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Conference Proceedings

**INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE**

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INTRODUCTION

We would like to welcome our colleagues to the International Business Tourism Transport Technology Social Sciences Humanities Education Research Conference. It is the seven series in 2016 of Conference on Business Tourism and Apply Sciences was held in Amsterdam. As always many members of the ICBTS 2016 community look forward to meeting, sharing and exchanging their research ideas and results in both a formal and informal setting which the conference provides. Likewise, the concept of alternating the international conference every one month on April to November between Europe and the rest of the world is now well established. This year's event in London (UK) Paris (France) Munich (Germany) Amsterdam (Netherlands) Boston (USA) Toronto (Canada) London (United Kingdom) Zurich (Switzerland) Berlin (Germany) Tokyo (Japan) and another continues with the cultural following the very successful and productive event held in London-Zurich in August 2016 in the field of various types for international academic research conference on Business Economics Social Sciences Humanities Education and Apply Sciences. As usual The ICBTS 2016 brings together leading academics, researchers and practitioners to exchange ideas, views and the latest research in the field of Business Tourism and Apply Sciences.

The theme of this event The 2016 ICBTS International Business Tourism Social Sciences Humanities and Education Research Conference is "Opportunities and Development of Global Business Economics Social Sciences Humanities and Education" It is also represents an emerging and highly challenging area of research and practice for both academics and practitioners a like, The current industrial context is characterized by increasing global competition, decreasing product life cycles, Global Business, Tourism Development, Social Sciences Humanities Education Apply Sciences and Technology collaborative networked organizations, higher levels of uncertainties and, above all, and customers. In our view holding this event in Tokyo represents a timely opportunity for academics and researchers to explore pertinent issues surrounding Business Economics Tourism Social Sciences Humanities Education Sciences and Technology.

Potential authors were invited to submit an abstract to the International Conference Session Chairs. All abstracts were reviewed by two experts from the International review committee and final papers were further reviewed by this volume with 30 contributing authors coming from 18 countries. This book of proceedings has been organized according to following categories:

- Business
- Management
- Marketing
- Accounting
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- Logistics Management
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OUTCOME OF FOOT CARE EDUCATION PROGRAM IN DIABETIS MELLITUS AT PREMRUTHAI PRIVATE COMMUNITY BANGKOK

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ABSTRACT

Aims: To change the ability of self-efficacy, self regulation and self-care health behavior about foot care health behavior for prevention and control of diabetic foot problem with Foot Care Education Program.

Methods: The sample of subjects at risk and patients with diabetes mellitus. A total of 28 people from the Premruthi community 20 at Pravate Bangkok. Most are female have lower education. Entitled to healthcare Gold card 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 . By the method of participatory learning with foot care education program. Research design 4 times meeting each time consisted of 4 steps (planning, action, observe and reflect). The main activities in foot care education program behavior were motivate compliance by ice breaker to know each other, demonstration and return demonstration care and share about experience and information, empowerment, story telling, two-way communication, reflective thinking, team-based learning, flipped class, active learning about self care in the prevention and control of diabetic foot among participants in group.

Results: 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 in foot care behaviors 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.

Conclusion: 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 foot care health behaviors personals. These factors resulting trust and cooperation from members and communities of practice to foster healthy.

Keywords--Diabetic foot care participatory action research, Health education

INTRODUCTION

Diabetes is one of the largest global health emergencies of the 21st century. Each year more and more people live with this condition, which can result in life-changing complications. In addition to the 415 million adults who are estimated to currently have diabetes, there are 318 million adults with impaired glucose tolerance, which puts them at high risk of developing the disease in the future Diabetes is a common cause of illness and premature death¹. Of complications to the eyes, kidneys, nervous system, heart and stroke¹.

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 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 percent². Diabetes is a common cause of illness and premature death¹. 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, 3.3 percent were not treated. And those who were treated with only 28.5 percent of the control of blood sugar levels in the less than 126 milligrams per deciliter³. Reducing risk factors and treatment of early stage as well as encouraging people with diabetes to take care of themselves properly, will reduce and slow down the disease and the effects. 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 Mellitus has several forms, but each is characterized by hyperglycaemia. 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 occurs diabetes foot disease is the most common cause of non-traumatic lower-limb amputation globally. Prevalence of Diabetic foot is higher in diabetes and leadind cause of non traumatic amputation⁴. Diabetic foot problems had the greatest burden on health-related quality of life⁵. Duncan, I, Ahmed T, li Q et al Assessing the Value of the Diabetes Educator. The Diabetes Educator, 2011, August 30⁶. In the US, based on claims made to Medicare and insurance over a 4 year period: Diabetes education associated with decreasing cost trends, increasing alignment to guidelines and clinical process measures, more reguar DSMT results in better outcomes and more DSMT = better adherence to medications. Therefore the diabetic foot care should emphasized in clinical practice to prevent diabetic foot problems⁷. Living with diabetes is not easy; people with diabetes must assimilate a great deal of information and complete a series of daily tasks in order to effectively self-manage their condition.

Because there is a wide range to levels of foot risk. This needs to be taken into consideration when providing foot education programmes. The first step is to educate in order to facilitate informed decision making. Although many people with type 2 diabetes do not view their condition as serious, it needs to be acknowledged and understood that complications occur with all types of diabetes. Diabetes is largely managed by the person with the condition on a day-to-day basis. Thus, caring for diabetes is a personal responsibility.

What is the difference between education and behavioural change? The two are not distinct entities, but rather overlap to a great degree. We need to educate people with diabetes because we know that it is effective and improves outcomes. These results are based on multiple meta-analyses of educational studies. We need to educate people with diabetes because we know that it is effective and improves outcomes. These results are based on multiple meta-analyses of educational studies. As more research in this area has been carried out and published, education has changed in response to the evidence. Patient-centered teaching takes into consideration the needs of the person first and builds on those needs.

We can think of education as the body of information, skills and technologies that a person with diabetes needs to learn. As discussed in the teaching and learning module, how they learn will have an impact on whether or not behavioural changes follow. In this module we will discuss How To help people take the steps to behavioural change once they have the necessary knowledge.

However, most foot problems are preventable through early detection of the problem and prompt treatment by a skilled multidisciplinary healthcare team in diabetes education, ‘teaching’ can be perceived as offering people with diabetes the opportunity to learn. To maintain good health habits as a way of life of each individual, consisted as the follow⁸:

1. Positive reinforcement
2. Result based management
3. Optimism
4. Motivation
5. Individual or client center
6. Self- esteems

The effect of a behavioral change, 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 foot complications.

Outcome of Foot Care Education Program behaviors for preventing and controlling diabetes foot. This results in reducing complication, morbidity and mortality rates from diabetes foot and maintain good health habits as a way of life of each individual promote learning how to prevent diabetes complications in Premruthai Pravate Community Bangkok

OBJECTIVES

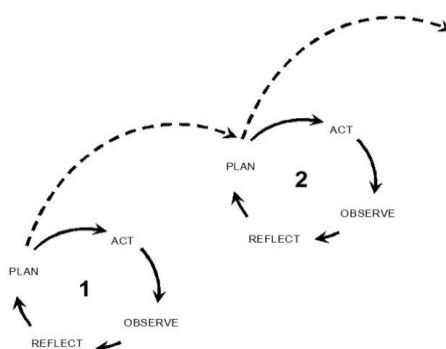
The members who attended this program is maintain good health habits as a way of life of each individual promote learning how to prevent diabetic foot.

RESEARCH DESIGN AND SAMPLES

The research design by using Participatory Action Research (PRA) with 28 purposive sampling at Premruthai Pravate Community Bangkok, who at risk for diabetes. They enroll in the participatory activity with Foot Care Education Program during January 2013 –July2013, for creating self awareness, self regulation and self care as in the step figure 1.

Figure 1

Shows a spin around the operating part for prevention and control of Diabetic Foot Problem.



METHODOLOGY

The duration of the operation in January 6, 2558 - July 31, 2558. By the method of participatory learning with health education foot care program. Research design 4 times meeting each time consisted of 4 steps (planning, action, observe and reflect. The main activities in health education foot care program behavior were motivate compliance by ice breaker to know each other, demonstration and return demonstration, care and share about experience and information, empowerment, story telling, two-way communication, reflective thinking, active learning about self care in the prevention and control of diabetic foot among participants in group. The plan of activities for promoting health and behavioral modification in each time were in the following

1.1 The first meeting activity

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

1.2 The second meeting activity

- Icebreaker
- To Improve understanding of health behavior modification
- Training activities to educate about foot care health behavior modification

- Group discussion participation in solving problems of the participants, demonstration, practicing and the empowerment of the self to the self-regulatory

1.3 The third meeting activity

- Icebreaker
- Promoting knowledge to use in foot care match pair practice foot care activity
- Activity for modification health behavioral
- Evaluation activities individually by test 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 of foot care (examine observe do and don't)

1.4 The fourth 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
- Evaluate program
- Closed the program

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).

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. The results showed that after receiving Health Education Program on Foot Care Behaviors have efficacy in their foot care 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 Most members were satisfied with the high level of 97.3 per cent. Behaviors 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.

SATISFACTION OF THE PROGRAM

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

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)⁹ “ 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 215.2 million, contrast with this study and finding of Intharakamhang, A. et.al

study⁹. It may be 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 result 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 Health Education Program Foot Care Behaviors can improve foot Care behaviors. Found that participation is more self management to control and prevent diabetic foot problem in daily life. This result is also according to the study of Sumnuk, N. et.al¹⁰ (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 noting a healthy diet⁴. The lack of need to control their food intake is the key to prevention⁸ 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 Clinicians Found 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 knowledge&self regulation behavior. That is the one guideline for controlling and prevention diabetic foot problem.

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 in foot 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.

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