CHAPTER II

REVIEW LITERATURE

According to the evaluation of family health leader development project of Na Khao Sia Sub-district, Na Yong District, Trang Province, the researcher has studied concepts, theories and relevant researches as follows:

2.1 Theories and concepts

2.2 Concepts and policies of family health leader development project

2.3 Researches

2.4 Conceptual framework

2.1 Theories and Concepts

The project assessment was systematically conducted in terms of data collection and data analysis. The results of the project evaluation was compared with the established criteria or standards in order to evaluate and analyze the alternatives for the purpose of effective and productive project development including the achievement of the goal of such plan or project. Accordingly, the researcher has collected concepts and theories of evaluation as follows:

2.1.1 Concepts and Theories of Evaluation

In 1968, Dror gave a meaning of evaluation, which is similar to the meaning stated by Good in 1973. Thus, it can be concluded that evaluation is a comparison of

results between actual performance and expected outcomes. In addition, Weiss (1972), Morris & Gibbon (1978) also stated similar meaning of evaluation, that is, evaluation is a process of formation, collection, analysis and presentation of beneficial news or information for the purpose of alternative consideration for the performance of planning and project. For Suchman (1967), Scriven (1973) and Rutman (1977), evaluation is an activity of data collection and analysis of meaning from facts in order to improve and manage for the purpose of effectiveness and productivity of plans and projects (Office of the Permanent Secretary for Public Health, Bureau of Policy and Public Health Plan,2000). The latter holds the meaning, which is mostly relevant to the project evaluation according to the requirement of the researcher.

In the project evaluation, Chooto has collected concepts of House Stake Popham and Worthen and Sanders, which can be summarized that the evaluation includes the major following aspects:

1. System Analysis Approach emphasizing on the outcomes of the project and the association of project plans and indicators, information and results, which can be measured in terms of quantity and logical causes.
2. Behavioral Objective or Goal-Based Approach considers that the objective of the project is the criterion of project evaluation. The evaluator will exploit the objective established by the project developer as the criterion. Thus, the difference between established objective and actual outcome is recognized as the result of project. Additionally, the success of project is that there is no difference or least difference between established objective and actual performance.

3. Decision Making Approach is dealt with a decision making conducted mostly by the top executives. In this case, the executives will receive information and alternatives. Thus, the planning is performed based on the decision of executives.

The forms of evaluation can be divided into four categories as below:

1. Project Pre-Evaluation is performed prior to the beginning of the project in order to consider how the target is suitable or if the procedure or activity is consistent with the achievement.
2. Project Follow-up is conducted in order to get information in terms of factors or resources of project (For instance, factor allocation, factors exploited in the operation etc.) to see if this information id consistent with the established schedule or how much is the work, progress, problems and conflicts of the project.
3. In-between Evaluation is performed during the operation, that is, the project is in the progress as same as the follow-up in order to realize the outcome of the performance.
4. Evaluation of Effects or Post Project Evaluation is conducted for short-term and long-term effect evaluations.

The evaluation can be divided into two categories as follows:

1. Activities based on project evaluation can be divided into four groups as below:
   (1) Evaluation of project planning to answer the questions who the target population is, where they are, how they are, or if this project is well planned and will be highly successful.
   (2) Evaluation of in-progress project to find out the answers if the project is reached to persons, families and target groups.
   (3) Evaluation of Effective to answer if the project is achieved or what is the real cause of the results – if they are rooted from the project or something else.
   (4) Evaluation of Efficiency to answer how much the investment or expenses cost, how much the results of the project are or if the project exploits resources effectively when compared with other projects.

2. The evaluation period can be divided into two groups:
   (1) Formative Evaluation is performed during the project is in progress in order to provide information to planners and operators for the purpose of operation improvement.
   (2) Summative Evaluation is the quantitative and qualitative conclusion of the project.

2.1.2 Conceptual Theories of Knowledge and Knowledge Level Evaluation

2.1.2.1 Concepts of Knowledge

Based on the meaning of knowledge according to the Dictionary of Education of Good (1973), knowledge means facts, regulations and details perceived and collected by human beings. Other meaning of knowledge is that knowledge is the primary behavior memorized by a learner through recalling, seeing or hearing. Such knowledge, for instance, of this level is definition, meaning, facts, rules, structures and standard problem solutions (Prapaphen Suwan, 1977). For Bloom (1956), knowledge means an ability of memorization, which can be a recall of concept, material or phenomena (Ktitsada Phongsamart , 2000). Thus, knowledge can be classified to two categories, that is:

(1) Knowledge of Specifics is a recall of specific knowledge, which can be divided into Knowledge of Terminology such as words and specific symbols especially words or symbols of specific fields and Knowledge of Specific Fact such as knowledge of time, events, persons, places and knowledge sources

(2) Knowledge of Way and Means of Dealing with Specifics is Knowledge of Conventions in terms of characteristics of practice, concept and phenomenon proposal; Knowledge of Trends and Consciences such as knowledge of procedure, directions and movements of phenomenon; Knowledge of Classification and Categories in terms of classes, sets, departments and arrangements, which are the basic or benefit of each field, purpose or problem; Knowledge of Criteria such as knowledge of testing or factual

judgment; Knowledge of Methodology in terms of knowledge searching, techniques and procedures of each field including process exploited in the study and specific experience.

(3) Knowledge of Summarization and Abstraction in Field is dealt with major schemas exploited to manage different phenomena and concepts such as Generalization, which can be sub-divided into Knowledge of Principles and Generalization such as abstraction derived from observation regarded as the most valuable morality of supervision and phenomenon control; Knowledge of Theories and Structures such as regulations and generalization including the relationship between regulations and generalization, which enable us to see phenomenon or complex problems clearly and systematically.

According to the above definitions, it can be concluded that knowledge is facts, regulations and details received by human beings including the matter of material, things, places and persons derived from observation, experience or research, which require time and collection.

2.1.2.2 Theories of Knowledge

Knowledge Behavior of Cognitive Domain is associated with factual perceiving and memorization including the development of ability, intellectual skills and decision judgment. The Knowledge Behavior of Cognitive Domain comprises six levels of ability as follows: (Prapaphen Suwan, 1977).

(1) Knowledge or Recall such as knowledge, which is regarded as the primary behavior. A person can memorize by recalling, seeing, hearing. This level of knowledge is dealt with definition, meaning, facts, theories, rules, structures and standard problem solutions. In addition, this level of knowledge does not require any complex process of thinking or we can say that it is no need to exploit the ability of brain

(2) Comprehension or Understanding is the knowledge behavior, which a person try to understand news. The understanding can be expressed in forms of translation, supervision or magnification skills, which can be concluded in one own wording. Additionally, it can be expected what will be occurred from the trends stated in such news.

(3) Application is the knowledge behavior where a person can exploit knowledge, theoretical understanding and methods in problem solving.

(4) Analysis is the knowledge behavior to distinguish all things to sub-categories meaningfully allowing to see the relationship of these sub-categories distinctively as well.

(5) Synthesis is the knowledge behavior displaying the ability of systematic knowledge and information collecting in order to gain a new way leading to problem solution. The ability of synthesis should be dependent on several mentioned stages of ability, namely, the understanding of knowledge, application and ability of synthesis.

(6) Evaluation is the knowledge behavior indicating the ability of value or alternative judgment, which is related to the evaluation of knowledge and facts supported by criteria or standards. The ability of evaluation is the significant connector of knowledge behavior of cognitive domain and emotional behavior, which can be occurred in all levels of knowledge behavior of cognitive domain.

The knowledge into three main following categories:

(1) Knowledge of Content means knowledge concerning with vocabularies and definition of specific facts such as time, phenomenon, persons, places and sources of information / news etc.

(2) Knowledge of Operation means knowledge concerning with systems and conventions in terms of sequences and trends, classification, regulations, methods or procedures.

(3) Knowledge of Conceptual Content means knowledge of regulations, conclusions, theoretic structures or rules (Ktitsada Phongsamart ,2002)

2.1.2.3 Methods of Knowledge Evaluation

Chawal Phaerattakul (1983) gave the opinion that the knowledge evaluation can be performed by questioning about contents, methods, concepts of such story and allowing a person to answer these questions. However, these three questions, or in some case only one or two questions, can be asked. If anyone can answer correctly and consistently, it can be concluded that such person has knowledge of given story or subject. All questions of knowledge are to evaluate the ability of recall or memorization

recorded in brain previously. Thus, it can be stated a knowledgeable person is anyone who can remember contents, methods, and concepts of given story; therefore such person can recall all of these three elements.

There are several tools of knowledge evaluation; each tool is appropriate and exploited differently according to the characteristics of knowledge evaluation. However, tools, which are frequently and popularly exploited for knowledge evaluation, are questionnaires or tests. The types of questionnaires or tests can be also categorized differently according to the criteria (Boontham Kijpreedaborisuth , 1988) as below:

(1) Psychological Characteristic Categorization divided into three types, namely, Achievement Test, Aptitude Test and Personal-Social Test

(2) Questioning – Answering Categorization divided into two types, that is, Essay Test, which the question will be established and the answerer has to compose their own writing. On the other hand, in Short and Multiple Choice Test, the question will be also established; however, an answer can be short or selected from choices. This type of test can be sub-divided into four styles, that is True-False Item, Short-Answer Test, Matching Item and Multiple Choice Test.

(3) Answering Categorization divided into three types, that is, Performance Test, Paper-Pencil Test and Oral Test.

(4) Time Categorization divided into two types, namely, Speed Test and Power Test.

(5) Criterion Categorization divided into two types, that is, Criterion-Referenced Test and Norm-Referenced Test.

In this research, the researcher has exploited Multiple Choice Test to evaluate the knowledge of family health leaders, which are concerning with knowledge of diseases according to the project training.

2.1.3 Concepts of Behavior and Behavioral Evaluation

2.1.3.1 Meaning of Behavior

Human behavior has been widely interested. To make the better understanding of human actions, the researcher has collected meanings of behavior as follows:

Behavior means activities performed by living creatures. Such activities can be observed or measured by other persons or tools. In addition, behavior includes actions or activities occurred in the consideration. (Sopha Choopikulchai , 1973). Later, there is other similar meaning of behavior stated that all activities performed by human beings, both observable or non-observable, can be called behavior (Prapaphen Suwan , 1993). Additionally, behavior includes all reactions or activities, both observable or non-observable, of living creatures whereas human behavior means reactions expressed both internally and externally (Somchit Suphannatat , 1988). Thus, it can be concluded that behavior means actions of a person expressing feeling and thoughts derived from perceiving, learning, decisions or stimuli both intentionally, considerately or unconsciously. Human behavior can be divided into two types, that is, (1) Internal Behavior or Concrete Behavior such as heartbeat, intestine contraction, blood compression etc., which are the natural reactions whereas the abstract behaviors include

thoughts, feeling, attitudes, believes, values and (2) External Behavior, which can be easily and clearly observed. Such reactions can be seen all the time and are very important because these reactions can be exploited to evaluate human quality in terms of discipline, morality, politeness, honesty etc. On the other hand, if a person does not express any behavior, we cannot evaluate such person. To evaluate the behavior of family health leaders, the researcher has exploited the external behavior evaluation in terms of health care of one own and family.

Health Behavior: For the changes of health occurred both internally (Covert Behavior) and externally (Overt Behavior), the Health Educational Division has stated that they are practices or expressions of person in terms of actions or stopping any actions affecting to health by exploiting knowledge, understanding, attitudes and healthy practices properly and consistently, which are important to public health works in two aspects as follows:

(1) Improper Health Behavior leads to public health problems of persons and family or community. Most public health problems are derived from actions or self-practices, which damage the health.

(2) The health problem solution of persons, family and community must be mostly solved in terms of personal health behavior. Accordingly, to solve any problems of health behavior, it should be performed through proper health behavior. The desirable health behavior can be derived from the youth inculcation or changes in adults depending on each case. However, there are six aspects of health behavior, that is, Health Promotion Behavior, Disease Prevention Behavior, Sickness Behavior,

Health Treatment Behavior, Participation Behavior and Self-Care Behavior (Somsong Rakphao & Sarongkot Duankhamsawat , 1997)

2.1.3.2 Theories of Behavior

When theories of behavior are studied, there will be a relationship with following Learning Theory:

According to the learning definition of Cronbach (1970), it means that learning will be expressed by behavioral changes resulted from experience. For Harris and Suchman (1967), learning is a change derived from experience. Later, Meddick (1963) stated that learning leads to behavioral changes resulted from practices. Such behavioral changes are permanent and turned to habit while the learning cannot be observed directly but can be perceived by actions resulted from learning.

Thus, "learning" is the reception process of knowledge, understanding or skill through experience or specific learning. In addition, learning can be occurred by stimuli while the reaction may be derived from complex process including reasoning, imagination, abstraction and problem solution. (Prapaphen Suwan , 1994).

Accordingly, learning means organic prosper process or development, where the organ can solve problems or is or adjusted to new situations more efficiently. Therefore, learning process will be occurred when there are organic changes in terms of knowledge, thoughts, attitudes and practices resulted from experience.

2.1.3.2 Behavioral Evaluation

There are two categories of behavioral study as follows:

(1) Direct Behavioral Study can be performed by two ways, namely, Direct Observation and Naturalistic Observation. For both observations, an observer must be elaborate and systematic. There should be a recording without any prejudice when performing an observation, which will make the results precise and reliable.

(2) Indirect Behavioral Study can be performed in various ways such as interviews, questionnaires, experiments or records. (Somchit Suphannatat , 1988).

According to this research, the researcher has evaluated the behavior of target group by exploiting questionnaires and behavioral interviews distributed to family members including the observational forms.

2.2 Policy of Family Health Leader Development Project

2.2.1 Concept and Policy of Family Health Leader Development

The policy of fundamental public health development according to the 8th Edition of Public Health Development has paid importance to the personal development, that is, to individual, family and community to have appropriate health in terms of health promotion, disease prevention and self-health care, which can be conducted according to the following strategies: (Training and Fundamental , 1999).

(1) To encourage people to utilize the bonding relationship of family and community as the fundamental of health care to family members and community permanently and continuously.

(2) To encourage and develop people to gain knowledge and necessary skills appropriate to self-health care and to participate in the prevention and solution of public health problems of community.

According to the previous performance of fundamental public health, public health volunteers (PHV) have played a significant role in the village level. Each volunteer is responsible for 8 – 15 households in order to build a network of cooperation with the community. In each family, however, there is still a lack of distinct operation in the personal level. In each family, there should be members, who should be the network of cooperation with the PHVs and officers. Based on the nature of Thai family, there are generally one or more persons acting as leaders, who will take care of other members' health care. Such persons responsible for health care are recognized as "Family Health Leaders". Developing correct health care to these persons will provide a potential of family in terms of their own family's health care. Moreover, this will lead to the continuous development of health care, which is the additional factor making all families healthy.

Thus, the operation of Family Health Leader Development Project has been established widely as follows:

2.2.1.1 Objective: To encourage at least a person in a family, who:

(1) Has knowledge and ability to take care of his / her health and family members' health so that all members will have proper and correct health behavior.

(2) Can take care of a patient in the first stage and take such patient to a public health institute promptly when a sickness is occurred.

(3) Is the local resource participating in community development in terms of public health and other issues

2.2.1.2 Target: From 1998 – 1999, a village per sub-district covering all households; the target will be covered all areas within 5 years.

2.2.1.3 Meaning / Definition:

Family health leader is a family member acting as a leader and takes care of health for other members in order to make all family members healthy both physical and mental.

Thus, all families have already had a family health leader, who can be father, mother, uncle, aunt, brother, sister etc. based on the appropriateness, readiness and willingness. As the family health leaders gain health knowledge from various sources such as printing, electronic or personal media or from public health officers, public health volunteers and other persons, there can be a mistake or misunderstanding resulted from giver and receiver. Accordingly, there should be knowledge development and skills provided sufficiently to the family health leaders for suitable health care of family members. If the family health leaders are literate, interested, knowledgeable and has sufficient time for performing a duty, such leaders will be able to learn more efficiently than self-learning from printing media.

2.2.1.4 Role: The family health leaders have the responsibility to:

- Be a major leader of family to take care of family members' health
- Be a good example of good health care to family members
- Be a coordinator of family in participating in problem solving and public health development of family and community.

2.2.1.5 Development Guidelines:

For preparing the community to develop family health leaders, the public health officers have to make an understanding to PHVs and encourage them to understand about the family health leaders. Later, the officers will coordinate with the PHVs responsible for village / area in order to consider about the health care taker of each household. Therefore, the officers and PHVs, who are familiar with the community, can realize immediately who takes care of family's health, that is, the family health leader. Such family health leaders will coordinate and build a further cooperation with the officers and PHVs together. Apart from knowing who the family health leader is, the officers and PHVs have to realize how their responsible public health status of family is; how many the family health leaders are and what they would like to know additionally for planning and operating the family health leader development project properly and consistently with the problems of each family in the further stages.

In terms of giving knowledge to the family health leaders, the leaders can learn or gain knowledge and public health information from various sources. In addition, PHVs and public health officers responsible for village / area will be the major

personnels providing knowledge and necessary skills to the family health leaders. Moreover, they have to follow up and give advice to them periodically so that all family health leaders of their responsible village / area will have knowledge and proper practices of health care. Apart from direct knowledge providing of PHVs and public health officers, these PHVs and officers should provide other sources such as printing media to the family health leaders for their self-learning. Additionally, they should give advice and suggestion to the family health leaders for other knowledge sources such as TV / Radio health programs, health columns in newspapers, magazines and libraries, which the family health leaders can learn by themselves (as described in the figure) because various, continuous and natural learning will help the family health leaders gain knowledge, understanding and experience of better health care in Figure 2.1.

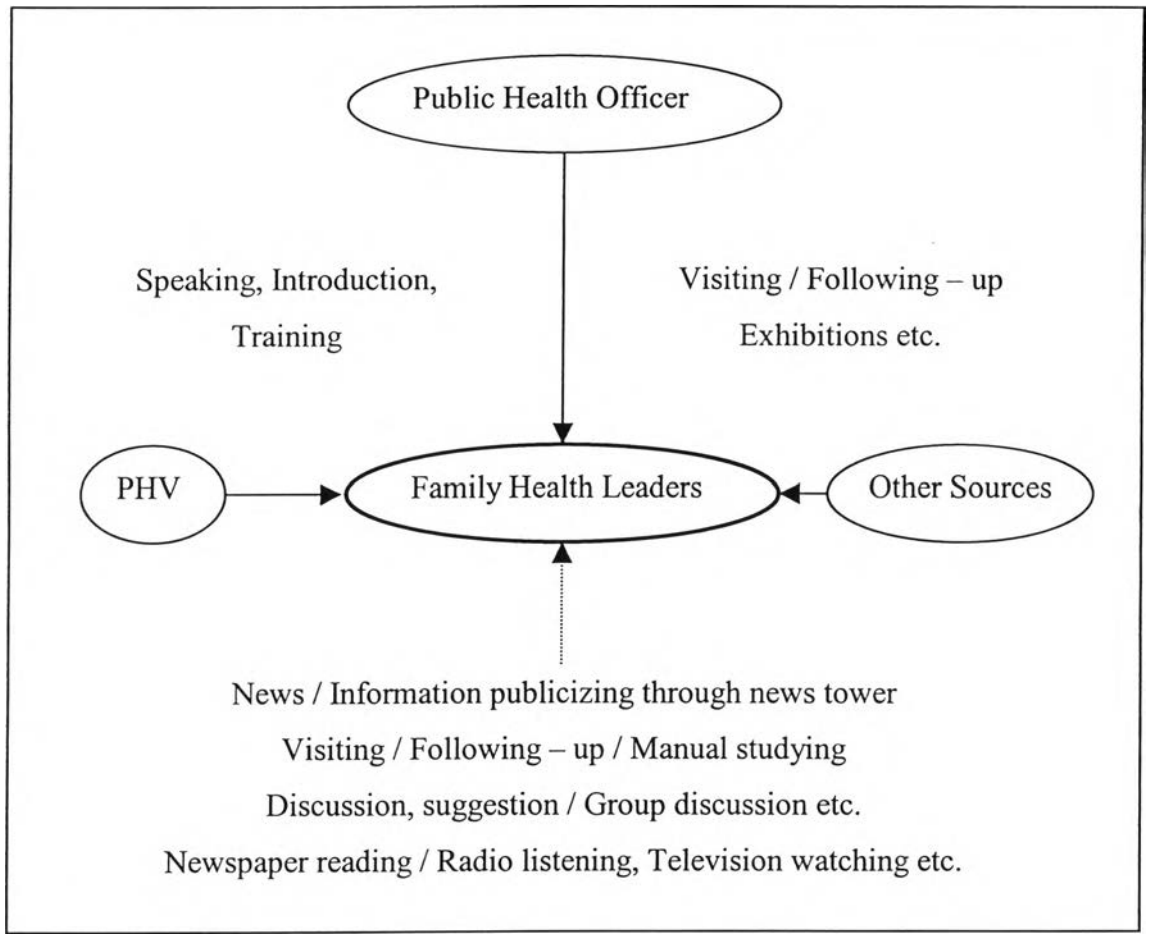

Figure 2.1: Sources and Methods of Knowledge Distribution to Family Health Leaders

In terms of network building, the family health leaders will coordinate with PHVs and public health officers in order to solve problems and develop local public health. In addition, the public health officers and PHVs will coordinate with these family health leaders regularly, equitably and thoroughly, which will lead to the network of coordination in terms of community public health development.

2.2.1.6 Scope of Knowledge

The fundamental knowledge necessary for the family health leaders consists of:

- Knowledge of health care for persons and family members
- Knowledge of primary sickness care
- Knowledge of knowledge sources and necessary public health sources
- Knowledge of public health problem prevention, which can be participated by the family

2.2.1.7 Operational Supports

In order to achieve the family health leaders according to the targets, the Ministry of Public Health has supported the performance as follows:

(1) The center unit will support and coordinate with province in developing the family health leaders, for instance, to develop the officers in various ways such as meetings of provincial public health officers, following-up, academic supervisions, documents, knowledge, information and other sources provided and budgeted by the department / division such as the budgets of Fundamental Public Health Committee, subsidization money supporting the performance of fundamental public health in the village (Section 800) and expenses section (Section 300) supporting province including the provincial budgets supported by the department / division for performing the public health in the community.

(2) The provincial unit will support to develop the family health leaders in terms of officer development such as meetings of district / sub-district public health officers, following – up, academic supervisions, documents, information and other sources both self-produced and supported by the department / division.

2.2.1.8 Budgets : Budgets are derived from Fundamental Public Health Committee, subsidization money supporting the performance of fundamental public health in the village (Section 800) and expenses section (Section 300) supporting province including the provincial budgets supported by the department / division for performing the public health in the community.

2.2.1.9 Evaluation Follow-Up consists of:

- Follow-up of operative progress of family health leader development in the provincial areas
- Report of fundamental public health results in Form Ror.Ngor. 302 submitted to the Fundamental Public Health Committee
- Knowledge evaluation of health literacy of family health leaders should be performed in the next stage.

2.2.2 The Family Health Leader Development Project of Trang Province

The Family Health Leader Development Project of Trang Province has received the operative policy of the family health leader development project according to the

meeting of Fundamental Public Health Division, Ministry of Public Health. In this meeting, the responsible personnel in the provincial level were invited to explain the operative guidelines of the project. Later, the project public health officers, who were responsible for provincial fundamental public health consisting of the leader of personal development and fundamental public health including two responsible persons had a meeting. The details of provincial operative meeting are described in Appendix1.

The date of Family Health Leader Development Project of Na Khao Sia Sub – district, Na Yong District, Trang Province was collected from documentations in terms of Input and Process by interviewing public health officers and public health volunteers, which are detailed in Appendix 2 and Appendix 3 can be summarized as follows:

The First Step: Preparation

(1) For district management, there was a meeting concerning with policy details and the project from district public health to the sub-district public health officers in terms of concepts / project / operative guidelines / contents / budgets.

(2) In terms of project writing, any person responsible for fundamental public health in the public health center level will write the project proposal stating the details of:

- A lecturer is a public health officer in the public health center level
- Contents of training will be considered from the community's problems
- Documents supporting a training

- Exploitation of audio visual aids
- Place of training
- Styles of training: group / individual
- Methods of training: lectures / demonstrations / practices

(3) The project will be proposed and must be approved by the superior

(4) In case of management decentralization from sub-district to villages, there will be a meeting of public health volunteers in order to explain the objectives of the project and provide the operative guidelines to public health volunteers so that they will have a participation in the selection of family health leader.

(5) The qualifications of FHLs and PHVs will be established as follows:

- Being literate
- Being interested in training
- Having a role to take care of family members' health

(6) The PHVs will select the family health leaders by considering with the family members

(7) The names of FHLs will be collected and submitted to the public health officers

The Second Step: Operation

(1) Providing a training to the family health leaders in terms of:

- AIDS
- Hemorrhagic Fever
- Diarrhea

- Diabetes
- Hypertension
- Primary sickness care in case of cold
- Fundamental Public Health Services such as Family Planning, Immunization for newborn to 5-year-old children, Care of Pregnant Women and Nutrition of Newborn to 5-year-old children
- Health Insurance

The Third Step: Follow - up

(1) After the training of public health volunteers, there should be the following – up / visiting and providing additional knowledge to family health leaders once a year.

(2) After the training of public health officers, there should be the following – up / visiting and providing additional knowledge to family health leaders once a year.

2.3 Relevant Researches

Although the family health leader development projects have been performed nationwide, there are quite a few of studies of project success evaluation. Thus, the researcher has concluded the studying guidelines concerning with the evaluation of family health leaders as follows:

In 2001, there was the study of learning development system and knowledge level of self-health care of family health leaders in the northeastern region by exploiting

research and development. This study was divided into three phases, that is, data collection and training experience in the first phase; the development arrangement and the evaluation in the second and third phases, respectively. Consequently, it was found that, there was a selection, which was usually performed by the community leader, public health volunteers and sub-district public health officers. Frequently, the housewives were selected and a training was lasted a day exploiting the contents prepared by the district public health unit. The lecturing was utilized in the training whereas the public health officer was a major lecturer. The contents were dealt with self-health care. In addition, the training documents were distributed as well. According to the potential development of family health leaders, PHVs played a significant role of participation and selection. Moreover, PHVs were also the lecturers and coordinated with the family health leaders. The family health leaders had the good and fair knowledge of health care for seven diseases, that is, they could take care sick children or persons suffering from hypertension, diabetes, AIDS, diarrhea, cold and hemorrhagic fever excepting the diarrhea, which they had the best level of knowledge. In addition, it was found that the population factors were sex, age, family members, alive children and age of the youngest child. The economic and social factors consisted of educational level and income and the training factor was the reception of training document. All these factors were related and had significant statistic meaning to the knowledge level of family health leaders. (Vanida Virakul & Tawil Lerkchaiyaphum , 1999).

According to the evaluation of the family health leader development project of 1997 in Trang Province, it was found that the previous development of family health leaders was still not successful according to the objective of the project because the

family health leaders had little correct knowledge of cold and diarrhea; therefore they could not help for the first aid well when a family member caught a cold. However, the primary help of diarrhea was quite satisfying and it was suggested that there should be the training evaluation of the family health leader development project as well. (Champen Charnchai et al., 1999).

Based on the study of results from health activities incorporated with social support of village public health volunteers on knowledge and behavior of family health leaders in terms of hemorrhagic fever and diarrhea prevention in Trang Province, it was found that the family health leaders of experimental group have changed the prevention behavior against hemorrhagic fever and diarrhea more correctly with a significant statistic meaning. In addition, the perception of knowledge, risk, seriousness and benefits of public health officers' advice in terms of disease prevention and behavior and supports of village public health volunteers were related to the practices of disease prevention in terms of hemorrhagic fever and diarrhea of family health leaders with a significant statistic meaning (Theerasak Makkun et al., 1999).

In terms of social and psychological studies concerning with the self-health care behavior of the family health leaders in Chacherngsao Province, it was found that (1) The female family health leaders had much health care in terms of nutrition than male health leaders (2) The old family health leaders had much exercise behavior than the younger health leaders (3) The family health leader having high education had better health care behavior than the health leaders with lower education (4) The family health

leaders having more supports from public health officers had better self-health care than the health leaders receiving fewer supports. (Phannarai Pitakcharoen et al., 2001).

According to the study of styles and learning development systems the family health leaders in Surin Province, Sakhon Nakorn province and Amnart Charoen Province, it was found that the family health leaders would like to learn about local infectious diseases, fundamental health care, training through proper lecturing and demonstrations performed by public health officers and public health volunteers. In addition, there were suggestions to have the continuous development; to exploit TV and news tower; to develop the family health leaders, who take care the health of their own, other's and community's, as the development network while the contents should be covered and developed continuously and directed in the same ways. (Vanida Virakul & Tawil Lerkchaiyaphum, 2001).

2.4 Conceptual Framework

According to the study of relevant concepts, the researcher can summarize the points of the evaluation of family health leader development project, in terms of output and outcome, which can be divided as the following details:

(1) The general information and personal characteristics include sex, marital status, main occupation, educational level, income of family, members of family, alive children, position of village, project training reception, health news / information acknowledgement, sickness in family, basic public health service reception.

(2) The knowledge of family health leaders and health care takers in terms of local diseases such as AIDS, Hemorrhagic Fever, Diarrhea, Diabetes, Hypertension; the primary sickness care in case of cold; the fundamental public health services such as family planning, Immunization for newborn to 5-year-old children; care of pregnant women and nutrition of newborn to 5-year-old children and health insurance.

(3) The operation of the project includes a selection of family health leaders, methods of training and knowledge providing to FHLs, following – up / visiting / providing knowledge and training contents.

(4) Factors and knowledge sources such as the project operation in the village for five years can be regarded as information / news sources and knowledge affecting to health care behavior of the family health leaders both in individual and family level as detailed in Figure 2.2.

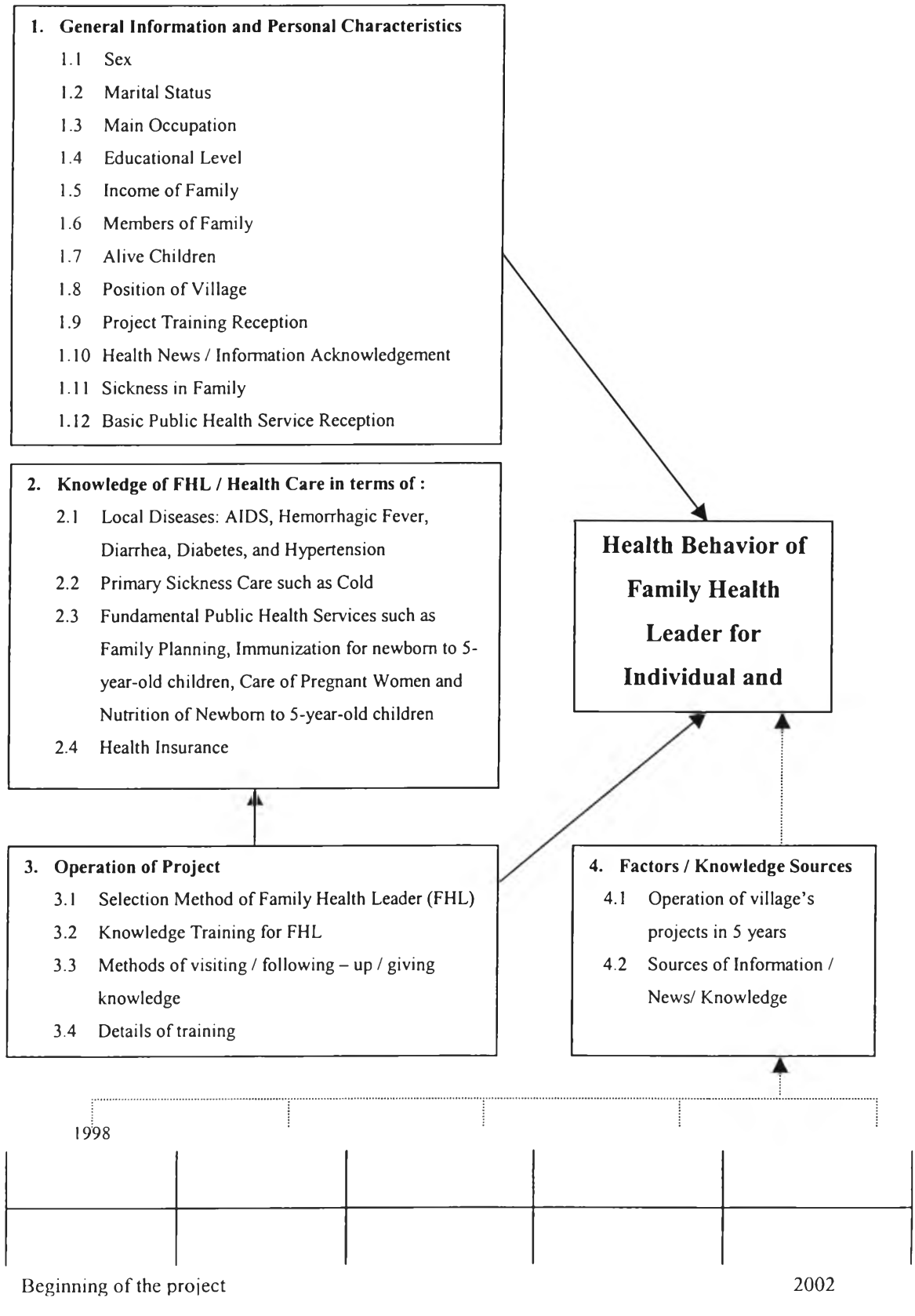

Figure 2.2: Flowchart of Conceptual Framework of Evaluate Development Project.