

CHAPTER IV

RESULTS

The results of data analysis will be presented in 5 parts as follows:

1. Descriptive statistics of socio-demographic data of Family Health Leaders: socio-demographic, predisposing, enabling, and reinforcing characteristics (all independent variables), and preventive behaviors against dengue fever (dependent variables).
2. Relationships of socio-demographic factors with preventive behaviors
3. Relationships of other predisposing factors (knowledge and attitude) with preventive behaviors.
4. Relationships of enabling factors with preventive behaviors.
5. Relationships of reinforcing factors with preventive behaviors.

Sections 2-5 assess associations between independent and dependent variables. With some exceptions, only statistically significant ($p \leq 0.05$) and marginally significant associations ($0.05 < p \leq 0.10$) are presented in this chapter. The remaining non-significant associations ($p > 0.10$) appear in Appendix F.

1. Descriptive statistics of socio-demographic data of Family Health Leaders predisposing, enabling, and reinforcing characteristics, and preventive behaviors.

1.1 Socio-Demographic Characteristics

The majority of Family Health Leaders were female (72.2%) aged 19 years to 77 years (45.96 years on average), with standard deviation of 11.46 years and 32.7% aged between 36 years to 45 years. More than half of respondents (78.2%) were married and living together. Most of them were educated at the primary school level (82.9%) and 63.6% had an agricultural occupation. The most common family income was 2,500 to 4,000 baht per month (29.1%). They were living in Kongkraitat district 36 - 45 years (33.3%). The family size had 2 persons or less than in family (37.6%) and 47 families ever had dengue infection history (10.4%). Socio-demographic characteristics are presented in Table 4.

Table 4: Number and percentage of the respondents by socio-demographic characteristics (n = 450)

Characteristics	Number	Percentage
Gender		
Male	123	27.3
Female	327	72.7
Age group		
≤ 35 years	83	18.4
36 – 45 years	147	32.7
46 – 55 years	118	26.2
≥ 56 years	102	22.7
$\bar{X} = 45.96$ S.D. = 11.46	Minimum = 19	Maximum = 77
Marital status		
Single	44	9.8
Married / living together	352	78.2
Married / separated	8	1.8
Widowed	38	8.4
Divorced	8	1.8
Education level		
Primary school	373	82.9
Secondary school	43	9.6
High school or higher	34	7.5
Occupation		
Unemployed	24	5.3
Housewife	43	9.6
Government officer	5	1.1
Agricultural	286	63.3
Commercial/business	68	15.1
Other	34	7.6
Income (Baht/month)		
≤ 2,500	95	21.1
2,500 – 4000	131	29.1
4001 – 6000	124	27.6
≥ 6001	100	22.2
$\bar{X} = 5,189.44$ S.D. = 3,950.15	Minimum = 500	Maximum = 30,730
Duration of living in Kongkrait District		
≤ 35 years	105	23.3
36 – 45 years	150	33.3
46 – 55 years	108	24.0
≥ 56 years	87	19.3
$\bar{X} = 43.63$ S.D. = 13.089	Minimum = 2	Maximum = 72

Table 4: Number and percentage of the respondents by socio-demographic characteristics (n = 450)

Characteristics	Number	Percentage
Members of family		
≤ 2	169	37.6
3	135	30.0
≥ 4	146	32.4
Dengue infection history in family		
Yes	47	10.4
No	403	89.6

1.2 Predisposing factors; consist of knowledge about dengue infection and attitude towards dengue infection.

1.2.1 Knowledge about dengue infection

This study revealed that, from a maximum possible score of 15, family health leaders mostly had the level of knowledge about dengue infection in the level of moderate to high level (see table 5). Most of the knowledge at moderate level (55.6 %) followed with high level (31.1 %) and low level (13.3 %). The average score of the knowledge was moderate level at 10.40 points, the standard deviation 2.00, the minimum scores as 2, and maximum scores as 14.

Table 5: Number and percentage of the respondents by the level of knowledge about dengue infection

Level of knowledge	Number (n = 450)	Percentage
High knowledge (score 12 – 15)	140	31.1
Moderate knowledge (score 9 – 11)	250	55.6
Low knowledge (score 0 – 8)	60	13.3
\bar{X} = 10.40 S.D. = 2.00	Minimum = 2	Maximum = 14

Responses for the 15 specific knowledge items are summarized in Table 6. When considering in each item of the knowledge about dengue infection, which had 15 items. In all, 98.0% of subjects knew that discarded bottles, old tyres, and coconut shells outside the house can be breeding places for mosquitoes (item 13). The question with the least number of correctly answered, 18.7% was the question concerning vaccination can prevent dengue infection (item 8).

Table 6: Number and percentage of the items on the knowledge about dengue infection correctly answered by respondents. (n = 450)

Items	Number	Percentage
13. The breeding places outside the house	441	98.0
11. The best method for prevent dengue infection	429	95.3
1. The name of the vector for dengue infection	425	94.4
2. Day bite mosquito are causing dengue infection	424	94.2
6. Dengue patient can die if not the right treatment	422	93.8
12. Weekly change water can reduce dengue mosquito	396	88.0
4. Symptoms of dengue infection	386	85.8
7. Paracetamal is a drug of choice for reduce fever	373	82.9
14. Cleaning the container can get rid of mosquito eggs	360	80.0
15. Children should use repellent everyday	245	54.4
3. All season can cause dengue infection	210	46.7
5. Who can get dengue infection	203	45.1
10. The breeding places for mosquito that lay eggs	175	38.9
9. Volume of temephos sand for put in water jar	109	24.2
8. Vaccination can prevent dengue infection	84	18.7

1.2.2 Attitude towards dengue infection

Most of respondents had fair level of attitude toward prevention and control of dengue infection 41.5%, good level of attitude 38.7% and poor attitude level 19.8%. The average score was 38.76 from a total maximum of 45, standard deviation was 4.13, the minimum scores and the maximum scores were 23 and 45, respectively, as shown in Table 7.

Table 7: Number and percentage of the respondents by the level of attitude towards dengue infection

Level of attitude	Number (n = 450)	Percentage
Good level (score 41 - 45)	174	38.7
Fair level (score 36 - 40)	187	41.5
Poor level (score 15 - 35)	89	19.8
$\bar{X} = 38.76$ S.D. = 4.13	Minimum = 23	Maximum = 45

Answers for specific attitude items are summarized in Table 8. Generally, percentages with good attitudes on positive statements were higher than corresponding percentages for negative statements.

Table 8: Percentage of the respondents by the attitude towards dengue infection

in each item. (n = 450)

Statement	Agree	Uncertain	Disagree	\bar{X}	S.D.
	%	%	%		
The positive statements ("Agree" is best answer)					
3. You are important person in preventive and control dengue infection.	84.9	10.7	4.4	2.80	0.50
9. Sleeping in mosquito net or screens on window and door can prevent dengue infection	87.8	8.4	3.8	2.84	0.46
11. Advantage of tight cover will prevent mosquito laying egg	89.1	4.4	6.4	2.83	0.52
13. Everybody has a chance to be infected with dengue virus	80.0	16.4	3.6	2.76	0.50
The negative statements ("Disagree" is best answer)					
1. A strong person will not get dengue infection	11.6	28.4	60.0	2.48	0.70
2. Dengue infection can cure itself without treatment	5.3	3.1	91.6	2.86	0.48
4. No need to get rid of the mosquito breeding places in family who's never infected	4.7	8.0	87.3	2.83	0.49
5. Eliminating the breeding places of mosquito as vector of dengue infection is very expensive	13.8	14.4	71.8	2.58	0.72
6. Dengue infection is a disease that can not be prevented	8.4	14.0	77.6	2.69	0.62
7. Person more than 20 years old can not get dengue infection	3.8	21.1	75.1	2.71	0.53
8. Eliminating mosquito larvae in drain pipe can prevent and control dengue infection	67.3	17.1	15.6	1.48	0.75
10. Dengue infection prevention is responsibility of the public health staff only	44.0	10.2	45.8	2.02	0.95
12. Only fogging spray is enough to prevent mosquito, no need for other method.	10.9	13.8	75.3	2.64	0.67
14. Person who ever got dengue infection, can not get it again	9.1	32.7	58.2	2.49	0.66
15. Don't put temephos sand in utility jars because it can make danger of human and pet.	5.1	16.4	78.4	2.73	0.55

1.3 Enabling factors; consist of sufficiency of resources for prevention on dengue infection.

When considering each of the items of the resources found that all of respondents had mosquito net or screen with good condition. Most of respondents don't have the cover water container (298 or 66.2%) but they used at least one method for prevention of mosquito egg laying in water containers such as put temephos larvicidal sand, change water every week, etc. Amongst 298 families, put temephos sand in water container 96.3% and change water container every week 86.24%. 81 families (18.0%) reported not having sufficient temephos sand, and 163 families (36.2%) reported an insufficient amount of existing local resources. On balance, all families had sufficiency of at least one resource, and the great majority had sufficiency of more than one. Details are given in Table 9.

Table 9: Number and percentage of the respondents by the sufficiency of resources for prevention and control dengue infection.

Type of resources		Number	Percentage
Mosquito net/screen	Have with good condition	450	100.0
	Don't have	0	0
Cover of water container	Have	152	33.8
	Don't have	298	66.2
Temephos sand	Enough throughout year	369	82.0
	Not enough	81	18.0
Other resources	Use	287	63.8
	Don't use	163	36.2

1.4 Reinforcing factors; consist of the frequency with which respondents received information regarding dengue infection, and the number of sources from which they received this information (such as health officer, health volunteer, etc.).

1.4.1 Frequency of receiving information

Most of Family Health Leaders received the information with high frequency 68.9%; followed by moderate frequency 29.1% and low frequency 2.0% (see table 10). The average score were 33.61 scores, standard deviation was 4.623. The minimum score was 15 and the maximum score was 40, equal to the maximum possible. Table 11 gives frequencies with which they received specific information items.

Table 10: Number and percentage of the respondents by the level of receiving information about dengue infection.

Receive information	Number (n = 450)	Percentage
High (score 36 - 40)	165	36.7
Moderate (score 31 - 35)	176	39.1
Low (score 0 - 30)	109	24.2
$\bar{X} = 33.61$ S.D. = 4.623	Minimum = 15	Maximum = 40

Table 11: Percentage of the respondents on receiving information items about dengue infection from media or person.

Information	More than	Once	Never	\bar{X}	S.D.
	once				
	%	%	%		
1. <i>Aedes aegypti</i> mosquito is the cause of dengue infection	96.4	1.3	2.2	1.94	0.32
2. Even you got dengue infection, you can infect it again	83.1	5.8	11.1	1.72	0.65
3. Severity of dengue infection can cause of death	92.0	4.4	3.6	1.88	0.42
4. To avoid mosquito bite is the one method for prevent dengue infection	95.3	4.0	0.7	1.95	0.25
5. To eliminate breeding places can reduce risk in dengue infection	94.2	4.0	1.8	1.92	0.33
6. If you have a high fever paracetamal is a drug of choice	87.6	6.7	5.8	1.82	0.51
7. If you have a high fever, you don't sure that get dengue infection or not should see the doctor immediately	85.8	6.2	8.0	1.78	0.58
8. Sleeping in mosquito net/ screen can prevent dengue infection	83.1	10.4	6.4	1.77	0.56
9. Should read the label carefully before use repellent	66.0	15.1	18.9	1.47	0.79
10. Some repellent don't use for children younger than 4 years old	46.0	18.0	36.0	1.10	1.90
11. Temephos sand should put in cement tank in the bathroom or latrine only	58.7	9.3	32.0	1.27	0.92
12. Put temephos sand 20 grams per water 200 litre	77.8	8.4	13.8	1.64	0.71

Table 11: Percentage of the respondents on receiving information items about dengue infection from media or person. (cont.)

Information	More than	Once	Never	\bar{X}	S.D.
	%	%	%		
13. Don't use insecticide spray if it is not necessary	62.9	17.6	19.6	1.43	0.80
14. Don't use mosquito coil in baby room, patient room, and elderly room	71.6	6.4	22.0	1.50	0.83
15. If you don't have temephos sand, local resources can use replace	66.0	13.8	20.2	1.46	0.81
16. Plant or herbal in local area can use replace the repellent	70.2	18.0	11.8	1.58	0.69
17. To eliminate breeding places for prevent dengue infection	96.2	3.8	0.0	1.96	0.19
18. Should avoid the dark area, no light and no wind zone	83.3	13.1	3.6	1.80	0.48
19. Adults and elderly can get dengue infection	88.9	4.7	6.4	1.82	0.52
20. FHL is important person that can help prevent dengue infection in family	86.7	6.0	7.3	1.79	0.56

1.4.2 Accessibility to information about dengue infection from sources of information in the last year.

Family Health Leaders were allowed to select more than one source for received information about dengue infection. Most of them received information from village health volunteer (97.8%) followed by health officer (97.6%) and television (83.6%). Smaller percentages reported receiving information from newspaper, and relative/friend, as shown in Table 12.

Table 12: Number and percentage of sources that receive information about dengue infection

Information sources	Never		Ever	
	Number	%	Number	%
Village health volunteer	10	2.2	440	97.8
Health officer	11	2.4	439	97.6
Television	74	16.4	376	83.6
Announcement from public health	126	28.0	324	72.0
Village health line	172	38.2	278	61.8
Brochures/Leaflet	185	41.1	265	58.9
Radio	193	42.9	257	57.1
Relative/Friend	238	52.9	212	47.1
Newspaper	312	69.3	138	30.7

1.5 Preventive behaviors against dengue infection

In the study questionnaire, there were 16 items that related to preventive behavior against dengue infection of Family Health Leaders. Responses regarding each of these are summarized in Table 13. For 8 of the 16 items, distributions of responses did not allow meaningful assessment in relation to independent variables. These items are marked with asterisks in Table 13. The remaining 8 analyzable items fell into 3 categories: (1) prevention of breeding places (items 1, 2, and 7); (2) prevention of mosquito bite (items 11, 13, and 14) and (3) participation in community-level anti-dengue activities (items 15 and 16).

Table 13: Number and percentage of container that respondents have or don't have

Item	Have		Don't have	
	Number	%	Number	%
1. Drinking water jar	436	96.9	14	3.1
2. Utility water jar	440	97.8	10	2.2
3. Flower pots in house*	21	4.7	429	95.3
4. Flower vases*	46	10.2	404	89.8
5. Plates supporting plant pots*	25	5.6	425	94.4
6. The ant trap*	262	58.2	188	41.8
7. Cement tanks, toilet tanks	444	98.7	6	1.3
8. Discarded can and coconut shell*	140	31.1	310	68.9
9. Pond, lotus bowl in garden*	44	9.8	406	90.2
10. Water container for pets*	136	30.2	314	69.8
11. Mosquito net	435	96.4	16	3.6
12. Mosquito screen on windows*	33	7.3	417	92.7
13. Insecticide spray	103	22.9	347	77.1
14. Mosquito coil	279	62.0	171	38.0
15. Community fogging spray	450	100.0	0	0
16. Campaign in prevention/control	450	100.0	0	0

* Sample size too small to allow meaningful analysis in relation to independent variables.

There were 38 subjects (8.44%) with missing data in one or more of these 8 items, leaving 412 subjects (91.56%) with no missing data. To avoid bias due to missing information, analysis of relationships between independent and dependent variables was restricted to these 412 subjects. For each of items 1, 2, and 7, a continuous score was derived for preventive behavior regarding mosquito breeding

places. Then scores for all 3 of these items were summed, and the resulting total score was categorized into 3 groups, termed good, fair, and poor. The study revealed a poor level of preventive behaviors 42.2%, followed by good and fair behaviors at 29.9 and 27.9, respectively. The average score was 22.03, standard deviation was 4.64, as shown in Table 14.

Table 14: Number and percentage of the respondents by the level of preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors	Number (n = 412)	Percentage
Good level (score ≥ 25)	123	29.9
Fair level (score 21- 24)	115	27.9
Poor level (score ≤ 20)	174	42.2
\bar{X} = 22.03 S.D. = 4.64	Minimum = 11	Maximum = 34

The remaining 5 preventive behavior items were all assessed as zero-one indicator variables (dummy variables), with value zero indicating relatively poor behavior and value 1 indicating relatively good behavior. Most respondents had good preventive behaviors in always cooperating in fogging spray 91.5%, followed by always cooperating in community-level campaign, and using mosquito coil at 68.7% and 61.7%, respectively, as shown in Table 15

Table 15: Number and percentage of the respondents by the level of preventive behaviors against dengue infection in prevention of mosquito bite and activities in prevention dengue infection (n = 412)

Item	Yes		No	
	Number	%	Number	%
Prevention of mosquito bite				
Use mosquito net in the daytime	163	39.6	249	60.4
Use insecticide spray	86	20.9	326	79.1
Use mosquito coil	254	61.7	158	38.3
Community-level cooperation against dengue infection				
Always cooperate in fogging spray	377	91.5	35	8.5
Always cooperate in campaign	283	68.7	129	31.3

2. Relationships of socio-demographic factors with preventive behaviors.

Gender had no association with preventive behaviors in controlling breeding places on dengue infection among Family Health Leaders in this study ($p = 0.968$), as shown in Table 16

Table 16: Association between gender and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Gender					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Poor	49	43.0	125	41.9	174	42.2
Fair	32	28.4	83	27.9	115	27.9
Good	33	28.9	90	30.2	123	29.9
Total	114	100.0	298	100.0	412	100.0
	$X^2 = 0.066$		df = 2		p = 0.968	

When considering in prevention of mosquito bite, gender has association between preventive behaviors against dengue infection in use mosquito net in the daytime among Family Health Leaders in this study ($p = 0.007$). Males had better preventive behavior than females. For using mosquito coil, females had better behavior ($p = 0.036$), as shown in Table 17. Use of insecticide spray and community-level cooperation against dengue infection had no clear association with gender ($p \geq 0.116$, see Table 1, 2 in Appendix F).

Table 17: Association between gender and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behaviors regarding Mosquito bite	Gender					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Use mosquito net in the daytime						
Poor	57	50.0	192	64.4	249	60.4
Good	57	50.0	106	35.6	163	39.6
Total	114	100.0	298	100.0	412	100.0
	$\chi^2 = 7.180$		df = 1		p = 0.007	
Use mosquito coil						
Poor	53	46.5	105	35.2	158	38.3
Good	61	53.5	193	64.8	254	61.7
Total	114	100.0	298	100.0	412	100.0
	$\chi^2 = 4.419$		df = 1		p = 0.036	

As shown in Table 18, there was no clear association of age with preventive behaviors against dengue infection in controlling breeding places ($p = 0.140$).

Similarly, age was not associated with prevention of mosquito bites or with community-level dengue prevention ($p \geq 0.264$, see Table 3, 4 in Appendix F).

Table 18: Association between age and preventive behaviors against dengue

infection in controlling breeding places.

Preventive behavior regarding breeding places	Age (year)									
	≤ 35 years		36 - 45		46 - 55		≥ 56		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Poor	37	48.7	55	40.7	37	34.9	45	47.4	174	42.2
Fair	16	21.1	33	24.4	38	35.8	28	29.5	115	27.9
Good	23	30.3	47	34.8	31	29.2	22	23.2	123	29.9
Total	76	100.0	135	100.0	106	100.0	95	100.0	412	100.0
	$\chi^2 = 9.656$				df = 6		p = 0.140			

There was a marginally statistically significant association of marital status with prevention of breeding places ($p = 0.059$). Specifically, subjects who were separated, divorced, or widowed had lower behavior score than other subjects (Table 19). Similarly, separated/divorced/widowed subjects had marginally significantly lower use of mosquito nets in the daytime than other subjects ($p=0.094$, Table 20). There were no clear associations between marital status and other preventive behaviors ($p \geq 0.269$, see Table 5, 6 in Appendix F).

Table 19: Association between marital status and preventive behaviors against dengue infection in controlling breeding places.

Preventive behavior regarding breeding places	Marital status							
	Single		Married		Separated/ widowed /divorced		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	22	56.4	129	39.8	23	46.9	174	42.2
Fair	5	12.8	93	28.7	17	34.7	115	27.9
Good	12	30.8	102	31.5	9	18.4	123	29.9
Total	39	100.0	324	100.0	49	100.0	412	100.0
	$\chi^2 = 9.088$		df = 4		p = 0.059			

Table 20: Association between marital status and preventive behaviors against dengue infection in use net in the daytime.

Preventive behavior	Marital status							
	Single		Married		Separated/ widowed /divorced		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	19	48.7	195	60.2	35	71.4	249	60.4
Good	20	51.3	129	39.8	14	28.6	163	39.6
Total	39	100.0	324	100.0	49	100.0	412	100.0
	$\chi^2 = 4.724$		df = 2		p = 0.094			

Educational level was not clearly associated with prevention of breeding places ($p = 0.118$, Table 21). When considering prevention of mosquito bite, there were marginally statistically significant in association between education and use net in the daytime ($p = 0.058$, Table 22). For use mosquito coil, education also had an

association with preventive behavior ($p = 0.043$, Table 22). Using insecticide spray had no association with education ($p = 0.462$, Table 22). For these behaviors, Family Health Leaders who had high education had better preventive behavior than those with low education, as shown in Table 22. Community-level cooperation against dengue infection had no association with education ($p \geq 0.499$, see Table 7 in Appendix F).

Table 21: Association between education and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding Breeding places	Education					
	Primary school		Higher than Primary school		Total	
	No.	%	No.	%	No.	%
Poor	140	40.5	34	51.5	174	42.2
Fair	103	29.8	12	18.2	115	27.9
Good	103	29.8	20	30.3	123	29.9
Total	346	100.0	66	100.0	412	100.0
	$X^2 = 4.275$		df = 2		p = 0.118	

Table 22: Association between education and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behaviors regarding mosquito bite	Education					
	Primary school		Higher than Primary school		Total	
	No.	%	No.	%	No.	%
Use net in the daytime						
Poor	216	62.4	33	50.0	249	60.4
Good	130	37.6	33	50.0	163	39.6
Total	346	100.0	66	100.0	412	100.0
	$\chi^2 = 3.580$		df = 1		p = 0.058	
Use insecticide spray						
Poor	276	79.8	50	75.8	326	79.1
Good	70	20.2	16	24.2	86	20.9
Total	346	100.0	66	100.0	412	100.0
	$\chi^2 = 0.540$		df = 1		p = 0.462	
Use mosquito coil						
Poor	140	40.5	18	27.3	158	38.3
Good	206	59.5	48	72.7	254	61.7
Total	346	100.0	66	100.0	412	100.0
	$\chi^2 = 4.048$		df = 1		p = 0.043	

Respondents in agricultural occupations had marginally significantly better preventive behavior regarding breeding places than did other subjects ($p=0.062$, Table 23). Preventive behaviors against dengue infection in prevention of mosquito bite and cooperation against dengue infection had no clear association with occupation ($p \geq 0.222$, see Table 8, 9 in Appendix F).

Table 23: Association between occupation and preventive behaviors against dengue infection in controlling breeding places.

Preventive behavior regarding breeding places	Occupation							
	Agricultural		Commercial/ business		Others		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	101	37.1	32	55.2	41	50.0	174	42.2
Fair	83	30.5	12	20.7	20	24.4	115	27.9
Good	88	32.4	14	24.1	21	25.6	123	29.9
Total	272	100.0	58	100.0	82	100.0	412	100.0
	$\chi^2 = 8.953$		df = 4		p = 0.062			

From the results of association between household income and preventive behaviors against dengue infection in controlling breeding places among Family Health Leaders found that there were not significant in association due to $p = 0.145$ mean Family Health Leaders who had high or low household income did not different in preventive behaviors against dengue infection (Table 24).

Table 24: Association between household income and preventive behaviors against dengue infection in controlling breeding places.

Preventive behavior regarding breeding places	Household income (Baht per month)									
	≤ 2,500		2,501 – 4,000		4,001 – 6,000		≥ 6,001		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Poor	45	48.4	58	47.2	45	39.8	26	31.3	174	42.2
Fair	28	30.1	29	23.6	30	26.5	28	33.7	115	27.9
Good	20	21.5	36	29.3	38	33.6	29	34.9	123	29.9
Total	93	100.0	123	100.0	113	100.0	83	100.0	412	100.0
	$\chi^2 = 9.549$				df = 6		p = 0.145			

When considering prevention of mosquito bite, household income has association between preventive behaviors against dengue infection in use mosquito net in daytime among Family Health Leaders in this study ($p = 0.001$, Table 25). For use insecticide spray, household income levels have the different preventive behaviors. Family Health Leaders who have high household income, had better preventive behavior than did Family Health Leaders with lower income ($p = 0.003$, Table 25). For using mosquito coil, household income had association with preventive behaviors against dengue infection ($p = 0.005$), as shown in Table 25. Generally, better behavior regarding bite prevention was associated with higher income. Community-level cooperation against dengue infection had no significant association with household income ($p \geq 0.169$, see Table 10 in Appendix F).

Table 25: Association between household income and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behavior regarding mosquito bite	Household income (Baht per month)									
	≤ 2,500		2,501 – 4,000		4,001 – 6,000		≥ 6,001		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Use mosquito net in daytime										
Poor	64	68.8	69	56.1	55	48.7	61	73.5	249	60.4
Good	29	31.2	54	43.9	58	51.3	22	26.6	163	39.6
Total	93	100.0	123	100.0	113	100.0	83	100.0	412	100.0
$\chi^2 = 16.159$ $df = 3$ $p = 0.001$										
Use insecticide spray										
Poor	86	92.5	95	77.2	85	75.2	60	72.3	326	79.1
Good	7	7.5	28	22.8	28	24.8	23	27.7	86	20.9
Total	93	100.0	123	100.0	113	100.0	83	100.0	412	100.0
$\chi^2 = 13.689$ $df = 3$ $p = 0.003$										
Use mosquito coil										
Poor	39	41.9	58	47.2	42	37.2	19	22.9	158	38.3
Good	54	58.1	65	52.8	71	62.8	64	77.1	254	61.7
Total	93	100.0	123	100.0	113	100.0	83	100.0	412	100.0
$\chi^2 = 12.994$ $df = 3$ $p = 0.005$										

There was no clear association of family size with prevention of breeding places ($p=0.133$, see Table 11 in Appendix F). When considering prevention of mosquito bite, family size had association with using mosquito net in daytime among Family Health Leaders ($p = 0.005$, Table 26). A large family had preventive behavior against dengue infection more than a small family, as shown in Table 26. For use

mosquito coil had marginally significant association with family size ($p = 0.096$, Table 26) meaning that family size had a different preventive behaviors. A large family had preventive behavior against dengue infection more than a small family. For using insecticide pray had no association with family size ($p = 0.820$, Table 26). Community cooperation against dengue infection had no association with family size ($p \geq 0.575$, see Table 12 in Appendix F).

Table 26: Association between family size and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behavior of mosquito bite	Family size						Total	
	≤ 2		3		≥ 4		No.	%
	No.	%	No.	%	No.	%	No.	%
Use net in daytime								
Poor	104	68.0	77	63.1	68	49.6	246	60.4
Good	49	32.0	45	36.9	69	50.4	163	39.4
Total	153	100.0	122	100.0	137	100.0	412	100.0
	$\chi^2 = 10.686$		df = 2		p = 0.005			
Use insecticide spray								
Poor	122	79.9	98	80.3	106	77.4	326	79.1
Good	31	20.3	24	17.7	31	22.6	86	20.9
Total	153	100.0	122	100.0	137	100.0	412	100.0
	$\chi^2 = 0.397$		df = 2		p = 0.820			
Use mosquito coil								
Poor	69	45.1	42	34.4	47	34.3	158	38.3
Good	84	54.9	80	65.6	90	65.7	254	61.7
Total	153	100.0	122	100.0	137	100.0	412	100.0
	$\chi^2 = 4.689$		df = 2		p = 0.096			

From the results of association between dengue history and preventive behaviors against dengue infection in controlling breeding places among Family Health Leaders found that there were not significant in association ($p = 0.914$), as shown in Table 27. Similarly, family dengue history was not associated with prevention of mosquito bite or community cooperation against dengue infection ($p \geq 0.236$, see Table 13, 14 in Appendix F). This indicates that dengue history was not an important confounder in this analysis.

Table 27: Association between dengue history and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Dengue history in family					
	Never got		Ever got		Total	
	No.	%	No.	%	No.	%
Poor	158	42.2	16	41.0	174	42.2
Fair	103	27.6	12	30.8	115	27.9
Good	112	30.0	11	28.2	123	29.9
Total	373	100.0	39	100.0	412	100.0
	$\chi^2 = 0.180$	df = 2	p = 0.914			

3. Relationships of predisposing factors with preventive behaviors.

Predisposing factors were knowledge and attitude regarding dengue prevention. Knowledge had a significant positive association with attitude ($p < 0.001$ by chi-square) meaning that Family Health Leaders who had high knowledge about dengue infection tended to have good attitude on preventive behaviors against dengue infection, as shown in Table 28.

Table 28: Association between knowledge and attitude regarding prevention of dengue infection.

Attitude towards dengue infection	Knowledge							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	19	23.2	27	15.9	9	5.6	55	13.3
Fair	56	68.3	103	60.6	68	42.5	227	55.1
Good	7	8.5	40	23.5	83	51.9	130	31.6
Total	82	100.0	170	100.0	160	100.0	412	100.0
	$\chi^2 = 60.200$		df = 4		p<0.001			

When scores were considered as continuous variables, knowledge and attitude were also positively and significantly associated ($r = 0.370$, $p < 0.001$ by correlation analysis), as shown in Table 29.

Table 29: Correlation of total knowledge score with attitude towards dengue infection score among Family Health Leaders.

Variables	Knowledge	
	r	p
Attitude towards dengue infection	0.370	<0.001

Knowledge had marginally statistically significant association with preventive behaviors in controlling breeding places among Family Health Leaders ($p = 0.051$) meaning that Family Health Leaders who had high knowledge about dengue infection

tended to have good preventive behaviors against dengue infection, as shown in Table 30

Table 30: Association between knowledge and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Knowledge							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	31	56.4	91	40.1	52	40.0	174	42.2
Fair	17	30.9	62	27.3	36	27.7	115	27.9
Good	7	12.7	74	32.6	42	32.3	123	29.9
Total	55	100.0	227	100.0	130	100.0	412	100.0
	$\chi^2 = 9.449$		df = 4		p = 0.051			

When considering prevention of mosquito bite, knowledge had association with using net in the daytime, and using insecticide spray ($p = 0.094$ and 0.037) meaning that Family Health Leaders who had low knowledge about dengue infection used net in the daytime and used insecticide spray less than those who had moderate or high knowledge, as shown in Table 31. Community-level cooperation fogging spray had marginally statistically significant association with knowledge ($p = 0.078$, Table 32). For using mosquito coil and community-level cooperation against dengue infection campaign, there were no significant associations with knowledge ($p \geq 0.182$) (see Table 15, 16 in Appendix F).

Table 31: Association between knowledge and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behaviors regarding mosquito bite	Knowledge							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Use net in the daytime								
Poor	33	60.0	147	64.8	69	53.1	249	60.4
Good	22	40.0	80	35.2	61	46.9	163	39.6
Total	55	100.0	227	100.0	130	100.0	412	100.0
$\chi^2 = 4.722$ $df = 2$ $p = 0.094$								
Use insecticide spray								
Poor	49	89.1	170	74.9	107	82.3	326	79.1
Good	6	10.9	57	25.1	23	17.7	86	20.9
Total	55	100.0	227	100.0	130	100.0	412	100.0
$\chi^2 = 6.570$ $df = 2$ $p = 0.037$								

Table 32: Association between knowledge and community-level cooperation against dengue infection

Preventive behavior	Knowledge							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Cooperation in community-level fogging spray								
Poor	9	16.4	16	7.0	10	7.7	35	8.5
Good	46	83.6	211	93.0	120	92.3	377	91.5
Total	55	100.0	227	100.0	130	100.0	412	100.0
$\chi^2 = 5.100$ $df = 2$ $p = 0.078$								

Attitude had no association between preventive behaviors against dengue infection in controlling breeding places among Family Health Leaders in this study ($p = 0.284$), as shown in Table 33.

Table 33: Association between attitude and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Attitude							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	32	39.0	77	45.3	65	40.6	174	42.2
Fair	20	24.4	52	30.6	43	26.9	115	27.9
Good	30	36.6	41	24.1	52	32.5	123	29.9
Total	82	100.0	170	100.0	160	100.0	412	100.0
	$\chi^2 = 5.031$		df = 4		p = 0.284			

When considering prevention of mosquito bite, attitude had a significant association with using mosquito net in daytime ($p = 0.032$), and marginally significant associations with using insecticide and using mosquito coil ($p = 0.082$ and 0.073 , respectively), meaning that Family Health Leaders who had better attitude about dengue infection used mosquito nets in daytime, used insecticide spray, and used mosquito coil more than did those with poorer attitude about dengue infection, as shown in Table 34.

Table 34: Association between attitude and preventive behaviors against dengue infection in prevention of mosquito bite.

Preventive behaviors regarding mosquito bite	Attitude							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Use net in the daytime								
Poor	54	65.9	111	65.3	84	52.5	249	60.4
Good	28	34.1	59	34.7	76	47.5	163	39.6
Total	82	100.0	170	100.0	160	100.0	412	100.0
$\chi^2 = 6.899$ $df = 2$ $p = 0.032$								
Use insecticide spray								
Poor	72	87.7	133	78.2	121	75.6	326	79.1
Good	10	12.2	37	21.8	39	24.4	86	20.9
Total	82	100.0	170	100.0	160	100.0	412	100.0
$\chi^2 = 5.009$ $df = 2$ $p = 0.082$								
Use mosquito coil								
Poor	40	48.8	64	37.6	54	33.8	158	38.3
Good	42	51.2	106	62.4	106	66.3	254	61.7
Total	82	100.0	170	100.0	160	100.0	412	100.0
$\chi^2 = 5.241$ $df = 2$ $p = 0.073$								

For community-level cooperation against dengue infection, attitude had a marginally significant positive association with fogging spraying ($p=0.058$), and a highly significant positive association with cooperating in campaigns ($p<0.001$), meaning that Family Health Leaders who had better attitude about dengue infection were more cooperative than those with poorer attitudes (Table 35).

Table 35: Association between attitude and preventive behaviors against dengue infection in community cooperation against dengue infection.

Community cooperation against dengue infection	Attitude							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Cooperation in fogging spray								
Poor	12	14.6	14	8.2	9	5.6	35	8.5
Good	70	85.4	156	91.8	151	94.4	377	91.5
Total	82	100.0	170	100.0	160	100.0	412	100.0
		$\chi^2 = 5.686$		df = 2		p = 0.058		
Cooperation in campaign								
Poor	29	35.4	68	40.0	32	20.0	129	31.3
Good	53	64.6	102	60.0	128	80.0	283	68.7
Total	82	100.0	170	100.0	160	100.0	412	100.0
		$\chi^2 = 16.112$		df = 2		p < 0.001		

Knowledge, attitude, and preventive behavior regarding breeding places were also treated as continuous variables, and correlation coefficients were computed. Knowledge about dengue infection had significant positive correlation with controlling breeding places ($r = 0.164$, $p = 0.001$), meaning Family Health Leaders had high knowledge on dengue infection and good preventive behaviors against dengue infection also. In contrast, attitude showed no correlation with breeding place prevention ($r = -0.006$, $p = 0.911$), as shown in Table 36. Thus, there was consistency between chi-square testing and correlation analysis regarding relationships of knowledge and attitude with breeding place prevention. This suggests that there was no major bias due to the choice of cut-points for categorizing knowledge and attitude.

Table 36: Correlations of total score for controlling breeding places with total knowledge score, and with total attitude score, among family health leaders.

Variables	Preventive behaviors against dengue infection	
	r	p
Knowledge	0.164	0.001
Attitude	- 0.006	0.911

4. Relationship of enabling factors with preventive behaviors.

Four items were assessed in considering relationships of sufficiency of resources with preventive behaviors. Distributions of these are given in table 9 above. All respondents had mosquito nets with good condition, so this resource could not be analyzed. Having water container covers was positively associated with controlling breeding places ($p=0.017$). Having temephos sand throughout the year was not associated with controlling breeding places ($p=0.612$). Having "other resources" was also positively associated with controlling breeding places ($p=0.046$). Overall, sufficient resources were associated with better behaviors in preventing breeding places, as shown in Table 37.

Table 37: Association between sufficiency of resources and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Sufficiency of resources					
	Insufficiency		Sufficiency		Total	
	No.	%	No.	%	No.	%
Water container covers						
Poor	117	41.8	57	43.2	174	42.2
Fair	89	31.8	26	19.7	115	27.9
Good	74	26.4	49	37.1	123	29.9
Total	280	100.0	132	100.0	412	100.0
	$\chi^2 = 8.174$		df = 2		p = 0.017	
Temephos sand						
Poor	36	45.6	138	41.4	174	42.2
Fair	23	29.1	92	27.6	115	27.9
Good	20	25.3	103	30.9	123	29.9
Total	79	100.0	333	100.0	412	100.0
	$\chi^2 = 0.982$		df = 2		p = 0.612	
Other resources						
Poor	74	48.7	100	38.5	174	42.2
Fair	43	28.3	72	27.7	115	27.9
Good	35	23.0	88	33.8	123	29.9
Total	152	100.0	260	100.0	412	100.0
	$\chi^2 = 6.147$		df = 2		p = 0.046	

When considering sufficiency of resources, use net in the daytime, and use insecticide spray had a marginally significant association with sufficiency of water container covers ($p = 0.058$, and 0.094 , respectively). For use mosquito coil had no association with sufficiency of water container covers ($p = 0.316$), as shown in Table 38. Sufficiency of water container covers had no association with community-level

cooperation against dengue infection ($p=0.879$, Table 17 in Appendix F). Sufficiency of temephos sand had no association with prevention of mosquito bite and community-level cooperation against dengue infection ($p\geq 0.226$, Table 18 and 19 in Appendix F).

Table 38: Association between sufficiency of water container covers and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behavior regarding Mosquito bite	Sufficiency of water container covers					
	Insufficiency		Sufficiency		Total	
	No.	%	No.	%	No.	%
Use net in the daytime						
Poor	178	63.6	71	53.8	249	60.4
Good	102	36.4	61	46.2	163	39.6
Total	280	100.0	132	100.0	412	100.0
	$\chi^2 = 3.591$		df = 1		p = 0.058	
Use insecticide spray						
Poor	228	81.4	98	74.2	326	79.1
Good	52	18.6	34	25.8	86	20.9
Total	280	100.0	132	100.0	412	100.0
	$\chi^2 = 2.805$		df = 1		p = 0.094	
Use mosquito coil						
Poor	112	40.0	46	34.8	158	38.3
Good	168	60.0	86	65.2	254	61.7
Total	280	100.0	132	100.0	412	100.0
	$\chi^2 = 1.007$		df = 1		p = 0.316	

For prevention of mosquito bite, using mosquito coil had a strong significant association with sufficiency of other resources ($p<0.001$), as shown in Table 39.

However, sufficiency of other resources had no association with other prevention of mosquito bite and community-level cooperation in fogging spray ($p \geq 0.152$, Table 20, 21 in Appendix F)

Table 39: Association between sufficiency of other resources and preventive behaviors against dengue infection in prevention of mosquito bite

Preventive behavior regarding Mosquito bite	Sufficiency of other resources					
	Insufficiency		Sufficiency		Total	
	No.	%	No.	%	No.	%
Use mosquito coil						
Poor	75	49.3	83	31.9	158	38.3
Good	77	50.7	177	68.1	254	61.7
Total	152	100.0	260	100.0	412	100.0
		$\chi^2 = 12.310$		df = 1		p < 0.001

Community-level cooperation against dengue infection, sufficiency of other resources had a significant association with against dengue infection campaign ($p=0.003$, Table 40).

Table 40: Association between sufficiency of other resources and community-level cooperation against dengue infection

Preventive behavior	Sufficiency of other resources					
	Insufficiency		Sufficiency		Total	
	No.	%	No.	%	No.	%
Cooperation in community-level dengue infection campaign						
Poor	61	40.1	68	26.2	129	31.3
Good	91	59.9	192	73.8	283	68.7
Total	152	100.0	260	100.0	412	100.0
		$\chi^2 = 8.714$		df = 1		p = 0.003

5. Relationship of reinforcing factors with preventive behaviors.

Reinforcing factors consisted of frequency with which subjects received information about dengue infection, and the number of sources from which they received such information. Frequency of receiving information was strongly positively associated with better control of breeding places ($p < 0.001$), as shown in Table 41

Table 41: Association between receiving information and preventive behaviors against dengue infection in controlling breeding places.

Preventive Behaviors Regarding breeding places	Receiving information (frequency)							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	66	68.0	64	39.8	44	28.6	174	42.2
Fair	27	27.8	45	28.0	43	27.9	115	27.9
Good	4	4.1	52	32.3	67	43.5	123	29.9
Total	97	100.0	161	100.0	154	100.0	412	100.0
	$\chi^2 = 53.786$		df = 4		p < 0.001			

Frequency of receiving information was also positively associated with use of mosquito coils ($p=0.024$) and marginally significant associated with use insecticide spray ($p=0.100$) However, frequency of receiving information was not clearly associated with use net in the daytime ($p=0.309$), as shown in Table 42.

Table 42: Association between receiving information and preventive behavior against dengue infection in prevention of mosquito bite

Preventive behaviors regarding mosquito bite	Receiving information (frequency)							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Use net in the daytime								
Poor	65	67.0	93	57.8	91	59.1	249	60.4
Good	32	33.0	68	42.2	63	40.9	163	39.6
Total	97	100.0	161	100.0	154	100.0	412	100.0
	$\chi^2 = 2.351$		df = 2		p = 0.309			
Use insecticide spray								
Poor	74	76.3	136	84.5	116	75.3	326	79.1
Good	23	23.7	25	15.5	38	24.7	86	20.9
Total	97	100.0	161	100.0	154	100.0	412	100.0
	$\chi^2 = 4.606$		df = 2		p = 0.100			
Use mosquito coil								
Poor	48	49.5	60	37.3	50	32.5	158	38.3
Good	49	50.5	101	62.7	104	67.5	254	61.7
Total	97	100.0	161	100.0	154	100.0	412	100.0
	$\chi^2 = 7.420$		df = 2		p = 0.024			

For community-level cooperation against dengue infection, frequency of receiving information was strongly positively associated with cooperation in fogging spraying and community campaigns ($p < 0.001$ and $p = 0.022$, respectively), as shown in Table 43.

Table 43: Association between frequency of receiving information and community-level cooperation against dengue infection.

Preventive behaviors in cooperation against dengue infection	Frequency of receiving information							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
Cooperation in community-level fogging spray								
Poor	18	18.6	9	5.6	8	5.2	35	8.5
Good	79	81.4	152	94.4	146	94.8	377	91.5
Total	97	100.0	161	100.0	154	100.0	412	100.0
$\chi^2 = 16.538$			df = 2		p < 0.001			
Cooperation in community-level dengue prevention campaign								
Poor	41	42.3	48	29.8	40	26.0	129	31.3
Good	56	57.7	113	70.2	114	74.0	283	68.7
Total	97	100.0	161	100.0	154	100.0	412	100.0
$\chi^2 = 7.622$			df = 2		p = 0.022			

When scores were considered as continuous variables, frequency of receiving information about dengue infection had significant positive correlation with controlling breeding places ($r = 0.361$, $p < 0.001$), meaning Family Health Leaders with higher information frequency had better preventive behaviors in this regard.

Number of information sources about dengue infection in the last year and preventive behaviors against dengue infection in controlling breeding places among Family Health Leaders had a strong significant positive association ($p < 0.001$), as shown in Table 44.

Table 44: Association between number of information sources and preventive behaviors against dengue infection in controlling breeding places.

Preventive behaviors regarding breeding places	Number of sources of information							
	2-4		5-7		8-9		Total	
	No.	%	No.	%	No.	%	No.	%
Poor	54	62.1	90	41.3	30	28.0	174	42.2
Fair	26	29.9	70	32.1	19	17.8	115	27.9
Good	7	8.0	58	26.6	58	54.2	123	29.9
Total	87	100.0	218	100.0	107	100.0	412	100.0
	$\chi^2 = 54.592$		df = 4		p < 0.001			

When considering in prevention of mosquito bite and number of information sources in the last year, there were not significant in association ($p \geq 0.170$, Table 22 in Appendix F). For cooperation against dengue infection, number of information sources had positive associations with fogging spray and community campaigns ($p = 0.043$ and $p < 0.001$, respectively), as shown in Table 45.

Table 45: Association between number of anti-dengue information sources and community-level cooperation against dengue infection.

Preventive behaviors in cooperation against dengue infection	Number of sources accessed information							
	2-4		5-7		8-9		Total	
	No.	%	No.	%	No.	%	No.	%
Cooperation in fogging spray								
Poor	8	9.2	24	11.0	3	2.8	35	8.5
Good	79	90.8	194	89.0	104	97.2	377	91.5
Total	87	100.0	218	100.0	107	100.0	412	100.0
	$\chi^2 = 6.286$		df = 2		p = 0.043			
Cooperation in campaign								
Poor	36	41.4	84	38.5	9	8.4	129	31.3
Good	51	58.6	134	61.5	98	91.6	283	68.7
Total	87	100.0	218	100.0	107	100.0	412	100.0
	$\chi^2 = 35.476$		df = 2		p < 0.001			