

ABSTRACT

Title of Research Paper : Self Health Care Behavior of Family Health Leaders
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The objectives of this research are 1) to examine self health care behavior of family health leaders; and 2) to determine factors associated with self health care behavior of these leaders. The population in this research are family health leaders in Warinchumrab municipal area. The total of 250 samples were selected by multi-stages sampling. This study utilized questionnaires as instruments for data collection. Statistical techniques used were frequency, percentage, mean, standard deviation and Pearson's Coefficient of Correlation. The findings were described as in the followings:

1. Most of the family health leaders in Warinchumrab municipal area of Ubonrachathani province were females 26 –40 years of age, who completed primary school. Their main occupation was employee with income between 2,501 – 5,000 Bahts per month. The duration of work as family health leaders was 3 years. They perceived health information from radio, information dissemination center and television. These leaders were trained through lectures and skill practice by municipal health officer. In their opinion, training by skill practice is most useful for their work.

2. Self health care behavior of family health leaders was at frequent level particularly the use of essential medicines, followed by accident prevention, nutrition, sanitation and environment, personal hygiene, first aid, prevention and control of local communicable diseases, mental health, immunization, prevention and control of AIDS, alcohol, cigarette and substance uses respectively.

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3. Their level of knowledge about health was at moderate level.

4. The level of attitude towards self health care of these leaders was at good level.

5. Factors not influencing self health care behavior of these leaders were sex, age, educational level, perception of health information, training experience, skill practice, and attitude towards health care.

6. The problem found was due to lack of material and instruments.

7. It is suggested that the following recommendation were taken into consideration. 1) The family health leaders should not, at the same time, hold other position. 2) Standard curriculum is develop in response of the local health problems and should be focussed on health promotion than treatment. 3) The training for family health leaders should be conducted during the holidays. 4) The knowledge about alcohol, cigarette and substance uses, accident prevention as well as sanitation and environmental health should be added into the training. 5) The training should promote positive attitude towards the use of essential medicines, nutrition, sanitation and environmental health care, personal hygiene practice, prevention and control of AIDS behavior, promotion of immunization, and mental health care.