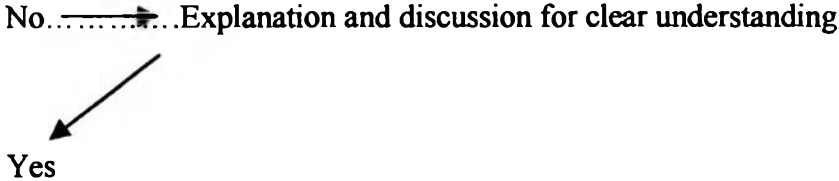
Mark ✓ in Yes or No , according to respondent's agreement

Checklist of “ Can you practice it ? ”	Family Health Leader	House Address
	Name	
1. Hand washing with water and soap before cooking		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Hand washing with water and soap after defecation / sanitary latrine using		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hand washing with water and soap before eating		<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist of “ Can you practice it ? ”	Family Health Leader Name	House Address
	<hr/> <hr/>	
14. Food preparation floor is higher than		<input type="checkbox"/> Yes <input type="checkbox"/> No
50 cm (= 60 cm) from the ground		
15. Not to throw garbage out carelessly		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Collect household garbage in covered bin		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. In the case of accidental watery defecation on the floor, clean the floor by moving feces out as much as possible to the toilet and then wash with detergent and water		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. In the case of accidental watery defecation on the ground the feces would be buried		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. In the care of feces spatters on clothes, rinse it out with water into toilet before washing the clothes as usual.		<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Clean anus with soap and water after defecation		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Guideline for focus group discussion about appropriate behaviors on acute diarrhea prevention

(Technical researchers = Moderator, Facilitator and Guard, Selected family health leaders = Key informant)

1. Do you know any behavior for acute diarrhea prevention? What?
2. Are they similar to the items in the checklist?
3. Can you practice the behaviors in the checklist? Which one can you and which one can you not practice?
4. Do you know the reason why each item is required to be practiced?
 No.....→.....Explanation and discussion for clear understanding

 Yes
5. Do you think those who practice these required behaviors will not get acute diarrhea?
6. Is it necessary to practice all?
7. What items would be skipped?
8. What items would be changed? Why ?
9. What are they changed to?
10. What are the appropriate behaviors on acute diarrhea prevention?

3. Questionnaire for interviewing about behavior development on acute diarrhea self-care. (primary treatment at home)

**Questionnaire for watching about behaviors development
(Acute Diarrhea Self-care Behavior)**

Name of village researcher

Number of houses for which responsible.....

Mark in Yes or No, according to respondent's agreement

Checklist of “ Can you practice it ? ”	Family Health Leader Name	House Address	
1. Eating clean food more frequently in small quantity		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Drinking freshly dissolved ORS (In 24 hr. after being dissolved)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Not taking medicine without professional direction		<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Not taking any Antidiarrheal agent		<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. More frequent breast feeding in under-5- year age group		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have the meals as usual		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Increase one meal per day for two weeks		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Go to consult with health personnel if not getting better in one day		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Guideline for focus group discussion about appropriate behaviors on acute diarrhea self-care (Primary treatment at home)

(Technical researcher = Moderator, Facilitator and Guard, Selected family health leader = Key informant)

1. Do you know any behavior on acute diarrhea self-care? What?
2. Are they similar to the items in the checklist?
3. Can you practice the behaviors in the checklist? Which one can you and which one can you not practice?
4. Do you know the reason why each item is required to be practiced?
 No.....→ Explanation on and discussion for clear understanding
 ↙
 Yes
5. Do you think those who treat themselves or their children with these required behaviors will be protected from body dehydration danger?
6. Is it necessary to practice all?
7. What items would be skipped?
8. What items would be changed? Why?
9. What are they changed to?
10. What are they the appropriate behaviors on acute diarrhea self-care ?

APPENDIX : F

**How to Get Alternative Behaviors and
Encourage the Family Health Leaders to Participate
in Sustainable Practicing of the Required Behaviors**

The guideline in this appendix will be used for building dialogue about alternative behaviors on acute diarrhea prevention and self-care that are appropriate for sustainable practicing.

**Guideline for focus group discussion (FGD) about alternative behaviors
on acute diarrhea prevention and self-care**

(Technical researchers = Moderator, facilitator and guard, Selected family health
leaders = Key informant)

1. Besides behaviors in the checklist do you have any suggestion of alternative behaviors that would motivate sustainable practicing?
2. Is there any problem or constraint in sustainable practicing of the behaviors in the checklist?

No...  Brain storming with concept mapping to find constraints

 Yes

3. What are they?
4. How to solve them?
5. What can the community do?
6. Does the group need governmental help?
7. Do you think the family health leaders will be a pioneer group of practicing those behaviors?
8. Whom do you need to help you on reminding family members about health ?
Why?
9. How do you get villagers interested in practicing behaviors on acute diarrhea prevention and self-care?

APPENDIX : G**How to Measure the Acute Diarrhea Incidence Rate
in Under-5-Year Old Age Group**

This appendix shows the weekly report form using the collection of acute diarrhea cases among under-5-year age group.

**Weekly Record of Acute Diarrhea Episodes among Under – 5 – Year Age
Group by Village Health Volunteer**

Name of recorder.....(Village health volunteer)

No. of houses for which responsible

No. of children in under-5-year age group.....

Name of Under-5-year age group	Name of Family health leader and House Address	First day of Acute diarrhea		Last day of episode	Total days in an episode
		Before	After		
		PAR Process	PAR Process		
1.					
2.					
3.					
.....					

Remark : Send to health center every Monday

APPENDIX : H

- **Table H.1**
Number and Percentage of Respondents by Diarrhea Information Sources
- **Table H.2**
Number and Percentage of Respondents in Adolescent Source (Group 1)
- **Table H.3**
Mc Nemar Test for Difference, in Respondent Group 1 about Agreement of Practicing on Each Item of Acute Diarrhea Prevention and Self – care Behaviors, before and after PAR Process
- **Table H.4**
Mc Nemar Test for difference, in Respondent Group 2 about Agreement of practicing on Each Item of. Acute Diarrhea Prevention and Self – care Behaviors, before and after PAR Process

Table H.1 Number and Percentage of Respondents by Diarrhea Information Sources

Diarrhea Inf. Source	n = 82	
	No	%
Adolescent (Group 1)	49	59.8
Others (Group 2)	33	40.2

Table H.2 Number and Percentage of Respondents in Adolescent Source (Group 1)

Diarrhea Inf. Source	n = 49	
	No	%
Adolescent only	21	42.9
Adolescent and Others	28	57.1

Table H.3 Mc Nemar Test for Difference, in Respondent Group 1 about Agreement of Practicing on Each Item of. Acute Diarrhea Prevention and Self-care Behaviors, before and after PAR Process

Required Behavior Items	n = 49				P-Value
	a	b	c	d	
Acute Diarrhea Prevention B.					
1. Hand washing before cooking	27	4	11	7	.118
2. Hand washing after defecation	41	1	7	0	.070
3. Hand washing before eating	12	4	26	7	.000
4. More careful of food and cleanness of drinking water when diarrhea occurred in the family	32	0	15	2	.000
5. Eating only freshly prepared food	47	1	1	0	1.000
6. Awareness of covering prepared food	46	3	0	0	.250
7. Refusal to eat stale food	38	4	6	1	.754
8. Refusal of inadequately heated food	30	6	12	1	.238
9. Drinking boiled water	10	4	14	21	.031
10. Boil/warm food purchased from street-food venders	19	2	12	16	.031
11. Washing cooker utensils and eating accessories with detergent solution	46	0	3	0	.250

Note. a = number of the respondents who practiced the required behavior both before and after program implementation

b = number of the respondents who practiced the required behavior before but after program implementation they did not

c = number of the respondents who did not practiced the required behavior before but after program implementation they did

d = number of the respondents who did not practiced the required behavior both before and after program implementation

Table H.3 (cont.)

Required Behavior Items	n = 49				P-Value
	a	b	c	d	
11. Having defecation in sanitary latrine	49	0	0	0	No difference
12. Awareness of sanitary latrine cleanliness	48	0	1	0	1.000
13. Food preparation floor is higher than 50 cm (60 cm) from the ground	45	0	4	0	.125
14. Not to throw garbage out carelessly	43	1	5	0	.219
15. Collect household garbage in covered bin	29	2	11	7	.022
16. Clean the floor as directed	31	1	13	4	.002
17. Feces on ground will be buried	38	1	8	2	.039
18. Clothes will be washed as directed	22	1	19	7	.000
19. Clean anus with soap and water	38	1	8	2	.039
Acute Diarrhea Prevention B.					
1. More frequently eating in small quantity	34	6	5	4	1.000
2. Drinking freshly dissolved ORS	39	0	6	4	.031
3. Not taking medicine without professional direction	19	5	18	7	.011
4. Not taking any antidiarrheal agent	20	5	18	6	.011
5. More frequent breast feeding (Under-5-year old age group)	24	9	6	10	.607
6. Have meals as usual	38	2	8	1	.109
7. Increase one meal/day for two weeks	19	5	11	14	.210
8. Consult health personnel if not getting better in one day	48	0	1	0	1.000

Table H.4 Mc Nemar Test for Difference, in Respondent Group 2 about Agreement of Practicing on Each Item of. Acute Diarrhea Prevention and Self-care Behaviors, before and after PAR Process

Required Behavior Items	n = 33				P-Value
	a	b	c	d	
Acute Diarrhea Prevention B.					
1. Hand washing before cooking	13	4	8	8	.388
2. Hand washing after defecation	18	3	9	3	.146
3. Hand washing before eating	8	5	6	14	1.000
4. More careful of food and cleanness of drinking water when diarrhea occurred in the family	18	2	9	4	.065
5. Eating only freshly prepared food	29	1	2	1	1.000
6. Awareness of covering prepared food	30	1	2	0	1.000
7. Refusal to eat stale food	20	2	9	2	.065
8. Refusal of inadequately heated food	23	2	4	4	.688
9. Drinking boiled water	5	1	3	24	.625
10. Boil/warm food purchased from street-food venders	15	5	7	6	.774

Note. a = number of the respondents who practiced the required behavior both before and after program implementation

b = number of the respondents who practiced the required behavior before but after program implementation they did not

c = number of the respondents who did not practiced the required behavior before but after program implementation they did

d = number of the respondents who did not practiced the required behavior both before and after program implementation

Table H.4 (cont.)

Required Behavior Items	n = 49				P-Value
	a	b	c	d	
11. Washing cooker utensils and eating accessories with detergent solution	32	0	1	0	.000
12. Having defecation in sanitary latrine	33	0	0	0	No difference
13. Awareness of sanitary latrine cleanliness	31	0	2	0	.500
14. Food preparation floor is higher than 50 cm	28	0	4	1	.125
15. (60 cm) from the ground	28	0	5	0	.063
16. Not to throw garbage out carelessly	13	4	7	9	.549
17. Collect household garbage in covered	19	1	6	7	.125
18. Bin	21	2	6	4	.289
19. Clean the floor as directed	11	7	10	5	.629
20. Feces on ground will be buried Clothes will be washed as directed Clean anus with soap and water	23	3	7	0	.344
Acute Diarrhea Prevention B.					
1. More frequently eating in small quantity	24	2	6	1	.289
2. Drinking freshly dissolved ORS	18	2	5	8	.453
3. Not taking medicine without professional direction	3	10	12	8	.832
4. Not taking any antidiarrheal agent	5	9	12	7	.664
5. More frequent breast feeding (Under-5-year old age group)	12	6	11	4	.332
6. Have meals as usual	26	4	3	0	1.000
7. Increase one meal/day for two weeks	8	0	4	21	.125
8. Consult health personnel if not getting better in one day	32	0	1	0	1.000

APPENDIX : I▪ **Table I. 1**

Chi - square Test for Difference, in Agreement of Practicing on Each Item of Acute Diarrhea Prevention and Self-care Behaviors, between Two Groups of Respondents (Group 1 and Group 2) before PAR Process

▪ **Table I. 2**

Chi - square Test for Difference, in Agreement of Practicing on Each Item of Acute Diarrhea Prevention and Self-care Behaviors, between Two Groups of Respondents (Group 1 and Group 2) after PAR Process

Table L1 Chi-square Test for Difference, in Agreement of Practicing on Each Item of Acute Diarrhea Prevention and Self-care Behaviors, between Two Groups of Respondents (Group 1 and Group 2) before PAR Process

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	Yes	No	Yes	No	
Acute Diarrhea Prevention B.					
1. Hand washing before cooking	31	18	17	16	.290
2. Hand washing after defecation	42	7	21	12	.020
3. Hand washing before eating	16	33	13	20	.531
4. More careful of hand washing and cleanness of food and drinking water when diarrhea occurred in the family	32	17	20	13	.665
5. Eating only freshly prepared	48	1	30	3	.146
6. food Awareness of covering	49	0	31	2	.081
7. prepared food	42	7	22	11	.041
8. Refusal to eat stale food Refusal of inadequately heated	36	13	25	8	.816
9. food	14	35	5	27	.283
10. Drinking boiled water Boil / warm food purchased from street-food venders	21	28	20	13	.115

Table I. 1 (cont.)

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	Yes	No	Yes	No	
11. Washing cooker utensils and eating accessories with detergent solution	46	3	32	1	.524
12. Having defecation in sanitary latrine	49	0	33	0	No Difference
13. Awareness of sanitary latrine cleanliness	48	1	31	2	.342
14. Food preparation floor is higher than 50 cm (60 cm) from the ground	45	4	28	5	.321
15. Not to throw garbage out carelessly	5	44	5	28	.502
16. Collect household garbage in covered bin	31	18	17	16	.290
17. Clean the floor as directed	32	17	20	13	.665
18. Feces on ground will be buried Clothes will be washed as	39	10	23	10	.306
19. directed Clean anus with soap and	23	26	18	15	.499
20. water	39	10	26	7	.930

Table I.1 (cont.)

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	Yes	No	Yes	No	
Acute Diarrhea self - care B.					
1. More Frequently eating in small quantity	40	9	26	7	.750
2. Drinking freshly dissolved ORS	39	10	20	13	.061
3. Not taking medicine without professional direction	25	24	20	13	.392
4. Not taking any antidiarrheal agent	24	25	19	14	.445
5. More frequently breast feeding (Under-5-year age group)	33	16	18	15	.241
6. Have meals as usual	40	9	30	3	.244
7. Increase one meal / day for two weeks	24	25	8	25	.024
8. Consult health personnel if not getting better in one day	48	1	32	1	.776

Table L.2 Chi - square Test for Difference , in Agreement of Practicing on Each Item Of acute Diarrhea Prevention and Self-care Behaviors, between Two Groups of Respondents (Group 1 and Group 2) after PAR Process

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	Yes	No	Yes	No	
Acute Diarrhea Prevention B.					
1. Hand washing before cooking	38	11	21	12	.169
2. Hand washing after defecation	48	1	27	6	.010
3. Hand washing before eating	38	11	14	19	.001
4. More careful of hand washing and cleanness of food and drinking water when diarrhea occurred in the family	47	2	27	6	.035
5. Eating only freshly prepared food	48	1	31	2	.342
6. Awareness of covering prepared food	46	3	32	1	.524
7. Refusal to eating stale food	44	5	29	4	.785
8. Refusal of inadequately heated food	42	7	27	6	.636
9. Drinking boiled water	24	25	8	25	.024
10. Boil / warm food purchased from street-food venders	31	18	22	11	.752

Table I. 2 (cont.)

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	Yes	No	Yes	No	
11. Washing cooker utensils and eating accessories with detergent solution	49	0	33	0	No Difference
12. Having defecation in sanitary latrine	49	0	33	0	No Difference
13. Awareness of sanitary latrine cleanliness	49	0	33	0	No Difference
14. Food preparation floor is higher than 50 cm (60 cm) from the ground	49	0	32	1	.220
15. Not to throw garbage out carelessly	1	48	0	33	.409
16. Collect household garbage in covered bin	40	9	20	13	.035
17. Clean the floor as directed	44	5	25	8	.088
18. Feces on ground will be buried	46	3	27	6	.087
19. Clothes will be washed as directed	41	8	21	12	.038
20. Clean anus with soap and water	46	3	30	3	.613

Table L. 2 (cont.)

Required Behavior Items	n = 82				P-Value
	G. 1 n = 49		G.2 n = 33		
	yes	No	Yes	No	
Acute Diarrhea Self - care B.					
1. More frequently eating in small quantity	39	10	30	3	.169
2. Drinking freshly dissolved ORS	45	4	23	10	.009
3. Not taking medicine without professional direction	12	37	18	15	.006
4. Not taking any antidiarrheal agent	11	38	16	17	.014
5. More frequently breast feeding (Under-5-year age group)	30	19	23	10	.431
6. Have meals as usual	46	3	29	4	.340
7. Increase one meal / day for two weeks	30	19	12	21	.027
8. Consult health personnel if not getting better in one day	49	0	33	0	No Difference

APPENDIX : J**Variables Analysis and Data Collection Plan**

This appendix will help researcher analyze variables from the research questions, and plan for the methods and target groups to collect the data.

Variables Analysis

Research question about	Variables and issues	Remark
1.Acute diarrhea warning sign perception	1.1.Frequency of loose stool, watery stool and mucoid stool with blood	Three or more loose stools/ one watery stool/ one mucoid stool with blood in 24-hour period
	1.2.Dehydration danger level	1.No dehydration sign(<5%) 2.Some dehydration(5-10%) 3.Severe dehydration(>10%) (Jaranasri, U., Pornpatkul, S., & Wongsaroj, T., 1997)
	1.3.Warning sign: <5% Dehydration 5-10% Dehydration >10% Dehydration	No sign Restless, irritable, thirsty-drink eagerly Floppy, drink poorly or not able to drink, very sunken eyes and dry, tears are absent and very dry mouth
2.Transmission cycle of acute diarrhea	2.1.Risk group -Under-5-year old age group	
	2.2.Causes -Agents/ vectors -Host:Personal hygiene 2.3.Transmission routes -Oral (eating)	Explanation of acute diarrhea cycle transmission and risk group

Research question about	Variables and issues	Remark
	2.4.How is acute diarrhea transmitted from one to others?	
	2.5.Knowledge and attitude -Acute diarrhea warning sign (1) -What would the people feel, if someone said they got acute diarrhea whenever they had dinner at their house?	Information for health education modification
3.Perception of Oral Rehydration Salt Solution(ORS) usage	3.1.Benefits	New concept for treatment of every type of acute diarrhea is: Giving ORS before dehydration sign occurred, will prevent people from dehydration danger.
	3.2.Constraints	To know why people do not use ORS or use only antidiarrheal drug or use both (information for decision making)
	3.3.Knowledge and attitude -How to use it? -Where is it available? -What do people about ORS ?	Information for health education planning

Research question about	Variables and issues	Remark
4.Acute diarrhea prevention behavior	4.1.People's behavior for acute diarrhea prevention	Compare with required prevention behaviors
	4.2.Knowledge and attitude -Do the people know the reason why to practice each each item of required behaviors? -What do they think about each of the required behaviors?	Information for health education planning
5.Acute diarrhea self-care behavior	5.1.People's behavior for primary treatment of acute diarrhea	Compare with required self-care behavior
	5.2.Knowledge and attitude -Do people know the reason why to practice each item of required self-care behaviors? -What do they think each of self-care behavior items?	Information for health education planning
6.Alternative behaviors	6.1.Would they like to change any item of the two groups of required	Information for required behaviors modification and participatory health education

Research question about	Variables and issues	Remark
	6.1.(cont.) behaviors to be appropriate with people's lifestyle 6.2.How to change people's behaviors?	Planning
7.Under-5-year old age group's incidence rate of acute diarrhea	7.1.Acute diarrhea considered by their parents/caretakers 7.2.Acute diarrhea incidence rate of under-5-year old age group before PAR process	Compare with normally passed several or semiliquid stools each day
	7.3.Incidence rate after health education process	Compare with that before the PAR process

Method and Target Group for Data Collection

Required data	Method	Target group of data collection
1.General information of community	-Secondary data	Village documents
1.1.Village history	-Group discussion	Health personnel Village leaders Village health volunteers
1.2.Socioeconomic demographic information of the first target samples	-Questionnaires	Family health leaders
1.3.Acute diarrhea warning sign perception	-Observational checklist -Questionnaires for interviewing	Family health leaders
2.Acute diarrhea transmission cycle perception	-Questionnaires (Before, On-going, & After PAR process) -Informal focus interview & observation	Family health leaders
3.ORS perception	-Questionnaires (Before, On-going, & After PAR process) -Informal focus interview	Family health leaders

Required data	Method	Target group of data collection
4. Acute diarrhea prevention behaviors	-Questionnaires (Before, On-going, & After PAR process) -Focus group discussion	-Family health leaders -Village acute diarrhea prevention and control committee
5. Acute diarrhea self-care behaviors	-Questionnaires (Before, On-going, & After PAR process) -Focus group discussion	-Family health leaders -Village acute diarrhea prevention and control committee
6. Alternative behaviors	-Focus group discussion	-Family health leaders
7. Acute diarrhea incidence rate among under-5-year old age group	-Record form (Before, On-going, & After PAR process)	-Parents/caretakers of under- 5-year old age group

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Drug manufacturing	1967 - 1971
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Provincial Pharmaceutical Health	1989 - 1992
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