CHAPTER IV

DATA EXERCISE

4.1 Introduction

According to the requirement of this subject, the data exercise must include primary and secondary or tertiary that are both quantitative and qualitative.

This project is "An Evaluation of Housewives Group Leaders (HWGLs) Training Program on HIV/AIDS Education in Klong Toey community". The general objective of this project is to develop a proposal to evaluate the training program for HWGLs on HIV/AIDS education.

The specific objectives of this project are based on the objectives of the HWGLs training program. These are :

1). To evaluate the levels of knowledge and perceptions of HWGLs on HIV/AIDS.

2). To evaluate the changes of attitudes of HWGLs towards AIDS patients.

3). To evaluate the abilities of HWGLs to take care of AIDS patients.

4). To evaluate the abilities and efficiency of HWGLs in coordinating with other organization which take care of HIV/AIDS patients.

5). To evaluate the perceptions of the community people towards the HWGLs roles.

An evaluation plan is the final product of this project. Data exercise was done primary for the following reasons :

1). for the evaluator to become familiar with the community and specifically the target group.

2). to test the evaluation methodology.

3). to test and determine the most appropriate study, instrument, namely, questionnaire and observation techniques.

In essence, data exercise may be viewed as a pilot test for pretesting not only the study instruments but the entire study design. Any results and lesson learned from the pilot test will be used to correct and strength the evaluation study instrument and design.

The details of data analysis exercise are :

1). Primary data : In-depth interviews - HWGLs
- Community people
: Observation of the HWGLs activities - Informal meeting.
- Formal meeting.

2). Secondary data : Summarize and analysis of the seminar on AIDS of the HWGLs, and ACP, DPF during 13-15th October, 1995.

4.2 Methodology

4.2.1 Study Instruments

According to Britten {1995}, he described different types of qualitative interview as followed :

> (1) Structured interviews consist of administering structured questionnaires, and interviewers are trained to ask question in a standardized manner.
> (2) Semistructured interviews are conducted on the basis of a loose structured consisting of open ended questions that area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail.
> (3) In-depth interview are less structured and may cover only one or two issues, but in much greater detail. (p.251)

In term of questionnaire, Rossi, Wright, and Anderson. {1983} stated that :

> When the questionnaire is designed for personal interview, the interviewer who uses it will be trained individual who is already able to or who can taught to use it proficiently under all circumstances. The questionnaires designed for personal interview need be limited in their length and complexity only by time and cost factors. (p.199)

In this preliminary study, the structured questionnaires with in-depth interviews were used to pilot test item questions directed to HWGLs and their respective clients in the community.

In addition to structured questionnaires and in-depth interviews, observation as a mean of study instrument also employed. Rubinson and Neutens {1987} classified methods of observation into two major types as follows :

> (1) Unstructured method, in this method the investigator attempts to get directly involved in the situation and to describe it nonselectively as possible. It may involve filming or videotaping an occurrence, being involved as a participant observer, using specimen records, and recording anecdotes.

> 2). Structured method, in this method the investigator codes or categories the observed behaviors of the program participants. It used to observe behavior and to set up or test hypothesis. The investigation is able to select activities to observe before they occur and can plan a systematic recording of observation. (p.126)

Crabtree and Miller (1992) wrote about another type of observation, that is participant observation :

> Participant observation has been described as an oxymoron. How is it possible to stand back and observe that of which you are also a part? While on initial reflection this may seem difficult, it is in fact a person that we use in everything we do. (p.45)

According to my observation, I observed the HWGLs as a participant and observer, without any activity selection or hypothesis testing. It was suitable with unstructured observation as Rubinson and Neutens mentioned. In fact, I did an unstructured observation in two different types of HWGLs meeting as follows :

1). Informal meeting.

It was an unexpected meeting of the HWGLs in locs (a group of households) 7-8-9 during waiting for an interviewing. In this meeting, I behaved as an observer who was waiting for the HWGLs.

2). Formal meeting.

It was a HWGLs weekly meeting which I knew before. So, I went to observe the HWGLs' roles. I behaved as one of the participants who listened to their meeting and joined their community survey.

4.2.2 Subject Selection

According to the AIDS Control Project (ACP), Duang Pratheep Foundation (DPF), there are a total of 12 sub-communities where each have 2-3 HWGLs oversee each sub-community. From DPF staff's observation HWGLs involvement

in their respective area differ from one another and can be categories into active and non-active groups. The simple Random Sampling was used to select 6 sub-communities from both active and non active groups, thereafter the ACP provided the list of HWGLs and they were sequently selected for this pilot test. As a results, the pilot study consisted of three active and three non-active HWGLs.

Another target group was the community people including HIV/AIDS patients who are under the HWGLs area. Due to various constraints like unavailability of list of the target group and time limitation of the subjects, sampling was not suitable. As a result, HWGLs selected 18 people from the community for the pilot study.

4.3 Limitations and Delimitations

1. The selection of HWGLs was control by the ACP, DPF which may have bias.

2. The selection of community people had to do by the HWGLs because the community people have to work and the appointment have to do before 1-2 days.

3. The influence of HWGLs with their people was found. Because the staff of ACP, and I didn't know their people so, the HWGLs have to bring us to see their people one by one until we finished.

4. Each HWGLs has a large network, there are many people under them and received HIV/AIDS information from them. But the record system was not found. So that community people was a potential group selected by HWGLs. The real process of data collection have to realize about selection of community people.

4.4 Findings from pilot study

4.4.1 Primary data

A: The analysis of the answer from Housewives Group Leaders {HWGLs}

The HWGLs project was set up in 1992. The ACP, DPF selected the key person from 12 sub-communities in Klong Toey congested slum to serve the role of HWGLs. At DPF as part of AIDS control project, all of HWGLs have learned HIV/AIDS information on the following :

1). What is HIV/AIDS ?

2). How to get HIV/AIDS ?

3). Risk group of HIV/AIDS.

4). How to prevent HIV/AIDS ?

5). How don't get HIV/AIDS ?

6). How to deal with HIV/AIDS patients ?

7). How to take care HIV/AIDS patients ? and

8). To where can refer HIV/AIDS patients ?

Apon completion of HIV/AIDS education, an another important aspect of ACP, DPF is for the HWGLs to disseminate their knowledge to their respective communities with DPF supportion.

A structured questionnaire was used to determine the level of knowledge of HWGLs regarding HIV/AIDS which they received from ACP training program. Main topic on the questionnaire included "General information, HIV/AIDS

knowledge and perception, HIV/AIDS attitudes, protection of themselves, and practice and skills towards their duties." In addition, informal and formal observation were employed to provide additional information which otherwise may have been missed and/or unable to obtain from structured questionnaire.

(1) Results from structured questionnaire

General information

The pilot study comprised of 6 HWGLs with only one male HWGLs. Four of six HWGLs were housewives and merchant and the rest were tailor and laborer. The details are in Table 1 in Appendix B. The education level of this group varied widely. The highest level was bachelor degree, which the lowest was never received any formal education. The details are in Table 2 in Appendix B.

HIV/AIDS Knowledge and Perception

I. What did they know after receiving the HIV/AIDS education from ACP, DPF. ?

Before receiving the HIV/AIDS education from ACP, DPF, four of HWGLs was believed " HIV/AIDS is a common communicable disease which can spread from one person to another, where as half didn't know whether "Baby can receive directly from the infected mother" or "HIV/AIDS is prevenTable" or not, and the 5/6 of HWGLs believed that "HIV/AIDS is curable".

After receiving HIV/AIDS education from ACP, DPF, most HWGLs either increased their knowledge and/or changed their misperception on the HIV/AIDS issues. Except in the topic of "HIV/AIDS is a sexually transmitted disease which occurs only in homosexuals", one of the HWGLs still had misconcept. That person is in the non-active HWGLs and is the same as one who answer "maybe" in "HIV/AIDS is the disease which a baby can receive directly from the HIV infected mother". One of HWGLs still believed that HIV/AIDS is curable. This person is the member of non-active HWGLs and never in school. The details are in Table 3. in Appendix B. Interestingly, there is only non-active group who answer wrong on HIV/AIDS knowledge.

II. Do they know, how can HIV/AIDS be transmitted ?

Before receiving health education, all HWGLs knew how HIV/AIDS is transmitted, but they didn't know to prevent from getting HIV/AIDS. Half of them were believed that they may get HIV/AIDS by "eating food from the same plate or using the same drinking glass with HIV/AIDS patients, mosquito or insect bite, and contact with blood or serum from HIV infected person without any cuts".

After receiving health education from ACP, DPF, the knowledge of HWGLs was changed. But there were some point that they still had misconcept. These were under the scope of common misconcept on HIV/AIDS, there were : HIV/AIDS can be transmitted by "Eating from the same plate, Drinking with the same glass, Mosquito or insect bite, and Touching blood or serum of HIV infected person without any cuts", which one of them was still unsure with the answer. The details are in Table 3.1 in Appendix B.

HIV/AIDS Attitudes

Before receiving health education from ACP, DPF, the HWGLs believed that, for positive attitudes towards HIV/AIDS individuals such as "community member should accept HIV/AIDS patients as members", "HIV/AIDS patients should lead a normal life like other people", " you are very pleased to take care of HIV/AIDS patients" the 4/6 of HWGLs agreed, and half of them agreed with "HIV/AIDS patients are pitiful persons". For negative attitudes such as "HIV/AIDS patients are a burden to society" the 5/6 of HWGLs agreed. Half of them were afraid of getting HIV/AIDS and felt reluctant to eat food from the same plate or to use the same drinking glass as HIV/AIDS patients.

After receiving health education, the attitudes of HWGLs was changed in a positive manner but half of them still believed that "HIV/AIDS patients are a burden to society" and were afraid of getting HIV/AIDS. In addition to one of HWGLs were still unsure if she would eat from the same plate or use the same drinking glass with HIV/AIDS patients.

Protection of themselves

The two of HWGLs thought that they were at risk because their spouse's or partner's risk behavior. Half of HWGLs adopted sterilization as their choice for contraception, while 1 used condom and 2 had no mean of birth control. The reason for not using any contraceptive was, because they are widow and had no sexual contact.

For HWGLs whose always used condom, since she only saw him on occasion because of his employment in another province, she was uncertain of his sexual activities while he is away. The details are in Appendix B.

Practice and Skills

Most of HWGLs taught their respective communities in the following topics : what is HIV/AIDS ?, how to get HIV/AIDS ?, risk group of HIV/AIDS, how to prevent ?, HIV/AIDS don't get by ?, and how to deal with HIV/AIDS patients ?. While one HWGLs' target group was housewives (1/6) and other had no criteria for their selection. Most HWGLs disseminated HIV/AIDS information at people's home (4/6). Other places included youth center and meeting center was 1/6 each. The most often used teaching method was focus group (5/6) followed by group lecture (1/6). The most popular media was pamphlet (5/6) followed by VDO (1/6).

Eventhough one of the main task of HWGLs was to seek out AIDS patients and provide them with HIV/AIDS education, only half of HWGLs actually had some contact with AIDS patients. This may have been mainly due to the fact that HIV/AIDS cases were unknown in their respective communities and they must actively search for those individuals which passed a very difficult task.

HWGLs who had contacted with AIDS patients, they taught both how to prevent the spread and how to take care of themselves. The most often used method of teaching was one-on-one teaching, with the use of pamphlets. In reference to caring for HIV/AIDS patients, HWGLs would refer them to other

relevant organization and invite them to participate in the various communities activities. Four of HWGLs used to refer HIV/AIDS patients to the Dramaraksaniwesana project because in case of severity, while 3 of them used to refer to the Police hospital and Chulalongkorn hospital because of near by, and 3 HWGLs used to refer the Bumrasnaradul hospital because of good take care. The details are in Table 5 in Appendix B.

HWGLs activities and supportive from ACP, DPF.

Most of the HWGLs received the educational material and staff support from the ACP, DPF. One of them has never received money support on the community activities from the foundation, because she had never submitted any project for her community to the ACP. The 4/6 of HWGLs used to join the ACP activities every times. For their problems with their duties, half of them had the problems, these were lack of cooperative from community head and people

Discussion

After receiving health education from ACP and others sources, the knowledge of HWGLs had changed to a high level. But it is interesting that one of HWGLs still believed that HIV/AIDS is a sexually transmitted disease which occurs only in homosexual and HIV/AIDS is curable. This is an urgent issue which requires ACP, DPF attention in trying to correct the HWGLs knowledge on these issues.

In term of HWGLs' attitudes towards HIV/AIDS patients, half of them thought that HIV/AIDS patients are a burden to society. This is in contrast to the government's attempt to convince the public to accept HIV/AIDS patients as an ordinary individual who is not the garbage or a burden to society and be isolated from society. Therefore, it is important to change their attitudes by finding out more of their perception and try to provide them the proper concept.

The activities of HWGLs were very interesting, they have done as the ACP, DPF expected them to do. In references to disseminating their knowledge to HIV/AIDS patients, it was not done in some communities. It may be because the HIV/AIDS patients don't want to revealed themselves to the community, due to their fear of rejection from their communities. Moreover, they may not trust their HWGLs, therefore, they were reluctant to seek help from HWGLs.

From statistic, Klong Toey slum may contain a large number of HIV/AIDS individual. Therefore, DPF may have to work hard with how to help the HWGLs disseminate the knowledge on how to take care oneself if get HIV/AIDS to their people. And from this point the support and follow up from the ACP, DPF has to be continuous in order to monitor the HIV/AIDS problem in Klong Toey community.

(2) Results from unstructured observation

2.1 Informal meeting

Date : Friday 15th March, 1996. 10.00 a.m.-12.oo a.m.

Place : The community library, Locs 7-8-9 community.

1. Organizer

The HWGLs in this community.

2. Participants

* Organizer

* HWGLs members = 3

* Librarian = 1

* Community people = 4

Observer * ACP staffs and MPH student

3. Content

They discussed on the content of HIV/AIDS information and visited guest for community radio station.

4. Type of meeting

This meeting was a common for the HWGLs and their people, the HWGLs and their people were discussing during waiting for the interview. It looked like group discussion. There was one of HWGLs who led the meeting. All participants

shared ideas about AIDS information, today information and visited guest for community radio station and find out what should be tell to community people and who should be their today's visited guest on topic of "Comments on their movement".

5. Atmosphere

There was a good cooperative among meeting leader, HWGLs, a librarian and people. All participants look closed with the HWGLs, they always shared their ideas with the HWGLs and the HWGLs always listened the people ideas. All participants helped the group leader to find out the content and the key person who will be their today's guest.

According to this observation, I did it by unplanned when the HWGLs in Loc. 7-8-9 were talking with their members and people during waiting for an interview. The HWGLs and their people didn't expect to set up the meeting to show to the guest or ACP staff, so that was the common meeting for HWGLs and community people.

Findings

The HWGLs in locs 7-8-9 were sitting in the community library, there was one of HWGLs, who was selected for interview, leading the discussion. Many people came and joined when they saw somebody were sitting before. The selected HWGLs was very active person, during talking with her people she also called people who walked pass to join the meeting.

They were discussing condom use, some of the participants were male. The HWGLs asked whether the male participants use condom when visit the prostitute or not. There was no answer, the participants were smile instead of answer. However, the HWGLs confirmed that, don't forget to take condom along and use it to protect yourselves from HIV/AIDS. The condom are available in her house, Khun Somsak (the ACP staff) and the Public Health Station No. 41.

The HWGLs and their people were very closed to each other. They were very good listener and speaker. They always shared their ideas to each other. They talked with every story eventhough the sensitive issues.

2.2. Formal meeting

Date : Saturday 16th March, 1996. 7 p.m.-9 p.m.

Place : Huakong community, Klong Toey

1. Type of meeting

Housewives Group leaders weekly meeting.

2. Organizer

Huakong community and "Anti narcotic association"

3. Participants

* Community people approximately 10 persons.
* HWGLs 10 persons.
* Klong Toey district member council 1 person.

* Anti narcotic association staff 1 person.

* ACP staff 2 persons.

* MPH student.

4. Objectives

* To follow up HWGLs activities focusing on Narcotic drug

* To update the member of the community news and Narcotic and AIDS information

5. Contents

The representative of Anti narcotic association opened the meeting and told the members on the budget for rehabilitation of narcotic drug users which they may receive about 500,000 baht, and asked the member on "How to use it, for whom and when". Some of the members expressed their ideas on this topic. The conclusion was not reached on that day. The member had to go back and think thoroughly about ideas and come to present in the following meeting a week later.

6. Activities

Discussing with the update information on HWGLs and community activities. Another activities of this group was walking around Huakong community to search for the narcotic drug users. This part was supported by the Klong Toey police. They have divided into 2 groups, each having to check around and then return to the meeting area. The meeting was started at 8.30 p.m. and finish at 9.00 p.m. The next meeting will to be on the following Saturday in another community.

7. Atmosphere

The meeting place was the Residential Police Center, under the express way. Everybody paid attention to the leader, there were some of the participants expressed the ideas during meeting and discussion another were good listeners. Addition to the community survey, the participants were very helpful to the group leader, eventhough, there were only few of them shared ideas with the leader during meeting, but for the community survey, all of them joined together.

Discussion on Observation

According to informal meeting, it was an unexpected meeting of HWGLs and their people during waiting interviewing, but I have learned the roles of HWGLs from the real situation. The HIV/AIDS discussion was very common for this group. They could freely exchanged ideas every body eventhough in sensitive issues. It may show that this group of representatives are acceptable from their people. This group should be a good example for the ACP, DPF to build up another active HWGLs group like this.

Addition to the formal meeting, it was apart of the HWGLs activities, the responsibility of HWGLs are on HIV/AIDS and Narcotic drug problem. Normally the update community information is the main issue. But for this meeting, they were focusing on narcotic drug. Because the Anti Narcotic Association has just received the budget for this project in Klong Toey community. So the HWGLs, people in community together with the staff from that association have to plan for this budget.

The roles of HWGLs in this meeting, were not the main as the first one. This meeting was very formal when compare with the first one. The key person was the staff from Anti Narcotic Association.

In my opinion, the checking exercise of formal meeting was very dangerous if there were no policeman. Because of the environment of this community and the area of households. I was in the 2nd group together with the ACP staffs, 3 HWGLs and 2 police. The checking group were walking around without any interesting from community people. Mostly people were still continue their activities while we walked pass. We spent 30 minutes without discover any narcotic drug users. The reason why we didn't see any narcotic drug user, it may because some people knew before about this meeting and this kind of activities.

B: Analysis of the answer from people in the community

Each HWGLs was responsible for a specified sub-community within the Klong Toey slum area. Most of community individuals have learned or talked about HIV/AIDS from the HWGLs, which varied in numbers from about 10-200 cases. Related to the pilot study, each of HWGLs had to selected three of their people who were taught on HIV/AIDS. There were total 18 community people from 6 HWGLs.

The structured questionnaire was used to determine the communities level of knowledge regarding HIV/AIDS that they may have received from HWGLs. Although HWGLs has the freedom in delivery the details content of the subject matter, the main topics remain the same for all HWGLs and these include :

1). What is HIV/AIDS ?

2). How to get HIV/AIDS ?

3). Risk group of HIV/AIDS.

4). How to prevent HIV/AIDS ?

5). How don't get HIV/AIDS ?

6). How to deal with HIV/AIDS patients ?

Results from structured questionnaire

General information

There were total 16 female and 2 male. The most frequency occupation of respondents was housewife (8/18) followed by merchant (5/18). The details are in Table 6 in Appendix B. In term of education, the most frequency education level

of this group was grade 1-4 {pratom 1-4} (7/18). The highest level was grade 10-12 {mattayom 4-6} (2/18), the lowest one was never in school (1/18). The details are in Table 7 in Appendix B.

Sources of HIV/AIDS information

Although most respondent had heard about HIV/AIDS from other media like TV, newspaper, all said that they received HIV/AIDS information from their HWGLs. The details are in Table 8 in Appendix B. Addition to the main sources of HIV/AIDS which people usually received the information, Table 9, Appendix B indicated that TV was the most usual sources of HIV/AIDS information as well as HWGLs.

Housewives Group Leader activities and people's perception

Most of respondent knew their HWGLs. They stated that they received HIV/AIDS information from HWGLs on the following topics : what HIV/AIDS is, risk groups of HIV/AIDS, HIV/AIDS don't get by, How to get HIV/AIDS?, how to prevent HIV/AIDS ?, and how to deal with HIV/AIDS patients. HWGLs provide these information as frequent as 1-2 times/month, and the least was once/year.

In addition, 17/18 of respondent used to join the HWGLs activities. All of the respondents thought that it was useful because these activities can increase their knowledge (14/18), in which, they can share these knowledge each other and with their community (3/18).

I. What did they know about HIV/AIDS and from where ?

Community people had high level of knowledge except on the question : "HIV/AIDS is the disease which a baby can receive directly from the HIV infected mother" there were two of them answered this question incorrected. Four of respondents still believe that HIV/AIDS is curable.

Table 10 Appendix B indicated that, TV was an important media for the people in community in obtaining HIV/AIDS information. How ever respondents who stated that TV was their main source of HIV/AIDS information answered some key questions incorrectly.

II. Do they know, how can HIV/AIDS be transmitted ?

On this issue, the questions would be groups into mode of HIV/AIDS transmission and common misconcept of HIV/AIDS transmission. Mode of HIV/AIDS included question like : HIV/AIDS can be transmitted by having sexual intercourse, without a condom, with someone with HIV/AIDS and HIV/AIDS can be transmitted by using the same injection needles as someone with HIV/AIDS. Questions related to common misconcept were : HIV/AIDS can be transmitted by touching people who have HIV/AIDS, by eating food from the same plate or using the same drinking glass as people who have HIV/AIDS, by using a public toilet,

by mosquito or insect bite, by contact with blood or serum without any cuts from an HIV infected person, by donating blood when new needles and syringes are used, and by getting an injection or vaccination from doctors when new needles and syringes are used. A small proportion of the respondents still had misconcept regarding HIV/AIDS transmission. The details are in Table 10.1 in Appendix B.

HIV/AIDS Attitudes

Most of respondents agreed that "community members should accept HIV/AIDS patients members" and "HIV/AIDS patients should lead a normal life like other people". There were also high level of agreement with the question "HIV/AIDS patients are pitiful person" and "you are very pleased to take care of HIV/AIDS patients" which were both 17/18 of respondents.

But for negative attitudes, the 5/18 thought that AIDS patients are a burden to society. Under the negative attitudes, there were some hidden sensitive issues that some of people who thought AIDS patients are a burden to society because they cannot take care of themselves when cases severe. So society has to take care of them.

However, few respondents still had some negative attitudes towards HIV/AIDS patients, infact 5 of 18 respondents thought that AIDS patients are a burden to society. These appeared to be some hidden sensitive issues behind the respondents' reasons for AIDS patients being a burden to society. They felt that because AIDS patients could not take care of themselves, society is forced to take the role of caretaker for these people.

The 2/18 of respondents were afraid of getting AIDS. One was at risk person because he thought that he could get AIDS by accidental from his duty {community youth leader}. Another one did not practice risky behavior but still afraid to get AIDS. The 1/18 of respondents was not sure whether she was afraid or not, but that person is at risk because she thought that she may get AIDS by accident. The details are in Table 11 in Appendix B. The 3/18 of respondents are still relucted to eat or drink with AIDS patients, while 1/18 was not sure with the reluctant. The details are in Table 11.1 in Appendix B.

Protection of themselves

The 4/18 of the respondents thought that they are at risk person. Two of them thought because they may get AIDS by accidental, one of them thought because of her spouse's risk behavior, and another thought because she was staying among AIDS patients.

The most common use of contraceptive was sterilization (4/18), followed by injecTable contraceptive (3/18) and pill (1/18). The report of no using any contraceptive was 10/18, this rate was higher than using any kind of contraceptive, but it was possible because this rate was include single (3/18) and widow person (7/18) who didn't have sexual contact.

In case of condom use, there was no report of usually use. There were 2 of respondents, who usually used pill and injecTable contraceptive, sometime used

condom when her husband came back from provincial and she was not sure with his behavior, another reason was when she just had married. There was no report of using any narcotic drugs.

Discussion

HWGLs played an equal role in providing the main sources of HIV/AIDS information in Klong Toey community is as much as the roles of television. As I mentioned in analysis of the HWGLs about knowledge on HIV/AIDS of HWGLs which may influence the knowledge of people. From this part, four of respondents thought that "HIV/AIDS is curable", the 3/18 thought that "They can get HIV/AIDS by mosquito or insect bite" while 4/18 were not sure. For the attitudes towards HIV/AIDS patients, the 5/18 thought that "HIV/AIDS patients are a burden to society".

Related to the HIV/AIDS information from TV, some of respondents who stated that TV was their main sources of HIV/AIDS information answered some key questions wrong. How can we interpret these data, is that the misconcept on HIV/AIDS from TV or the misperception of the community ?. The HWGLs should involve with this solution by checking the HIV/AIDS information from TV, thereafter, the correction of community perception on HIV/AIDS should be done.

Eventhough people received HIV/AIDS information from several sources, the 100% of right concepts on HIV/AIDS is difficult to find. The ACP, DPF who is fighting with this problem by allocating local people has to realize about this.

4.4.2 Secondary data

The analysis of the from Seminar on AIDS for HWGLs and ACP, DPF during 13-15th October, 1995, which provided by the ACP, DPF.

Methodology

1. What kind of data ?

These are the ideas of HWGLs towards the questions of ACP ,DPF which focused on HIV/AIDS problems.

The questions are :

1.1 What is the impact of AIDS towards oneself, family and community ?

1.2 Why do people use narcotic drugs and visit prostitute ?

1.3 How to solve HIV/AIDS and narcotic problems, if we know the causes of them ?

2. What did they want to find out ?

According to the discussion with the manager of ACP, the objectives of these questions are :

2.1 To check what the participant know on HIV/AIDS problem.

2.2 To let the participants realize and find out sources of the problems.

2.3 To let the participants identified on HIV/AIDS problem and find out the solution.

3. How did they collect the data ?

This seminar was held for the HWGLs, which was attended by 34 HWGLs. The participants were divided into 3 groups. Each group consisted of about 12 person from different communities. This exercise was done in the last day of the seminar. Every groups had to discuss their knowledge on :

1). AIDS impact towards oneself, family and community.

2). Why do people use narcotic drugs and visit prostitutes ?

3). How they plan to solve the problem, if they know the causes of them ?

The participants had to be aware of their situation, and they had to play a role of someone who has problem. After finished discussion, they had to come up with their answer and submitted to the organizer.

4). Technique - Which method did they use ?

Small group discussion was used to come up with solution. The participants were divided into 3 groups for small group discussion and each group's main ideas were presented to the main group. It was very easier for the participants to pay attention in a small group member.

Results

According to Table 4.1 for the answer of AIDS impact, every group can directly answers to the question. The most common responses concerning AIDS impact towards oneself were in psychological aspect (increase seriousness), and

economics aspect (decrease income). For the AIDS impact towards family, the most common responses were sociological in nature like lack of warmth and cooperation among family members and isolation from neighbor. Economics aspect included decrease income and increase expenditure. For the impact towards community, the most common responses were mainly in sociological : bad image from outside and unacceptability from other communities.

Table 4.2 showed that all groups thought that the causes of using narcotic drugs stemmed family problem, which may have been associated with lack of warmth, bad models, desire for new experience, peer pressure, and bad social environment. Addition for visiting prostitutes, in their opinion were loss consciousness from alcohol consumption, desire for experiences, desire to impress others, and media's and peers' influence.

Table 4.3 and 4.3(Cont.) illustrated the participants' ideas in problem solving at the personal, family, and community levels. The personal level included giving health education to community people and AIDS patients, giving moral support to AIDS patients. At the family level, discussing about the problem with family member, giving moral support to each other and keeping family warmth seem to be important. The community level included giving health education on AIDS and drug addition to the community people, and cooperation with other organization, such as, providing information to health staff or maintain a surveillance the place of narcotic drug user and agency.

Weakness

It appeared to be no problem about personal identification with problem in the first (What is the impact of AIDS towards oneself, family and community ?) and second question (Why do people use narcotic drugs and visit prostitutes ?). But for the third question, namely "How to solve HIV/AIDS and narcotic problems, if we know the causes of them ?", it seem that participants were not clarified with the question.

Along with the third question, the answer should be if we know the causes of HIV/AIDS and drug addict problem, how can we solve in personal level, family level and community level. But the participants seemed to answer in two aspect, which were "How to solve the problem, if we know the causes of HIV/AIDS and drug addict problems, and if we know the impact of HIV/AIDS."

So, there were the mixing of the answer in this question. Most of participants didn't concern on how can they prevent these problems for themselves and their family especially on the topic of theirs or their family member's risk behavior.

How to increase personal identification with problem ?

It is necessary to revise the third question, split to be two sentences and make it much more clear and easily understand for participant.

In my opinion, the third question should be :

- How to prevent HIV/AIDS and drug addict problem,
  if we know the causes of them ?
- How to solve HIV/AIDS problem, if we know the impact of it ?

Discussion

According to the objectives of the questions which asked the participants, the ACP, DPF want to know the knowledge on HIV/AIDS and the realization on HIV/AIDS of the HWGLs. The most common response concerning were covered physiological, psychological, economical, and sociological aspect. It shows that the HWGLs knew and understood HIV/AIDS problems. From theirs answer , the organizer could assess the follow :

- How much the participants know about HIV/AIDS and Drug addict.
- What they think they should do for oneself, family or for community.
- What they should know more.

After the analysis of this part, the organizer together with HWGLs participation can set up an education plan or any activities for the HWGLs. According to this seminar, the participants have learned about HIV/AIDS information and discussed what they knew and thought about HIV/AIDS problems. As the results, the participants could answer the questions, abled to find out sources of problems and identify the solution, which were the basis of the objectives of this seminar. Apart from this successful, seminar should be used as training tool for the ACP to give HIV/AIDS information and build up the realization regarding HIV/AIDS problems to HWGLs.

Addition to the analysis of these data, the seminar can be used as a tool to evaluate HWGLs knowledge, perception, and attitudes on HIV/AIDS. The important thing, which should be concerned with the seminar and results' evaluation are objectives, contents, facilitators, participants, place, atmosphere, technique, addressed questions, and group dynamics.

The summary of the Seminar on AIDS, HWGLs and ACP, DPF.

13-15th October, 1995.

AIDS impact. At that time, they divided the HWGLs to be 3 groups.

Each of them have thought on this topic and expressed their ideas as follow :

Table 4.1 Summary of AIDS impact from the Seminar on AIDS.

	Towards oneself	Towards family	Towards community
group 1	1. Paranoid 2. Lost money { decrease income } 3. Lost job 4. Reluctant from others people. 5. Weakness and low resistance	1. Lack of cooperative 2. Lack of warmth 3. Decrease income 4. Reluctant from community	1. Bad image 2. Lack of acceptability from other community 3. Poor development community 4. Lack of cooperative among people
group 2	1. Psychomotor : Increase seriousness 2. Economic : decrease income 3. Can get AIDS anytime by accidental	1. Psychomotor : Paranoid and serious 2. Increase expenditure 3. Reluctant from neighbor 4. Worse family relationship	1. Bad image 2. Decrease Human Resource 3. Reluctant among community people

Table 4.1(Cont.) Summary of AIDS impact from the seminar on AIDS.

	Towards oneself	Towards family	Towards community
group 3	1. Psychomotor : fear of getting AIDS 2. Decrease income	1. Uncooperative among family member 2. Reluctant from neighbor	1. Community people may fear of getting AIDS 2. Bad image from outside 3. Bad relationship with other community 4. Economic : decrease income

Table 4.2 The reasons , Why people use narcotic drugs and visit prostitute.

	Cause of using narcotic drugs	Causes of visiting prostitute
group 1	1. Family problem : Lack of warmth 2. Friends' influence 3. For experience 4. Impress 5. Too much stress, cannot release 6. Bad environment in community 7. There are narcotic drug agency in this community	1. Experience 2. Sexually not satisfy with the wife 3. Boring of wife's habit and old age 4. Friends' influence 5. Lack of conscious 6. Impress and value 7. Difficult to change behavior
group 2	1. Family problem : Lack of warmth 2. For experience 3. Lack of knowledge 4. Fashion	1. Alcohol and lack of conscious 2. Experience 3. Value 4. Media's influence
group 3	1. Family problem : lack of warmth and money influence 2. Bad environment 3. Bad leader i.e. parent	1. Alcohol and lack of conscious 2. For experience 3. Friends' influence

Table 4.3 The summary of, How people plan to solve the problems, if they know the causes of them.

	Personal level	Family level	Community level
group 1	1. Check up and prevent oneself 2. Seeking more information 3. Giving health education to others 4. Giving AIDS education to AIDS patients. 5. Giving moral support to AIDS patients 6. Helping each other to solve the community problem	1. Discussing on this problem with family members 2. Create family activities and help each other 3. Keeping family warmth 4. Work hard and save money for family	1. Giving health education to other community members 2. Helping community to prevent and solve AIDS problem 3. Increase network of AIDS information system 4. Build up and increase relationship among community people 5. Promote the developing of community

Table 4.3(Cont.) The summary of, How people plan to solve the problems, if they know the causes of them.

	Personal level	Family level	Community level
group 2	1. Giving health education : how to protect oneself and how to avoid 2. Giving AIDS education and impact	1. Giving health education to that family 2. Supporting family relationship 3. The using of Buddha teaching to make the realization	1. Giving health education in order to make the realization 2. Set up the health team group to find out the solution 3. Helping AIDS patients ; Find a job and giving moral support 4. Cooperative with other organization for help

Table 4.3(Cont.) The summary of, How people plan to solve the problems, if they know the causes of them.

	Personal level	Family level	Community level
group 3	**For IDUs :** 1. Refer to curative place 2. Control behavior and expenditure 3. Giving moral support 4. For prevention : Teaching children how to screen their friends **For AIDS patient :** 1. Using condom during sexual intercourse 2. In case of IDUs, should separate needle and syringe 3. Seeking more information to protect oneself	1. Discussing on health education and prevention 2. Giving moral support to each other 3. Take care of personal health. 4. Giving health education to AIDS patients	1. Giving health education to drug addict person 2. Giving health education to general people 3. Giving information to health staff and policeman about the place of narcotic drug user and agency

4.5 Conclusion

According to all data exercise, the primary data : Structured questionnaire with In-depth interview showed over all increase of knowledge on HIV/AIDS among HWGLs and their respective community people, as a results of ACP's training program. which happened in a better position in both two groups. However, there existed a need to retrain some HWGLs to correct their perception and attitudes on certain HIV/AIDS issue.

Additionally unstructured observation due to both informal and formal meeting of HWGLs was employed to gather primary data in assessing the knowledge of HWGLs on HIV/AIDS. The results revealed that discussion in a small group setting created a better medium for in-depth and open discussion among the participants.

The secondary data showed the knowledge and understanding of HWGLs towards HIV/AIDS problems. Which may as much as or less than the expectation of the ACP, DPF. However from this point the ACP, DPF can use it to set up any intervention program for this group in order to support their objectives of the setting of HWGLs.

As the role of the evaluation planner who did the in-depth interview, observation and secondary data analysis. I have learned not only the activities of ACP, DPF but also HWGLs activities. Moreover I have learned the slum people's

living which made me familiar with target groups of this study. I have learned the practical questions and missing questions from the using of questionnaires in in-depth interview. This is good for both the justification of questionnaires and the field practice of the evaluation planner. And most of all the results of this analysis can bring to plan for the proposal by practically.