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Conference Proceedings

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

*London, United Kingdom
5 – 7 April, 2017*

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The International Education Social Sciences and Humanities 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
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- Accounting
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TABLE OF CONTENTS

ORGANIZE

INTRODUCTION

INTERNATION ADVISORY COMMITTEE

INTERNATIONAL COMMITTEE

SPEAKER

CROSS-SECTIONAL STUDY TO IDENTIFY THE PREVALENCE OF ABUSE AND ITS TYPES, ITS CAUSES AND ITS RESOURCES FOR A SAMPLE OF CHILDREN AND ADOLESCENTS	1
<i>Raghad Ibrahim, Mohammed Baqir</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON EGYPTIANS' PURCHASE INTENTION "THE CASE OF TELECOMMUNICATION SECTOR IN ALEXANDRIA"	22
<i>Dina ElSalmy, Ahmed ElSamadicy, Mohamed Mostafa</i>	
DEVELOPMENT OF ANALYTICAL READING BASED ON THE TRANSACTIONAL STRATEGIES INSTRUCTION	33
<i>Tasanee Sathapong</i>	
BLENDED LEARNING MODEL AND ACHIEVEMENT IN A FOUNDATION OF MARKETING COURSE	39
<i>Narumon Chomchom</i>	
TOURISM LIFE CYCLE ANALYSIS AND SUSTAINABLE TOURISM MANAGEMENT FOR URBAN CULTURAL TOURIST ATTRACTION: A CASE STUDY OF KOH KRED, THAILAND	46
<i>Siripen Yiamjanya</i>	
OPPORTUNITY TO INCLUDE A SECONDARY DESTINATION FOR TOURIST EXPERIENCES WITH HERITAGE POTENTIALS THE CASE STUDY OF KHIRIWONG COMMUNITY, LANSKA DISTRICT, NAKHON SI THAMMARAT, THAILAND	56
<i>Nuntana Ladplee</i>	
GENERATION 'Y' (MILLIANIAL TOURIST) PERCEPTIONS AND VISITATION PATTERNS TOWARDS MUSEUMS	64
<i>Tran Trung Kien and Dr. Vipin Nadda</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON CORPORATE REPUTATION CAPITAL	89
<i>Kritchana Santawee</i>	
MARKETING MIX OF OTOP: FROM THAI LOCAL WISDOM TO GLOBAL THROUGH THAI AIRWAYS INTERNATIONAL	99
<i>Krongthong Khairiree</i>	
THAILAND AND TECHNOLOGICAL PRODUCTS: A SOCIAL SCIENCES CASE STUDY	104
<i>Darma R. Khairiree</i>	
FACTORS RELATED TO SPORTS OR EXERCISE BEHAVIORS OF THAI PEOPLE	110
<i>Dr.Rattana Panriansaen, Dr.Kingkanok Saowapawong and Kantapong Prabsangoba</i>	
9/11 THE DOMESTICS CRUSADERS REGISTERS VIOLENCE AGAINST MUSLIMS FOLLOWING 9/11	116
<i>Rehab Farouk and Mona Anwar</i>	
THE CONTRIBUTIONS OF WOMEN ENTREPRENEURS IN SOCIOECONOMIC DEVELOPMENT (A STUDY OF SELECTED LOCAL GOVERNMENTS IN ANAMBRA STATE NIGERIA)	143
<i>Muogbo Uju .S. PhD</i>	
FACTORS AFFECTING TOURISTS DECISION MAKING IN CHOOSING HOMESTAY IN AMPHAWA DISTRICT, SAMUTSONGKRAM, THAILAND	154
<i>Kanamon Suwantada</i>	
INTENTION TO VISIT GREEN HOTELS OF THAI TOURISTS IN BANGKOK, THAILAND	159
<i>Kanyapilai Kunchornsirimongkon</i>	
NEW DIMENSIONS TO ADMINSTRATE HUMAN DEVELOPMENT TO CONSERVE BUDDHISM OF MAHAYANA CHINESE SECT: THE STUDY OF MUNGKORNKAMALAWAS CHINESE TEMPLE, BANGKOK	167
<i>Saowapa Phaitayawat, Suwaree Yodchim, Yaninie Phaitayawat</i>	
DEVELOPMENT OF STUDENT TEACHERS' REFLECTIVE THINKING ABILITIES	172
<i>Sucheera Mahimuang</i>	

SAFETY BEHAVIOR OF OPERATION STAFFS IN WATER PRODUCTION AND SUPPLY DEPARTMENT BANGKHEN WATER PLANT, BANGKOK, THAILAND <i>Pongsak Jaroengarmsamer, Wanwimon Mekwimon Kingkaew</i>	177
PROSPECTIVE STUDY OF RABIES ELIMINATION MODEL AND STRATEGY, FORMULATED BY THE PEOPLE IN 2-EPIDEMIC COMMUNITIES <i>Thavatchai Kamoltham, Wattanasak Sornrung, Chalatchawan Nanui</i>	184
JOB SATISFACTION AND EMPLOYEE PRODUCTIVITY IN THE NIGERIAN PUBLIC SECTOR (A STUDY OF ANAMBRA STATE UNIVERSITY) <i>Ezeamama Ifeyinwa G.</i>	191
AN OUTLOOK OF STOCK MARKET PERFORMANCE AND ITS CONTRIBUTION TO ECONOMIC GROWTH: BRICS AND MINT <i>Behiye Korpe</i>	202
DEMONETIZATION IN INDIA: AN OVERVIEW <i>Abhinav Singh Chandel</i>	203
EFFECT OF AROMA OIL MASSAGE AND HERBAL COMPRESSION WITH ANALGESIC DRUGS ON PAIN IN PERSONS WITH LOW BACK PAIN <i>Ladaval Ounprasertpong Nicharojana, Chanvate satthaputh MD</i>	205
THE APPLICATION OF PALMISTRY KNOWLEDGE IN THE DIAGNOSIS OF DISEASES FOLLOWING THE PRINCIPLES OF TRADITIONAL THAI MEDICINE <i>Phatphong Kamoldilok, Orawan Sinpaiboonlert, Mukda Tosang</i>	212
PIET MONDRIAN'S PAINTING INSPIRED YVES SAINT LAURENT, THE WORLD CLASS FASHION DESIGNER <i>Jaruphan Supprung</i>	217
SOCIAL SUPPORT OF POSTPARTUM MOTHERS BASED ON FOLK MEDICINE IN NAKORN PATOM PROVINCE, THAILAND <i>Supparas Oatsawaphonthanaphat, Wichai Srikam, Vichai Chokevivat</i>	223
DEA MODEL MEASURING AIRPORT PERFORMANCE IN THAILAND <i>Piyaon Sriwan</i>	231
COMMUNICATION BILINGUAL APPROACH IN A THAI SCHOOL ON VOCABULARY AT HOME AND AT SCHOOL <i>Suwaree Yordchim, Goragot Butnian, Palaunnaphat Siriwongs</i>	237
DIABETES CARE AND PATIENTS' PERSPECTIVES ON DIABETES MELLITUS IN RURAL THAILAND: A QUALITATIVE STUDY <i>Kantapong Prabsangob</i>	243
AN ANALYTICAL STUDY OF SOCIAL PROBLEMS OF WOMEN RELATED TO SPORTS <i>Shagufta Jahangir, Dr. Asma Manzoor, Dr. Nusreen Aslam Shah, Raisa Jahangir</i>	249
THE INVESTIGATION OF CLINICAL EXPERIENCE ON LEARNING BEHAVIORS AND STRESS FOR NURSING STUDENTS <i>Yen-ju Hou</i>	250
LONDON INTERBANK OFFER RATE VOLATILITY: THE US DOLLAR, THE BRITISH POUND, THE JAPANESE YEN AND THE EURO: HOW IT AFFECTS MULTINATIONAL COMPANIES (1986-2016) <i>Alhassan Ndekugri</i>	262
CORRUPTION, POLITICAL ACCOUNTABILITY AND THE CHALLENGES OF GOVERNANCE IN NIGERIA <i>Imoukhuede Benedict Kayode</i>	280
THE PARTICIPATION IN THE DEVELOPMENT OF PACKAGING AND LOGOS TO THE NEEDS OF THE CONSUMER PRODUCTS KHANEONGHIN COMMUNITY PERSONNEL BANGKOK <i>Jitima Suathong, Supassawee Morakul, Worraruethai Harnchotipan</i>	290
LIFE QUALITY PROMOTION FOR THE ELDERLY <i>Ponpun Vorasiha, Anchalee Jantapo</i>	295
FABRIC PRINTING DESIGN, AN INSPIRED FROM THAI TRADITIONAL TIN TOYS <i>Suwit Sadsunk</i>	301
THE ART OF DESIGNING, FABRIC PATTERN BY MOLD WITH NATURAL DYES <i>Chanoknart Mayusoh</i>	311
HEALTH PROBLEMS AND NEEDS FOR HEALTH SERVICE OF THE ELDERLY: A CASE STUDY OF ELDERLY IN TAMBON WANGTAKOO, NAKORN PATHOM PROVINCE, THAILAND <i>Prapaiwan Danpradit, Boonsri Kittichotipanich</i>	319

OUTCOME OF FOOT CARE EDUCATION PROGRAM IN DIABETIS MELLITUS AT PREMRUTHAI PRIVATE COMMUNITY BANGKOK	325
<i>Tipapan Sungkapong, Boonsri Kittichottipanich, Namthip Martkoksoong</i>	
TOURISM IMPACT ON DESTINATION ECONOMY: EVALUATING THE RELATIONSHIP BETWEEN TOURISM RECEIPTS AND ECONOMIC GROWTH IN THE UK	331
<i>Abimbola Alexandra Dada, Adenike Adebola Adesanmi, Dr. Vipin Nadda</i>	
MEDIA LITERACY: ADVANTAGES AND APPLICATIONS A CASE STUDY OF SRINAKHARINWIROT UNIVERSITY	343
<i>Sasithon Yuwakosol</i>	
ASSESSMENT OF THE RELATIONSHIP BETWEEN HUMAN RESOURCE MANAGEMENT PRACTICES AND PERFORMANCE OF HOTELS IN KENYA	354
<i>Owiti, Phelix Onyango, Erick Fwaya</i>	
PARENTAL EDUCATION BACKGROUND AND STUDY MATERIALS AS CORRELATES OF ACADEMIC PERFORMANCE OF SECONDARY STUDENTS IN ABIA STATE	355
<i>Beatrice Okore Ogbonnaya</i>	
THE CONSEQUENCES OF POOR CURRICULUM IMPLEMENTATION IN NIGERIA	356
<i>Okorafor philomena nmennaya (ph.d)</i>	
THE EFFECTS OF WORK CHARACTERISTICS AND SELF-ESTEEM ON WORK BURNOUT FOR ENTRY-LEVEL EMPLOYEES IN HOTELS	357
<i>Hany Hosny Sayed Abdelhamied</i>	
EMPOWERMENT PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY AMONG PREGNANT WOMEN FOR PREVENTING GESTATIONAL DIABETES MELLITUS	358
<i>Napissara Dhiranathara, Petcharat Techathawewon</i>	
THE STUDY OF SEXUAL HEALTH BEHAVIORS IN ADOLESCENT	364
<i>Boonsri Kittichottipanich, Udornporn Yingpaiboonsuk, Saree Dangtongdee, Ancha Dangtongdee</i>	
EDUCATION PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY IN PREGNANCY WOMEN FOR DIABETES MELLITUS PREVENTION	369
<i>Petcharat Techathawewon, Warunsiri Praneetham</i>	
THE EFFECTS OF THAI MIND-BODY EXERCISE “RUSIE DUTTON” ON BODY WEIGHT AND BLOOD LIPID LEVEL IN MENOPAUSAL WOMEN	374
<i>Kanit Ngowsiri, Assoc. prof. Suchitra Sukonthasab, Assoc. prof. Prasong Tunmahasamut</i>	
EDUCATION PROGRAM OUTCOMES IN PREGNANCY PREVENTION OF SEX-RISK FEMALE ADOLESCENTS: A CASE STUDY OF STUDENTS IN SAMUT-SONGKRAM PROVINCE, THAILAND	380
<i>Premwadee Karuehadej</i>	
STUDY OF SEX HEALTH KNOWLEDGE AND DEMAND OF SEX HEALTH CARE IN UNDERGRADUATE STUDENTS	386
<i>Udornporn Yingpaiboonsuk, Kanya Napangkl, Boonsri Kittichottipanich, Ancha Dangthongdee</i>	
ENVIRONMENTAL MANAGEMENT BEST-PRACTICE AND STRATEGIES WITHIN THE INSTITUTIONAL CONTEXT: THE CASE OF (UAE)	394
<i>Dr. Ahmed Zain Elabdin Ahmed</i>	
Activity-Based Costing of Library Services in Universities – A Case Study of a Private University	409
<i>Dr. Hala Elias</i>	
Influence of Cultural dimensions on Management practices in Hospitals: A Study of Indian Subcontinent	411
<i>Dr. Devjani Chatterjee</i>	
PROMOTION OF EXERCISE FOR THE ELDERLY	424
<i>Anchalee Jantapo, Ponpun Vorasiha</i>	
PATTERN DESIGN FROM THE CONCEPT OF THE CARP FISH WEAVE	430
<i>Siracha Samleethong</i>	
THE HISTORY OF THAI WOMEN LINGERIE	437
<i>Junjira Monnin</i>	
SATISFACTION OF URINATION PROMOTION IN BENIGN PROSTATIC HYPERPLASIA	446
<i>Kanya Napapongsa, Warunsiri Praneetham, Nopbhornphetchara Maungtoug, Kanit Ngowsiri</i>	
EXPLORING HEALTH STATUS AMONG OLDER ADULTS IN THE URBAN COMMUNITY OF BANGKOK, THAILAND	452
<i>Chotisiri, L, Charoonpongsak, A</i>	
Face-to-face learning, cross-cultural virtual teams and study abroad: Incorporating experiential learning into a multi-modal class	458
<i>Denise Luethge, Carole Cangioni</i>	

TOURISM REVENUES REGRESSION FOR TOURISM PROMOTION INVESTMENT DECISION– MADEIRA CASE STUDY <i>Élvio José Sousa Camacho</i>	460
Alauddin Malay King Mosque- searching for architectural symbols and identity <i>Roslan Bin Talib</i>	461
THE TEACHING OF ENGLISH LANGUAGE AS A MEANS TO AN END FOR BUSINESS TOURISM <i>Nande C.K. Neeta</i>	462
Dealing with Identity Loss and Stigma of Unemployment in Georgia - Perspective of Youth <i>Anastasia Kitiashvili</i>	468
The Portuguese Presence in the Arabian Gulf as Reflected in Local Omani Historical Narratives <i>Hasan Al Naboodah</i>	469
Antecedents of Customer Satisfaction Levels in UAE Museum Shops <i>Akin Fadahunsi and Salwa Osama</i>	470
COMPARISON OF SKIN APPEARANCE WITH APPROPRIATE TIME IN SELF REFLEXOLOGY AREA WITH THAI TRADITIONAL MEDICINE IN GERIATRICS <i>Natsinee Sansuk</i>	471
PEER OBSERVATION AND SELF-MONITORING IN PRE-SERVICE TEACHERS’ MICROTEACHING <i>Wipada Prasansaph</i>	476
ESL STUDENTS’ EXPERIENCE OF PROJECT-BASED LEARNING <i>Abigail Melad Essien</i>	483
THE EFFICACY OF EXPLICIT INSTRUCTION ON IMPLICIT AND EXPLICIT KNOWLEDGE OF ENGLISH ARTICLES <i>Faten A. Alarjani</i>	489
TOPSIS METHOD TO SELECT LOCATION OF GRASS FLOWER IN WAREHOUSE <i>Martusorn Khangkhan</i>	509
ONLINE MARKETING IMPLEMENTED ON HIGHER EDUCATION IN THAILAND: A CASE OF INTERNATIONAL COLLEGE, SUAN SUNANDHA RAJABHAT UNIVERSITY <i>Nalin Simasathiansophon</i>	515
GUIDELINES FOR BUDDHIST ORGANISATION DEVELOPMENT IN THE PRESENT THAI SOCIETY <i>Cholvit Jearajit Ph.D</i>	523

DIABETES CARE AND PATIENTS' PERSPECTIVES ON DIABETES MELLITUS IN RURAL THAILAND: A QUALITATIVE STUDY

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ABSTRACT

Background and purpose: Diabetes Mellitus (DM) is one major problem in Thailand. DM patients have their own beliefs and perceptions about the illness. This study aimed to describe diabetes care and patients' perspectives on diabetes mellitus in rural Thailand.

Methods: Observations and in-depth interviews were conducted in the sub-district of Bangkonthee in Samut Songkram province. Fourteen DM patients were purposely selected for in-depth interviews. A content analysis was performed.

Results: The majority of the participants were female, aged 50-76 years old. Most participants were diagnosed with DM more than one year (ranged 1- 20 years) prior to interviewing. All participants did not have risk perception of DM. Most patients were encouraged by providers to participate in a DM screening program, where they were first diagnosed. All participants reported having been compliant with their DM medications. However, most participants had also been taking herbal medicines in addition to their prescribed medications. The majority believed that food intake caused DM, especially over-eating rice. Many of the participants reported elevated blood glucose levels in the last two months due to increased fruit consumption. All participants were satisfied with health service provisions at the health center. By our observations, the health center offers services every day. The patients reported that they appreciate and trust their health providers.

Conclusion: Some DM patients were not aware that they were in a risk group. Understanding the beliefs and the perceptions of DM among these patients may help identify effective approaches to proper interventions for DM treatment.

Keywords-- Belief, Diabetes Mellitus, Perception, Rural Thailand

INTRODUCTION

Diabetes mellitus or diabetes is one of chronic diseases and causes death to numbers of patients around the world. In 2013, an approximately 382 million people are estimated to have diabetes and 316 million people are living with impaired glucose tolerance (International Diabetes Federation [IDF], 2013, p. 7). The number of people with diabetes is increasing in every country. For Thailand, according to Ministry of Public Health (Thailand), Chronic Disease Surveillance Report of 2010, there were 888,580 diabetic patients in Thailand. The ratio of diabetic illness from the report was 1,395 patients per 100,000 populations. This made it ranked as the second top of non-communicable diseases, of which the first top belonged to high blood pressure. Diabetes is due to abnormal insulin production or the effect of insulin that has an impact on high blood sugar or glucose level. According to pathology, diabetes can be classified into four types; type I, type II, gestational diabetes (found during pregnancy), and other types (American Diabetes Association [ADA], 2007). Type II diabetes mellitus is caused by the combination of abnormal insulin secretion of beta cells and the effect of insulin resistance. A person with diabetes may have either result from those mentioned causes greater than one another. Despite diabetes is a chronic disease, it is treatable through dietary control,

physical exercises, and oral medicine. The patients who have long term diabetes, their beta cells may gradually be destructed and fail to control the blood sugar or glucose level. Insulin medication, such as insulin injection, is needed to help control the glucose level instead of the cells' production itself. Type II diabetes is mostly found in people aged over 40 years. Risk factors of this type are older age, overweight, lack of physical exercises, and genetics. The patients with long term diabetes and poor blood sugar control will easily develop complications that cause illness and death. Complications in diabetic patients may be found when the persons are first diagnosed of diabetes. Those people may have diabetes without any symptoms. The goal of treatment in diabetes is to control blood sugar to normal or close to normal level as much as possible. So fasting blood glucose level after 8-12 hours must be 90-130 mg/dl, or the level of hemoglobin A1c (HbA_{1c}) is less than 7% (ADA, 2007).

LITERATURE

Diabetes is a chronic disease. The patients must see their doctors regularly for health check up, picking up some medicine, and taking doctors' advice. While examining, the patients must inform symptoms and health problems related to their diabetic illness. The doctor will provide recommendation of how to take better care of themselves, and how to control blood sugar to normal level; prescribe medicine; and explain how to take medicine correctly. In order to make patients understand and follow doctors' advice correctly, communication between patients and doctors must be effective. The important components to improve mutual and better understanding are language usage in communication and point of views on the topic discussing. Both patients and doctors must understand what the other try to communicate and what the other perceive on the subject they are discussing. When the patients do not understand health information, they will not follow doctors' direction. However, although some of the patients with diabetes understand and recognize health information and doctor's recommendation well, they deny to follow doctors' advice. In addition, according to the study of Wanich Suksathan and Kantapong Prabsangob (2016), there was no correlation between health literacy and self-care behavior of diabetic patients. That because of diabetic patients' thought and point of view towards their diabetes differs from the doctors'. According to Arthur Kleinman (1988), he explained that medical staff always viewed patients' illness as a disease. It was important to focus on curing a disease through medication. In contrast, patients viewed their illness as incapability to perform their normal activity. That had an impact on behavior change and social role. Since both doctors and patients had different views on patients' illness, there was a gap between doctors and patients in understanding health care plan or treatment. As the consequence, it causes delay in care and treatment; lack of patients' cooperation; dissatisfaction in care and treatment; error diagnosis; and inappropriate treatment (Germain, 1982).

The patients with diabetes have their own belief and attitude on their sickness differently. This leads to individuals' practice in self-care distinguishingly. At the same time, each doctor provides treatment differently based on one's belief and attitude towards the patients' illness. In some cases, both doctors and patients have conflict due to their belief and attitude is unlike. They will not cooperate in controlling blood sugar level or better health care. Some patients rarely provide the information on their health problem and their eating behavior when seeing their doctors. They are not only afraid that the doctors may reject their behavior, but they also refuse to follow the doctors' recommendation as they feel that it is too difficult to practice. In some cases according to the interview, the patients did not take medicine as doctors directed. They took herbal medicine or holy water from traditional healer they believe instead. On the other hand, the doctors were likely not to find out nor understand the patients' belief and attitude related to diabetes and self-care. They even do not try to adjust their advice and treatment to each patient properly. The differences point of view from both patients and doctors have affected on promoting good health in patients which both definitely join the same goal. Here are some examples that prevent them from good health: The patients are

dissatisfied in receiving the treatment; Both patients and doctors have less motivation in cooperating in health care. They misunderstand each other as they fail to communicate. Therefore, it is necessary for both patients with diabetes and doctors to understand each other's views in order to have effective communication and lead to the better health of the diabetic patients.

Samut Songkram Province is situated in southern central Thailand. It is a small town with 200,000 population. Samut Songkram Province is composed of three districts; Samut, Amphawa, and Bangkhonithi. This province is very important economics area of the central part where most residents produce palm sugar as a household industry. During the past decades, lifestyle of the people in Samut Songkram has changed tremendously from simple life to complex life. They used to work in their own land; consume the product they grew; and sell the extra they had left. They have become to live in semi-industry society that focuses on increasing product to industrial plants. Therefore, more labors are hired and rapid work is needed to increase the productivity in the province. Competition in the market is very tense. The more those labors increase the output, they more they get paid. Keeping themselves refreshing throughout their work shift is an excuse to make long for sweeten and energized drinks. Their lifestyle become in rush and causes them neglect their health. Lots of them like others spend their spare time on eating. They love party, especially Chinese feast that often serves fatty food. Neglect in self-care and consumption unhealthy food may somehow lead to the increasing numbers of diabetic patients in Samut Songkram yearly.

METHODS

In the study, a qualitative research was used. The researcher focused to study the situation on diabetes care and diabetic patients aged between 50-70 years, live in Jorngploug sub-district Bangkhonithi district Samut Songkram province, and visit Jorngploug sub-district health promotion hospital for their diabetic treatment. The qualitative research method was employed, observation and in-depth interviews were used to collect data about diabetes care and diabetic patients' perspectives of diabetes. During the interview, there was tape record. The researcher observed and recorded obtained information from the interview. In addition, an anthropological expert, who was as an advisor making some recommendations, closely advised during an in-depth interview data collection process in order to receive appropriate and accurate information. Data was collected and analyzed by using content analysis to describe the belief and perception of diabetes.

RESULTS

Result of the statistical description analysis

The majority of the participants were female, aged 50-76 years old. Most participants were diagnosed with DM more than one year (ranged 1- 20 years) prior to interviewing. Most of them were not able to control their blood sugar (HbA1c > 7.0) as shown in Table 1.

Table1:

The demographic information of 14 samples

No.	Sex	Age (years)	DM duration	BMI	HbA1c/DTX
1	M	59	5	38	8.0
2	F	70	4	23	6.9
3	F	50	7	21	8.3
4	M	75	20	17	9.2
5	F	72	12	26	7.9
6	F	73	10	20	7.6
7	F	76	15	20	7.0

8	F	62	1	25	N/A, 125
9	M	72	2	27	8.5
10	F	67	8	22	8
11	F	57	4	28	7.4
12	F	51	1	27	N/A, 121
13	F	55	4	29	10.5
14	M	51	2	27	N/A, 140

The result of observation and content analysis

Jormploug sub-district health promotion hospital provided care and treatment to the patients via doctor's appointment and medication. The patients would be scheduled to pick up their medicine and have blood sugar test monthly. If the glucose level exceeded the acceptable level, the patients would be scheduled to see a doctor on the next day. When seeing a doctor, a nurse would first screen the patients' health through an interview. She would note important information or problem found in the patients' history file, and give some advice at the same time. The assisting of a nurse on this process helped a doctor in rapid examination. A doctor would have only a few minutes to discuss with the patients because numbers of patients are waiting in line.

The raising numbers of the patients visiting doctors daily was greater than the number of health providers. The doctors had limited time to discuss on health with each patient that caused ineffective care. All participants responded that they had to take 2 - 3 hours for waiting to see a doctor and take only 2 - 5 minutes to talk with him, for example:

“On the day of diabetes clinic, I have to get the hospital by 7 AM. and have to wait to see a doctor until 10 AM.” (Msr K)

Most diabetic patients of Jormploug sub-district were also elderly with low education that caused communication problem. Presently, lots of elders were neglected at home since their children and relatives had to work far from where they live. They rarely had someone to take care of them or accompany them to visit a doctor. Three participants stated that they have to have their family members or relatives take them to the hospital and some time, nobody is available, for example:

“Last time, I skipped meeting the doctor, because my nephew was busy.” (Msr Y)

Though the residents' lifestyle has changed, many of them still live in their houses built on their land as in the past. Each house was settled individually far from others. Bus routes were not many and that took so long to make one round. A few buses running through villages inconvenienced the patients to commute to see a doctor. When they came to see a doctor, they could not wait for so long as they had to be hurry to catch a bus back home otherwise they might miss it.

All participants did not have risk perception of DM. Five participants responded that they were not aware of diabetes because they are strong and healthy, for example:

“Before, I thought I am strong and healthy because I am able to work hard in my garden every day; therefore I should not have diabetes.” (Mr C)

Most patients were encouraged by providers to participate in a DM screening program, where they were first diagnosed. All participants reported having been compliant with their DM medications. However, most participants had also been taking herbal medicines in addition to their prescribed medications. The majority believed that food intake caused DM, especially over-eating rice. Many of the participants reported elevated blood glucose levels in the last two months due to increased fruit consumption. All participants were satisfied with health service provisions at the health center. By our observations, the health center offers services every day. The patients reported that they appreciate and trust their health providers, for example:

“The health care providers here treat me like their family member. I like to stop by the hospital to talk with them.” (Mr. W)

DISCUSSION AND CONCLUSION

The patients with diabetes have their own belief and attitude on their sickness differently. This leads to individuals' practice in self-care distinguishingly. Similar to this opinion, it was mentioned by Masoudi Alavi et al. (2004) and Stonea et al. (2005). Based on those mentioned factors, the impact on public health of Jormplog sub-district can be summarized into three areas. First of all, there is unacceptable ratio of the doctors to the patients. Similar to this opinion, it was mentioned by Medical Council of Thailand (2010). Second, there is communication problem due to age group and low education of the patients. Similar to this opinion, it was mentioned by Passche-Orlow K.M. and Wolf S.M. (2007). Third, there is difficulty commuting of the patients for care. Some DM patients were not aware that they were in a risk group. Similar to this opinion, it was mentioned by Kantapong Prabsangob (2016). Understanding the beliefs and the perceptions of DM among these patients may help identify effective approaches to proper interventions for DM treatment.

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