THE HEALTH BEHAVIORS MODIFICATION FOR CONTROLLING AND PREVENTION DIABETES MELLITUS BY USING SELF HELP GROUP AT PREMRUTHAIPRAVATE COMMUNITY BANGKOK

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Abstract— The participatory action research aims to study how to change health behavior about the ability of self- efficacy self regulation and self-care for prevention and control of diabetes with Self Help Group The sample of subjects at risk and patients with diabetes and high blood pressure . A total of 28 people from the Premruthi community 20 at Prawet Bangkok . Most are female have lower education . Entitled to healthcare Gold in Bangkok. The Vulnerable groups and groups with diabetes and high blood pressure 51.3 percent . Accounted for 10.6 per cent of the risk factors is important. Obese / BMI was 24.7 percent higher risk behavior is eating spicy food (sweet, sour , salty) 40.7 percent . Lack of exercise, stress, 12.7 percent to 28 percent , Genetic risk is 23.3 percent and 12.7 percent were smokers . The results showed that blood pressure drop 86 percent to 36 percent weight loss and BMI decrease of 20.7 percent . That health status has changed to the better . Most members were satisfied with the high level of 97.3 per cent suggested in the project next time.After receiving behavior modification ago. Have efficacy in their health behavior (Self-efficacy) , Self-regulation and Self-care better than before the event: 92.3 percent , 90.0 and 96.6 of the participants , respectively. It is a change in a better direction. This research focused on the development of activities that encourage participants have the skills and knowledge through practical action . Make sustainable approach is organized in accordance with activities that blend into everyday life. Obtaining social support to encourage volunteerism , good health care personals ,some extra incentive to participate. These factors resulting trust and cooperation frommembers and communities of Practice to foster healthy.

Index Terms— Health Promotion, Diabetes Diabetes, participatory action research.

I. INTRODUCTION

• Diabetes is a chronic, non-communicable diseases are a major public health problem in the world, including Thailand. The current situation in diabetes incidence is increasing. Data from the International Diabetes Federation.[1] The situation was reported to be 415 million people with diabetes worldwide in the year 2015, and has estimated that a significant number of people with diabetes worldwide, more than 642 million people in the year 2040 if no action is taken to prevent and control efficiency. In Thailand are facing diabetes Data from the Bureau of Policy and Strategy Ministry of Public Health Meet people died from diabetes in the year 2009, about 7,019 people, or about 19 people per day, and a survey of the health status of people aged 15 years and over Thailand 2nd Year 1996-1997 compared to the three years from 2546 to 2547, prevalence increased from 4.4 percent to 6.9 percent for the fourth time as last time. Year 2551-2552 Found the same prevalence of diabetes is 6.9 percent. Diabetes is a common cause of illness and premature death. [1] Of complications to the eyes, kidneys, nervous system, heart and stroke. And a survey of the health status of Thailand found that one in three times, four of those with diabetes do not know they have diabetes before. For those who have been diagnosed by a physician as diabetes, 3.3percent were not treated. And those who were treated with only 28.5 percent of the control of blood sugar levels in the less than 126milligrams per deciliter had. So for those who are at risk from diabetes and asymptomatic. Reducing risk factors and treatment of early stage as well as encouraging people with diabetes to take care of themselves properly, so it is a measure that will reduce and slow down the disease and the effects. Diabetes is caused by several common factors that can be prevented. Even with diabetes, obesity can also prevent complications by behavior modification,eating diminish the fat diet and exercise can prevent dibetes mellitus cardiovascular disease. [2,3] By helping vulnerable groups and people with diabetes understand and realize the threat of disease. Knowing the causes of disease Know the early warning signs of diabetes. Knowing how to prevent delay diabetes. Learn self-care on diabetes control and prevent complications that arise as a consequence.Diabetes (also known as diabetes mellitus) has several forms, but each is characterized by excessively high blood glucose (hyperglycaemia). The hyperglycaemia is caused by either defects in insulin production or insensitivity to insulin, or both.Over time, hyperglycaemia damages the basement cell membrane of the blood vessels, causing damage to organs – specifically the eyes, kidneys, and heart. Nerve damage (neuropathy) also occursThere are many risk factors for type 2 diabetes. Some are preventable and a great deal of work has been done to try to develop programmes to prevent diabetes. To maintain good health habits as a way of life of each individual, consisted as the follow:

1. Positive reinforcement
2. Result based management.

3. Optimism
4. Motivation
5. Individual or client center.
6. Self- esteems.

The efficacy of a behavioral change, Self regulation and self care, and the most satisfaction program. Therefore, the implementation of the project was to maintain good health habits as a way of life of each individual promote learning how to prevent diabetes complications.

Thus the program for promoting the health behaviors for preventing and controlling diabetes mellitus by Self Help Group. This results in reducing complication, morbidity and mortality rates from diabetes mellitus and maintain good health habits as a way of life of each individual promote learning how to prevent diabetes complications inPremruthaiPravate Community Bangkok

II. OBJECTIVES

The members who attended this program is maintain good health habits as a way of life of each individual promote learning how to prevent diabetes

III. RESEARCH DESIGN AND SAMPLES

The research design by using Participatory Action Research (PRA) with 28 purposive sampling at PremruthaiPravate Community Bangkok, who at risk for diabetes or high blood pressure. They enroll in the participatory activity with self help group during January 2013 – may 2013, for creating 3 S (self awareness, self regulation,and self care) as in the step fipure 1.

A.

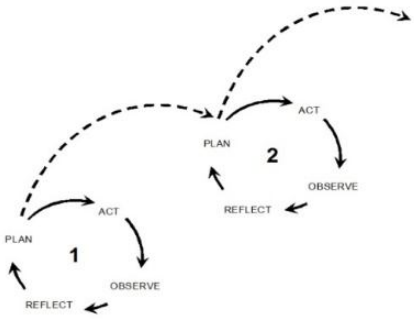


Fig. 1 shows a spin around the operating part for prevention and control of Diabetes Mellitus

IV. METHODOLOGY

The duration of the operation in January 6, 2558 - July 31, 2558. By the method of participatory learning with Self Health Group. Research design 4 times meeting each time consisted of 4 steps (panning, action, observe and reflect. The main activities in Self Health Group were motivate compliance by ice breaker to know each other, care and share about experience and information, empowerment, storytelling, two-way communication, reflective thinking, team-based learning flipped class,active learning about self care in the prevention and control of diabetes among participants in group. The plan of activities for promoting health and behavioral modification in each time were in the following

The first meeting activity

- Icebreaker
- Participation for creating self awareness and participation in changing their behavior.
- Initial health assessment activities
- Group discussion, participation in solving problems of the participants.

The second meeting activity

- Icebreaker
- To Improve understanding of health behavior modification
- Training activities to educate about health behavior modification in the diet. exercise .
- Group discussion participation in solving problems of the participants, demonstration, practicing and the empowerment of the self to the self-regulatory.

The third meeting activity

- Icebreaker
- Promoting knowledge to use in 3 S (self aearnessself regular and self-care).
- Physical activity
- Activity for modification health behavioral
- Evaluation activities individually by phone and home visits by nurse.
- Group discussion participation in solving problems of the participants, demonstration, practicing and the empowerment of the self to the self-regulatory.

The fouth meeting activity

- Icebreaker
- Assessment activity after participating. and posttest.
- Summary of the activities and the benefits of participating.
- Group discussion and Observation participation in solving problems of the participants, demonstration, practicing and the empowerment of the self to the self-regulatory. , Awards and souvenirs.
- Closed the program

V. ETHICS

The research takes into account the right of the sample. The objectives of the research process, research. And a period of research The clarification of the right to accept or refuse to participate in this research. Without affecting in any way the lesson. In addition, during the research If the samples do not wish to participate in the research completed on schedule. Can be terminated Without affecting the learning of information obtained from this research are confidential. Presentation of data will be presented

in an overview. There is no disclosure of the name and surname When samples are willing participants. The research sample Sign a consent form to participate in the study (informed consent form).

VI. RESULTS

From the risk group with diabetes and high blood pressure 51.3 percent. Accounted for 10.6 per cent of the risk factors is important. Obese / BMI was 24.7 percent higher risk behavior is eating spicy food (sweet, sour , salty) 40.7 percent . Lack of exercise, stress, 12.7 percent to 28 percent , Genetic risk is 23.3 percent and 12.7 percent were smokers . The results showed that after receiving behavior modification ago. Have efficacy in their health behavior (Self-efficacy), Self-regulation and Self-care better than before the event: 92.3 percent , 90.0 and 96.6 of the participants , respectively. It is a change in a better direction . And blood pressure drop 86 percent to 36 percent weight loss and BMI decrease of 20.7 percent . That health status has changed to the better . Most members were satisfied with the high level of 97.3 per cent

The behavior change after program Self Help Group were changed as following.

1. That the efficacy of behavioral change their health than before, increasing participation of 26 people, representing 92.8 percent of the total.

2. directing the behavior of people at increased over the first 25 participants, representing 89.2 percent of the total.

3. Has the self-care behaviors. The increase over the first 26 people to attend the event 92.8 percent of the total.

Health outcomes of participants in the study were change in body weight, body mass index (BMI) and blood pressure changed to the better direction.

Satisfaction of the program

The satisfaction of participants in this program at the high level of 89.2 percent .

Data analysis from qualitative data

By analyze qualitative data about patterns of care in the prevention and control of diabetes on a daily basis that involves behavior modification, health promotion, daily eating, exercise and stress management The study concluded by telling the members about controlling diabetes risk by what when and how. The result concluded that most eat breakfast, eating vegetables increased, try not to eat sweets, do not eat fruits sweet sauce added some seasoning. Do not add a little sugar at every meal. Regularly eating fish, salted fish, salted pickles to eat a long time. As the example from interview in following

- Eat up some chili, fresh vegetables, fish and rice ladle 2 / meal of chicken, pork, eat regularly. All vegetables with chili Do not eat dessert I do not eat sweet fruit.

- Do not drink coffee, eat lunch at noon to eat vegetables, chili, vegetable soup, cold soup does not eat fried foods, salty, not sweet, not really.

- 8:00 pm. I had breakfast porridge, fresh meat coming two years, I do not like eating the fresh salty second term.

- Eat breakfast, eat three fried rice ladle to scoop the lower one is eating salty.

Table 1:
Numbers and percentages of the sample (n = 28 patients)

Data	n	%	Data	n	%
Age (yrs)			sex		
40-49	8	28.6	Female	20	71.4
50-59	8	28.6	male	8	28.6
>60	12	42.8	**After the Program**		
Education			**Weight change**		
High school,Vocational	15	53.6	Diminish	18	50.0
Bachelor.	13	46.4	unchanged	7	25.0
Right of Medical Care			Increase	3	10.7
Gold Card	12	42.8	**Blood pressure change**		
Social Security	14	50.0	Diminish	18	64.2
Government	2	7.2	unchanged	7	25.0
			Increase	3	10.7
Data The risk for diseases (more than one isk)	**n**	%	Data Blood Glucose Level	n	%
Diabetes Mellitus	25	89.2	Diminish	24	85.7
Hypertension	15	53.0	unchanged	4	14.2
Cerebovascular	8	28.5	Increase	no	0.0
Obesity	20	71.4	**Satisfaction of Program**		
Sample with disease				Moderate 3	10.7
Diabetes Mellitus	20	71.4		High 25	89.2
Hypertension	14	50.0			
Cerebovascular	8	12.5			
Obesity	6	20.6			

VII. DISCUSSION

The result from this research shows that the biodata of samples mostly 71.4 % is female and 28,6 is male. This results is according to the study of Intharakamhang, A. et.al)2010) [5] " Study of Administration and Evaluation to Health Adaptation of Health Center in Bangkok 21 projects in 2009 found that DM person is female 67.68% and male is 32.32 % compare with World population (2015) DM person is female 199.5 million and male is 215. 2million, contrast with this study and finding of Intharakamhang, A. et.al

study. [5] It may be the different from race context in many areas include economic, life style, nutrition, exercise, sleep and rest, working.

The sampling' s BMI decreased 50% , BP decreased 85.7% . This results is according to the study of Intharakamhang,A. et.al)2010) " Study of administration and evaluation to The health adaptation of Health Center in Bangkok 21 projects in 2009 found that participation group decrease BMI 65.36% , BP 61.45% , BS(DTX) 59.49% , mean that they can modified behavior must good self awareness so they can got self regulation at last they can self management to prevent complication both acute and chronic complication mean that they got self efficacy.

By The self health group management can improve health status. [6]The self management program to control and prevent DM in daily life found that participation is more vegetable and stop to eat desert all the sweet fruits cooking, without sugar or just a little bit , daily eat fish. This results is also according to the study of Sumnuk, N. et.al[7] (2011) "Study of effective program modification behavior people health risk group to hypertension in community, Pakpanung district , Nakornsrithamaraj " found that participation got more knowledge, activities , exercises "Study of behavior modification in risk group to DM and hypertension" found that means of self management behavior about eating exercise increase after the study significant. The most common lifestyle in Thailand which risk metabolic syndrome were reduce physical activity, lack of self control, being overly courteous by noteating a healthy diet.[4] The lack of need to control their food intake is the key to prevention.[8,9] The satisfaction of participants in this program at the high level of 89.2 percent . *Robert Scales, PhD* and Joseph H. Miller, MSW* Motivational Techniques for Improving Compliance with an Exercise Program:Skills for Primary Care CliniciansFound that it is one of several useful approaches that can be used by a primary care clinician to improve patient compliance

Thus in this program, the most participant increase the self regulation. That is the one guideline for controlling and prevention the chonic disease.

CONCLUSION AND RECOMMENDATIONS

This research using participatory action research make sustainable approach is organized in accordance with activities that blend into everyday life. Obtaining family friend and social support to encourage remind control and avoid participant for good health care personals,some extra incentive to participate. These factors resulting trust and cooperation from members and communities of healthy community. to promotion and modification health behaviors which focused on the development of activities that encourage participants have the skills and knowledge through practical action.

ACKNOWLEDGMENTS

This study was supported by the grant from Research and Development Institute, and Funding for Personnel Development Center, SuanSunandhaRajabhat University (SSRU), Thailand. The researcher gratefully acknowledge to SSRU and College of Nursing and Health.

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