

CHAPTER 4

DISCUSSION AND CONCLUSION

4.1 Discussion

This project was aimed to improve self-care behavior of DM patients who could not control fasting blood sugar (FBS \geq 200mg %) Health Promotion Program using participatory learning strategy was adjusted. The target populations were 30 of DM patients at Saimoon Hospital, Saimoon District, Yasothon Province, Thailand. The criteria for selection of the DM patients were.

1. That they could not control fasting blood sugar (FBS \geq 200mg %)
2. That they were interested and willing to participate in this project.
3. That they could read and write Thai.

The following paragraphs contain main discussions of the project.

1. The training program using the Participatory Learning strategy.

From the result of this project it was found that Participatory Learning is appropriately adapted to the DM patients training program. Even though most of them finished primary school and aging, but it was not obstacle to this training program because they were interested and willing to participate in this project. They have gained

more knowledge about DM and learnt to apply the experience from health promotion program to their life style. They have fun in the process of Participatory Learning because they participated with the group members and trainers. They could share their experience to the others about self-care behavior and improved it by learning in this training process. They were satisfied with the activities comprised in the training program because they could learn and practice as the same time. They could explain to the class about their reason and the trainers would summaries to the group at the end of each session.

2. Objective of the project.

This project had a specific objective which was to improve knowledge and self-care behavior in DM patients. After completion of this project, changes were found in DM patients' knowledge about DM and self-care behavior as follows:

2.1 Change in the score of the DM patients' knowledge.

The means score of the DM patients' knowledge post training was higher than pre-training with a significance as .05. The mean score of knowledge level was increased from 13.35 pre training to 14.73 post training which was high level. This indicates the effect of the participatory Learning training program on patients' knowledge. (See Table 3.3).

2.2 Charge in The score of self-care behavior's Knowledge.

From participation with the training program, the DM patients have improved the knowledge of self-care behavior with significance as .05 especially self-care behavior on food consumption. The mean score before participation was 4.03 but

after training the mean score increased to 5.13. The mean score on the treatment pre training was 3.53 but after program it was 3.90. The mean score of complication prevention before training was 6.57 but after the training program it was 7.23. However, the effects of health promotion training program on self-care behavior relating to exercise. It shows on a significance difference.

When considering blood sugar level controlling it was found that the training program affected the result of FBS level and HbA_{1c} level with a significance as .05. The FBS level was decreased from 212.93 mg. % to 164.87 mg. % and the level of HbA_{1c} was decreased from 14.36 mg. % to 11.96 mg. % (See table 3.8, 3.9). When considered to the results of FBS and HbA_{1c} before and after training in the same case of them. There was the difference with significance (2-tailed) at pre-value less than .05 ($t=4.610$) and significance (2-tailed) at .007 ($t=3.059$). That means the participatory learning strategy adopted in health promotion training program effected self-care behavior change in DM patients at Saimoon Hospital.

4.2 Conclusion

In parts of organization and human resources development in Saimoon Hospital the health promotion center was established at Saimoon Hospital. The health promotion program provided useful knowledge for DM patients who participated in this program. The participants had a better knowledge of correct self-care behavior, which they could continue to improve themselves. As a result from the activities in training program

participants' HbA_{1c} and FBS were decreased with significance. The reason for this change is related to the model of training program that;

- 1) took patients to stay overnight and they could exchange their experience and made relationship with other participants and;
- 2) the trainers in Participatory Learning process were very informal.

Then the DM patients were made to trust the trainers and to take the role of participants by asking, explaining and exchange idea to the others. The process of Participatory Learning in training program made them aware to think and do by themselves. This is consistent to the concept of Prapapen Suwan (2534:17). The real and permanent learning in person must be of changing knowledge and acting. They need to learn about self-care behavior from the others and compared to their problems. By doing this they could find the right behaviours that they can apply to their life-style.

However, although the process of participatory learning in training program could affect knowledge and some behavior aspects, it could not effect to self-care behavior relating to successive exercise. From this result, self-care behavior on exercise was difficult to change by the training. Other factors including culture in the local and life style in community may contribute to this behaviour. The follow up system of the health promotion center did not allow the researcher to investigate and follow the DM patients in community. According to the follow up most of them have more exercises than before, Because of the target group was the aging who have limitation in movement, that in the future the researcher team need to develop to a more appropriate health promotion system for community in order to produce a more meaningful results.

In summary, the following major conclusions emerged from this study are as follow:

1. The thirty-DM patients participated in training program.
2. Post intervention, DM patients had a better knowledge than pre intervention with a significance P-value as .05
3. Post intervention, DM patients has a score of improved self-care behavior better than pre intervention with a significance P-value as .05
4. Post intervention, there are the differences of FBS and HbA_{1c} level in the same case DM patients at pre-post training.