

An operational research to explore interventions for reducing sodium intake among patients with diabetes mellitus and hypertension in Muang District, Chiang Rai Province, Thailand.

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Abstracts of qualitative studies

Abstract 3

The role of video in salt reduction among patients with hypertension in Muang District, Chiang Rai.

Background: During March – September 2014, a video entitled, “Reducing Salt...Reducing Diseases” was developed and produced using northern dialect. The 15-minute video is composed of questions and answers part which included information about sodium and health, foods with high sodium and amount of sodium in various condiments. The second part of the video is composed of stories of 5 patient testimonials. They were the study participants of a salt reduction trial conducted in 2011-2013 who successfully reduce salt. In the video, these patients shared their experiences in salt reduction and how they benefit from salt reduction. These 5 patients ended his/her story with the same sentence, read as “I can make it...Everyone also can make it. Let’s reduce salt for our best health!!” All actors in the video were actual doctors, nurses and patients.

Objective: To study the outcomes of displaying a video on salt reduction in a group of patients with successful salt- reduction and a group of patients with failure salt-reduction.

Method: Qualitative research through focus group discussions and interpretive content analysis

Study population: Patients with hypertension from a large health center (Health Center B) participating in an intervention study for salt reduction using video. From November 2014 - June 2015, each patient watched video for 3 times (first month, second month and fifth month). All patients received urine test for sodium to evaluate their salt reduction. Of the 102 patients who watched the video, we used a statistical software (Stata 11) to purposively select 2 groups of patients according to the criteria, i.e a group of patients with highest level of salt reduction (successful group – 4 females and 4 males) and a group of patients who failed to reduce salt (failure group – 6 females and 1 male).

Result: Members from both groups had similar age and poverty index. The successful salt-reduction group had lower education and lower pre and post intervention scores for salt related knowledge than the failure salt-reduction group. However, they could reduce salt successfully after watching the video. Obviously, members of the successful group perfectly remembered about the patients’ stories. They could remember the video actors’ names and detail stories. After the first time of watching the video, they followed the methods of salt reduction they saw from the video. Majority of the successful group reported that they repeatedly heard for long time from the hospitals’ staff that they must reduce salt. Yet, they did not know how to reduce salt until they watched the video. They felt the video was easy to understand and to follow. After reducing salt, majority reported they felt healthier, feeling of “relaxed body” and their body ache disappeared. One female reported more healthy skin and clearer urine appearance. For male labor workers participants who worked in hot and sunny environment, they could work as same as before they reduced salt. They thought reducing salt would make people get tired and felt weak easily. For the failure salt reduction group,

they also remembered patient's stories but less than the successful group. Every member reported that they had tried to reduce salt but the reason of unchanged urine salt was because there were too many and too frequent community feasts. Usually, foods served in community banquet contained high sodium because people added huge amount of MSG and all kinds of condiments. One male participant had conflict with his wife about salt reduction and he is now cooking by himself because his wife did not follow his request to reduce salt.

Conclusion: Members of the successful group remembered very well about the video's contents and they were highly motivated to reduce salt after watching the first-round video. This video should be used for patient education, especially for patients in northern region. It is still common that people often eat foods prepared for the whole community people. Interventions to reduce salt in the community level should be further studied.

Keywords: video, visualized education, sodium reduction, qualitative research, patient testimonials