CHAPTER III

AN EVALUATION OF HOUSEWIVES GROUP LEADERS TRAINING PROGRAM ON HIV/AIDS EDUCATION IN KLONG TOEY COMMUNITY

3.1 Introduction

This evaluation plan was designed for the AIDS Control Project (ACP), Duang Pratheep Foundation (DPF) to evaluate the effectiveness of the Housewives Group Leaders (HWGLs) training program on HIV/AIDS education in Klong Toey community. The retrospective evaluative study in which achievements in relation to objectives, outcomes and impact of the program is planned for 34 HWGLs from 12 sub-communities in Klong Toey community, and community people. In-depth interviews with structured questionnaires will be used for both HWGLs and community people, and observation techniques will be used for both HWGLs and their respective communities. The EPI Info software will be used in data analysis. The results of the using of this evaluation plan will tell the effectiveness of the program and the ACP, DPF can use the results to improve or set up a new intervention program for Klong Toey community or others.

3.2 Rationale for the study

The first case of AIDS in Thailand was reported in September 1984. Early transmissions were generally among Thai homosexual males returning from abroad. This was followed by an explosive spread of HIV infection among intravenous drug users (IDUs) in 1987 and 1988. By the end of December 1995, the cumulative number of reported AIDS cases was 31,439. Sexual intercourse was the main route of transmission was found 78.17 %. Followed by IDUs was 7.23% of AIDS cases (MOPH. December, 1995).

The Thai government has been active in fighting the spread of AIDS and has considerable international recognition for its efforts. The sentinel surveillance system has provided highly accurate data for use in projections which clearly demonstrate to the government that it faces a very severe AIDS problem. Many intervention programs launched to people, the first aim was to fighting with HIV/AIDS, followed by dealing with HIV/AIDS patients.

According to the report of MOPH (1995), Laborers were the highest group in the distribution by occupation (42.26%). Klong Toey is one of the largest slums in Bangkok, there are more than 60,000 people living in some 13,500 family units (Wongkomthong, Wanjiku, and Kishio, 1995). The 45% of people are laborers, and 35% have no job (Sittitrai, Prompohchunboon, Siasakul, Werakon, Sibmounpiem, and Deeson, 1991). The Intravenous drug users (IDUs) and commercial sex workers (CSWs) are usually see in this community. By the route

of transmission, heterosexual male was the main group, followed by heterosexual female. So, housewives will become risk group if their husbands had unsafe sex with other women, and they didn't protect themselves.

The DPF realized about this problem, and thought that housewives should have knowledge on HIV/AIDS and skills on how to take care of HIV/AIDS patients. Thus in 1992, DPF set up HWGLs training program where DPF first selected 101 housewives and trained them on HIV/AIDS education appointed them as key persons who collect and disseminate HIV/AIDS information to their communities.

One of DPF's strategies in existing its network of HWGLs was to encourage the HWGLs to solicit friends, neighbor, or other members in their sub-communities to join its HWGLs project. At present, there are total 34 HWGLs. Each of those 34 HWGLs have been successful in recruiting about 5 additional members. Their roles include update HIV/AIDS information, dealing with narcotic problems, and society concern towards HIV/AIDS patients. The overall activities of HWGLs can be described, but the program's results, effectiveness, and acceptance by the community are absent.

As mentioned above, the problems of HIV/AIDS have risen sharply during the past few years. In its attempt to control this explosive DPF had been expanding its program coverage within the Klong Toey community by enlarging its network of HWGLs. Therefore, the urgency of combating the severity of

HIV/AIDS problems precluded DPF from setting up any evaluation plan of HWGLs training program. Other factors that prevented DPF from incorporating evaluation into its HWGLs training program at any stage involved limited staff, timing, and budget.

Therefore, the administration of HWGLs training program has no information related to the program's effectiveness which is need in order to strengthen and maximize the program's impact in limiting the HIV/AIDS problems in Klong Toey slum community. Martens, Carael, Sato, Clelans, Ward, and Smith {1994} said, while evaluation may appear to be luxury, it is a crucial resources for program reorientation. Over the past decade pressure for the rapid introduction of high profile HIV/AIDS has often led their inadequate evaluation.

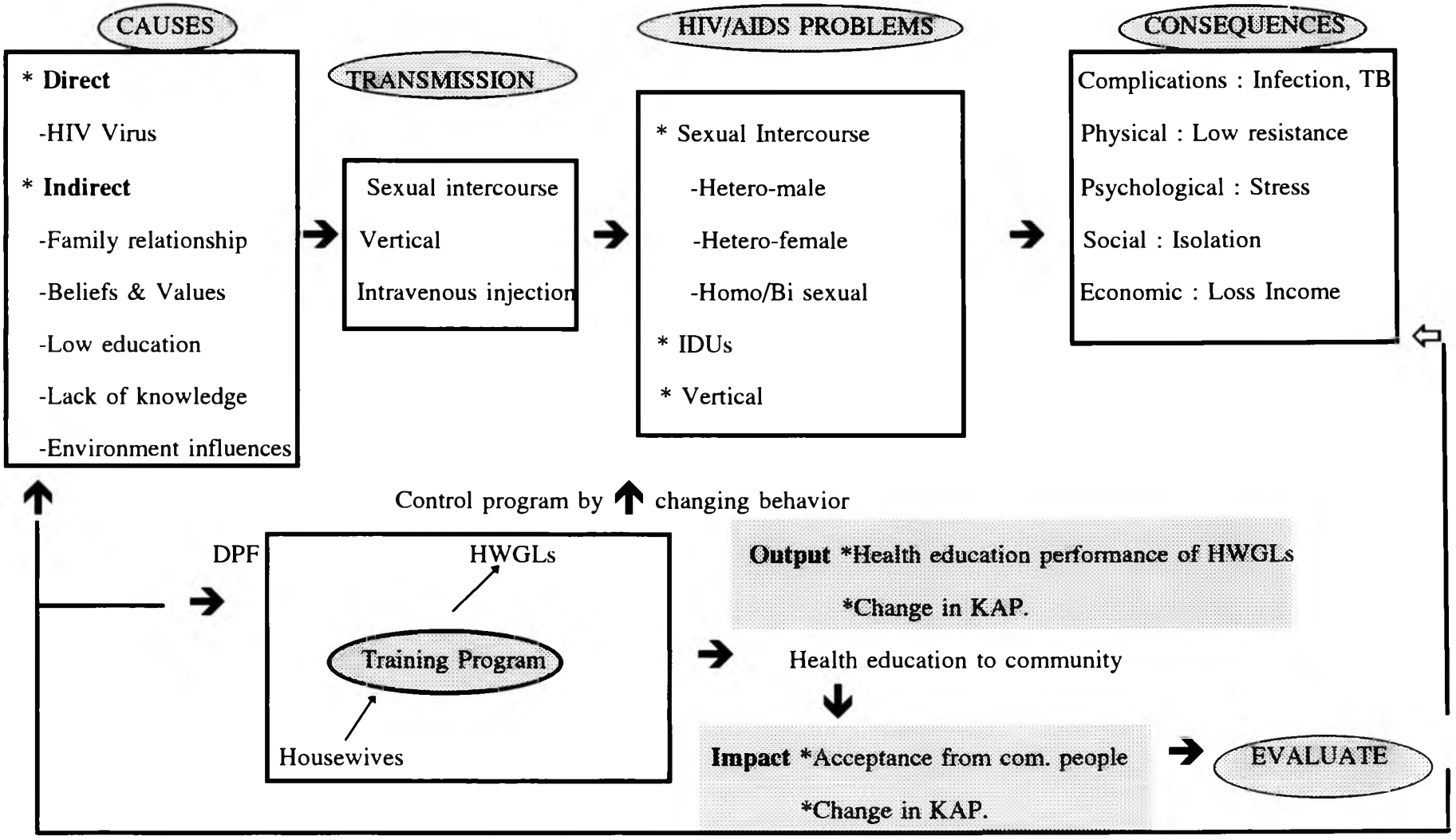
Rieger, and David {1993} further elaborated that, "To justify their continuation AIDS education and prevention program will need to show that they play a critical role in reducing high risk behavior and in keeping these risk behavior from reoccurring." (p.13)

The severity of HIV/AIDS problems has been exacerbated by various causes, such as transmission of HIV virus, family relationships, low education, misconceptions and environment influences. The main mechanisms of transmission of this dreadful HIV/AIDS to every part of society, were sexual intercourse (78.17%), intravenous drug users {IDUs} (7.23%), and vertical {HIV infected children from infected mother} (6.02%). The HIV/AIDS also added to many other problems, such as social, economical, and inappropriate intervention program problems, its consequences affected the individual, family and society in various aspect, such as physical, psycho-social, and economics. These needs an urgent

interventions to cover the severity of the HIV/AIDS problems. After launching any interventions, the assessment of the effectiveness, and efficiency need to be done. The results of the evaluation can reflect to the intervention program, by identify nature of the problem, mechanisms and the relevant factors. The conceptual framework of this ideas was presented in Figure 3.1.

If the DPF has an evaluation plan for HWGLs training program and target population of HWGLs, it may useful and easy for them to provide a systemic overview of the program's progress. The results of this evaluation will tell the effectiveness of the program and it can be used to improve or set up a new intervention program for this community or others.

Figure 3.1 Conceptual Framework.



3.3 Background

Sittitrai, Prompohchunboon, Siasakol, Werasakon, Sibmounpiem, and Deeson (1991) studied socio-economic conditions and knowledge and attitudes on AIDS in Klong Toey congested community. They found that 29% of respondents had a high level of knowledge on AIDS, 44% and 28% had moderate and lower level knowledge. From the results, 50% of respondents had negative attitudes towards HIV infected patients. And 55% felt reluctant if they had to share drinks with HIV infected patients.

Sittitrai, Phanupak, Bary, and Brown (1992) studied Thai Sexual behavior and risk of HIV infection. Their results revealed that most of Thais are aware of AIDS, but there are gaps in their knowledge. Approximately thirty two percent either didn't believe in asymtomatic HIV or didn't know if it was possible, and 60% of respondents who perceived some risk of HIV infection had already changed behaviors and 10% planned to change. The remainder were uncertain or didn't plan to make any changes.

Kagimu, Marum, and Serwadda (1992) studied planning and evaluating strategies for AIDS health education intervention in the Muslim community in Uganda. A low rate of incorrect beliefs about HIV transmission was found, although gaps in knowledge remain, particularly regarding vertical transmission and asymtomatics HIV infection.

Chulagai CN {1993} studied urban community health volunteer in Pokhara, Nepal, in sensitizing and motivating people for the improvement of health knowledge and skills and the use of services. She concluded that, If management support were properly developed the program could undoubtedly play a vital role in raising health standards.

Limanonda and Nokyoongthong {1995} studied the perceptions and prevention of the AIDS epidemic, perspectives from northern rural communities. The data show a low level of knowledge regarding HIV/AIDS, and little preparedness for treatment and care of infected and diseased community members. The majority has developed negative attitudes towards the disease and fear of infected and diseases person.

From these studies, we can see that more people know about HIV/AIDS information, but they still have negative attitudes towards HIV/AIDS patients. Presently, we don't want them only know information, but rather we want them both to know and to deal with the problems. That is why both GO and NGOs have launched numerous program in this direction. Facing with limitation of resources and severity of HIV/AIDS problems, GOs and NGOs must determine the most effective and appropriate programs to be implemented in the community. Therefore, evaluation should become an integral part and plan along with the overall program.

3.4 Objectives

General objective : To evaluate the housewives group leaders training program on HIV/AIDS education in Klong Toey community.

Specific Objectives :

1. To evaluate the levels of knowledge and perceptions of housewives group leaders on HIV/AIDS.

2. To evaluate the changes of attitudes of housewives group leaders towards AIDS patients.

3. To evaluate the abilities of housewives group leaders to take care of AIDS patients.

4. To evaluate the abilities and efficiency of housewives group leaders in coordinating with other organizations which take care of HIV/AIDS patients.

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

3.5 Research methodology

3.5.1 Study design

The HWGLs training program has been conducted for more than four years. The survey of community needs and the pretest of the HWGLs knowledge, perception and attitudes on HIV/AIDS before giving health education were not done. The director of the ACP and the staff want to know the effectiveness of this program. They want to know, what the HWGLs knew from the training program,

how much are the changes of their knowledge, attitudes, and perception {KAP}, and the community's perception towards HWGLs roles. All of these are the outcome and impact of the training program.

The study design of the evaluation of the HWGLs training program is, a retrospective evaluative study in which achievements in relation to objectives, outcomes and impact of the program are measured. In this HWGLs training program, the outcome is the KAP on HIV/AIDS and the activities of HWGLs. The impact of this program are the change of KAP on HIV/AIDS and the perception of community people towards HWGLs activities.

Since the community's KAP on HIV/AIDS received from HWGLs may depend on the degree of involvement of HWGLs in their respective sub-communities, HWGLs may be divided into active and non-active groups. The criteria of these categories consist of :

1). Monthly meeting attendance.

Active HWGLs must attend or appoint a representative to attend the meeting every month. The absence will be allowed up to 2 times/year with proper explanation.

2). Participation with the ACP's activities.

Active HWGLs or their assistant have to participate every activities .

3) Creation of community activities.

Active HWGLs have to create their monthly activities in their sub-communities, and follow up should be done regularly.

Effectiveness of the HWGLs are determined as a whole group. However, the comparison of the active and non-active HWGLs' effectiveness are done in order to define the determinant factors that may play an important role in explaining the differences in performances between two group of HWGLs.

In addition, DPF used a seminar as a mean to give continuity HIV/AIDS education to HWGLs periodiatly to complete the evaluation of effectiveness of HWGLs training program, evaluation of seminar should be included. Important factors, which should be evaluated consists of objectives of the seminar, its contents, facilitators, participants, place, atmosphere, group dynamics, technique, addressed questions, and knowledge and attitudes of the participants.

Table 3.1 outlines evaluation, targets, instruments, and indicators of outcome evaluation in details. Already, Table 3.2 describes evaluation targets, instruments, and indicator of impact evaluation.

Table 3.1 Details of the evaluation targets, instruments, and indicators of the outcomes evaluation.

	What should be evaluated ?	How to evaluate ?	Indicator
Outcome	1. HWGLs knowledge/perception, attitudes and skills. - Knowledge {K} and perceptions {P} on HIV/AIDS and information of other organization - Attitudes {A} towards HIV/AIDS patients - Skills {S} of taking care patients and cooperation with others organization - Periodic continuing education on HIV/AIDS	Compare : pre and post result on KAP - In-depth interview with structured questionnaire. - Observation	- Increase of Knowledge (No. people citing at least two accepTable ways of protection from HIV infection/Total No. people From ;WHO) - changing A - Increase of Skills : able to take care and know how to protect themselves : able to contact with other organization i.e. health center, Duang Pratheep foundation

Table 3.1 {continue} Details of the evaluation targets, instruments, and indicators of the outcomes evaluation.

	What should be evaluated ?	How to evaluate ?	Indicator
Outcome	2. Effectiveness of HWGLs' activities. - Their activities - Group activities - Ability to take care HIV/AIDS patients - Ability to give HIV/AIDS information to community people.	- In-depth Interview with structured questionnaire. - Observation of HWGLs activities - Feedback from people in community including HIV/AIDS patients under their area.	-Activities which they have done or created some activities to their community i.e. giving HIV/AIDS education - Willingness to help and capability to teach people and take care of HIV/AIDS patients. - can contact to the right organization

Table 3.2 Details of the evaluation targets, instruments, and indicators of the impact evaluation.

	What should be evaluated ?	How to evaluate ?	Indicator
Impact	For community people. - Knowledge on HIV/AIDS and attitudes towards HIV/AIDS patients. - Perception of HWGLs activities. - HWGLs activities on HIV/AIDS information.	- In-depth Interview with structured questionnaire. - Observation of community participation.	-Increase in knowledge on HIV/AIDS - Changing of attitudes These are related to the HWGLs activities.

3.5.2 Study population

The network of HWGLs has been extended to 12 sub-communities out of approximately 19 sub-communities in the Klong Toey area. Presently, there are a total of 34 HWGLs, in which about 3 HWGLs are responsible for each sub-community except for Wadklongtoeynai sub-community where there's one HWGLs overseeing that area. They were divided into active and non-active groups. The number of households under their responsibilities vary from 260 to as many as 1200 as in Table 3.

Table 3.3 List of sub-communities and households in HWGLs' network.

Name of community	# of households	# of HWGLs	Type of HWGLs
Loc. 1-2-3	1200	3	Non-active
Loc. 4-5-6	550	3	Active
Loc. 7-8-9	260	3	Active
Loc. 10-11-12	370	3	Active
Kohlao	465	3	Active
Romklao	550	3	Active
Roongmoo	500	3	Active
Huakong	420	3	Non-active
Rimklongwadsaparn	400	3	Non-active
Wadklongtoeynai	600	1	Non-active
Rimtangrotfai	600	3	Non-active
Sunaoy	400	3	Non-active
Total	6315	43	

Source. AIDS Control Project, Duang Pratheep Foundation, 1996.

In addition to the evaluation of the effectiveness of the training program and the effectiveness of the HWGLs, there are two groups of population involved with, they are HWGLs and their people who are both general people and HIV/AIDS patients.

The target population of this evaluation are :

2.1) Housewives Group Leaders from 12 sub-communities in Klong Toey slum, there are total 34 persons.

2.2) 10% of people in community under HWGLs area who were taught HIV/AIDS information by HWGLs. Each HWGLs has taught 10-200 community people. Related to the evaluation study, each of HWGLs will have to list the name of their people who were taught HIV/AIDS information. After that, the simple random sampling will be used to select a sample the community.

Approximately number of community people = 340 persons.

3.5.3 Data Collection and Instrument

In the pilot study, the observation was used to observe the HWGLs' activities and the in-depth interviews with structured questionnaires were used to measured both HWGLs and community people knowledge, perception and attitudes on HIV/AIDS. The results showed that, the in-depth interviews method was appropriate, because the interviewer could ask and add more questions, if the answers were not clear. The interviewee were also pleased to answer, because of

the good introduction from the started, and they didn't have to read or answer a formal question. Also, the observation can describe the practical detailed activities of HWGLs, their roles, and intervention between HWGLs and their community people.

In this proposal, the in-depth interviews with structured questionnaires will be used for HWGLs and community people, and observation techniques will be used to observe the HWGLs' activities and community participation. Addition to the pilot study, the inappropriate questionnaires employed during the pilot test with special collection will be revised to more appropriate way of language. Moreover, perception of community towards HWGLs' activities will also be added.

The content of questionnaire

There are 2 sets of the questionnaires for two groups of people. These are :

1. For housewives group leaders.

1.1 General information :

Name, address, sex, marital status, age, occupation and education level

1.2 Knowledge and Perception on HIV/AIDS : Before and after receiving health education from ACP, DPF.

-What did they know about HIV/AIDS ?

-How can HIV/AIDS be transmitted ?

1.3 Attitudes towards HIV/AIDS : Before and after receiving health education from ACP, DPF.

-What were their beliefs ?

1.4 Protection of themselves after receiving Health Education from ACP, DPF.

1.5 Practice and Skills :

-Giving HIV/AIDS education to general people in their community.

-Giving HIV/AIDS education to HIV/AIDS patients.

-Taking care of HIV/AIDS patients.

-Referral HIV/AIDS patients to the relevant organizations.

2. For people in community include HIV/AIDS patients.

2.1 General information :

Address, sex, marital status, age, occupation and education level.

2.2 Sources of HIV/AIDS information.

2.3 Housewives group leaders activities and people's perception.

2.4 Knowledge and Perception on HIV/AIDS.

-What did they know about HIV/AIDS ?

-How can HIV/AIDS be transmitted ?

2.5 Attitudes on HIV/AIDS.

-What were their beliefs ?

2.6 Protection of themselves after receiving Health Education from any sources.

The observation format for HWGLs' activities and community participation

This format was adopted from the preliminary study, which used to observe the HWGLs' activities. In this study, the community participation was included as follows :

1). Type of meeting

2). Organizer

3). Participants

4). Objectives of meeting

5). Contents of meeting

6). Activities

7). Atmosphere

8). HWGLs' roles

9). Community participation.

3.5.4 Data Analysis

After the data have been collected, they will be coded. Statistical analysis will be done through the EPI Info software. The results will be presented in dummy Tables. {Appendix C}

3.6 Limitations

1. The HWGLs training program has been conducted for more than 4 years, the survey of community needs, curriculum document, pretest and posttest of HWGLs on knowledge/perception and attitudes on HIV/AIDS are not available.

2. 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.

3.7 Budget

This will be a six months project at an estimated cost of 37,000.00 Baht. The details are :

1). Data collection		
- Stationary	6,000	Baht.
2). Data analysis		
- Data entering expense	5,000	Baht.
- For computer expert consultation	10,000	Baht.
3). Report typing and binding	5,000	Baht.
4). Photocopy and binding copies {5 copies x 200}	1,000	Baht.
5). Transport charges	5,000	Baht.
6). Incidental expenses	5,000	Baht.
Total	**37,000**	**Baht.**

3.8 Activities Schedule

Table. 3.4 Activities Schedule.

Activities	First month	Second month	Third month	Fourth month	Fifth month	Sixth month
1. Present proposal to the ACP, DPF.	→					
2. Staff meeting on the details of proposal.	→					
3. Staff training on data collection and analysis.	→					
4. Data collection.		→	→	→		
5. Data analysis.				→		
6. Adjustment of data.					→	
7. Consultation to experts with the analysis results.					→	
8. Final analysis.					→	
9. Consultation to expert for results presentation.						→
10. Distribution of summary report.						→