

CHAPTER V

BIBLIOGRAPHY

AIDS NEWS Letter. (1995). March.

The Center of International Research, U.S. Department of Commerce, Bureau of the Census reported the top ten HIV infected cases country. These are 1) Kenya, 2) Malawi, 3) Rwanda, 4) Tanzania, 5) Uganda, 6) Zambia, 7) Zimbabwe, 8) Brazil, 9) Haiti, and 10) Thailand. There is only one country from ASIA, that is Thailand.

Britten, N. (1995). Qualitative interviews in medical research. BMJ, 311, 251-253.

It wrote all details about qualitative interviews in medical research. There are three types of interview, these are structured: usually with a structured questionnaire, semistructured: use with open ended question, and in-depth interview: may cover one or two issues in great detail and questions are based on what the interviewee says. It also summarized analysis of interview technique, maintaining control of the interview and common pitfalls in interview.

CDC, MOPH. (1995). HIV/AIDS Situation in Thailand: Update November 1995.

It showed the update statistic of AIDS from September, 1984 to 30th November, 1995. The cumulative number of reported AIDS cases was 29,090. By route of transmission sexual intercourse accounted for 78.67% of AIDS cases, followed by IDUs 6.94%. The report also indicated that more than 88.56% of the cases were in the age group of 15-49 years. Male to female ratios were 5.6 to 1.

CDC, MOPH. (1995). สรุปสถานการณ์โรคเอดส์ ถึงวันที่ 31 ธันวาคม 2538.

(HIV/AIDS Situation in Thailand: Update November 1995).

It reported the update statistic of AIDS from September, 1984 to 31st December, 1995. The cumulative number of reported AIDS cases was 31,439. By route of transmission, sexual intercourse accounted for 78.17% of AIDS cases, followed by IDUs 7.23%. By occupation laborers accounted for 42.26% of AIDS cases, followed by agriculturist which was 22.87%.

Chaulagai, C. N. (1993). Urban community health volunteers. World Health Forum, 14(1), 16-19.

The 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 was studied. The result showed, despite weakness and inadequate management support, there has been a sharp increase in coverage by the health service. If management support were properly developed, the program could undoubtedly play a vital role in raising health standards.

Crabtree, B. F., and Miller, W. L. (1992). Doing qualitative research. California: SAGE.

In chapter 3, it talked about Participant Observation. In a participant observation study, the researcher is the primary instrument for both data collection and analysis. It wrote about why participant observation?, a primer on participant observation, the mechanics of observation, the participation continuum, and the details of field notes.

Duang Pratheep Foundation. (1994). Klong Toey AIDS Control Project: Summary of our first 2 years. August 1989- August 1991. Bangkok.

It summarized overall activities on HIV/AIDS of the DPF in Klong Toey community. The DPF was realized about HIV/AIDS problem, so the FFDA and ACP were set up. The staff education on HIV/AIDS was conducted in 1989. The major focus was how to design an effective AIDS program for the community. Thereafter the intervention programs were launched to community, started from locs. 4-5-6. This book also showed the prevalence of HIV seropositivity in Klong Toey slum addicts over a 3 year period, beginning from May, 1988. It found that 102 cases (60%) from 169 addicts tested were HIV positive.

Fink, A. (1993). Evaluation fundamentals: Guiding to health programs, research, and policy. California: SAGE.

This book is designed to cover the health care field and respect the needs of student in public health and the health professions. The details are in program evaluation: a prelude, evaluation questions and standards, designing program evaluations, sampling, collecting information, evaluation measures, analyzing evaluation data, and reporting the results in written and oral form.

Green, L. W., Kreuter, M. W., Deeds, S. G., and Partridge, K. B. (1980). Health education planning: A diagnostic. California: Mayfield.

They wrote about the model of health education as a process to ensure agreement between health practitioners and health education recipients on the definition of health related problems. This framework is called PRECEDE, which stands for "Predisposing, reinforcing, and enabling cause in educational diagnosis

and evaluation”, to draw attention to the necessity of asking what behavior precedes each health benefit and what causes precede each health behavior that must be addressed in a health education plan.

Green, L. W., and Kreuter, M. W. (1991). Health education planning: An educational and environmental approach. California: Mayfield.

This book has been written to provide a conceptual synthesis of the roots and foundation of health education, and more recently, health promotion following a period of rapid growth and development. The broader mandate of health promotion call PROCEED, which stands for “Policy, regulatory, and organizational constructs in educational and environment development” was accommodate from PRECEDE. The promotional, regulatory, and organizational components of PROCEED take the student or practitioner beyond educational interventions to the political, managerial, and economic actions necessary to make social systems and environments more conducive to healthful lifestyles and a more complete state of physical, mental, and social well being for all.

Havanon, Napaporn., Knodel, J., and Bennet, T. (1992). Sexual networking in a provincial Thai setting. Bangkok: G. M.

They studied in three districts: the provincial capital and two outlying districts. The target groups were single and married men in different occupation and who have been involved in multiple hetero-sexual relationships within the past year. A secondary target included women of various occupation and social strata who have the tendency to have had multiple sexual relationship or who were involved with a man with multiple partners. They found that only 1 man out of 181 eligible respondents indicated he had never patronized a CSW. The large majority over 4/5 indicated they drank alcohol at the time of their most recent

episode. Almost all the male respondents, married and single, felt that having sex with prostitutes is socially acceptable behavior and no one suggested that the married man who has sex with prostitutes is being unfaithful to his wife.

Kaewsonthi, Somkid., and Harding, A. G. (1992). Starting, managing, and reporting research. Bangkok: Chulalongkorn University.

This book is written to help researchers and research trainees who need some guidance on how to prepare a research proposal, manage their research and/or report their findings in writing or verbal form. Part one, begins with an exploration of the nature of researcher and problems commonly encountered. Part two, is the management of planning: how to develop an operational plan for a research project and to present that plan a detailed research proposal. And in Part three, the reporting research in both written and verbal form and guidance on how to proceed in research presentations are presented.

Kagimu, M., Marum, E., and Serwadda, D. (1995). Planning and evaluating strategies for AIDS health education intervention in the Muslim community in Uganda. AIDS Education and Prevention, 7(1), 10-21.

In this study they found that a low rate of incorrect beliefs about transmission was found, although, gaps in knowledge remain, particularly regarding vertical transmission and asymptomatic HIV infection. Less than 10% knew that condom can protect against HIV transmission. Lack of knowledge was documented regarding the risk of HIV transmission associated with practice common in the Islamic community, such as polygamous marriages, circumcision, and ablution of the dead.

Limanonda, Bhassorn. (1993). The demographic and behavioral study of female commercial sex worker in Thailand. Bangkok: Institute of Population Studies, Chulalongkorn University.

The study areas were in Chiang Mai city in Chiang Mai province in the North, and Sungai Kolok, in Narathiwat province in the South. They found that the consciousness of the danger for commercial sex workers in relation to the HIV/AIDS is rather low and the prospect of returning sex workers or community members with HIV/AIDS is barely realized. And the communities under the study were far from being prepared to deal with the problems of incoming community members with HIV/AIDS.

Limanonda, Bhassorn., Griensven, Van G., and Nokyoongthong, Mayuree. (1995). Use of media and health education activities for AIDS prevention: Fieldnotes. Bangkok: Institute of Population Studies and Institutes of Health research, Chulalongkorn University.

They found that the budget allocated for AIDS prevention has been increased to control the AIDS epidemic. So they selected some intervention programs and activities which have been implemented to study. They suggested that, all activities to be launched in the area have to be carefully selected as not to create negative feeling among the target group, or not to make them feel that the activities could have a negative impact on their business.

Limanonda, Bhassorn., and Nokyoongthong, Mayuree. (1995). Perceptions and prevention of the AIDS epidemic: Perception from northern Thai rural communities. Bangkok: Institute of Population Studies , Chulalongkorn University.

They studied in Northern rural community, the data shows 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 persons. Although a certain degree of consciousness of the danger of CSWs in relation to HIV/AIDS is presented, several male participants did not use condoms when visiting prostitutes.

Mertens, T., Carael, M., Sato, P., Cleland, J., Ward, H., and Smith, G. D. (1994). Prevention indicators for evaluating the progress of national AIDS programmes. AIDS, 8(10), 1359-1369.

This study provided recommendations for the evaluation of AIDS program, focusing on prevention of sexual transmission of HIV, and outlines the approach developed by the Global Programme on AIDS {GPA; Geneva, Switzerland} for use by national programmes. The details on the development of prevention, indicators, assessment of condom availability, evaluation of STD case management, evaluation of behavioral outcome, and evaluation of HIV/Syphilis prevalence are discussed.

Oaldehy, A., Fullerton, D., and Holland, J. (1995). Behavioural Interventions for HIV/AIDS Prevention. AIDS, 9, 479-486.

They studied 114 reports of evaluation of HIV prevention intervention. They found that 41 of 114 reports did not discuss the impact on health outcome. None of the 68 studies reporting outcome evaluation. Major design problems

identified in this review are the use of non-equivalent control group or failure to use control group, relying on a pre and post-test, high attrition rates and failure to discuss the implication.

Rieger, W. D., and David, L. (1993). A hands-on guide to planning and evaluation. Canada: Canadian Hemophilia Society.

This book is a hand-on guide to planning and evaluating education and prevention program for community based AIDS groups. It started at the planning stage to help organization design program with evaluation in mind. It was written in a step by step instruction guide with sample work sheets and models designed specially for AIDS education for interpreting the statistic to answer evaluation questions.

Rossi, P. H., Wright, J. D., and Anderson, A. B. (1983). Handbook of survey research. San Diego: Academic.

In chapter 6, it wrote about questionnaire construction and item writing. It summarized some of the general principles that normally apply to indicate the kinds of decision and choice that researchers must make when they write questionnaires, mode of transmission, type of sample to be interviewed, qualities of a good questionnaire deciding on content, writing the questions, question order and format, and pretesting.

Rubinson, L., and Neutens, J. J. (1987). Research techniques for the health sciences. New York: Macmillian.

Chapter 5, this chapter discussed survey research commencing with the characteristics of such research as one of the major issues in survey sampling and the development of the sampling frame, which is a list of all the person or address

from which the sample is to be drawn. Probability sampling techniques, non probability techniques, survey flow plan, questionnaire design and construction, cover letter, pretesting, mail surveys, and Delphi techniques are written in details.

Rujjanavet, Bussaba., and Chinchotikasem, Doungsamorn. (1995). NGOs: AIDS activities in Thailand. Bangkok: ASSEN Institute for Health Development, Mahidol University.

They collected all NGOs working with HIV/AIDS in Thailand. The address, coordinator, objectives, activities, target group and target area of each NGO were written in details.

Sittitrai, Weresit., Phanupak, Praphan., Bary, J., and Brown, T. (1992). Thai sexual behavior and risk of HIV infection. Bangkok: Institute of Population Studies, Chulalongkom University.

They studied the sexual behavior and risk of HIV infection of Thais from 2,801 Buddhist males and females aged 15-49 nationwide. They found that, most Thais are aware of AIDS, but there are gaps in their knowledge. The 31.8% either didn't believe in asymptomatic HIV or didn't know if it was possible. The 60% of respondents who perceived some risk of HIV infection had already changed behaviors and 10% planned to change. The remainder are uncertain or don't plan to make any changes.

Sittitrai, Weresit., Promphochunboon, Nittaya., Siasakul, Sakol., Werasakon, Buppha., Sibmounpiem, Napamontol., and Deeson, Anawat. (1991).

สภาพเศรษฐกิจ-สังคม และทัศนคติเกี่ยวกับโรคเอดส์ ในชุมชนแออัดคลองเตย.

(Socio-economic conditions and knowledge and attitudes on AIDS in Klong Toey community). Bangkok: The Thai Red Cross Society.

They found that, 29% of respondents had a high level of knowledge on HIV/AIDS, 44% and 28% had moderate and lower education level. From the results of attitudes studies, 50% of respondents have negative attitudes towards HIV infected patients. And 55% feel reluctant to share drinks with HIV infected patients.

Thongthai , Worachai., and Pitakmahaket, Aurapin. (1994). ความรู้ การรับข้อมูลข่าวสาร และพฤติกรรมเกี่ยวกับโรคเอดส์. (Knowledge perception on HIV/AIDS information and HIV/AIDS behavior). Bangkok: Mahidol University.

They studied on 4,090 married females and most of the participants were in the age range of 15-49 years. They found that, most of the participants received HIV/AIDS information from TV followed by radio and newspaper. After received HIV/AIDS information from various media, the 64% still don't change sexual behavior. While 36% had already changed. The participants who thought they are at risk, were realize about the change of behavior more than others who didn't think they are at risk.

Vanlandingham, M., Saengtienchai, Chanpen., Knodel, J., and Pramualratana, A. (1995). Friends, wives and extramarital sex in Thailand. Bangkok: Chulalongkom University.

This study was held in Bangkok, two provincial towns in the central region, and two rural communities that were within an hour's commute of the towns. Most of the participants were in the age of 25-40. They found that commercial sex

patronage by men is almost always undertaken as social activities in the company of friends or acquaintances, the peer group encourages commercial sex patronage for many married men and drinking in the peer group is closely linked with commercial sex patronage. Only 5% of the respondents said that, they usually go alone when they visit CSW. They also thought that prostitute visitation was part of evening entertainment that starts with the alcohol consumption. While some women see occasional visiting of CSWs by the husband are an alternative to more threatening non-CSWs. The understanding of wives and friends influence can use to plan for intervention program in behavioral change.

Wongkhomthong, Somarch., Wanjiku, K. A., and Kishio, Ono. (1995). AIDS in the developing world: A case study of Thailand. Bangkok: ASSEN Institute for Health Development, Mahidol University.

They studied about the NGOs' activities on HIV/AIDS. Apart from that, they studied about the Duang Pratheep Foundation (DPF) and Klong Toey congested slum. They described the demographic of Klong Toey in 1992, there were more than 60,000 people living in some 13,500 family units. That makes Klong Toey to be one of the largest of the many illegal squatter settlements in Bangkok. The Freedom From Drug Abuse Program (FFDA) of the DPF was written with details of their activities since 1986.