

CHAPTER VI

ANNOTATED BIBLIOGRAPHY

Arca, R., Figueroa, P., Freij, L., Janjaroen, W., Langsang, M.a., Neufeld, V., Nuyens, Y., Okello, D., Paulino, R., Raymundo, C., Sitthi-amorn, C., Suwanwela, C., Tan-Torres, T., & Tollman, S. (1997). "Introduction." In M.A. Langsang (Integrator), *Essential National Health Research and Priority Setting; Lesson learned*. Manila: Council on Health Research for Development (COHRED).

Description of a framework for considering a health problem and the four types of research to which it may give rise. This framework shows that operational research will be chosen in the case of ignorance of health information delivery as the health problem.

Atwood, K., Colditz, G.A., & Kawachi Ichiro. (1997). From Public Health Science to Prevention Policy: Placing Science in Its Social and Political Contexts. *American Journal of Public Health*, 87(10), 1603-1606.

This article described about health education design. The health education program would be designed to instruct knowledge which was appropriate to people's lifestyle with easy-to-understand language and suitable for each target group to

practice. It also stated about three requirements for successful action of any public health program. These are *Knowledge Base*, *Political will* and *Social Strategy*, like three legs of stool which would not be completely used, if any leg is lost. The authors also describe about grass-roots action or participatory action research (Smith, Pynch and Lizardi, 1993) that it is a mechanism or social strategy by which politically active citizens have generated political will and share a value base with people centered development which acknowledges the validity and importance of people's knowledge and works to build competence and health in individuals and communities. This leads to a human awareness of a healthier environment and lifestyle based on structural interventions implemented by governmental, non-governmental and local activities to produce effective preventive action aimed at promoting health-enhancing behaviors and reducing health-compromising behaviors.

Calder, J. (1994). *Program Evaluation and Quality*. London: Kogan Page Limited.

The author suggests eight basic stages of evaluation which is added to Posavac & Carey's schematic diagram of the place of evaluation as a feedback loop for a human service program to be a conceptual framework of program evaluation using in data exercise for the proposal modification.

Dalis, T.G. (1994) Effective Health Instruction: Both a Science and an Art. *Journal of Health Education*, 25(5), 289-294.

The learning process is explained: much of learning happens when someone, who knows something, passes that knowledge to someone who did not know, be thier parents, other family members, peers, or teachers; and the author pointed out , if changes did not occur in teaching and learning all other changes had little value. He also reminded us about two issues, which effective instruction hinges on – what to teach and how to teach it. He concluded that the central thrust of health instruction must be promoting health enhancing behaviors and diminishing or extinguishing compromising behaviors within the context of a democratic society.

Khamnuansilpa, P., Samanasang, S., & Sila, S. (1998). *Operation Research: The tool of Social Development*. Khonkaen: Phra Thamakhan Publishing.

Participatory action research (PAR) is explained as the research derived from operational research in the viewpoint of social development. It consists of three important stages of operation. First, problem identification. Second, determination of a problem solving strategy. Finally, strategic trial and evaluation.

Klepp, K., Ndeki, S.S., Seha, A.M., Hannan, P., Lyimo, B.A., Msuya, M.H., Irema, M.N., & Schreiner, A. (1994). AIDS education for primary school children in Tanzania: an evaluation study. *AIDS*, 8(8), 1157-1162.

A paper which concluded that HIV/AIDS education for sixth and seventh grades (average age, 14.0 years) could foster increased knowledge about and communication regarding HIV/AIDS; and the program appeared to have succeeded in

making AIDS a topic of discussion outside as well as in the school setting with their parents, other relatives and religious leaders following the intervention, and the researchers hoped their program may have contributed to an increase in the community's awareness of HIV/AIDS.

Phelps, C.E. (1992). *Health Economics*. Harper Collins Publisher Co.

A monopolistic market in the health service system, is explained as the system having only health providers who may represent good *supply side*, and a lack of participation by people representing *demand side*; this will lead to the failure of political will.

Posavac, E.J., & Carey, R.G. (1980). *Program Evaluation: Method and Case Studies*. New Jersey: Prentice-Hall, Inc.

The reasons pointed out to conduct program evaluation are:

1. To fulfil the accreditation requirement.
2. To account for findings.
3. To answer requests for information.
4. To help administrative decision making.
5. To assist staff in program development.
6. To learn about unintended effects.

Rains, J.W., & Ray, D.W. (1995). Participatory Action Research for Community Health Promotion. *Public Health Nursing, 12*(4), 256-261.

This article describes about PAR: PAR is a combination of community participation, research and action that supports local insights and abilities regarding the resolution of community issues. Rather than following a restricted and rigid research methodology, the process of inquiry is social and flexible, involving a collaborative interaction between the community and the researcher (Kelly, 1990) and also is part of an “emerging paradigm of co-operative experimental inquiry”, which simply stated is “research that was with and for people rather than on people” (Reason, 1988).

Ramasuit, P. (1992). *Participatory Action Research*. Bangkok: Social Researcher Association.

The author suggests nine stages of PAR which are similar to Svetsreni, T.’s 10 ladder steps for community development (1995). These were used in forming the modified PAR guideline for empowering the community to participate in health problem solving (see Appendix A) and describing the modification of PAR process for community preparation to find out the target community and research participants in the conceptual framework of the proposed study as follows:

1. Using inquiry process with the relevant communities to identify the health problem concerned and the area needed to solve the problem which lead to find out the target community and research participants

2. Research participants training by participatory learning to understand problem and causes identification, strategy for problem solving, responsibility delegation, planning, coordinating, monitoring, budgeting and evaluation
3. Participatory planning of research methodology for formative evaluation
4. Explanation of data collection
5. Data analysis cooperation with technical researchers.
6. Community reporting of findings for public scrutiny and community discussion for an alternative way or strategy to solve the target problem or other constraints
7. Program modification by the community
8. Implementation
9. Monitoring and evaluation by participatory action between researcher team and community
10. Collect reflections information as feedback for plan modification and assessment. If it is successful, it will be continued to set further development plan; if it is failure, it will be modified or corrected and returned to begin step 1.

Ratnaike, R.N., & Chinner, T.L.(1994). The Importance of Health Education in Program to Control Diarrhea: Experience in an Australian Aboriginal Community. *Journal of Health Education*, 25(51), 283-287.

A study which suggested three critical success factors of the health education program to control diarrhea in an Australian aboriginal community: (1) participation in a health education program, (2) the health education program based on the recipients' knowledge, attitude and practices regarding diarrhea will be better able to target the areas of cultural or individual ignorance in the community in a sensitive non-patronizing manner and (3) it is important that communication problems between the educators and the recipients be minimized.

Schiffman, Leon G., & Kanuk, L.L. (1991). *Consumer Behavior*. (4th ed.). New York: Prentice-Hall, Inc.

Interpersonal communication by word-of-mouth is explained: the positive word-of-mouth messages can be very beneficial to a marketer; conversely, negative word-of-mouth can be disastrous because it is too difficult to control. The authors suggested that learning with two or more types of teaching are important in forming an overall mental image, leading to a long term store of memory. This knowledge was modified to use in planning the 1998 Chonburi provincial program of diarrhea education.

Shaffer, D.R. (1996). *Development Psychology Childhood and Adolescence*. Pacific Grove: Brooks/ Cole Publishing Company.

The author described the cognitive learning theory: it is a kind of learning represented by problem solving learning, which enables individuals to gain some

control over their environment. It is a process that continually evolves and changes as a result of newly acquired knowledge which may be gained from reading or observation or thinking or from actual experience. Both newly acquired knowledge and experience serve as feedback to the individual and are the basis on which he or she acts, sustains or modifies behavior in similar situations in the future. This is useful for setting a conceptual framework of changing behavior by participatory action research (PAR).

Smith, S.E., Pynch, T., & Lizardi, A.O. (1993). Participatory action – research for health. *World Health Forum*, 14, 319-323.

A choice of papers which explains clearly participatory action research (PAR). PAR is one mechanism that will be represented as a linear process of “Look”, “Think”, “Act” and “Reflect” and shows the grass-roots linkage which is linked continuously with the aid of combining quantitative and qualitative techniques of research.

Watana, K., Manit, P., Panitsukho, R., Srisakul, M., Ratnachotipanit, Ng., Pongchavalit, B., Wichitkulsawat, W., Aekwanitsakulporn, S., & Kirdphan, M. (1997). *Community Health problem at Mou 3-4 Villages of Najomthien, Sattahip District, Chon Buri Province*. Chon Buri: Chon Buri Provincial Public Health Office.

The researchers team expressed the difference in concern of the community health problem between people and researchers. People think about improper garbage management while the researchers think of acute diarrhea. However, the two concerns are related as the cause and the result respectively. People conclude at first sight, but researchers conclude after critical thinking.