

## **Integration of Health Media to Increase Knowledge and Attitude of Healthcare of People in Southern Border Provinces**

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### **Abstract**

From the unrest situation in Southern border provinces (SBP), the people could not understand, access and participate public health services. Moreover, they lacked of knowledge, understanding in appropriate health behaviors and health media. In the present time, mass media; especially person media, health personnel and religion leader played roles in building knowledge and attitude in behavioral change. The objectives of this study was to produce and develop offensive integrative health media, health promoting networks in target groups: aging male and menopausal, aged persons, health personnel and village health volunteers; to test and evaluate offensive integrative health media to develop body of knowledge, understanding and good attitude to self health care; to deliver health media to local health organizations and mass media to contribute knowledge for self care, including the campaign, speeding up and public relations to target people; to built knowledge, understanding and awareness of health care, and to disseminate, give public relations of governmental news to local people, to build their images and understanding between governmental organization and people. The research instruments composed of the designed and produced integrative media by using ADDIE process and try out for effectiveness. Follow up the effect of media for each target group by analysis of questionnaires of people from 4 SBP of 3,346 and in-depth interview in 7 groups of 36 people. Collective data of needs of people, advices of health experts and mass media for database in production of integrative health media were conducted. The results from the assessment of health media needs showed that the most appropriate media was television. The others were radio and medical doctors. Most of people need lectures and additional health checks up after the media exposure. Furthermore, the integrative health media of 10 common diseases of aging people in SBP were produced for television showed as "3 minutes-good health-no buying or selling" in 100 topics, "Good health-no buying or selling" for 25 minutes in 30 sections, poster and brochures in 5 types each, and handbook for people. These made the people understand the content of prevention and treatment for the disease more effectively. In conclusions, the appropriate types of health media in SBP should be television, radio, and publication media; including electronic media which were short, easy content, more frequent with attention of identity and equity. The integrative health media made the target groups understand the contents of the diseases, prevention, health care and steps of treatment. There should be continuous production and distribution of health media for health care, understanding of health problems, receiving people's opinion and public relations of governmental media to people in all of local areas; to make images and understanding between health governmental organizations and people. The offensive health units would support there should be additional production of integrative health media and social media. The media should be distributed and increased channels of dissemination, e.g. health



roads, peace roads, in cooperation with district or provincial administrative organizations in the areas and related organizations, people, religion leaders. These would create health, peace and quality of life of people and government officials in SBP.

**Keywords:** Aging male and menopause, Health promotion, Health media, Health communication.

## Introduction

### 1. Importance and origin of the problem

1.1 In the present time, the roles of media are accepted to influence behavioral change of people, especially health media which health personal used to empower people. Health professional persons believe that the empowerments with health media will facilitate the behavioral change to self care, which will develop personal health status, help each other and their facilities to distribute health knowledge to build strong communities. For each person need to know health and practice under teaching and guidance of health team. In this case, health media have roles in development of knowledge and correct self health care. From Suan Dusit Poll survey of people opinion, radio is the second popular media to TV but can be distributed to all audiences. Therefore, the distribution of health knowledge by radio is efficient and cheap and the people can receive health news from every region easily and quickly.

1.2 The development of efficient media responds to the solution of health problems of aging men and women and aged people promptly. It should be sure that the produced media has potential enough to distribute to target group efficiently and build their knowledge. There should be checking and experimenting for the master media for correction of mistakes and develop to maximum efficiency. The testing of media must integrate each media into the system. The effect of complete integration will affect better quality of life of aging and

aged people. Furthermore, the result of experiment will be the prototype in the production of health media and other media.

1.3 From the research of health media for promoting quality of life of people in 3 Southern bordered provinces (SBP) by Sayun Sawatsri and colleagues. It was concluded that health media in this area should use local languages in opening and closing the program, access to Muslim's way of life, the media must integrate in the diversities and the channel that the people can access are TV, radio and person media. The media should be short, easy. The frequency of distribution of health media should be frequent. The interested topics are urinary tract diseases, brain diseases, and the diseases of aging and aged persons. There should be distribution of handbooks, pamphlets, posters, and health education, etc., to local health district offices to distribute to people with emphasis of participation of health networks and mass media of government, private and public sectors.

1.4 The using of information technology in service will bring the feedback data of quality of services, e.g., the health result of the attendee both for physical and mental health, the expenditures and access to health services. This brings to data for determination of health policy for SBP in the future.

## 2. Objectives

2.1 To produce and develop integrative health media, health promotion networks in target population, e.g., aging men and women and aged people, including



health personnel and health volunteers in SBP villages.

2.2 To test and evaluate the efficiency of offensive integrative health media to develop good knowledge, understanding and attitude in healthcare.

2.3 To deliver produced health media to health organizations, and mass media in the specified areas to distribute knowledge in self-healthcare, including campaign, accelerate in public relations to target population to gain knowledge, understanding and awareness of healthcare.

2.4 To distribute public relations of governmental news to people in specified areas to make good image and understanding among health organizations, government organizations and people.

### 3. Scope of research

This research had conducted under this scope:

3.1 In the media production and development the integrative health media composed of TV media, and publication as posters, pamphlets, and handbooks in health care by using public relations networks.

3.2 The produced media distribution would be used by the medical doctors, nurses, health personnel, mass media, people and community leader in SBP by means of newspapers, electronic media and training, to transfer good knowledge and attitude in health promotion and healthcare of people and government personnel in SBP.

3.3 Health media was evaluated and analyzed the efficiency in development of knowledge, understanding and use them for prototype in the production of other media.

3.4 Health media would be used under the organize meeting for building aging and aged people networks in SBP.

### 4. Benefits of research

4.1 Gaining the guide for the development of integrated health media for stability and gain media with

quality in responsible to health problems and needs people in SBP areas.

4.2 Gaining knowledge with potential and positive attitude in self-healthcare from various appropriate health media for strong communities.

4.3 Target groups could receive health media with quality and appropriate guidelines and practice to bring positive attitude towards health promotion and rehabilitation.

4.4 Public relations network for development of health promotion was built with the disease prevention treatment and rehabilitation of people and officials both inside-outside of 3 SBP areas to ensure fair and equitable and distribute government information to people in the area thoroughly.

4.5 People were empowered to increase their health knowledge from health professional persons and various mixed health media according to popularity or availability in SBP area.

4.6 Health care activities were cooperated from health networks, people, soldiers, academicians, mass media and religious leaders by using integrative health media to join in right and real understanding.

### 5. Definition

5.1 Aging men and women means men aged 40-59 years and women aged 45-59 years.

5.2 Aged persons means man and women aged 60 years or more.

5.3 Health promotion means the process of healthcare of the persons who are not ill and slightly ill, stressing on basic health services for promoting health, preventing diseases to self healthcare in daily life in all aspects of health, e.g. physical, mental and environmental health for the results of better quality of life, well-being and good health.

5.4 Health media means health technology to increase the potential in knowledge, attitude and elementary self-healthcare as follows:

5.4.1 Network media, e.g., radio, TV

5.4.2 Printed media, e.g., textbook, poster, pamphlet, brochure, articles

5.4.3 Electronic media, e.g., website, e-mail

5.5 Health communication means the communication process which comprises senders, channels and receiver, stressing in communicating health data, including analysis of barriers and distortion of right understanding associated with health.

### Research methodology

The research on Integration of Health Media to Increase Knowledge and Attitude of Healthcare of People in Southern Bordered Provinces is an applied research which is operation research.

#### 1. Steps of research

1.1 Research design: design and produce various types of media by ADDIE process model and test for effectiveness, monitor the use of each media with target group by analysis of documents, questionnaire and in-depth interview.

1.2 Determination of sample size

1.2.1 Population and sample

Population The population composed of two groups as follow:

Group 1: People who stayed in Narathiwat, Pattani, Yala, and 4 districts of lower Songkla( Sabayoi, Thepa, Chana and Nathawi) 6 months and longer in fiscal year 2008.

Group 2: Government official, mass media, community leaders, soldiers aged 40 years and above who stayed in Narathiwat, Pattani, Yala, and 4 districts of lower Songkla 6 months and longer.

#### Research Sample

Group 1: People aged 40 years and above in SBP, using Yamane's formula at 95% confidence level in the survey with questionnaire. There were 1,600 persons in this group classified by areas and religions..

Group 2: Health personnel government official, mass media, community leaders and soldiers were purposive sampling by volunteer to expose the media then participated by in-depth interview. There were 369 persons in this group.

1.2.2 Sample selection: using multi-stage random sampling

1.3 Data collection This research gathered data as follow:

1.3.1 Ask for permission of the specified organization

1.3.2 Sample selection: classified by specified conditions

1.3.3 Develop questionnaire as research tools and evaluate the quality of research tool

1.3.4 Cooperate with the local organizations before sending the questionnaire for data collection

1.3.5 Send evaluation forms to local researchers, e.g., Songklanagarind University, Pattani campus to collect data, evaluate the data and send the data to Aging Male Clinic, Phramongkutklao(PMK) Hospital and Department of Educational Technology, Faculty of Education, Kasetsart University.



### Conclusion of the samples

1. People aged 40 years and above: 1,600 persons, classified by areas and religions.

2. Health personnel, government officials, mass media, religion leaders, community leaders, soldiers: around 369 persons for in-depth interview.

### Research Methodology

#### 2.1 Meeting for project planning

2.1.1 Meeting with associated local personnel and set educational plan. Plan and manage the project, public relations by using media, e.g., posters, pamphlets and TV.

2.1.2 Meeting with research team and personnel that were responsible for production, testing and evaluation of media, type of media and using of integrative health media.

2.2 Testing of sample of integrative health media for aging people, including video for health promotion, posters, pamphlets and handbooks by experts in contacts, techniques and validity evaluation and appropriateness for media presentation for appropriate areas and target group.

2.2.1 Design and produce on TV program, electronic media and printed media according to specified types.

1) Steps in media production consists of analyze health problem of people in 4SBP and specify the issues to present in each type of media.

In case of the media planning, the planning process specifically use by ADDIE MODEL.

A – Analysis: analyze the problems and context of people in 4 SBP, analyze common diseases, method of health promotion and prevention, analyze content and types of media to distribute knowledge and analyze types of media for presentation.

D = Design: design types of appropriate media to the specified objectives, pamphlets, posters, video 3 minutes and 30 minutes.

D = Development: conduct the production of media according the specified steps.

I = Implementation: evaluate the media by experts and test it with the real target group.

E = evaluate the media and improve them.

2) Production of integrative health media, classified by types

1. Health promotion TV Program showed by Aging Male Clinic of PMK Hospital, Royal Thai Army Medical Department, Department of OB-GYN of Faculty of Medicine, Songklanakarin University, Hadyai campus, joining with Royal Thai Army classified to 2 programs

-Three minutes health without Buying/ Selling TV program, broadcast for every Wednesday, Thursday and Friday, 05.15-05.20 from TV 5/1 Pattani, 100 programmed.

-Health without Buying/Selling TV program for people aged 40 years and above:30 minutes per week form TV 5/1 Pattani, 30 programmed.

2. Posters and pamphlets -series "Prevention and treatment of common 10 diseases of aging people" 5/ type

3. Handbook of Health without Buying/Selling No.5 sections 10 common diseases in aging persons in SBP.

2.2.2 Test of health media with target group in SBP, test of efficiency of media, survey of satisfaction and result of learning from media by questionnaire and in-depth interview.

2.2.3 Evaluation of integrative health media: video of health promotion and healthcare 3 minutes, 30 parts and 30 minutes, 10 parts, pamphlets and poster each 5 stories, only 1 handbook of Health without



Buying/Selling No.5. by questionnaire, in-depth interview and conclude the operation.

1) Opinion survey by closed and questionnaire for health personal and soldiers.

2) In-depth interview divided 7 groups totals 369 peoples

2.2.4 Data Analysis obtained from the experiments by using percentage, mean, and conclusion the result of analysis.

2.3 Meeting of operation for doctor, health personnel and mass media, and training for health personnel in health centers as well as people, officials, soldiers, mass media in the areas, 2 times/year for exchange knowledge and experience in treatment and rehabilitation.

2.4 Location of operation / Data collection

Production of health media at Aging Male Clinic, PMK Hospital, develop and design prototype of media at Department of Education Technology, Faculty of Education, Kasetsart University and collecting data from questionnaires in SBP, at Songklanagarind University, Pattani Campus, Yala Hospital, Pattani Hospital, Narathiwatratchanagarind Hospital and Chulabhorn Camp.

2.5 Data analysis Analyze by using computer programs for percentages, maximum, minimum and Chi-square.

## Research Result

The numbers of male samples were more than female ones. Most of them aged 41-50 years, and 31-40 years, respectively. Most of their occupations are teachers and agriculturists, respectively. Most of their religions were Buddhism and Islam, respectively. Most of their marital statuses were married and single,

respectively. Other statuses were religious leaders. Most of their personal health problems were headache, joint pain and hyperlipidemia, respectively.

Every media had average scores in high level; 25 minute video media had highest average scores. It was found that pamphlets and 25 minute video media had highest scores in the issue of good transferring of disease concept, quick understanding, content coverage, including appropriate size and type of alphabet. It was found that 25 minute video had highest average scores; poster had high average scores in the issues of appropriate color and pictures.

People in 4 SHP perceived media in the topics of healthcare from 25 minute video media higher than poster significantly ( $p < 0.05$ ). They had continued ways of self healthcare from pamphlets higher than poster significantly ( $p < 0.05$ ). For other issues, they thought indifferently.

Both 3 minute and 25 minute video media had high average scores in every issue. It was found that 25 minute video had highest in the issues of knowledge perception. For the issues of attitude to media and ways of practice, it was found that pamphlets had highest average scores. 3 minute video had highest average scores in the issues of benefit from media and effect to community and localities. After the testing for difference among groups, it was found that there was no difference significantly ( $p < 0.05$ ). It showed that although different religion, but people thought about effect of poster using indifferently.

For the knowledge from media, Songklanagarind University, Pattani Campus and Yala thought that poster gave knowledge higher than Narathiwat significantly ( $p < 0.05$ ). For the attitude to poster, Songklanagarind University, Pattani Campus and Yala had attitude to poster higher than Narathiwat significantly ( $p < 0.05$ ), and Pattani higher than Songkla



significantly ( $p < 0.05$ ). For ways of practice significantly ( $p < 0.05$ ), Songklanagarind University, Pattani Campus and Yala thought that poster gave ways of practice higher than Narathiwat significantly ( $p < 0.05$ ). For the benefit from media, Pattani thought that poster gave benefit higher than Narathiwat significantly ( $p < 0.05$ ). For the effect to community and localities, Pattani thought that poster had effect to community and localities higher than Songkla and Narathiwat significantly ( $p < 0.05$ ).

The opinion of islams to effect of pamphlet media was higher than Buddhists significantly ( $p < 0.05$ ). For the knowledge from media, Songklanagarind University and Pattani thought that pamphlets give knowledge higher than Narathiwat significantly ( $p < 0.05$ ). For the opinion to media, Pattani thought had opinion to pamphlet higher than Songklanagarind University Narathiwat and Songkla significantly ( $p < 0.05$ ) and Yala more than Narathiwat significantly ( $p < 0.05$ ). For the practice, Songklanagarind University concluded that Pamphlet was better in practice than Narathiwat significantly ( $p < 0.05$ ) and Pattani higher than Songkla and Narathiwat significantly ( $p < 0.05$ ). For the benefit of media, Pattani concluded that pamphlet was more useful than Narathiwat and Songkla significantly ( $p < 0.05$ ). For the effect to community, Pattani and Songklanagarind University concluded that pamphlet had more benefit than Narathiwat significantly ( $p < 0.05$ ).

Islamic people thought that the result of 3 minute video media was more than Buddhist people significantly ( $p < 0.05$ ). For the knowledge from media, Songklanagarind University thought that 3 minute video give knowledge more than Narathiwat and Songkla significantly ( $p < 0.05$ ). Islamic people thought that the result of 3 minute video was higher than Buddhist people significantly ( $p < 0.05$ ).

Islamic people thought that the result of 25 min video was higher than Buddhist people significantly ( $p < 0.05$ ). For the knowledge from media, Songklanagarind University thought that 25 min video was higher than Pattani, Narathiwat and Yala significantly ( $p < 0.05$ ). For the effect to community and localities, Songklanagarind University thought that 25 minute video had effect to community and localities higher than Narathiwat, Songkla and Yala significantly ( $p < 0.05$ ).

## Conclusion and Discussion

Conclusion: The appropriate types of health media in SBP should be television, radio, document media; including electronic media which were short, easy content, more frequent with attention of identity and equity. The integrative health media made the target groups understand the contents of the diseases, prevention, health care and steps of treatment. There should be continuous production and distribution of health media for health care, understanding of health problems, receiving people's opinion and public relations of governmental media to people in all of local areas; to make images and understanding between health governmental organizations and people. The offensive health units would support the distribution of health media by providing channels for health media.

Discussion: There should be additional production of integrative health media and social media. The media should be distributed and increased channels of dissemination, e.g. health roads, peace roads, in cooperation with district or provincial administrative organizations in the areas and related organizations, people, religion leaders. These would create health, peace and quality of life of people and government officials in SBP.

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