

at the CHS level offers an opportunity for a feasible and sustainable business model in primary public health care in Vietnam.

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PHC or PHC: The Rural Communities' Needs for Health Care

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Background: Primary Health care (PHC) in more deprived areas or in rural communities seems to be being changed to another PHC-Priorities in Health Care.

Objective: to assess the priority health needs of the rural Qazvin to design interventional community based research to solve their problems.

Methods: Both quantitative and qualitative methods were applied. A random sample of 500 rural households were selected and the heads of the families were interviewed through structured questionnaire. Besides, focused group discussion and deep interviews with the people, GOs, NGOs and the informant persons were organized.

Findings: About 95% of the target population are under coverage of primary health network of the government and their health needs are changing from basic needs such as immunization, sanitary water, infectious disease control, family planning, mother and child care towards more complicated or sophisticated needs. For example, nutrition and cooking habits are changing to the urban patterns, their environments are polluted with deterioratable material, persistent pollutants, non-communicable diseases are going to be more prevalent, aged problems are increasing, their psycho-social needs are growing towards semi-urbanized societies, the drug abuse and smoking is going to be common among the young etc. They refer to public or private medical centers to get the services and the rural health centers under PHC network can not satisfy their increasing needs.

Conclusion: PHC mission in the rural communities should be revised and reoriented towards the new PHC: Priority Health Care services to respond the transitional communities' health needs.

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Perception towards Hand Washing among Caregivers in Thai Households with Influenza Infected Child, Bangkok, Thailand : A Qualitative Study

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This qualitative study aimed to describe perception towards hand washing among Thai caregivers within the context of non-pharmaceutical intervention study to reduce influenza transmission. Caregivers and confirmed influenza infected child were enrolled. The in-depth interview was conducted at each participant's house

during November 2008 and May 2009. Twenty-five caregivers taking care of children's illness were interviewed. Most of them are female (24/25) with the age ranging from 22-47 years. The interviews elicited details of perception on benefits of hand washing, availability of hand washing facilities, barriers and educational approach to promote hand washing. Findings indicated that caregivers perceived that hands carry germs and transmit diseases such as diarrhea, conjunctivitis, parasitic diseases, skin infection and influenza. Hand washing reduces germs, minimize diseases-transmission and is the most economical preventive practice comparing with other preventive measures such as vaccine. Hand washing facilities include sink, running water tap, soap/detergent and towel are always available, convenient and enough for members. Barriers to adherence include being busy, in a hurry, unaware, forget and inconvenient. Participants stated that their children were unaware of benefits of hand washing; thus, ignored the practice. They also believed that community-based hand washing promotion, home-based education with written materials and individual training would be useful to modify hand washing behaviors among family members. In conclusion, caregivers revealed positive perception towards hand washing. Having caregivers to promote hand washing will be a key to successfully modifying hand washing behavior in households.

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KAP Survey on All Residents for Effective Behavior Change on Healthy Lifestyle and Healthy Diet-Community Participation Activities in

Kiyokawa-Village, Japan

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Objective: To promote healthy lifestyle and healthy diet by participation of community residents, we organized KAP Survey (Knowledge, Attitude and Practice) to clarify current consciousness of residents.

Method: We classified residents into 5 age groups for survey. Recovery rates were as Infants 57%, Pupils 99%, Teenagers 53%, Adolescents 36%, and Seniors 51%.

Questions were common issues of attributes, health consciousness, eating habit, food, exercise, sleep, mental health, smoking, drinking, dental health, healthy measure,, etc. sorted-out by priority of concerns of each age group. And age-group specific items. We analyzed collected data by Simple tabulation, Sex-Age tabulation and Cross analysis between all items by sex using chi-square test.

Result: Health status of "Very healthy" was 63% in infants, but it was decrease by age then it comes 10% in