

CHAPTER 5

RECOMMENDATIONS

This project was developed and implemented a health promotion program for the elderly focussing on the Family Health Leaders(FHLs.) using Participatory Learning strategy training. The target populations were the 50 Family Health Leaders that live in Ban Dondauykai, Kham Khuam Kaeo District, Yasothon Province, Thailand.

This project had the specific objective to train the FHLs so they knew about the promotion of self health care for the elderly using Participatory Learning strategy. By the end of the project it was found that there were changes in FHLs's Knowledge, Attitude and Practice from the training program as follows;

Knowledge: The mean score of the FHLs' knowledge post follow-up training was higher than pre 2-days intensive training with a significant difference ($p = 0.000$).

Attitude : The mean score of FHLs' attitude post follow-up training was higher than pre 2-days intensive training with a significant difference ($p = 0.000$).

Practice: The mean score of FHLs' practice post follow-up training was higher than pre 2-days intensive training without a significant difference ($p = 0.090$).

The FHLs' independent variables factor that significant with the knowledge and attitude were marital Gender Age and Education. ($P = .000$). There were no independent variables significant with the level in the FHL's practice. ($P = 0.090$)

For developing the training program, this project suggests as follows;

1) The training group by using the Participatory Learning should be limited to not more than 30 because some Family Health Leaders will not participated in a large group. If the project has an adequate budget it would be better to have 2 separate groups.

2) The best time to operate the training program is when there is no agricultural work to distract the participant.

3) The Ministry of Public Health or the other organization who work with the elderly have the evaluation criteria for the Quality of Life of the people who aged 45-59 years to prepare them to be healthier in their old age.

4) Participatory Learning training strategy was unable to change some behavior of the elderly such as their attitude toward eating brown rice and smoking.

5) We should use Participatory Learning training strategy with other groups for promoting self-health care of the elderly.

6) In these regards, alternative methods of Participatory Learning may be appropriate, i.e., Appreciation Influence and Control (AIC Technique). This particular strategy has been used in many intervention programs by the staff of Ministry of Public Health with promising result.