



## CHAPTER II

### PROJECT DESCRIPTION

The incidence of STDs detected at the Family Planning Clinic of Phuwiang Hospital has been increasing (Phuwiang Hospital, 2001), resulting in increasing expenditures from the medicine and supply budget, from 37,520 Baht in 2000 to 52,647 Baht in 2001 (Drug Use Report of Pharmaceutical Section, 2001). Health education activities using participatory learning techniques could help decrease the incidence rate of STDs, thereby decreasing the extent of the health problem. It would help couples to acquire knowledge, develop good attitudes, and be able to analyze their issues and problems, and finally, learn to identify causes of the problems by themselves. This group process would encourage family members to appreciate the importance of an illness of another family member and view it as a family problem, not merely the problem of that specific member. The process is especially helpful for a spouse who has contracted candidiasis or trichomoniasis from the other spouse, and for spouses who are required to be treated simultaneously (Mahidol University, 1999). The group process would enable married couples to be aware of issues and changes in their behaviors and to work together to define measures to reduce risk behaviors, develop skills and knowledge to prevent transmission, and to strengthen their relationship as well.

From the literature review it was found that participatory learning is a strategy that helps develop knowledge, attitudes and practices based upon the learner-centered principle, which is comprised of two basic learning components - experiential learning and group process.

1. Experiential learning is a learning process focusing on learners creating their own knowledge as an extension from their previous experiences. It is comprised of five key characteristics, as follows.
  - 1.1 Learning is based on the experiences of the learners.
  - 1.2 New and challenging learning is initiated continuously and as “active learning”- that is, the learners must perform activities at all times, not merely sit and listen to didactic presentations.
  - 1.3 Interactions are developed between learners and learners, and between learners and teachers.
  - 1.4 Such interactions serve as an activating factor for wide-range extension of the network of every person’s existing knowledge.
  - 1.5 All forms of communication are used, including spoken and written language, drawing and role-playing, which would lead to the exchange, analysis and synthesis of learning.

### **Components of Experiential Learning**

1. Experience: most of the content used in education or as introductory to various skills training are topics of which the learners already have previous experience. For example, in training about project assessment for academics, the learners are academics who already have experience in assessing other activities prior

to the training, which could be used in the current training session. For this training, the experiential component of the learning would encourage learners who have experiences to use their experiences in the learning process and share them with others in the group who have similar or different experiences. To do this well depends on the group process used by the teachers. The process in which teachers encourage learners to use their experiences in the training would yield the following benefits to both teachers and learners.

Learners recall their experiences and present them together with friends in the group. Each group member would feel that he or she has participated as a member of the group, and feel important because people listen to his or her story. They also have chances to listen to stories of other persons, leading to increased knowledge and good interpersonal relationships among the learners.

Teachers use a small amount of time stimulating learners to relate their experiences, and do not need to use much time explaining or introducing examples. Teachers may use instruction sheets to define the activities of learners to present their experiences. However, when learners have little experiences or do not have any experience of the discussion topic, teachers may need to introduce examples of cases or situations.

## 2. Reflection and Discussion

This is an important component, which provides opportunities for learners to share their opinions and feelings, and to exchange them with other members of the

group. The teachers would define the topics or issues to be analyzed and commented upon. Learners would learn about the thoughts and feelings of other persons that are different from theirs, which would help develop a wider range of learning. The outcomes of reflection and discussion would provide a diverse range of conclusions or more reliable convincing reasons. Furthermore, during the group process, learners would learn how to work as a team, learn about the roles of good members that would contribute to achieving success, how to control oneself and accept the opinions of others. This learning component would help learners develop their knowledge and attitudes about the topic being discussed. The assignment sheet prepared by the teachers would determine the level or extent of the topics that learners could discuss or about which they could share their opinions, and whether the content was consistent with the topic. The assignment sheet is composed of issues for discussion and a table for analysis, so that the learners can do it successfully.

### 3. Concept

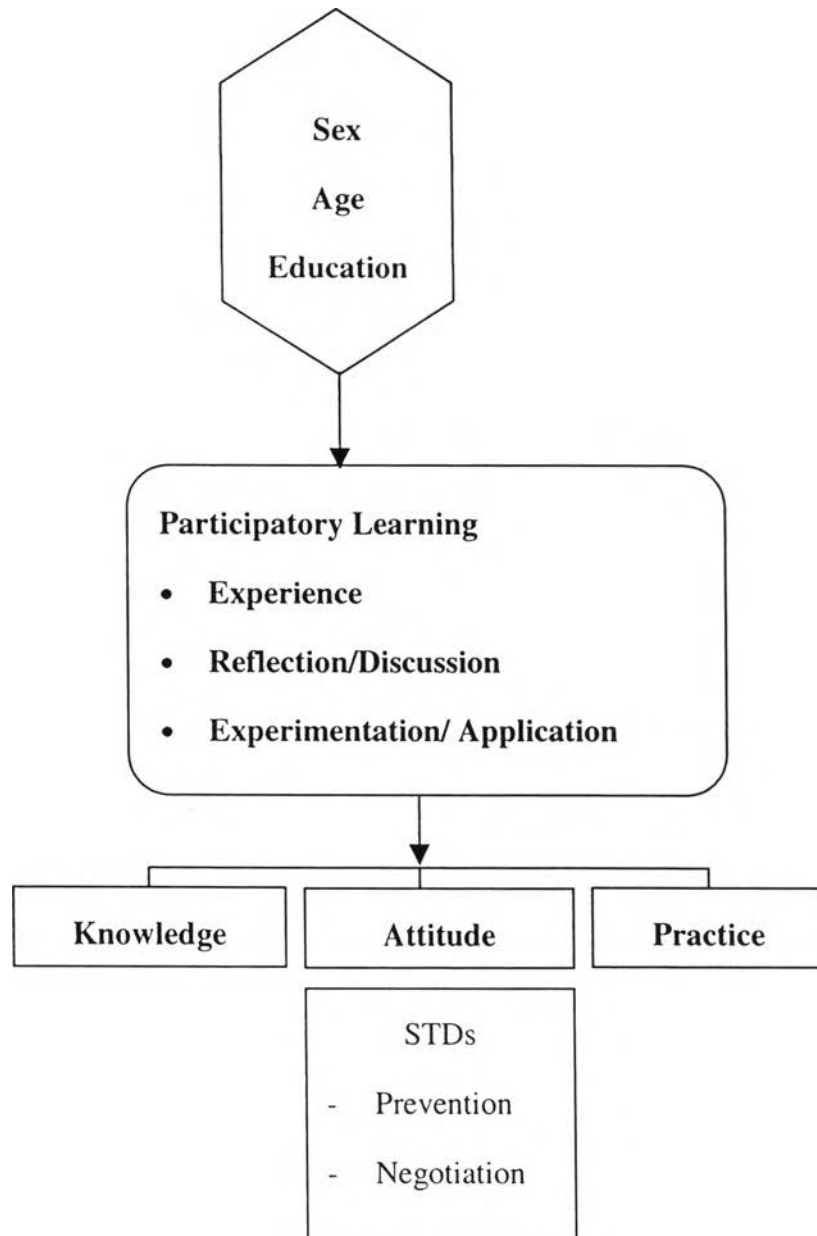
In this component, the learners can learn about the substantial content, or the so-called development of knowledge, which can happen in several ways, including didactic presentations by the teachers, reading assignments, or obtained through reflection and discussion (in the second learning component). Teachers may help conclude concepts from the discussions and presentations of each group. Learners would understand and develop the concept. This concept would lead to changes in attitudes or understanding about the stages of the skill training content, which would ultimately help learners practice more easily.

#### 4. Experimentation/Application:

In this component, learners experiment in using the concept, or convert stages of the concept into different forms, such as discussion, motto, developing figures and illustrative charts, role-playing, etc. In other words, it is the display of successful learning outcomes from learning components 1-3. Teachers can use activities in this component as a teaching and learning evaluation tool. For activities in this component, teachers must prepare work assignment sheets for the learners to make a project-evaluation plan, and as an experiment in which they are required to apply their knowledge of project evaluation acquired from the training in the learning component “concept”.

For this study, after studying the background, concepts, theories, and related studies, the researcher constructed the following conceptual framework of the study.

**Figure 1: Conceptual Framework of Group Participatory Learning**



Goal: To reduce the STD incidence rate among married couples in Phuwiang District.

## **Objectives:**

### **General Objective**

To investigate whether the participatory learning process helps married couples to gain knowledge about STDs, a positive attitude towards them, and improved STD prevention practices.

### **Specific Objectives**

1. To compare the levels of knowledge of married couples about STDs before and after the training.
2. To compare the attitudes of married couples towards STDs before and after the training.
3. To compare the awareness, the transmission risks and the correct STD prevention practices of married couples before and after the training.

**Table 4: Action Plan with Timetable**

Activities	Period
<b>1. Preparation phase</b>	
1.1 Problem analysis	Sept – Oct 1999
1.2 Reviewing the literature	Nov 1999
1.3 Proposal development 1	Dec 1999 – Jan 2000
1.4 Proposal presentation	Feb 2000
1.5 Proposal development 2	Mar – May 2001
1.6 Create the instrument	June – Aug 2001
1.7 Consult with experts	Sept 2001
1.8 Instrument tryout	Oct 2001
1.9 Train project assistant	Dec 2001 – Jan 2002
<b>2. Implementation phase</b>	
2.1 Prepare the target group	May – June 2002
2.2 Workshop activity: participatory learning	July – Sept 2002
2.3 Data collection for group participation	July – Sept 2002
2.4 Questionnaire conclusion	Sept 2002
<b>3. Evaluation</b>	
3.1 Data analysis	Oct 2002
3.2 Writing report	Oct – Nov 2002
3.3 Consult with experts	Nov 2002
3.4 Report presentation	Dec 2002



### **Problems, Conflicts and Possible Means for Resolution**

1. Couples attending participatory learning group process might not be able to complete all of the sessions as agreed (three separate sessions for each), as they might be occupied with businesses or cease to see the importance of the learning. An agreement was reached during the first visit, explaining about the related advantages and disadvantages. Assessment of group members' readiness was made each time the appointment for the following group session was made.
2. Couples might not attend, as they might feel shy, and unable to accept their problems. The health staff who serves as coordinator must ensure that they understand the importance of the session. If possible, transportation should be organized for couples.
3. Because sex is a sensitive issue, the wording and media used during the group process must be chosen carefully.
4. The facilitators' lack of skills could affect the validity of the study. A training session about being a "good facilitator" was held prior to the implementation and there would be one assistant facilitator during each group process.