

CHAPTER 3

EVALUATION

3.1 Introduction

This study was an action research as a means of contributing to the improvement of the programme or policy to expand in other factories nationwide with effectiveness and efficiency. Evaluation was carried out during and after the intervention.

3.2 Purpose

The purpose of this evaluation was to improve programme implementation

3.3 Evaluation questions

- 1) What was the reason that the participants regularly consumed weekly iron tablets?
- 5) What was the reason that the participants rejected or stopped consuming weekly iron tablet?
- 3) From the perspective of participants, what are the key element for sustainability of the programme?

3.4 Evaluation design

This evaluation employed a rapid assessment using a qualitative approach in answering the evaluation questions.

Objectives

Describe participants' perspectives on:

- 1) Reasons for compliance
- 2) Reasons for non-compliance
- 3) Key elements to continue compliance

3.5 Data collection methods

3.5.1 Focus Group Discussion was conducted among the 2 groups of participants, a group of regular and a group of irregular consumers of iron tablets.

3.5.2 In-depth Interviews were employed to elicit more information to explain the result on non-compliance.

3.6 Sampling

The Training Supervisor and the Training Group Leader arranged a group of 6 participants taking regularly iron tablets and a group of 6 participants taking irregularly iron tablets for focus group discussion.

Also Training Supervisor and the training Group Leader selected two participants, one participant who showed iron deficiency anemia at baseline data collection and recovered after 20 weeks of intervention and another participant who did not take weekly iron tablet for in-depth interview. Further the Training Supervisor was interviewed as well.

3.7 Analysis

Content analysis was performed from sets of responses on reasons for iron tablet consumption compliance and noncompliance and perspectives on key factors for sustainability.

3.8 Results

3.8.1 Focus Group Discussion

Focus group discussion were performed at the reception area of the factory. The researcher only took note during the process. No tape recorder was utilized because the researcher felt uncomfortable to make the atmosphere too formal. The researcher acted as a facilitator, note-taker and moderator. Time was limited for half an hour because the participants were on their duties.

A group of 6 women from different sections and different lines sat together for the focus group discussion. The focus group discussion went on very well and smoothly. Even though the time was short but the discussion covered all main issues because the moderator was well known to them as programme manager and they met each other several times during the programme. The Training Supervisor who was responsible for nutrition education training and was responsible for the whole programme was included in this group. She was one of the women that took weekly iron tablet regularly.

Iron Tablet Distribution System and Compliance

In the group discussion, one of the members said that she took the weekly iron tablet every week on every Monday. She received the tablet from the Training Group Leader in the line where she was working. She also received a few tablets from the Training Group Leader and she took those tablet on Mondays that she was not working in the line. Reasons of regularly consuming weekly iron were elicited from the women;

- ♦ the Training Supervisor and the Training Group Leader put her strong effort in persuading the women to take the tablets continuously,
- ♦ the women felt dizzy quite often and it was released after they took the tablets for a few weeks,
- ♦ the woman who did not have dizzy experience took the tablet to prevent dizzy after she saw the positive effect from others,
- ♦ a woman who had birth control injection said that after the injection, she had no menstruation, but after taking the tablets she had some menstruation so she concluded that iron tablet increased her blood.
- ♦ The question of whether the women would regularly continue taking iron tablet was raised by the moderator. The women revealed their same opinion but not so strong that they would continue taking weekly iron tablet for the reasons of;
 - if they took the iron tablet then they were healthy or healthier,

- if there were somebody prepared the tablet and warned her to take it, if not she would forget to take it,
- if the tablet was available free of charge.

Last discussion was about if the women realized that iron tablet made them healthy or healthier, whether they recommended other persons to take the tablet too. The respondent to this questions were;

- ♦ no need to advise the women in this factory because almost of them had already taken weekly iron tablet,
- ♦ they had no confidence that they had enough knowledge to recommend to others.

3.8.2 In-depth interviews

a) The respondent was 37 years old, working in the administration section, being an indirect labourer. She graduated Bachelor Degree, is single and was born in Bangkok. She had normal menstruation, no chronic blood loss. She filled the checklist questionnaire that she had 50 episodes of respiratory tract infection, 10 episodes of gastrointestinal infection in five month period back from April, 2000. Compared to data in August, 2000, she got 1 episode of respiratory tract infection and 1 episode of gastrointestinal tract infection in previous five month period. She had never taken de-worming tablet and she was sure that she did not have worm infestation. She consumed meat, vegetable, fruit and carbonated beverage everyday. She did not take food cooked with blood curd but often ate liver. The latter data collection revealed that she had 2-3 spoonful of meat very meal but did not consume fruit with meal.

It was noticeable that she had coffee, carbonated beverage, milk and soya milk everyday. The result of blood analysis in April, 2000 were; Hb = 10.5 g/dL, SF = 14.3 mcg/dl, in August, 2000 were; Hb = 11.1 g/dl, SF = 31.4 mcg/dl. She had slightly abnormal of rbc morphology; Hypochromic, Anisocytosis and Poikilocytosis in April, 2000 and remained the same in August, 2000.

The respondent mentioned above told that before the programme was launched, she often caught cold, after taking weekly iron tablets she felt healthier and seldom caught cold. She repeated that it seemed to her that the cold disappeared. She did not take the tablet regularly because she forgot to take it. As she did not work in the lines of direct labour where the Training Group Leader provided weekly iron tablet every Monday. After she stopped the pill for one month, she felt weak and unhealthy then she once again started taking weekly iron tablet.

b) Another in-depth interview was conducted with a women who did not take weekly iron tablet at all. She said that it was difficult for her to take any pill. She had her blood checked up annually for 5 years. At this moment, she felt tired and the doctor advised that she should exercise and rest more, no need to take iron tablet. She tried to take care of herself such as taking a bath in warm water, drank milk, consumed fruit etc. Knowing that iron tablet yielded positive result from the women in the lines and she could notice that the first in-depth interviewee who worked in the same room with her was healthier, she said that when she got more information she would probably take weekly iron tablet in order to save doctor's fee as the programme was an effective one. She also said that if the tablet was sweet maybe she would take it.

c) Discussion with the Training Supervisor for future supply of iron tablets. The Training supervisor insisted that she could convince the Administration Manager in buying iron tablet for the factory's members even though it was difficult to find the same ferrous sulfate, as seeding by Nutrition Division, produced by the Government Pharmaceutical Organization in the market. She agreed to pay for the iron tablet which was available in the market even though the price was 3-4 folds because it was produced by private companies.