

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

This research was a quasi - experimental research in objective of study the effectiveness of the applied concept in having family health volunteers participate to the control of *Aedes aegypti* larvae, in Muang District, Nakorn Si Thammarat Province. The concept of family health volunteers participation can be the guideline to set up a health education program for the result that, the family health volunteers in experimental group learn by experience that bring to the change in knowledge of DHF and the control of *Aedes aegypti* larvae, perceived susceptibility of DHF, perceived severity of DHF, perceived cost-benefits in the control of *Aedes aegypti* larvae, and finally they change in behavior in control *Aedes aegypti* larvae.

The sample group in the research was family health volunteers in 208 samples from Pho Sadet Sub - District, Muang District, Nakorn Si Thammarat Province. Divided to two groups 109 samples from Moo.4 was the experimental group, and 99 samples from Moo.1 was the comparison group.

The health education program start from 8 June to 31 July 2003 in the period of eight weeks. The first week was for data collection either in experimental or the comparison group by the interviewing form created by the researcher. They was data in

socio - demographic, the knowledge of DHF and the control of *Aedes aegypti* larvae, perceived susceptibility of DHF, perceived severity of DHF, perceived cost -benefits in control of *Aedes aegypti* larvae, and the survey of *Aedes aegypti* larvae by the surveying form. For the week 2-3 and 5 are three times of the activities assigned in the health education program for increase knowledge of family health volunteers group, and the skill in survey of *Aedes aegypti* larvae, eradicate of *Aedes aegypti* breeding place. In the week 4 and 6, the public health volunteers follow up the family health volunteers job in control of *Aedes aegypti* larvae. For the weeks 8 collect the data, the interviewing form and survey of *Aedes aegypti* larva form in the experimental and comparison group. The whole of data was to be analyzed by SPSS for windows software to test hypothesis in the research. Limit the value of statistic reliability 0.05 the criterion in accept the hypothesis. The data in quality of population analyzed in percentage, mean and standard deviation. To analyze the mean score between the sample group by Student 's t- test and the within group mean score with Paired Sample t- test, the *Aedes aegypti* larvae index test in statistic by Z- test.

The Results of this Research

1. Socio – demographic characteristic

The data in socio – demographic characteristic were similar between the experimental group and the comparison group. The majority samples were female, the majority of age was 40-59 years, couple in marital status, primary school in education, agriculture and housewife in occupation. They were hardly found experience of Dengue Haemorrhagic Fever among their family members, and neighbors. Family DHF

experiences were the children of family health volunteers. The survey of *Aedes aegypti* larvae usually 1-2 times.

2. Comparison of knowledge in DHF and the control of *Aedes aegypti* larvae

Both experimental and the comparison group, before the experimentation, they were not different in knowledge of Dengue Haemorrhagic Fever and the control of *Aedes aegypti* larvae in significant statistic. After the experimentation, the experimental group has more mean score of knowledge than the previous and also more than the comparison group in significant statistic that was harmonious to the hypothesis 1.1

3. Comparison of perceived susceptibility of DHF

Before the experimentation, both groups they were not different in perceived susceptibility of DHF in significant statistic. After the experimentation, the experimental group have more mean score perceived susceptibility of DHF than the previous and also more than the comparison group in significant statistic and it was harmonious to the hypothesis 1.2

4. Comparison of perceived severity of DHF

Before the experimentation, both groups were no different perceived severity of DHF in significant statistic. After the experimentation, the experimental group have mean score perceived severity of DHF than the previous and also more than the comparison group in significant statistic and it was harmonious to the hypothesis 1.3

5. Comparison of perceived cost- benefits in control of Aedes aegypti larvae

Before the experimentation the experimental group and the comparison group, their perceived cost- benefits in control of Aedes aegypti larvae are no different in significant statistic. After the experimentation, the experimental group increase their mean score perceived cost-benefits in control of Aedes aegypti larvae more than they used to be, and more than the comparison group in significant statistic according to the hypothesis 1.4

6. Comparison of Aedes aegypti larvae control practices

Before the experimentation both groups were no different practices in control Aedes aegypti larvae. After the experimentation, the experimental group were more correct of practices in control of Aedes aegypti larvae and more than the comparison group that agree to the hypothesis 1.5

7. Comparison of Aedes aegypti larvae index

Before the experimentation both groups are no different in significant statistic of H.I., C.I., B.I. After the experimentation, the experimental group decreased in value of H.I., C.I., and B.I. than before the experimentation and lower than the comparison group in significant statistic, that agree to the hypothesis 2.

As a result of the research, the effectiveness of health education program in applied the participation of family health volunteers to the activities in order to change the behavior in control of Aedes aegypti larvae, by way of group activity such as, group

discussion, present the idea, sharing experiences, demonstration, practice and the health volunteers to follow up continually that cause the decreasing of *Aedes aegypti* larvae index, on the other way the family health volunteers are better in control of *Aedes aegypti* larvae behavior.

Recommendations from the Research Results

1. The application of the family health volunteers participation concept in planning organizing a health education program was effective in changing behaviors of family health volunteers in control of *Aedes aegypti* larvae regarding knowledge of DHF and the control of *Aedes aegypti* larvae, perceived susceptibility, perceived severity, and perceived cost – benefits in control of *Aedes aegypti* larvae and their practices for DHF control. Therefore, it is recommended that this type of program should be applied to other villages that facing DHF.
2. The research arranged health education activities for family health volunteers in the experimental group in order to adapt and change the behavior in preventing DHF both at home and public sites. Family health volunteers are asked to note down the result of survey and practicing control and eliminate breeding places of *Aedes aegypti* both at home and public sites in the record form. This should be one method in promoting and arousing the family health volunteers to practice preventing DHF. For continuity and regularity of the behavior there should be form of recording the result of survey and the result of the practice of controlling and

destroying breeding places for *Aedes aegypti* attached at home and public sites for family health volunteers to continue recording the practice every week.

Recommendations for Further Research

1. There should be research study in the form of operational research among leaders of communities especially leaders of the locality in the level of Thumbon Administrative Organization. This could cause awareness of the significance in the community and villagers participate in preventing DHF. It could be done through resource management especially the budget and write operational plan for preventing and controlling DHF in their locality and the development of environmental health.
2. The research was to be limited by time, there was a short period of the activities with in only eight weeks, that's why all the behavior changes were not seen in obviously. There still some behavior changes do not reveal in rapidly. Actually there needed 3 - 6 months or more, to confirm the effectiveness of the health education program, by follow up and evaluate the enduring of behavior intermittently together with the motivation to observe the tendency in decreasing or DHF and the increasing of teeming index of *Aedes aegypti* larvae B.I., C.I., H.I.
3. Similar program should be conducted in the other groups of population such as: adolescent and youth leaders with the aim to control DHF.

4. All family health volunteers should be participated in this type of education program.
5. For continuity and sustainability should be meeting every month for public health staffs and family health volunteers to participate in and exchange opinions and experiences among one another, know the problem, result of the practice and DHF situation in the community, family health volunteers would be enthusiastic to participated and cooperated in activities.