

CHAPTER IV

DATA COLLECTION

In the selected study area, community leaders were contacted for cooperation.

By using census data, the total number of women who qualified for the eligible criteria were selected by systematic sampling, with the probability of selection proportional to the number of subjects in the age classes. In addition to contacting community leaders, posters and pamphlets indicating the types and magnitude of vaginal infections were distributed.

Before the actual data collection, community information programmes were carried out.

Before proceeding the data collection, the operations manual - specified exactly what to do and details of the procedure - the approach to recruiting study subjects, standardized Gram's stain technic and the operational definitions of diagnosis were reminded and rehearsed for selected doctors, administrators, interviewers, laboratory technicians.

Data was collected by cross-sectional survey from 226

subjects in Phuoc Hiep community, during 5 days of the rainy season, from the 21st to 25th of July, 1992 by examination and direct interviewing.

Free health examination, medical advice, support, and treatments were given to both subjects and her partner thus allowing residents to meet the researcher. The examination team was organized into three examination tables, namely: one for women who were in the sampling frame; one for women who were not in the sampling frame, but they came because of any gynaecological symptoms or gynaecological problems or even to consult; one for general medical examination for anyone who came to seek medical care, including male, female, and children. Only those women who were in the sampling frame were included in the study.

The researcher was present during all patients visits to ensure consistency of administration of standard questionnaire, physical examination findings, and microscopic examination of secretions. The same selected three doctors, two laboratory technicians, and two interviewers examined and interviewed all the patients. Regular meetings were held everyday throughout the study to discuss problems and standardize the methods.

Household residents who might be eligible were asked to stay home on the day of data collection.

Selected subjects in community were approached by interviewers for eligibility and willingness to participate in the study. All the respondents were tested for their honesty in answering the questions by interviewer judgment, and to establish the consistency of responses, respondents were asked more than one question with the same content.

Portable ultrasound and pap smear taking were used for detection some diseases of reproductive system (e.g, myoma, ovarian cyst..., and screening of cervical cancer) to increase the compliance, and to reduce the number of non-participants.

The demographic and socioeconomic factors related to the lifestyles of those who agreed and refused to participate were documented by regional health worker, to ascertain whether or not the study population represented the whole population.

The health examination team moved to the five different places within the community to increase the accessibility of the subjects qualified with the eligible criteria. As a result, the administration bias would be kept to a minimum.