

## **CHAPTER 2**

### **PROJECT DESCRIPTION**

#### **2.1 Introduction**

Primary cause of the wide spread of HIV/AIDS epidemic and community discrimination against HIV/AIDS is a lack of knowledge and understanding about the infection. The village leaders training program to improve knowledge and attitude toward people with HIV/AIDS adopting participatory learning would help community gain a better understanding of HIV/AIDS by using student centered method during training program. The training emphasized real experience learning of the participants and use group participation to encourage mutual learning. It taught participants the accurate and clear understanding about HIV/AIDS epidemic and enables them to transfer their knowledge to family and others in order to reduce discrimination against HIV/AIDS and enable people in the community to know how to care for infected patients.

#### **2.2 Goal and Objectives.**

##### **2.2.1 Goals**

The goal of the project was to reduce discrimination of people in communities against HIV/AIDS patients, and to help and support communities in care of HIV/AIDS. Case study was located at Nong Khun Village, Nong Phok District, Roi-Et Province.

##### **2.2.2 Objectives**

1. To give participants an accurate and better understanding about HIV/AIDS.
2. To help reduce social fear and discrimination against HIV/AIDS.

3. To reduce negative attitudes of participants towards HIV/AIDS patients.
4. To support the communities in initiating HIV/AIDS health care programs.

### **2.3 Expected Outcomes.**

1. Participants have accurate knowledge about HIV/AIDS.
2. Participants have positive attitudes towards HIV/AIDS patients and accept them as part of the community.
3. Communities initiate operative programs for support and care for HIV/AIDS patients.

### **2.4 Methods/Approaches.**

This project employed participatory learning technique, in which, participants are the center of training. It comprised of two main concepts including learning from experience and learning from group participation. Participatory learning is a method of learning by participants themselves directly from their experience both from analyzing and exchanging points of view. Participatory activities were included with discussions and seminars in order to extract ideas from participants as a whole. In participatory learning, instructors or teachers will only be a guide to help and support participants to learn by experience and encourage them to exchange their views and experience to each other. Participatory learning is a continuing cycle. It encourages participants to take part in the learning process, provides them with the information they need to know, help them gain confidence and be courageous in giving their opinion and able to adapt knowledge into real-life practices. Participatory learning emphasizes experiential learning which comprises of four main stages as follows:

**Stage 1. Experience:** normally, learner undergoes experience in everyday life and each individual has it in different ways. Telling one's experience to others is one of learning processes. When several participants exchange their experiences, it widens the learning process.

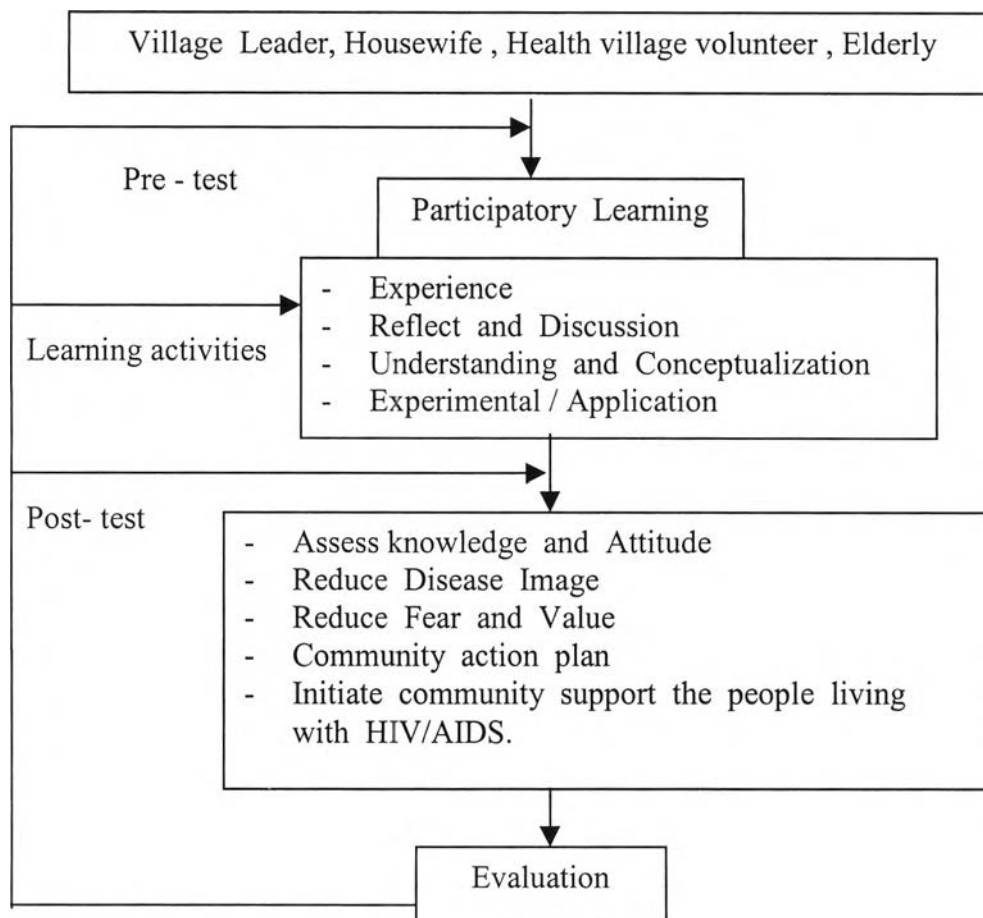
**Stage 2. Reflect and discussion:** reflect and discussion of experience between participants or learners helps them gain profound understanding.

**Stage 3. Understanding and conceptualization:** after the discussion stage, the following stage is understanding and conceptualization which people will find a conclusion and the final concept is extracted.

**Stage 4. Experimental and application:** learners can finally take conceptual ideas to adapt into real life practices.

Learning by experience, learners can start at any stages as this learning related to each other so that no matter where the learners start, they can eventually go through all stages. According to this idea, framework of the training can be shown as in Figure 2.1.

**Figure 2.1 Framework of the program.**



From Figure 2.1, training of village leader, housewife, health village volunteer and elderly, employed participatory learning which comprised of four stages:

1. Experience analysis and exchange
2. Group's conceptualization
3. Application of the final concept into real practices in the community.

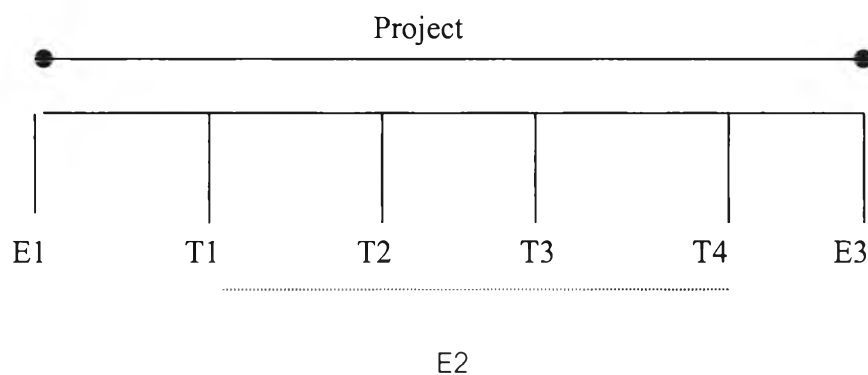
Outcomes of the participatory learning were that participants gained a better understanding, positive attitudes, and a decreased fear & value towards HIV/AIDS, and the communities had resolution plans for HIV/AIDS problems and initiated support programs for infected persons. In - depth interview and questionnaire methods were employed for pre-post evaluation of the project. In addition, there was also an observation on participants during the operation of training and on participations of people in community activities to evaluate how the outcomes of the training affect community activities.

## 2.5 Target group selection

Officials from village health care centers cooperatively worked with the target groups which comprised of four main groups including village public health volunteers, housewife group, elderly group and leader group. Each group consisted of 10 members. Totally, there were 40 participants altogether. The condition of the training was that every individual participant had to stay in the village during the four-month training period.

## 2.6 Details of Implementation

**Figure 2.2 Training Operation Chart**



From Figure 2.2, the period of training was within four months (T1 –T4). Before the training, HIV knowledge was assessed employing in-depth interview method(E1).

During the training, questionnaire evaluation took place using pre-post questionnaires (E2). Furthermore, community behaviors towards people with HIV and their participation in community activities were observed. After the completion of training, final project evaluation was applied (E3) in order to find out the outcomes of participatory learning training project. The project was divided into three phases, (1) data collection before operation phase, (2) training, (3) evaluation. Details of three phases are as follows:

### **Phase 1 (E1): Data collection before operation phase**

**Objective:** To collect general data on understanding, attitude, opinion, fear and discrimination of community against people with HIV/AIDS.

**Method:** The in-depth interview method was applied to collect data from a random group of 16 people out of 40 participants. Four members from each group (village leader, housewife, public health volunteer and elderly groups) were randomly selected. This operation was carried out in the first month of training.

### **Phase 2 (T1-T4): Training Phase**

**Objective:** To educate participants about HIV/AIDS knowledge and promote family and community campaign activities in HIV/AIDS.

**Facilitator:** Five academics from District Public Health Office and Health Centers who had been trained in participatory health education technique and one health center officer.

**Content:** The investigator applied a book on “Our Health and HIV/AIDS Training Manual for Young Women and Men”. It consisted of six chapters covering contents on knowledge and understanding of HIV/AIDS combining with participatory learning techniques. Each chapter focused on participant’s experience sharing about their beliefs and understanding to other group members and together analyzed each individual experience to conceptualize the ideas which will lead to problem solving or real-life practices. The content in the manual was only used as a guideline; actual training depended upon conditions of each participant in what they lack. The learners and trainers had to help each other, in order, to create appropriate learning.

The investigator also applied the “Study Techniques for Participatory Development Manual” (Institute of Asian Public Health Development, Mahidol University). This manual contained activities to encourage fun learning, such as games. In this study, game method was to keep participants interested and to urge them to learn and establish relationship between participants. The aid of video displays was also used.

**Instruments:**

- Our Health and HIV/AIDS Training Manual for Young Women and Men, 6 Chapters.
- Study Techniques for Participatory Development Manual (Institute of Asian Public Health Development, Mahidol University).
- Video on HIV/AIDS knowledge, Assistances, Cares for HIV/AIDS Patients, Counseling and Other HIV/AIDS related topics.

**Procedures:**

After collecting data from the target group by in-depth interview prior to training, the investigator summarized the data gained in terms of knowledge, understanding, belief, attitude as well as participants’ actions towards HIV/AIDS to be used as a guideline for content and instrument settings.

**Timetable:**

*First Month (T1): 2 Days*

1. Pre-test assessment on participants’ knowledge, understanding, beliefs and opinion of totally 40 participants, employing questionnaire created by the investigator.
2. Explanation of project objectives, training methods, and concepts of the training using participatory learning technique.
3. Project implementation by employing the participatory learning technique.
4. In the training of this month period, contents of Chapter 1 of Training Manual “Happy and Healthy” was used as guideline.

*Second Month (T2): 2 Days*

1. Review the content of Chapter 1.
2. Chapter 2 of Training Manual “Community based counseling” and Chapter 3 “How to make good decisions” and Video on HIV/AIDS counseling were employed.

3. Counseling and consulting practices.

*Third Month (T3): 2 Days*

1. Review the content of Chapter 2 “Community based counseling”.
2. Contents of this month training comprised of 2 chapters: Chapter 4 “Reproductive Health and Birth Spacing” and Chapter 5 “HIV/AIDS”.
3. Video on HIV/AIDS was used in the training.

*Fourth Month (T4): 2 Days*

1. Review on HIV/AIDS.
2. Contents of this month training consisted of Chapter 6 “Family and Community Care for persons with HIV/AIDS” and Conclusion and Video on cares for HIV/AIDS infected in the community.
3. Evaluation of project outcomes by setting up simulative situation. The situation was set by inviting 3 HIV/AIDS patients (these three people were not real HIV/AIDS patients) to join lunch with the training participants. It was to assess participants’ reactions towards those three patients when they had lunch with them. After that the Post-test questionnaire was applied.
4. Summarization and discussion of general problems and recommendations then completion of the training.

### **Phase 3: Project Evaluation**

In evaluation of the project, there are two phases as follows:

#### **During Training Phase (E2)**

The questionnaire to test HIV knowledge of participants before and after training was employed. In addition, participants’ behaviors on learning participation, training attendance, opinion expression and group work were observed. In the village, each month, the investigator also observed people behaviors on their participation in community activities. Observation guideline is shown in Appendix II.

#### **After Completion of Training Phase (E3)**

After the fourth month of training, participants who attended the training program were randomly selected for the in-depth interview to evaluate their knowledge, attitude, fear, as well as, direction of HIV/AIDS patients’ care and

treatment programs. In addition, the investigator also assessed other people who live in the same communities on HIV/AIDS patients and who were not the participants in the training program. Focus group discussion was conducted with people in the village. Interviews with the local public health officials and Sub-district administration staff were also carried out.

### **Instruments**

Instruments used in evaluation and collection of data were created based on literature searched and related theories. The guidelines of in-depth interview and observation and pre-post testing questionnaire were employed in the training procedures. Details of each can be described as follows:

1. Guidelines for in-depth interview with other participants in terms of knowledge, attitude and HIV/AIDS treatment comprised of 5 parts (Details as shown in Appendix I):

**Part 1:** General information of participants such as personal history and background, current position in the village and so forth.

**Part 2:** Guidelines for interview to evaluate knowledge, disease image either relating to prevention, symptoms and treatment of the disease.

**Part 3-5:** Guidelines for interview to evaluate attitude and practice of participants in HIV prevention and living with HIV/AIDS infected people.

2. Guidelines for observation on behaviors of communities and participants (Details as shown in Appendix II).
3. Pre-Post Test Questionnaires, with a total of 30 questions. It was separated into two parts, 20 questions for knowledge and understanding test, and 10 questions for opinion and attitude test.

3.1 Test of knowledge and understanding about HIV/AIDS with a total of 20 questions, one score for each, and classified into:

- Knowledge on HIV/AIDS transmission, Question 1-8
- Knowledge on symptoms and characteristics of HIV/AIDS patients, Question 9-13
- Knowledge on treatment and cares for HIV/AIDS patients, Question 14-20 (Details as shown in Appendix III).



3.2 Opinion and attitude test with a total of 10 questions, one score each. It consisted of two types: Positive questions (Question 3, 5, 6, 8 and 10), when respondents give “agree” answer, one mark would be given, and Negative Questions included questions 1, 2, 4, 7 and 9, when respondents answer “disagree”, they will be given one mark for that. When respondent answered “not sure”, they would be given no mark.

4. Video displays accompanied with the training, Video Titles:

- Once was enough (Office of Minister, 1997)
- HIV/AIDS Video on HIV/AIDS subjects (Department of Outside School Education)
- Living with HIV/AIDS patients in family and community (Office of Priminister)
- Family and Community Cares for persons with HIV/AIDS (Office of Priminister)
- Social peace (Family Health Division, Department of Health, 1994)
- Developing motivation to change value and behavior to respond to HIV/AIDS transmission situation.

5. Posters on HIV/AIDS



## **2.8 Problems, Conflicts, and Means for Resolution.**

### **Problems:**

1. Duration and number of days for training were long. Some participants might have important business to do during the training, leading them to have lesser than what was planned.
2. Trainers or speakers had to do other works, so they could not attend the training.

### **Means for resolution:**

1. Participants whose attendance were not completed, would not be included in the evaluation
2. Schedule training on official holidays.

## **2.9 Sustainability of the program.**

As a result of the project's implementation outcomes of village leader training program to reduce community discrimination against HIV/AIDS patients in Nong Khun Yai village, a number of villages and village organisations are interested in the project. In Nong Khun Yai sub district, some other villages have similar problems. Therefore, Nong Khun Yai Sub District Administration Organisation repeated the project in every village within Nong Khun Yai sub district. The sub district administration organisation and village health center were the operators of the project in the year 2001. Furthermore, Nong Pok Public Health Office has also carried out an action research project to solve HIV/AIDS problems in the district level in the year 2001-2002. However, realisation of people in the community is an essential key to support project sustainability. In part of public sector, village health volunteer groups in the sub district and district levels have cooperated with government sector to set up a project to solve HIV/AIDS problems in year 2002. The project was titled "Health Volunteers Cooperation to Solve HIV/AIDS Problems".