

CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

Evaluation is evidence given of the operation of project or work for review of project performances at all stages logically. It also indicates whether the project management effective or ineffective. The evaluation is a continuous process and interrelates to one another during data collection, data analysis and comparison of results with the set standard criteria. It helps in decision making during the implementation of the project for the more efficient and effective outcomes.

In the evaluation of the village leader (village public health volunteers, housewife group, elderly group and leader group.) training program to improve knowledge and attitude toward people with HIV/AIDS using participatory learning technique, the investigator adopted in-dept interview, observation and questionnaire methods to evaluate knowledge, understanding, opinion and attitudes of the participants. The questionnaire was to be answered before and after the training. To evaluate how participants apply the gained knowledge into practices and transfer knowledge gained to family members and community, observation method was adopted. The behaviour of people in the community were observed for their participations in the community activities. These are included in the conclusion of project's implementation outcomes.

3.2 Objectives.

The objectives of the evaluation are as following:

1. To evaluate whether the project was implemented as planed.
2. To find out strengths, weaknesses and areas for implementation to be used for future projects.
3. To summarize project outcomes.

3.3 Evaluation Questions.

There are five main categories of evaluation questions. These are listed as follows:

1. Evaluation questions related to goal:
 - Do Communities have campaign programs or activities to support care of HIV/AIDS infected people?
2. Evaluation question for the objectives:
 - Have participants gained knowledge about HIV/AIDS after completion of training?
 - Do participants have positive attitudes towards people with HIV/AIDS?
3. Evaluation questions related to the participants:
 - Personal details of participants:
 - Gender (Male/Female)
 - Age, Average age
 - Education Qualifications
 - Position in the community (participants were classified into four groups)
 - Occupations
 - Others.
4. Evaluation questions related to program activities:
 - Is the participatory learning program suitable for those participants?
 - How does each group's participation differ?
 - Have the participants passed on the information they learnt from the training to their families?
5. Evaluation questions related to organizations:
 - Are the facilitators well prepared?
 - Is the time management appropriate?
 - Is there funding and instrument supports?

3.4 Evaluation Design

For the village leaders training program to improve knowledge and attitude toward people with HIV/AIDS using participatory learning technique, the evaluation process was designed based upon theory and concept of Sciven (1973). The concept employed two forms of evaluations that are formative evaluation and summative evaluation. The formative evaluation was adopted to develop and improve the curriculum, contents and methods of training to suit the participants. The summative evaluation was used to assess project efficiency in solving community problems. This will be conducted one year after the project completion.

3.5 Data Collection

In this study various data collection methods were applied purposefully to be suitable with data characteristics which included quantitative and qualitative data. Methods of data collection comprised of four categories as follows:

3.5.1 In-depth interview

For the in-depth interview, the investigator interviewed the participants one month prior to the training. Four participants from each group (village public health volunteers, housewife group, elderly group and leader group.) were randomly selected using in-depth interview guideline. Therefore there was totally 16 people altogether to be interviewed. This was to collect data related to knowledge and understanding about HIV/AIDS, attitudes towards HIV/AIDS problems on communities. The interview's results were used as guideline for the curriculum development (Appendix I).

3.5.2 Observation

During the training period, participants' behavior were assessed using observation technique. The method was to observe people's behaviors and reactions towards people with HIV/AIDS when they participated together in community activities (Appendix II).

3.5.3 Questionnaires

To collect information from the participants on how well they know and understand about HIV/AIDS, questionnaires were used. This method was used before

and after the training in order to compare the differences of participants' knowledge. Questionnaires consisted of 20 questions and an additional 10 questions for opinion expression (Appendix III).

3.5.4 Simulation

The simulated situation was set up to evaluate reaction of participants' reaction towards people with HIV/AIDS. The situation was set up at lunchtime when participants had to have lunch with HIV/AIDS patients in the last day of training. Participants were not informed in advance and their reactions towards those patients were observed. The patients who were invited to come to this session were not real HIV/AIDS patients.

3.6 Data analysis.

This study applied descriptive statistics using frequency and percentage to show differences of mean values of the data as well as t-test to find out statistical difference value of mean values of the sample groups. SPSS program was employed for analyzing data. For qualitative data which was collected from observation and demonstration, content analysis was applied.

3.7 Results

1. Evaluation question related to participants.

Participants' characteristics

1.1 Gender

Table 3.1 Percentage of participants classified from gender.

Gender	Frequency	Percentage
Male	7	44.7
Female	21	55.3
Total	38	100.0

From Table 3.1, it showed that there were 21 female participants (55.3 percent of the participants), and 17 male participants (44.7 percent of the participants).

1.2 Age

Table 3.2 Average age of participants.

Sample (N)	Minimum	Maximum	Mean	Std. Deviation
38	24	74	48.68	16.87

From Table 3.2, the youngest participant was 24 years old. The oldest participant was 74 years of age. The average age of participants was 48.68 years (S.D =16.87).

1.3 Education

Table 3.3 Highest education qualifications of the participants

Education Level	Frequency	Percentage
Non-Educated	4	10.5
Primary school	31	81.6
Junior high school	1	2.6
High school	1	2.6
Diploma	1	2.6
Total	38	100.0

Table 3.3 showed that participants with primary school education were the majority of the groups accounting for 81.6 percent. The second group was the non-educated accounting for 10.5 percent. Groups with junior high school, high school and diploma were the same, each accounted for 2.6 percent.

1.4 Occupation. One hundred percent of the participants were farmers.

1.5 Average income of participants. The annual average income of the participants was 1,500 Baht per year which was very low.

1.6 Marriage Status

Table 3.4 Participants' marital status.

Marriage Status	Frequency	Percentage
Single	1	2.6
Married	27	71.1
Widows/Divorced/Separated	10	26.3
Total	38	100.0

From table 3.4, it found that majority of participants were married persons (71.1 percent), seconded by widowed group which was 26.3 percent, and the third was single.

1.7 Participants' experience with HIV/AIDS.

Table 3.5 Number of participants who ever seen HIV/AIDS patients

Experience	Frequency	Percentage
Ever seen AIDS patient	37	97.4
Never seen	1	2.6
Total	38	100.0

From table above, it showed that 97.4 percent of participants have ever seen HIV/AIDS patients, and 2.6 percent has never seen them.

2. Evaluation question related to goal.

Based on a question “Does the community support and care for infected HIV/AIDS patients?” Data collection instrument results after completions of the training, results are as follows:

1. Participants visit people with HIV/AIDS and donated money and food for them.

2. The villagers donate rice and money to HIV/AIDS foundation at Nong Phok District.
3. Nong Khun Wittayakarn School showed HIV/AIDS video to student during activity hours.
4. Sub-District Administration Organization conducted training programs on HIV/AIDS prevention and education to people in all villages.

In terms of HIV/AIDS cares, the investigator interviewed two HIV/AIDS patients and their relatives to see whether anyone in the village comes to visit them. Before the training, no one from the community came to visit them, only their family and closed relatives took care of them. Later these two patients died of the disease. The first patient (male) died of AIDS during the first month of training. Interview with villagers and community leaders who participated in the training revealed that there were a number of people attending the funeral ceremony, but they did not eat food provided at the funeral (normally people would have meals at the house where the ceremony taken place). The main reason was fear of infection. The other patient (female) died of AIDS during the third month of training. The crematory ceremony was processed within a day and the number of people attending the funeral was as many as that of the first patient's. The difference was that they participated at mealtime. This was because community leaders advised and acted as examples for them. This behavior communicate to community people that the disease is not transmitted by eating. However, some people attended the funeral but did not have meals because they were still afraid of infection. Interview with village leaders, villagers, and health officials, shows that most people in the community start to have better understanding about HIV/AIDS. They visited and participated in community activities along with HIV/AIDS patients. This was different from the earlier time when some AIDS patients committed suicide as they were not accepted by the family and community. Community-based organizations are also concern about the issue and run campaign programs to help solving the problems. For example, the Sub district Administration Organization conducted HIV/AIDS training program for every village in Nong Khun Sub-District. School teachers display video on HIV/AIDS to students to during lunch time and activity hours.

3. Evaluation questions related to objectives.

The questions were:

- (1) Have participants gained better understanding and knowledge about HIV/AIDS after the completion of training?
- (2) Do participants have more positive attitudes towards people with HIV/AIDS?

To evaluate knowledge and understanding of participants towards HIV/AIDS infected people before and after training, the investigator employed the same questionnaire.

Results of question 1 of evaluation question related objectives.

Testing of change in knowledge, understanding and attitude levels of participants before and after training was carried out using t-test. The data was from 38 samples. The investigator classified level of knowledge scores before conducting t-test into 5 categories as follows.

- Knowledge level = 0 (Not passed), scores < 50%,
- Knowledge level = 1 (Low), scores between 50-59%,
- Knowledge level = 2 (Medium), scores between 60-69%,
- Knowledge level = 3 (Good), scores between 70-79%,
- Knowledge level = 4 (Excellent), scores \geq 80%.

Result of the testing for change of knowledge, understanding and attitude levels of participants is as shown in Table 3.6.

Table 3.6 Differences values of mean value of knowledge, belief and attitude before and after training.

Knowledge level	N	Mean	S.D	P- value
Level of knowledge before training	38	3.95	0.23	0.000
Level of knowledge after training	38	3.82	0.56	0.000
Level of belief/ attitude before training	38	4.24	1.00	0.000
Level of belief/ attitude after training	38	4.29	1.11	0.000

From the table, mean value of knowledge level before training was 3.95 (S.D = 0.23), but after training mean value of knowledge level was found to decrease to 3.82 (S.D = 0.56) with P-value of 0.000. The mean value of belief and attitude level before training was 4.24 (S.D = 1.00) and after training mean value increased to 4.29 (S.D = 1.11) with P-value of 0.000.

From Table 3.7, before training, participants gained minimum score of 11 and maximum score of 19 with the mean value of 16.7 (S.D = 2.41). After completion of the training, participants got minimum score of 11, maximum score of 20 with mean of 17.26 (S.D = 2.58).

Table 3.7 Participants' knowledge and understanding before and after training.

Time	N	Minimum	Maximum	Mean	SD
Before training	38	11	19	16.7	2.41
After training	38	11	20	17.26	2.58

From Table 3.8, the health volunteer group has maximum mean score of 16.7 (S.D=2.41). Housewife, elderly and village leader groups had mean values of 15.8 (S.D=2.15), 13.1(S.D=1.52) and 12.7(S.D=2.80) respectively.

Table 3.8 Mean scores of each group of participants' group before training.

Group	N	Minimum	Maximum	Mean	Std. Dev
HVVs.	10	12	20	16.7	2.41
Housewife	10	13	19	15.8	2.15
Community leaders	8	12	20	12.7	2.80
Elderly	10	11	15	13.1	1.52

* HVVs = Health Village Volunteers

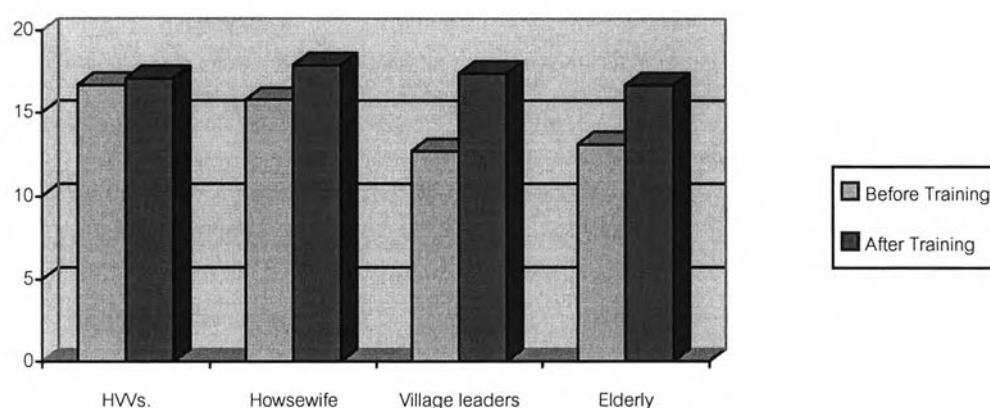
From Table 3.9, housewife group had the highest mean scores of 17.9 (S.D=2.73). Elderly group had the lowest mean scores of 16.7(S.D=2.58). Village leader, health volunteer groups had mean scores of 17.4 (S.D=1.69) and 17.1(S.D=3.18) respectively.

Table 3.9 Mean scores of each participant's group after project completion.

Group	N	Minimum	Maximum	Mean	Std. Dev
HVVs.	10	12	20	17.1	3.18
Housewife	10	13	20	17.9	2.73
Village leaders	8	15	20	17.4	1.69
Elderly	10	11	20	16.7	2.58

- PVVs = Village Health Volunteers

From Figure 3.1, mean scores before and after training of each individual group were different. After the training completed, each group have higher mean scores. Village leader group had the highest increase of mean scores, seconded by the elderly, housewife and health volunteer respectively. However, when considering number of participants who answered questions on knowledge and understanding correctly or incorrectly both before and after training compared by group and by question, it was found that some questions were answered correctly by participants prior to training but after training answers given for these questions were incorrect. In addition, there were some participants answered questions incorrectly both before and after training. The answer of each question is as shown in the following table.

Figure 3.1 Comparison of mean score before and after completion of the project.

From Table 3.10, 19 people answered question 1 correctly both in pre and post tests. Three people provided a correct answer in pre-test but an incorrect answer in post-test. In contrast, 12 people answered an incorrect answer in pre-test but presented a correct answer in post test and 4 people provided an incorrect answer in both pre and post tests respectively.

Table 3.10 Question 1 “HIV/AIDS can be transmitted from sharing food or using utensils such as glass plates, spoons etc. with HIV/AIDS patients?”

Group.	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test
	correct	correct	correct	incorrect	incorrect	correct	incorrect	incorrect
HVVs	6	6	-	-	2	2	2	2
HW.	7	7	1	1	1	1	1	1
VL.	6	6	-	-	1	1	1	1
Elderly	-	-	2	2	8	8	-	-
Total	19	19	3	3	12	12	4	4

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.11, 13 people answered a correct answer for question 2 in both pre and post tests. Two people provided a correct answer in pre-test but wrong answer in post test. Eighteen people (most of them were the elderly) provided an incorrect answer for pre-test but a correct answer for post test and 5 people provided an incorrect answer in both pre and post tests respectively.

Table 3.11 Question 2 “HIV/AIDS can be transmitted through touches, embraces, and kisses with HIV/AIDS patients?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	5	5	-	-	4	4	1	1
HW.	5	5	-	-	3	3	2	2
VL.	3	3	1	1	2	2	2	2
Elderly	-	-	1	1	9	9	-	-
Total	13	13	2	2	18	18	5	5

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.12, 22 people answered a correct answer for question 3 both in pre and post tests. 1 elderly provided a correct answer for pre-test but answered an incorrect answer for post-test. There were 15 people with an incorrect answer for pre-test but correct answer for post test and The majority were the elderly.

Table 3.12 Question 3 “HIV/AIDS can be transmitted from sharing places such as bed room, toilet or living room with HIV/AIDS patients?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	8	8	-	-	2	2	-	-
HW.	7	7	-	-	3	3	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	-	-	1	1	9	9	-	-
Total	22	22	1	1	15	15	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.13, 36 people answered a correct answer for question 4 both in pre and post tests. 1 person provided a correct answer in pre-test but provided an incorrect answer in post-test and 1 person answered an incorrect answer in pre-test but a correct answer in post test respectively.

Table 3.13 Question 4 “HIV/AIDS can be infected through sexual intercourse without condom with infected persons?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	9	9	-	-	1	1	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	9	9	1	1	-	-	-	-
Total	36	36	1	1	1	1	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.14, 37 people answered a correct answer for question 5 both in pre and post tests and 1 person provided an incorrect answer in pre-test but a correct answer in post test respectively.

Table 3.14 Question 5 “HIV/AIDS can be infected through sharing needle for injecting drug uses with persons with HIV/AIDS?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	9	9	-	-	1	1	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	10	10	-	-	-	-	-	-
Total	37	37	-	-	1	1	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.15, 36 people answered question 6 correctly, and 1 person provided a correct answer in pre-test but an incorrect answer in post test. There was 1 person with an incorrect answer in pre-test and a correct answer in post test.

Table 3.15 Question 6 “HIV/AIDS can be transmitted from receiving blood product or organ transfer from HIV/AIDS patients?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	9	9	-	-	1	1	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	9	9	1	1	-	-	-	-
Total	36	36	1	1	1	1	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.16, 14 people presented a correct answer for question 7 in both pre and post tests. There was 1 person (house wife) with a correct answer in pre-test but incorrect answer in post test and 13 people answered an incorrect answer in pre-test but a correct answer in post test respectively. Moreover, there were 10 people with an incorrect answer in both pre and post tests. The majority were the elderly.

Table 3.16 Question 7 “HIV/AIDS can be transmitted through mosquito’s’ bites, if the mosquito bite a HIV infected person then bite non HIV infected person?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	5	5	-	-	3	3	2	2
HW.	7	7	1	1	2	2	-	-
VL.	1	1	-	-	5	5	2	2
Elderly	1	1	-	-	3	3	6	6
Total	14	14	1	1	13	13	10	10

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.17, 27 people answered question 8 correctly both in pre and post tests. There were 3 people whose answer was correct for pre-test but incorrect for post

Table 3.17 Question 8 “HIV/AIDS can be transmitted through participating in traditional activities with persons with HIV/AIDS?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	6	6	1	1	3	3	-	-
HW.	8	8	1	1	1	1	-	-
VL.	6	6	1	1	1	1	-	-
Elderly	7	7	-	-	1	1	2	2
Total	27	27	3	3	6	6	2	2

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

test (They were from village health volunteer, house wife and village leader group). Six people presented an incorrect answer in pre-test but provided a correct answer in post test whereas 2 people (all were the elderly) answered an incorrect answer for the question in both pre and post tests.

From Table 3.18, there were 32 people whose answers for question 9 was correct both in pre and post tests. There were 4 people (2 elderly, 1 village health volunteer and 1 village leader) with a correct answer in pre-test but an incorrect answer in post test. In contrast, 2 people presented an incorrect answer in pre-test but a correct answer in post test.

Table 3.18 Question 9 “Generally, symptoms of AIDS will not show for many years if infected persons are healthy?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	9	9	1	1	-	-	-	-
HW.	10	10	-	-	-	-	-	-
VL	6	6	1	1	1	1	-	-
Elderly	7	7	2	2	1	1	-	-
Total	32	32	4	4	2	2	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.19, there were 35 people whose answer for question 10 was correct both in pre and post tests whereas there were only 3 people (each person from village health volunteer, village leader and elderly groups) with a correct answer in pre-test but incorrect answer in post-test.

Table 3.19 Question 10 “Even though HIV/AIDS infected people’ symptoms do not appear; still they can transfer the disease to others?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	9	9	1	1	-	-	-	-
HW.	10	10	-	-	-	-	-	-
VL.	7	7	1	1	-	-	-	-
Elderly	9	9	1	1	-	-	-	-
Total	35	35	3	3	-	-	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.20, 37 people answered a correct answer for question 11 both in pre and post tests while 1 person presented an incorrect answer in pre-test but a correct answer in post test.

Table 3.20 Question 11 “Blood test is the only way to assure whether you have HIV/AIDS?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	10	10	-	-	-	-	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	9	9	-	-	1	1	-	-
Total	37	37	-	-	1	1	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.21, 10 people answered question 12 correctly both in pre and post tests; the majority were village health volunteers while none of the elderly answered this question correctly. There were 8 people (4 elderly and each 2 persons from house wife and village health volunteer groups) whose answer was correct for pre-test but incorrect for post test. Number of people whose answer was incorrect for pre-test but correct for post test was 8 while 12 people answered an incorrect answer in both pre and post tests. These 12 people were from every group.

Table 3.21 Question 12 “Skinny and fatigued persons could be HIV/AIDS infected persons?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	5	5	2	2	-	-	3	3
HW.	3	3	2	2	3	3	2	2
VL.	2	2	-	-	2	2	4	4
Elderly	-	-	4	4	3	3	3	3
Total	10	10	8	8	8	8	12	12

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.22, 37 people answered question 13 correctly both in pre and post tests while there was only 1 person (village leader) presenting with a correct answer in pre-test but provided an incorrect answer in post test.

Table 3.22 Question 13 “Risks of AIDS are that it destroys the body immune system and cause people prone to disease and are difficult to be treated leading to death?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	10	10	-	-	-	-	-	-
VL.	7	7	1	1	-	-	-	-
Elderly	10	10	-	-	-	-	-	-
Total	37	37	1	1	-	-	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.23, 16 people answered question 14 correctly both in pre and post tests. 7 people (3 house wives, 2 village health volunteer and 1 each of village leader and elderly) answered the question correctly in pre-test but answered an incorrect answer in post test. 9 people presented an incorrect answer in pre-test but provided correct answer in post test. In addition, 6 people (The majority were the elderly) answered incorrect answer in both pre and post tests.

Table 3.23 Question 14 “If take immediate treatments for HIV/AIDS when symptoms have not shown, the disease can be cured?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	7	7	2	2	-	-	1	1
HW.	4	4	3	3	2	2	1	1
VL.	2	2	1	1	4	4	1	1
Elderly	3	3	1	1	3	3	3	3
Total	16	16	7	7	9	9	6	6

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.24, 31 people presented a correct answer for question 15 both in pre and post tests. There was 1 house wife who answered the question correctly in pre-test but presented an incorrect answer in post test. In contrast, 4 people answered an incorrect answer for pre-test but provided a correct answer in post test. 2 village health volunteers provided an incorrect answer in both pre and post tests respectively.

Table 3.24 Question 15 “No vaccines or medicines can cure HIV/AIDS?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	7	7	-	-	1	1	2	2
HW.	8	8	1	1	1	1	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	8	8	-	-	2	2	-	-
Total	31	31	1	1	4	4	2	2

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

Table 3.25 showed that 13 people answered question 16 correctly in both pre and post tests. Number of people whose answer were correct in pre-test but incorrect in post test was 5 comprising of 2 village leaders, a village health volunteer, a house wife and an elderly. 13 people answered the question incorrectly in pre-test but presented a correct answer in post test. In addition, 7 people presented incorrect answer in both pre and post tests. The majority were village health volunteers, seconded by 2 housewives, village leader and elderly group respectively.

Table 3.25 Question 16 “At the present, there are medicines that can effectively treat HIV/AIDS?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	3	3	1	1	3	3	3	3
HW.	3	3	1	1	4	4	2	2
VL.	1	1	2	2	4	4	1	1
Elderly	6	6	1	1	2	2	1	1
Total	13	13	5	5	13	13	7	7

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.26, 25 people answered question 17 correctly both in pre and post tests whereas 2 people (1 village health volunteer and 1 elderly) presented a correct answer for this question in pre-test but provided an incorrect answer in post test. There were 11 people presenting with an incorrect answer in pre-test but answered the question correctly in post test.

Table 3.26 Question 17 “HIV/AIDS treatments are symptoms treatment only?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	5	5	1	1	4	4	-	-
HW.	4	4	-	-	6	6	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	9	9	1	1	-	-	-	-
Total	25	25	2	2	11	11	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

Table 3.27 showed that 32 people answered question 18 correctly both in pre and post tests. There was only 1 house wife with a correct answer in pre-test but provided an incorrect answer in post test. 5 people presented an incorrect answer in pre-test but provided a correct answer in post test.

Table 3.27 Question 18 “If persons with HIV/AIDS keep themselves healthy and fit, they can live for many years?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	6	6	1	1	3	3	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	9	9	-	-	1	1	-	-
Total	32	32	1	1	5	5	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.28, 35 people presented a correct answer for question 19 both in pre and post tests while 1 house wife answered a correct answer in pre-test but provided an incorrect answer in post test. Number of people whose answer was incorrect in pre-test but was correct in post test was 2 (1 house wife and 1 village leader).

Table 3.28 Question 19 “Supports and cares for HIV/AIDS can make them live longer?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	8	8	1	1	1	1	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	10	10	-	-	-	-	-	-
Total	35	35	1	1	2	2	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.29, 24 people answered question 20 correctly both in pre and post tests. The majority were village health volunteers, house wife, village leader and the elderly respectively. 3 people presented a correct answer in the pre-test but provided an incorrect answer in the post test (2 house wives and 1 elderly). 11 people answered an incorrect answer in both pre and post tests. The majority were the elderly.

Table 3.29 Question 20 “HIV-positive persons can live with family and community?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	7	7	2	2	1	1	-	-
VL.	6	6	-	-	2	2	-	-
Elderly	1	1	1	1	8	8	-	-
Total	24	24	3	3	11	11	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

Result from Question 2 of evaluation question related to objectives.

Evaluation of participants' opinion and attitude comprised of two methods: simulated situation and questionnaire. For the simulated situation, the investigator invited outsiders to join meal with the participants without prior notice. During the meal, the investigator told the participants that these outsiders were HIV/AIDS patients. Then the investigator observed behaviours of participants and found three women stopped eating immediately and told that they were already had enough food even though they had just started. Other participants showed their interest in the outsiders. Some showed their sympathy and shared their food with the outsiders and asked them about their symptoms and their lives. Those participants did not show that they discriminated against the simulated HIV/AIDS patients.

In questionnaire method, participants were required to answer 10 questions. The correspondent was grouped into 3 levels "Agree", "Disagree" and "Not sure". There were two types of questions "positive questions" and "negative questions". The positive questions were question 3,5,6,8 and 10; respondents would be given 1 mark for each "Agree" answer. The negative questions were question 1,2,4,7 and 9; one mark would be given for "Disagree" answer. If the participants answered "Not sure" or no answers, they would be no mark for that. The results of the questionnaire were as follows:

Table 3.30 showed that before training the health volunteer group had the best attitude followed by the housewife, village leader and elderly groups respectively. After completion of the training, groups of housewife and elderly were found to have better positive attitude, whereas health volunteer and village leader groups have declined mean scores on attitude from 8.20 (S.D.=1.75) to 6.80 (S.D. =2.55) and 7.25 (S.D.=1.04) to 7.13 (S.D.=1.46) respectively.

Table 3.30 Scores of correct answers on opinion and attitude before and after training

Group	Before Training				After Training			
	Min	Max	Mean	S.D.	Min	Max	Mean	S.D.
HVVs .(n=10)	4	10	8.20	1.75	4	10	6.80	2.55
Housewife (n=10)	4	9	6.70	1.64	5	9	7.60	1.51
Village leader (n=8)	6	9	7.25	1.04	5	9	7.13	1.46
Elderly (n=10)	2	7	4.60	2.60	3	9	6.80	2.39
Total			6.69	1.96			7.08	1.92

- HVVs = Health Village Volunteer.

From table 3.31, mean scores of the incorrect answers of each group after the training were declined except the health volunteer group's mean score which was stable at 2.30 (S.D=2.06)

Table 3.31 Scores for incorrect answers on opinion and attitude before and after training.

Group	Before Training(N=38)				After Training(N=38)			
	Min	Max	Mean	S.D.	Min	Max	Mean	S.D.
*HVVs.(n=10)	0	3	2.30	2.06	0	6	2.30	2.06
Housewife (n=10)	1	5	2.10	1.52	1	3	1.60	0.84
Village leader (n=8)	1	4	2.00	1.20	1	4	2.38	1.19
Elderly (n=10)	3	8	4.30	1.49	0	4	2.00	1.63
Total			2.39	1.75			2.05	1.49

- HVVs = Vilage Health Volunteer

Numbers of people who answered questionnaire on belief and attitude correctly and incorrectly for both pre and post tests compared by group and by question are as shown in the following tables.

From Table 3.32, 2 people answered question 1 correctly both in pre and post tests. There were only 4 people presenting with incorrect answer in pre-test but answered correct answer in post test. The majority were village health volunteers. Majority of the participants (up to 32 people) agreed that AIDS is a very frightful disease (incorrect answer). All members of house wife group agreed with this question.

Table 3.32 Question 1 “AIDS is the most frightful disease?”

Group.	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test
	correct	correct	correct	incorrect	incorrect	correct	incorrect	incorrect
HVV's	2	2	-	-	2	2	6	6
HW.	-	-	-	-	-	-	10	10
VL.	-	-	-	-	1	1	7	7
Elderly	-	-	-	-	1	1	9	9
Total	2	2	-	-	4	4	32	32

HVV's = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.33, 6 people (no elderly) answered the question correctly in both pre and post test. Three people from house wife group answered correct answer in pre-test but presented incorrect answer in post test. There were 11 people with incorrect answer for pre-test but provided correct answer for post test and 18 people answered an incorrect answer in both pre and post tests respectively.

Table 3.33 Question 2 “Living with persons with HIV/AIDS is high risk of infection?”

Group.	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test
	correct	correct	correct	incorrect	incorrect	correct	incorrect	incorrect
HVV's	4	4	-	-	-	-	6	6
HW.	1	1	3	3	4	4	2	2
VL.	1	1	-	-	2	2	5	5
Elderly	-	-	-	-	5	5	5	5
Total	6	6	3	3	11	11	18	18

HVV's = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.34, 33 people answered question 3 correctly in both pre and post tests. 4 people (2 village health volunteers, 1 house wife and 1 elderly) answered correct answer for pre-test but provided incorrect answer for post-test. There was 1 village leader who answered the question incorrectly in pre-test but presented correct answer in post test.

Table 3.34 Question 3 “Safe sex, and no drug uses are a key to AIDS free?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	8	8	2	2	-	-	-	-
HW.	9	9	1	1	-	-	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	9	9	1	1	-	-	-	-
Total	33	33	4	4	1	1	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.35, number of people whose answer was correct for question 4 in both pre and post tests were 23. In particular, every member of house wife group answered the question correctly. 6 people presented a correct answer in pre-test but answered incorrect answer for post test and 4 people presented incorrect answer for pre-test but answered the question correctly after training. The majority were the elderly. And 5 people presented incorrect answer in both pre and post tests respectively.

Table 3.35 Question 4 “HIV/AIDS infection is a matter of fate?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	7	7	2	2	1	1	-	-
HW.	10	10	-	-	-	-	-	-
VL.	4	4	3	3	-	-	1	1
Elderly	2	2	1	1	3	3	4	4
Total	23	23	6	6	4	4	5	5

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.36, 34 people presented correct answer for question 5 in both pre and post tests, while 2 people answered correctly in pre-test but provided incorrect answer in post test. One person answered incorrect answer in pre-test but presented correct answer in post test. 1 member of elderly group answered the question incorrectly in both pre and post tests.

Table 3.36 Question 5 “Accurate knowledge about HIV/AIDS will reduce fear of the disease?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	9	9	-	-	1	1	-	-
HW.	9	9	1	1	-	-	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	8	8	1	1	-	-	1	1
Total	34	34	2	2	1	1	1	1

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.37, 31 people presented correct answer for question 6 in both pre and post tests, and 6 people answered an incorrect answer in pre-test but answered the question correctly in the post test. There was 1 person answered an incorrect answer in both pre and post tests.

Table 3.37 Question 6 “HIV/AIDS patients should be taken cared by from people in community because they are so compassionated?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVVs	9	9	-	-	-	-	1	1
HW.	7	7	-	-	3	3	-	-
VL.	8	8	-	-	-	-	-	-
Elderly	7	7	-	-	3	3	-	-
Total	31	31	-	-	6	6	1	1

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.38, 21 people presented correct answer for question 7 in both pre and post tests. Four people answered a correct answer in pre-test but presented incorrect answer in post test whereas 8 people provided incorrect answer in pre-test but answered this question correctly in the post test and there were 5 people answered the question incorrectly in both pre and post tests.

Table 3.38 Question 7 “Wealthy, good looking and high educated people will not be infected with the disease?”

Group.	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test
	correct	correct	correct	incorrect	incorrect	correct	incorrect	incorrect
HVVs	7	7	2	2	1	1	-	-
HW.	7	7	1	1	-	-	2	2
VL.	5	5	1	1	1	1	1	1
Elderly	2	2	-	-	6	6	2	2
Total	21	21	4	4	8	8	5	5

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.39 number of people whose answer was correct in both pre and post tests, a correct answer for pre-test but an incorrect answer for post-test and incorrect answer for pre-test but correct answer for post test, were 29, 1 and 8 people respectively.

Table 3.39 Question 8 “Village leaders, healthcare officers, housewives and elderly are persons who can encourage and lead people in the community to care for HIV/AIDS patients without discrimination?”

Group.	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test	Pre - test	Post- test
	correct	correct	correct	incorrect	incorrect	correct	incorrect	incorrect
HVVs	10	10	-	-	-	-	-	-
HW.	7	7	1	1	2	2	-	-
VL.	7	7	-	-	1	1	-	-
Elderly	5	5	-	-	5	5	-	-
Total	29	29	1	1	8	8	-	-

HVVs = Health Village Volunteer, HW = Housewife, VL = Village Leader.

Table 3.40 showed that 18 people answered question 9 correctly in both pre and post tests. There were 5 people with correct answer in pre-test but provided incorrect answer in post-test. Eight people answered incorrect answer for pre-test but answered correctly in post-test whereas 7 people answered incorrect answer in both pre and post tests.

Table 3.40 Question 9 “HIV/AIDS people should not be allowed to participate in community activities?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVV's	7	7	2	2	1	1	-	-
HW.	5	5	1	1	3	3	1	1
VL.	5	5	2	2	-	-	1	1
Elderly	1	1	-	-	4	4	5	5
Total	18	18	5	5	8	8	7	7

HVV's = Health Village Volunteer, HW = Housewife, VL = Village Leader.

From Table 3.41, 22 people answered question 10 in both pre and post tests correctly. There was only person answered pre-test correctly but answered incorrect answer for post-test. There were 14 people presented incorrect answer in pre-test but answered the question correctly in post test and there was only one person with incorrect answer in both pre and post tests respectively.

Table 3.41 Question 10 “HIV/AIDS patients can live normally with the community?”

Group.	Pre - test correct	Post- test correct	Pre - test correct	Post- test incorrect	Pre - test incorrect	Post- test correct	Pre - test incorrect	Post- test incorrect
HVV's	8	8	1	1	-	-	1	1
HW.	4	4	-	-	6	6	-	-
VL.	4	4	-	-	4	4	-	-
Elderly	6	6	-	-	4	4	-	-
Total	22	22	1	1	14	16	1	1

HVV's = Health Village Volunteer, HW = Housewife, VL = Village Leader.

4 Evaluation question related to program activities

4.1 Were participatory learning activities appropriate for the participants?

Results: From the observation during participatory learning training project, most participants attentively participated in the activities. The learning activities were enjoyable. The summarized conclusion of group discussion was taken into practices by group of participants agreed to visit HIV/AIDS patients after the completion of the training project. However, presentation of group work was not professionally conducted according to the lack of presentation skills.

4.2 What were the differences of each group's participation?

Results: Health volunteer group was the group that most participated in the training. They were the leader in assisting speakers in various activities. The village leader group was the least participated group and two of them were absent from the training.

4.3 Did participants transfer their knowledge gained from the training to their family members and the communities?

Results:

- Participants who owned a video record player, showed the HIV/AIDS video to their family and neighbors.
- Participants took documents, brochures and posters to the villagers.
- Broadcasting about HIV/AIDS in the community by those participated in the training.
- Teachers showed video of HIV/AIDS to students at school.

5 Evaluation question related to organization

5.1 Were facilitators well prepared?

Results: Facilitators consisted of three health personnel from the Nong Phok Health Office, three health personnel from community health centers, two personnel from Ban Nong Khun Health Center and some health personnel from other health centers assisted in data collection process.

5.2 Was the training time managed appropriately?

Results:

- Duration of the training project was within 4 months period; 2 days in each month and 6 hours a day. Results showed that the duration was too long. This causes most participants to forget the training contents.
- The training was carried out during public holidays, which was not suitable for speakers who already had to work every weekday.

5.3 Funding and instruments support.

- District Health Office (Nong Phok District) provided budget of 10,000 Baht and training instruments for the training project.
- Provincial Public Health Office (Roi-Et Province) supported documents, brochures and video on HIV/AIDS.
- Participants provided lunches and drinks.