



CHAPTER V

PRESENTATION

I presented the portfolio of my thesis on the topic “Participatory Learning; A strategy to improve knowledge, attitude and practice in tuberculosis prevention and care among self-help group in Bangkok” on Monday 30, April, 2001 to the examination committee. The presentation was divided into three parts: essay, data exercise and proposal .

In the essay part, I present the rationale and reason with evidences of TB related to HIV/AIDS also the impacts of TB/HIV and why I selected Bangkok as a target localize. The problems on existing TB educational and why participatory learning can solve the problems were also presented to them. I proposed the concept of precede-proceed model to explain factors affecting health status of the target PHA.

In the proposal part, I presented the study design, the goal and general objective of the research including how can I know that this programme will be success. I explained the framework of the study, moreover the activities plan and budget also are presented.

After the oral presentation, I answered the questions related my study which were asked by the thesis examination committee members. The committee members kindly provided the valuable advice and recommendation to improve my thesis. The major recommendations of the thesis committee have been incorporated into this study.

The slides were prepared on Microsoft PowerPoint and use for the presentation on that day. The slides are attached as follows;

PARTICIPATORY LEARNING: A STRATEGY TO IMPROVE KNOWLEDGE, ATTITUDE AND PRACTICE IN TUBERCULOSIS PREVENTION AND CARE AMONG HIV SELF-HELP GROUP IN BANGKOK.

Dares Chusri

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus, the virus that cause AIDS
NGO	Non-Governmental Organization
MDR-TB	Multi Drug-resistant-TB
OIs	Opportunistic Infections
PHA	People living with HIV/AIDS
SEAR	South East Asia Region
TB	Tuberculosis
TB/HIV	TB and HIV co-infection
TB/HIV patient	HIV-infected TB patient
WFC	Wednesday Friend Club

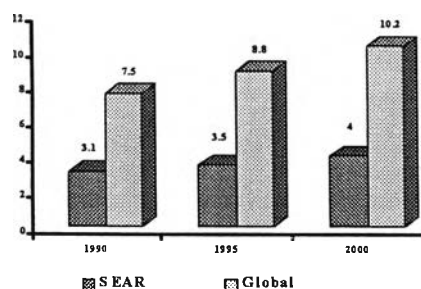
“Tuberculosis (TB)”

- Feeling of fear
 - Anxiety
 - Stigma
 - Discrimination
 - Despair
- } = HIV/AIDS

WHY TB IS SERIOUS?

- The TB bacillus infects one-third of the world’s and Thai’s population .
- Everyday, more than 1,500 people die of tuberculosis in SEAR.
- Within SEAR, more than 95% of TB cases are found in India, Indonesia, Bangladesh, Thailand and Myanmar.

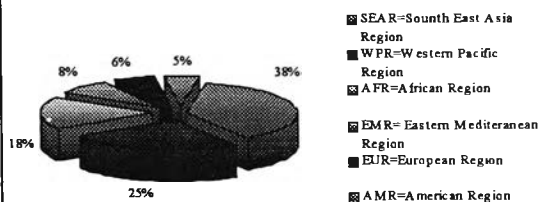
Estimated TB cases million



Source: WHO, Stopping Tuberculosis, p.2

South East Asia Accounts For nearly 48% of all TB cases

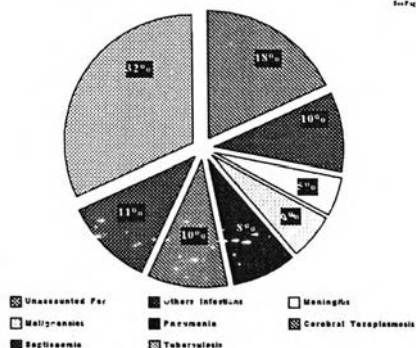
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Source: WHO, Stopping Tuberculosis, page4

TB is the leading killer of HIV Positive People

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TB and HIV: A Dangerous Combination.

- A parallel epidemic of TB is following the AIDS pandemic.
- WHO estimates that more than 7 million people, 98% of whom are in the developing world, are co-infected with HIV and TB. ?

The impacts of TB/HIV

1. Major public health problem
 - ✍ Extra burden and pressure on hospital services
 - ✍ Morbidity and mortality
 - ✍ Premature Death and Ill Health
 - ✍ Increase medical expense
- 2. A Serious Impact on Socioeconomic Development
 - ✍ Due to premature death and ill health is borne by the most productive age-group (15-60 years).
 - ✍ MDR-TB medicines cost at least 100 times as much as a normal course of routine treatment
- 3. Impact on TB Control.
 - ✍ MDR-TB may have severe adverse reactions.

Why Bangkok?

- ✍ A high burden of HIV and Multi drug
 - resistance-TB.
- ✍ About ten million of people live in
 - Bangkok.
- ✍ About 20% of people in Thailand with
 - TB live in Bangkok.
- ✍ A readiness of networking and researcher.

Problems on Exiting TB Educational

✍ Lecture Method

- One-way communication
- Teacher-student atmosphere
- Limitation on time
- Limitation on monitoring and evaluation

✍ Low priority

Rational of using Participatory Learning as intervention

- From being passive recipients of services to actively participating.
- Developing the potential.
- Increased responsibility for their own, and others', health.
- Empower people to act on their own behalf.

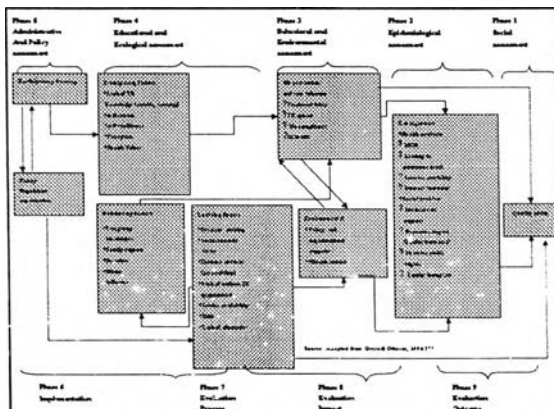
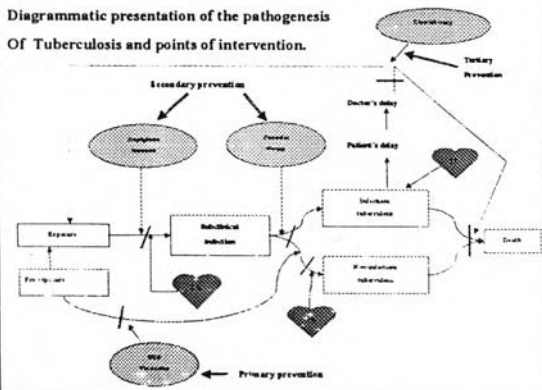
Participatory learning component and functioning

- ✍ Flexible approach.
- ✍ Principle of two-way communication.
- ✍ A variety of methods.
- ✍ Skill-building or empowerment process in order to decisions or actions
- ✍ Based on a "bottom-up" strategy.
- ✍ No teacher, but only facilitators.
- ✍ Base on adult learning and learner-centred approach
- ✍ No lecture. No interruption, and no domination or leading.
- ✍ Each participant learns from the other experiences.
- ✍ Working in small group is advantage.

Health education is often categorized into:

1. Primary prevention
 - ✍ Detection of high-risk groups
 - ✍ The provision of advice and counseling.
 - ✍ Immunizing against infectious disease.
2. Secondary prevention
 - ✍ Early diagnosis & Treatment
3. Tertiary prevention
 - ✍ Rehabilitation

Diagrammatic presentation of the pathogenesis Of Tuberculosis and points of intervention.



Proposal

Participatory Learning: A Strategy To Improve Knowledge, Attitude and Practice in Tuberculosis Prevention and Care among HIV Self-help Group in Bangkok.

Study design

☞ Cross-sectional descriptive study with one group pre-post test .

Target group

☞ Eighty PHA who are the member of WFC.

Inclusion criteria:

- Member of WFC and HIV+.
- Physical and emotional readiness
- Do not on TB treatment currently.
- Do not have communicate problem
- Bangkok resident, working and permanently residing in Bangkok.
- Voluntary based

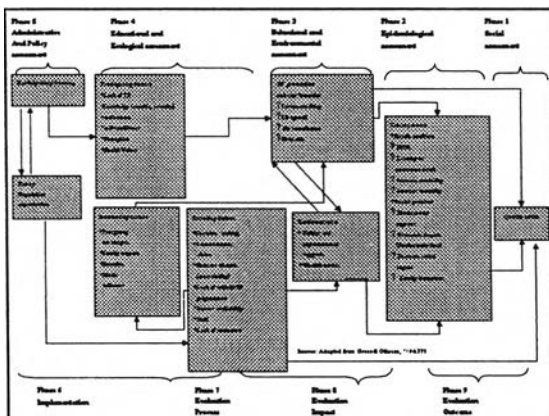
Proposal

Goal:

To enable PHA who are the WFC's member to increase control over, and to improve their health from TB in order to maintain their healthy ill status, live normally and productivity.

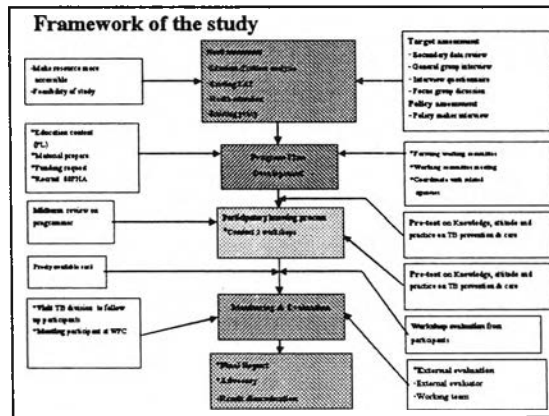
General objective:

To develop an appropriate model of participation learning to improve knowledge, attitude and practice in TB prevention and care among HIV self-help group.



Measurement Indicators

- **Education outputs**
 - Level of knowledge, attitude and decision making.
 - Process outputs
- **Participation component**
 - Group functioning
 - The statistic of TB physical examination compliance at TB division.



Activities plan:

Project Duration : September, 2001-August,2002 (12 months)

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Budget

- **Funding Support in Bath**

Total project cost	: 1,150,620
TB division contribute in kind	: 400,000 (34.76%)
Researcher contributed in kind	: 40,000 (3.48%)
Request from Donor	: 710,620 (61.76%)
- **Implementing Organization:** Non-governmental organization, and TB division cooperate with WFC .

Data Exercise

Main objective

Develop skill and experience to management, implement ,analyze and present

General objective

- To gather information necessary for the program planning process concerning participation learning for PHA.

Findings

Demographic data:

- Age 23-55 years. (average 36 years) Male 22(73.3. %) and 8 (26.7%) female.
- A primary schools to Secondary school level 1-2
- Bangkokian (53.4%)
- Stay with relative (60.0%) , Stay alone in bedroom
- HIV+ 6-8 years
- Financial unstable background
- Need support from health care service.

General self-care of PHA is good.

TB perception and attitude.

Health service perception.

Respondents goal and need for support.

Knowledge about TB

Knowledge about TB	Number n=38	Percentage
What is the cause of TB? (can answer more than one)		
Virus	12	48.8
Bacteria	7	23.3
Parasite	3	18.8
Smoking	7	23.3
Don't know	12	48.8
Is there any different between TB infection and TB disease?		
Some	6	28.8
Difference	19	63.3
Do not know	2	6.7
Do you know the sign and symptom of TB?		
Yes	28	93.3
No	2	6.7
If yes please specify (can answer more than one)		
chronic dry cough	24	85.7
and loss of weight	19	67.9
lost appetite and cough with blood strain	13	46.4

Information and health education (Training need)

Training need	Number (n=38)	Percentage
The best way of education method (can answer more than one)		
Lecture	21	78
Video	13	43.3
Discussion/ exchange the idea/experience	16	53.3
Brain storming	11	36.7
The topic of education (can answer more than one)		
Basic knowledge of TB	25	83.3
Why PHA have high risk to be TB	15	58.8
Prevention from TB	21	78.8
Preventive therapy	19	63.3
Self care in TB, important of treatment and follow up consistency	23	76.7
Health facility for treatment	13	43.3
Health consultant source	15	58.8
Financial consultant source	8	26.7
Psycho social consultant source	18	33.3
Health care planning	18	33.3

Information and health education (Training need)

Training need	Number (n=38)	Percentage
Educator/Trainer		
Physician	29	96.7
Nurse	2	6.7
NGO staff	4	13.3
PHA	7	23.3
Duration of education training	Number (n=38)	Percentage
1 day	13	43.3
2 days	5	16.7
3 days	6	20.8
4 days	4	13.3
Others	2	6.7

Lesson Learned

- Organization sturcture
- Develop questionnaire
- Confidential
- Selection of participants
- Communication technique