

Thesis Title The Effectiveness of Intensive Health Education Program on Health Promotive Pregnancy's Behavior, Chulalongkorn Hospital.

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Abstract

The main objective of this study was to examine the effectiveness of intensive health education program, applied from Health Belief Model framework suggested by Becker and Maiman and learning theories, on health promotive pregnancy's behavior. Health promotive knowledge, beliefs regarding risk and severity of complication and benefits of health promotive practice, motivation to comply, satisfaction of health personnel's services and practice were considered.

The sample were within 30 weeks, first and uncomplicated pregnancies receiving first antenatal care at Chulalongkorn Hospital. The sample were selected and assigned to experimental and comparison groups. Each group consisted of 50 pregnant women.

The instruments used for collecting data were questionnaires and record forms. The instruments were developed by the researcher.

The experimental group received intensive health education program while the comparison group did not. Data were collected from the two groups before, between and after the intensive program.

Percentage distribution, arithmetic means, standard deviation, student t-test, pairs t-test and multiple classification analysis were used to analyse the data.

1. In experimental group, before and after providing intensive health education program, the results revealed as follows:

1.1 After the intensive health education program, their health promotive knowledge was significantly higher at p-value 0.001.

1.2 After the intensive health education program, their belief concerning risk of complication was significantly higher at p-value 0.001.

1.3 After the intensive health education program, their belief concerning severity of complication was significantly higher at p-value 0.001.

1.4 After the intensive health education program, their belief concerning benefits of health promotive practice was significantly higher at p-value 0.02.

1.5 After the intensive health education program, their motivation to comply to advice was significantly higher at p-value 0.015.

2. In experimental group, after providing intensive health education program, the results revealed as follows:

2.1 Their health promotive knowledge was significantly higher than the comparison group at p-value 0.001.

2.2 Their belief concerning risk of complication was significantly higher than the comparison group at p-value 0.004.

2.3 Their belief concerning severity of complication was significantly higher than the comparison group at p-value 0.001.

2.4 There was no statistical significant difference between the experimental group and the comparison group regarding the belief concerning benefits of health promotive practice.

2.5 There was no statistical significant difference between the experimental group and the comparison group regarding the motivation to comply to advice.

2.6 Their satisfaction of health personnel's services was significantly higher than the comparison group at p-value 0.017.

2.7 Their health promotive practices improved significantly higher than the comparison group at p-value 0.037.

2.7.1 Their food habit improved significantly higher than the comparison group at p-value 0.05.

2.7.2 There was no significant difference between the experimental group and the comparison group regarding the rest and relaxation.

2.7.3 Their exercise performance improved significantly higher than the comparison group at p-value 0.001.

2.7.4 There was no significant difference between the experimental group and the comparison group regarding the personal hygiene.

2.7.5 Their antenatal follow-up improved significantly higher than the comparison group at p-value 0.029.

3. Of the sample groups, after intensive health education program the relationships were found among health promotive practices and health promotive knowledge, beliefs regarding risk and severity of complication and benefits of health promotive practice, motivation, satisfaction, age, income, education and occupation, as follows:

3.1 About 48 percent of the variation in health promotive practices could be explained by their health promotive knowledge, beliefs regarding risk and severity of complication and benefits of health promotive practice, motivation to comply to advice, satisfaction of health personnel's services, age, income, education

and occupation.

3.2 Approximately 33 percent of the variation in health promotive practices could be explained by their health promotive knowledge, beliefs regarding risk and severity of complication and benefits of health promotive practice, motivation to comply to advice and satisfaction of health personnel's services.

3.3 Approximately 31 percent of the variation in health promotive practices could be explained by their age, income, education and occupation.

3.4 Their health promotive practices were influenced by those variables in 3.1 in the following order:

- 1) education
- 2) satisfaction of health personnel's services
- 3) occupation
- 4) income
- 5) health promotive knowledge
- 6) age
- 7) motivation to comply to advice
- 8) belief concerning risk of complication
- 9) belief concerning severity of complication
- 10) belief concerning benefits of health promotive practice.