Thesis Tittle	The Effectiveness of Planned Health Education Program, Using Health Belief Model Concepts via Video-tape, on Osteoarthrosis Patients's Compliance to Medical Regimens
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Abstract

The objective of the research was to assess the effectiveness of planned health education program, using Health Belief Model Concepts via video-tape and pamphlet, on Osteoarthrosis patients' compliance to medical regimens. The contents in video-tape were emphasized on motivation, perception of susceptibility and severity of Osteoarthrosis as well as benefits from complying to the regimens. The correlation between the compliance and the health belief concepts was examined.

The samples were 88 Osteoarthrosis patients who visited the Orthopedics clinic, Siriraj and Lerdsin hospital, for the first time during May to September 1986. The samples were randomly assigned into experimental and control group according to the day they visited the clinic. The experimental group, conprised of 47 patients, received planned health education program while the

control group received only the part of practice in health education program. Both groups were exposed to the assigned program for three consecutive times with two weeks interval. The data about the patients' compliance and their physical status regarding Osteoarthrosis were collected prior the program started and before exposing to the health education program at each visit. The data concerning health belief model concepts were collected through structured interview before and after program inplementation.

Data were analysed by the determination of percentage distribution, arithmatic means, standard deviation, student t-test, Paired t-test and Pearson's product moment correlation coefficient.

The main results were as follows

1. At the end of the study the experimental group achieved significantly higher scores than the control group in the following aspects

    1.1   The belief concerning susceptibility level

    1.2   The belief concerning severity level

    1.3   The belief concerning benefits level

    1.4   The belief concerning barrier level

    1.5   The motivation level of therapeutic compliance

    1.6   The satisfaction level of health instruction at the clinic

    1.7   The total score and the average score about the therapeutic compliance on controling diet, undesired behavior and rehabilitation, but there was no significant difference in the area of anti-inflammatory intake.

3.1 The belief concerning barrier level (r=0.58)

3.2 The belief concerning susceptibility level and the motivation level of the therapeutic compliance (r=0.32)

3.3 The belief concerning severity level (r=0.24)