

# **CHAPTER IV**

# **CONCLUSIONS AND DISCUSSION**

The objective of this study was to assess the effects of a participatory learning process on changes in STD knowledge, attitudes, awareness, risks and practices of married couples who came for service at the Family Planning Clinic of Phuwiang Hospital, Phuwiang District, Khon Kaen Province. The study was conducted using a questionnaire developed by the researcher, collection of data for analysis, distribution of frequency, percentage, means and comparison of differences using the T-test. The study results may be summarized as follows.

# 4.1 Conclusions

### 1. Demographic data of the sample population

The sample population for this study comprised 50 married couples (100 persons), most of whom were aged 36-45 years, followed by 26-35 years. The first and second levels of educational background were elementary and secondary levels, accordingly. Regarding marital status, most were married and stayed together, followed by married but lived separately. The two top occupations were agricultural and general laborer, respectively. The first and second ranges of annual incomes per household were 10,0001-15,000 Baht and 5,001-10,000 Baht. Most of the sample population had previously received knowledge about STDs, mostly through television, followed by government officials and the radio, respectively.

### 2. Level of knowledge about STDs

In regard to level of knowledge about STDs, most of the sample population had quite low levels of STD knowledge before the training, which were improved to a moderate level after the training. When knowledge before and after the training were compared, there was a statistically significant difference, at a level of 0.01.

#### 3. Attitudes towards STDs

In regard to attitudes towards STDs, the level of positive attitude of most of the sample population was low before the training, which improved to a moderate level after the training. When the attitudes before and after the training were compared, there was a statistically significant difference, at a level of 0.01.

#### 4. STD awareness, risks and practices

Most of the women had significantly different levels of awareness of their infections before and after the training, at a level of 0.01. Among the husbands, there was a significantly different level of awareness about their wives' illness before and after the training, at a level of 0.01. However, there were no statistically significant differences for STD-preventive behaviors or risks (level = 0.01).

# 4.2 Discussion

#### 1. Knowledge about STDs before and after the training

The study results showed that the percentage for knowledge scores of the sample population was low before the training and increased to a medium level after the training. Therefore, the level of knowledge had increased, which was consistent with the study of Saipanya Kongpan (1992), who conducted a study in CA cervix patients using group participatory learning and found that the target population had increased levels of knowledge and correct practices.

### 2. Attitudes towards STDs

The study result revealed that the sample population had a low level of attitude towards STDs before the training, which increased to a medium level after the training. This demonstrated that the training had made the sample population more aware and appreciate the importance of STDs quite well.

#### 3. STD awareness, risks and practices

According to the study result, the differences in awareness of men and women about STDs before and after the training were minimal. Women were aware of their illness, and knew more about the types of STDs and their causative sources. Men had greater awareness of the illness of their wives, knew that they were part of the cause for their wives' infections and recurrences. The increase in their awareness to help their spouses was minimal, which might be due to conflict in the minds of the men, who did not perceive themselves to be carriers, since they did not have any abnormal symptoms. The STD-related risks among men before and after the training did not change because the time allocated for behavioral evaluation might be too short. The practice among males of having sexual intercourse with commercial sex workers (CSW's) and bar girls increased, probably because in the pre-test the male respondents were not completely honest, while after the training there was more participation and in the post-test they were more honest. STD practices after the training changed and became more correct in regard to treatment and the prevention of recurrences. The married couples practiced more correctly, discussing sexual intercourse and the risks of transmitting STDs to each of other.