CHAPTER III

METHODOLOGY

3.1 Research Designs

This qualitative research was analyzed by using the analysis of Participatory Rural Appraisal or PRA .The data collection was divided into two parts consisting of **quantitative data** (Self- administrative Questionnaire) aiming to evaluate the attitude of family leaders or wives, who were the household representatives toward AIDS patients whereas the **qualitative data** were collected from the focus group Discussion with the stakeholders

3.2 Sampling Technique

The purposive sampling was conducted for Village No. 4 and 7, Thung Yoew Sub-district, Palian District, Trang Province as the following details:

1. The rate of HIV infection and number of HIV/AIDS was in the first and second rank (Village No. 4 and 7, respectively)
2. The major risk group was teenager group; which was more than the risk group of other villages.
3. The problem of drug exploitation
4. The Sub-district Organization was interested in the problem. In addition, Village No. 4 and 7, Thung Yoew Sub-district, Palian District, Trang Province were relatively had the best performance of PRA (Sub-committee of Community Strength Against Crisis: 1999)

3.3 Samples were Divided into Two Categorizes as Follows:

3.3.1 Household Survey:

1. Household survey was conducted in both villages
2. Each household chose the family leader, wife or the family leader living in the area not less than one year
3. The inform consent was used in the research
4. The questionnaires were distributed (in case that the villagers were illiterate or did not understand the questionnaire, the village health volunteers should explain or give advice to them)

3.3.2 Stakeholders

The stakeholders of problem solution would conduct the activity of PRA according to the stakeholder analysis (http:www.org/stake1.htm).

The selection was performed by using the questionnaire asking the family leader (husband or wife) in order to find the members participating in the PRA of AIDS (Part 1) as follows:

- Community leaders, religious leaders, respectable scholars
- Village health volunteers, housewives and heads of family
- Youths both in systematic and non-systematic education
- HIV/AIDS or affected persons, who revealed themselves (no selection); data available at Ban Nong Wah Public Health Center

Steps of Selection

1. The meeting was held in order to inform 24 village health volunteers about the questionnaire collection in 2 villages.
2. The questionnaire consisted of 8 items attached with the attitudinal interviews of HIV/AIDS; the household representatives would ask names and last names properly based on their consideration.
3. The researcher arranged the names presented by the household representatives four names for a position, totally, there were 32 names / village.
4. The officer of Ban Nong Wah Public Health Center would ask the owners of the names selected if they were willing to participate in PRA of AIDS. If agreed, the proper schedule would be determined.
5. If the selected members did not want to participate the activity, the other members would be asked for the participation. Finally, there would be 2-3 representatives per a position, that is, 20 representatives from each village. Totally, there would be 40 representatives joining in the activity.

3.4 Data Collection

1) Attitudes toward HIV/AIDS of the household leaders or representatives living in the village.

1.1) Data Collection Instrument

The attitudinal questionnaire of AIDS of the household leaders or representatives from all target villages distributed before and after the PRA process (Part 1). The questionnaire consisted of 6 items asking the personal data of the

household representatives in terms of sex, age, occupation, marital status, educational level and religion. In addition, the attitudes toward HIV/AIDS were measured by the questionnaire consisting of 12 items created by the researcher based on the literature review and relevant theories. The texts in the questionnaire indicated believes, thoughts, readiness of family leaders or household representatives toward the HIV/AIDS in terms of AIDS prevention. The measure of questionnaire was applied by the method of Resin Likert consisting of three alternatives. The respondents chose only an answer. The questions were both positive and negative. There were 7 positive questions, that is, item 5, 6, 7, 8, 10, 11 and 12; the rest of five questions were consequently negative.

Positive Text		**Negative Text**	
Alternative	***Score***	***Alternative***	***Score***
Maximum	*3*	*Maximum*	*1*
Medium	*2*	*Medium*	*2*
Minimum	*1*	*Minimum*	*3*

1.2) Test of Instrument

The contents of the questionnaire were investigated by three experts consisting of a doctor, a psychologist and a nurse. Then, the questionnaires were tested with thirty samples having the similar characteristics of the community operating PRA process in order to test the content validity of questionnaires. The reliability of questionnaires should be .786 before being exploited with the target groups.

2) Attitudes toward HIV/AIDS of the stakeholders pre and post the PRA process.

2.1) Data Collection Instrument

- Group discussion questions consisting of 6 items (Part 2) for stakeholders in terms of the attitudes toward the HIV/AIDS.
- The participants of group discussion were selected by the researcher based on the PRA test (20 representatives/village) to join the stakeholder analysis. There were 7-9 representatives from each village; totally, there would be 14-18 representatives for two villages. In general, each village consisted of a village health volunteer, a housewife, a head of family, a religious leader, a community leader, a Local Senior People, a youth, patient living with HIV (PWH=HIV) and patient living with AIDS (PWA=AIDS).

2.2) Test of Instrument

The questions were verified by the leader of infected group in order to cover all problems occurred in the community, which affected the HIV/AIDS. Although these guidelines were not tested, they had to be considered and adjusted by the experts before being exploited.

3) Qualitative Data Collection of PRA Process

3.1) Activities of Risk Sources in Community

3.1.1) Data Collection Instrument

- All activities of PRA process were recorded in the proof papers by the stakeholders of each sub -groups (10 persons) in order to find the conclusion of each issue.
- Mind Map Program was used to record the results of activities

3.2) Risk Behaviors and Risk Groups in Community

3.2.1) Data Collection Instrument

- All activities of PRA process were recorded in the proof papers by the stakeholders of each sub - groups (10 persons) in order to find the conclusion of each issue.

3.3) Activity of AIDS Situational Analysis in Community and Potential Evaluation of Problem Solution by Community

3.3.1) Data Collection Instrument

- All activities of PRA process were recorded in the proof papers by the stakeholders of each sub- groups (10 persons) in order to find the conclusion of each issue.

3.5 PRA Process

3.5.1 Community Preparation, its aim to :

3.5.1.1 *Coordinate with relevant working units:* Accordingly, the responsible district could gain the concept of social development including the continuous operation.

The relevant working units consisted of:

1. Sub-district Administrative Organization of Thung Yoew
2. Public Health Office of Palian District
3. Ban Nong Wah Public Health Center
4. Thung Yoew Public Health Center
5. Palian Hospital

3.5.1.2 *Build Relationship in Community:* The stakeholders should be invited to be informed about PRA process in order to make them realize about AIDS. The stakeholders consisted of representatives, community leaders such as village committee, village health volunteers, religious leaders, Local Senior People and informal leaders from Village No. 4 and 7, Thung Yoew Sub-district. Totally, there were 20 stakeholders from 2 villages (10 stakeholders per each village).

3.5.1.3 *Establish a team of assistant lecturer of PRA process:* The team consisted of 8 officers from the public health center, Palian Hospital, private organization and public health volunteers.

3.5.1.4 *Explain the questionnaires:* The explanation of questionnaires was provided for 24 public health volunteers (PHV) of Village No. 4 (Ban Nong Wah) and Village No. 7 (Ban Khao Lom) at Ban Nong Wah Public Health Center pre and post the PRA process. Later, the public health volunteers distributed the questionnaires to the family leaders, wives or family health leaders, who had lived in the district not less than one year.

3.5.2 Fundamental Activities of AIDS Operation Stakeholder Classification of PRA Process

1. Twenty stakeholders from two villages were divided into 2 sub-groups (10 persons per each) consisting of stakeholders from all fields.
2. The sub-groups joined 3 AIDS fundamental activities taking 2 hours / activity /2 days / week. Totally, it took 6 weeks for the activities (3 weeks/ village).
3. The activities were held based on the requirement of each group

1. Risk Sources Mapping of HIV/AIDS in Community

Objectives:

1. To acknowledge the participants about the risk sources of HIV/AIDS in the community.

Steps of Activity

1. Ice breaking
2. The facilitator asked the members to do a map of community, which they were familiar with. The map would indicate the risk sources of the community, which could lead to the infection and epidemic HIV/AIDS. The members used a chemical pen to draw significant roads and places of the community such as school, public health center, temple / mosque, house of community leader etc.
3. The members thought, shared information and discussed together. They also used a chemical pen to draw a map of risk sources independently. If not necessary, the lecturer should only observe the activity without any intervention. However, if the members did not understand the questions, the lecturer could explain such doubt to them clearly. In addition, if the members could not find the answers, the lecturer should encourage them to think and discuss with the following questions:
    - Apart from whorehouses, where were availably the prostitutes?
    - In the community, were there any karaoke shop, traditional massage parlor, tearoom etc.? If so, were there the prostitutes working there?
    - Besides the prostitutes, were there any male sexual providers in the community? If so, where were they?
    - In the community, where could people have sexual intercourse with other persons, who were neither their husbands / wives nor the prostitutes or male sexual providers?

- Was there any drug exploitation in the community? Where? Was such drug exploitation able to cause HIV / AIDS?
- Etc.

4. The facilitator asked the members if they understood the activity or which concept they gained. Then, the lecturer added some necessary information emphasizing that the risk sources in the community were not only the whorehouses or public sexual houses but also the places people committed risk behaviors.
5. The facilitator asked the members if they could use this kind of activity with the target group; if the activity was beneficial or how the activity should be adjusted.

2. Analysis of Risk Behaviors / Groups in Community

Objectives:

1. To encourage the participants to analyze the risk behaviors of the community members.
2. To teach the participants to categorize the level of risk behaviors of the community members.
3. To teach the participants to analyze the risk groups of HIV / AIDS.

Steps of Activity

1. Ice breaking
2. The facilitator asked the members of each sub-group to analyze and think which risk behaviors in the community / society could lead to the

HIV / AIDS. Then, the members wrote the list of behaviors on the left of the paper arranged by the sequence of thoughts.

3. After thinking and writing down all behaviors, the members would analyze the frequency of such behaviors occurred in the community. Then, the members arranged and wrote the priority of such behaviors based on the frequency from 1 to 10, that is, from the most frequent behaviors to the rare ones with a chemical pen on the right of the paper. It was agreed among the members that the priority of risk behaviors could be changed all the time in case of disagreement.
4. The members should discuss and share information freely. If not necessary, the lecturer should only observe the activity without any intervention. However, if the members did not understand the questions, the lecturer could explain such doubt to them clearly. For instance, in case that the members were uncertain about the academic information of AIDS such as they were not sure if they could be infected by HIV / AIDS from a dental clinic or barber / salon, the lecturer could explain or provide them the correct information so that the members could make decisions and score for the risk behaviors.
5. Then, the members analyzed which groups were riskily infected by HIV / AIDS by writing all categories of community members such as babies, young children and teenagers. In addition, the heads of family could be divided to drunken men, heads of family who went to work daily or visited the whorehouse etc. Similarly, the teenagers could be categorized to teenagers, who studied in the city, helped their parents do farming,

addicted to drug, tried to quit the drug or spoiled teenagers etc. The categorization should be based on **different behaviors** except for children and the old, which should be based on age instead.

6. After the categorization, the members helped analyze how and why these sub-groups were riskily infected by HIV / AIDS. The participants would use a chemical pen writing the priority of risk on the right of the paper from 1 to 10 according to the importance of priority.
7. The members thought, discussed or shared information. If the members were uncertain about the academic information of AIDS such as they were not sure how many times of visiting the prostitutes or food-shop girls (sexually hidden) could lead to the HIV/AIDS; or if the husband was infected by AIDS, was the wife also be infected by AIDS; or if the housewife was infected by AIDS, was her child infected by AIDS. Thus, the facilitators could explain or provide them the correct information so that the members could understand, analyze and relate the information to all community groups correctly.
8. The facilitator asked the members if they understood the activity or which concept they gained. Then, the lecturer concluded and added some necessary information. The facilitator should conclude all contents step by step so that the members could easily gain knowledge; for instance, in case of the priority of risk, the lecturer should give reason for such priority. In general, the first priority belonged to the homosexuals, prostitutes and drug addicts using hypodermic syringe because most people thought that they were "Risk Group", whereas the last priority

usually belonged to the housewives because people thought that they did not have any risk behaviors. However, after considering the relation between groups / sub-groups, the most related group was housewives or female groups. Therefore, Housewives or female groups were as equally infected by HIV / ADIS as the other risk groups.

9. The facilitator asked the members if they could use this kind of activity with the target group; if the activity was beneficial or how the activity should be adjusted.

3. AIDS Situational Analysis in Community and Potential Evaluation of Problem Solution by Community

Objective:

1. To encourage the participants to acknowledge and tell about the effects of AIDS spread on themselves, family and community.
2. To encourage the members to analyze their ability of AIDS solution
3. To encourage the members to find the methods of AIDS solution for the individual, family and community levels.

Steps of Activity

1. Ice breaking
2. The facilitator asked the members to analyze the effect of AIDS in terms of acceptance or disgust of HIV / AIDS. They also compared such effect of AIDS between the past 5 years, present and future.

3. The members should discuss and share information freely. If not necessary, the lecturer should only observe the activity without any intervention. However, if the members did not understand the questions, the lecturer could explain such doubt to them clearly. For instance, in case that the members were uncertain how long they would be infected by AIDS after having HIV or when they would die. Thus, the facilitator could explain or provide them the correct information so that the members could understand and analyze the situation of AIDS correctly, reasonably and closely to the reality.
4. The facilitator asked the members if they understood the activity or which concept they gained. Then, the lecturer concluded and added some necessary information.
5. Then, the facilitator asked each sub-group to establish the principles or qualifications necessary for the AIDS operation of the community (such as good human relation, being respected by the villager, having an interest in AIDS problems, having fundamental knowledge about AIDS or having time and devotion etc.). The members wrote all qualifications on the left of the proof paper based on the sequence of the thought, not the priority. All qualifications should be positive as they indicated the desirable qualifications.
6. After listing the qualifications necessary for the AIDS operation of the community, the members should think of the organizations in the community both the formal organizations (such as village headman, village committee, officers of public health center, teacher, housewife

group, saving group, truth group, funeral group etc.) and the informal organizations (such as monk, senior, traditional leader etc.). The members wrote all organizations along the right of the proof paper based on the sequence of the thought, not the priority.

7. The members analyzed, discussed and set the priority for each organization on the right by considering the principles written on the left in terms of readiness and appropriateness. The members, then, set the priority of all organizations using a chemical pen to write the number from 1 to 10.
8. After scoring all organizations, the members considered and set the priority for the community organizations in terms of the operation potential.
9. The members thought, shared information and discussed together. They also used a chemical pen to draw a map of risk sources independently. If not necessary, the lecturer should only observe the activity without any intervention. However, if the members did not understand the questions, the lecturer could explain such doubt to them clearly. In addition, if the members could not find the answers, the lecturer should encourage them to think and discuss with proper questions.
10. The facilitator asked the members if they understood the activity or which concept they gained. Then, the lecturer concluded and added some necessary information. The lecturer should emphasize that *the community did not have only problems but it also had the potential to solve such problems. Therefore, the community operators of AIDS*

should realize the potential of the community and exploit it beneficially to the AIDS operation. In addition, the community should also realize its potential of AIDS problem prevention / solution.

11.The facilitator asked the members if they could use this kind of activity with the target group; if the activity was beneficial or how the activity should be adjusted; if they had any guidelines of continuous operation based on the consideration of community potential. For instance, how did they use the plans of community potential for the AIDS operation in the community or how could they develop the organizations having less potential for the AIDS operation etc.

3.6 Data Analysis

3.6.1 Attitudes toward HIV/AIDS of the household leaders or representatives living in the village.

- The general data of household leaders or representatives in terms of age, sex, marital status, occupation, educational level and attitudes was analyzed. Then, all data were analyzed by the statistical analysis using Value, Percentage and Mean. The difference of attitudes before and after the PRA activity was compared by using the Student's Test.

3.6.2 Attitudes toward HIV/AIDS of the stakeholders in the PRA process.

- The data from group discussion using the conclusion, interpretation, content analysis including descriptive analysis was analyzed based on the attitudes of the stakeholders toward the infected persons. The

analysis was compared before and after the PRA process; then it would be synthesized by group discussion issues.

- The data of risk sources of the two villages was analyzed and concluded it in Mind Map Program.

3.6.3 Operation of PRA Process

- The data of risk sources of the two villages was analyzed and concluded in Mind Map Program based on the stakeholders. The data would be recorded and discussed so that all sub-groups from two villages gain the data of risk sources of the community.
- The stakeholders analyzed the data of risk behaviors and risk groups; the researcher synthesized the outcomes as the data for further plan / activity.
- The trend of AIDS situation was analyzed by the stakeholders; the researcher synthesized the conclusion as the data for further plan / project.
- The stakeholders evaluated the potential of the community in terms of AIDS problem solution; the researcher synthesized the outcomes as the data for further plan / activity / support.