CHAPTER IV

DATA EXERCISE

4.1 INTRODUCTION

This study propose to measure the existing baseline knowledge, attitude and practice toward TB prevention and care of PHA, also include to find out the appropriate health education. This information will provide the foundation for developing the future target PHA education program. The WFC self-help group, a HIV self help group with well structure under the umbrella of Thai Red Cross program on AIDS, was selected by purposive sampling. This population would be the most vulnerable of acquiring TB and be in the most need of seeking TB services.

Both qualitative and quantitative method were applied in this study. The secondary data review was related with the general group interview were proceeded. The face-to-face interview questionnaire about knowledge, attitude and practice on TB prevention and care and idea or recommendation for TB health education was also use for quantitative method. Total 30 respondents from WFC were participated in this study. The last exercise is focus group discussion was arrange for, qualitative method, getting more detail about their concern and self-care planning. Twelve participants who are the member of WFC were contiibuted in this step.

The main aim of this study is field test instruments. Therefore, the lesson learned from this data exercise will be use to improve further data collection techniques.

4.2 OBJECTIVE OF DATA EXERCISE.

4.2.1 General objective

The general objective is to explore the existing behavior of PHA who are the member of WFC by gather information necessary for the program planning process concerning TB prevention and care education.

4.2.2 Specific objective

To assess existing (baseline) knowledge, attitude and practice concerning TB prevention and care of the intended samples, both qualitative and quantitative data are collected to develop an adequate picture of the current needs and, in particular, to determine which of the identified needs are amenable to training by using personnel interview questionnaire and focus groups discussion.

Data from investigations could be used to design and implement educational interventions.

4.3 METHODOLOGY

Four sets of data exercise were conducted. The first one is secondary data review which is the aim of a preliminary study to gathering the basic information about the previous health training the kind of methodology, content, strength and limitation. This part will relate well with the general group interview which is the second set of this exercise. The second one is essential qualitative data collection to assess some administrative information include the idea or recommendation relate with target group and the internal and external barriers that make health education ineffective also resource assessment. The meeting was held at the WFC office, on 2 February,2001 from 11.00-12.00 am. The manager and training staff joined the discussion.

The second one was the interview-constructed questionnaires that were conducted by personnel interviews among WFC's member who were chosen by a method of convenience sampling within clusters. The second set of data exercise was conducted to assess the systematic information about perception of, the knowledge of, the attitude of, the practice of, and the self-care planning of TB as prevention and care. This process took around 2 weeks from 3-14 February 2001 at WFC to cover 30 target PHA. Two WFC'S volunteers were trained as interviewers. The researcher also participated in the interviewing process. (See appendix 1: Interview questionnaire)

The third set of data exercise, focus group discussion, was conducted for one day on February 16 in the afternoon during 14.00-15.30 o'clock at the anonymous' meeting room, Thai Red Cross Society. This study aimed at getting more in-depth

information about the target groups ideas on need of resources support with whom and self-care planning. The NGO staff who familiar with HIV/AIDS task was the moderator and the researcher was the participant observer. Ten of PHA participated the discussion both male and female include key persons from WFC (training staff). All attendance were active participants and raised their concern and worry about their families, particular the participants who have the baby and young children results the discussion a little bit late due to some of them were grievous and groups try to support them. However, it should be noted that the continuous flowing of information, problems and ideas were raised up all the times from them. (See appendix 2: The question guideline was used in focus group discussion.)

The fourth one, general group interview was conduct after reviewing the secondary data which is aim to probe more information of health education training which WFC used to conducted and explore the ideas of the participatory approach. The meeting was held at WFC office on February 27, 2001 from 11.00-12.00 am. Participants were the manager and training staff.

4.3.1 Steps in data collection

- Documentation reviewed about self-help groups networking in Thailand and focus on Wednesday Friend Club (WFC) which is clarified background, structure, the objective of organization, activities, and members. This step is very useful for identify the approachable channel, the appropriate time to

run the base line survey, whom should be contacted first. These information were used for activity planning.

- To see and propose the letter and enclosed questionnaire form to Project Director (Professor Doctor Prapun Panupark) for permission on January 31,2001.
- To make appointment WFC's leader and his team January3, 2001.
- To meet WFC's team leader for participatory discussion to ask his opinion and agreement on February 1,2001.
- To train the WFC volunteers to be interviewer.
- To interview WFC 's member by using questionnaires at WFC during February 3-14, 2001.
- Be prepared logistic for focus group discussion during 7,9 February, 2001.
- To analyze questionnaire data on February15, 2001.
- To arrange the focus group discussion among 10 WFC's member on the February during time 14.00-16.00 at anonymous clinic meeting room.

The finding of these studies will be presented in the next section.

4.4 FINDING AND RECOMMENDATIONS

4.4.1 Demographic data

The interview structured questions was applied to 30 samples both male and female who the member of WFC. Due to feasibility and time constraints, convenience sampling was used within WFC's members. Participants were between the age of 23-55 years. The average age of the patient in this study was 36 years which is similar with focus group discussion , the ages of target PHA is in between 23-45 of 33 years old in12 samples. There was 22(73.3. %) male and 8 (26.7%) female acting as the respondents in interview questionnaire which similar with characteristic of target PHA in focus group discussion ,there are 8 male and 4 female. Most of them are Buddhism (93.7%) married 66.7%, and widowed 26.7%. The majority of target group had finished secondary school level 1-2 (high school) 46.7%, 30.0%. had a primary schools (elementary), and of the remaining16.7% had finished vocational school and 6.7%had a bachelor's degree. (See table 4.1 Ddescriptive the baseline characteristics of the samples)

Table 4.1 Descriptive the baseline characteristics of the samples (n = 30).

Personal characteristics	Number n = 30	Percentage
Age in year		
21-30	7	23.3
31-40	15	50.0
41-50	6	20.0
>50 (51,55)	2	6.7
X = 36.4, SD= 7.9, Min 23, Max = 55		
Sex Male	22	73.3
Female	8	26.7
Religion Buddhist	28	93.4
Christian	1	3.3
Islam	1	3.3
Marital status -Married	20	66.7
-Single	2	6.6
-Widowed	8	26.7
Education level		
None	0	0
Primary school level 4-6 (Elementary)	9	30
Secondary school level 1-2 (High school)	14	46.7
Diploma (vocational school)	5	16.7
Bachelor	2	6.7

Most of the subjects are Bangkokian (53.4%), the other 47.6% come from difference regions comprise of northern region 16.7%, central region 13.3% , Northeastern region 10.0%, Eastern region 3.3% and Southern3.3%. The reason for that (migratory status) that comes to Bangkok for working reasons. 36.6% live in their own house and 30.0% live in rent room. Mostly stay with relative (60.0%), 26.7 stay with offspring and 20.0% stay alone. The bed room sizes varied from3 x 4 to 4x5 meters, average is 4 x5 meters 30.0%. Number of person living in their room found that 43.4% being the most common stay alone, 26.7% sharing with one person more. 20% of family members are TB disease, this might be lead them be vulnerable to TB. (See Table 4.2 Descriptive of respondents' hometown and resident)

All of them learned the HIV sero-positivity varies range from less than 6 months-11 years, average 6-8 years is high 26.7%, 1-2 years at 23.3% and 2-4 years at 23.3%.

Table 4.2 Descriptive of respondents' hometown and resident

Personal characteristics	Number	Percentage
Hometown		
Bangkok	16	53.4
Central region(Samutprakarn2,Karnchanaburi1, Rachaburi1))	4	13.3
Eastern region (Sra kaew)	1	3.3
Northern region(Chiang Mai 2, Payao 1, Chiang rai 1, Nan,1)	5	16.7
Northeastern region (Ya-sothorn2, Maha-sarakarm1)	3	10.0
Southern(Nakornsritham-marath)	1	3.3
Place of work during the past 1 year		
Bangkok	28	93.3
Samutprakarn	2	6.7
Accommodation		
Own house	11	36.6
Rent house	5	16.7
Rent room	9	30.0
Relative house	5	16.7
Live with (answer more than one)		
Friends	4	13.3
Spouse	5	16.7
Offspring/your kids	8	26.7
Relative	18	60.0
Others (Stay alone)	6	20.0
Number of person living in your bedroom		
Alone	13	43.4
2 persons	8	26.7
3 persons	4	13.3
4 persons	3	10.0
5persons	1	3.0
>5 persons	1	3.3
Bedroom size		
2 x 3 meters	3	10.0
3 x 4 meters	8	26.7
4 x 5 meters	9	30.0
5 x 6 meters	7	23.3
Others (meters)	3	10.0
Number of TB patient in family		
Yes	6	20.0
No	23	76.7
Do not know	1	3.3

They come from financial unstable backgrounds due to unemployed (40.0%), and worker 36.7%. The majority (36.7%) had income less than 2,000 Bath/ month, an employee income of between 4,001-6,000 Baht/month 20.0%, 2,001-4,000 Bath/month at 16.7%. Mostly income was insufficient for their household need at 66.7% and income was adequate but not enough for saving 30.0%. Those whose income were insufficient will get support from family (parents, offspring, and relative.75%%, NGO and PHA group 16.7%, government welfare division 8.3%) (See Table4. 3 The occupation and income of the samples.) Therefore, they need some support whenever they have to come to use the health care service like some friends in focus group discussion said *" We need free of charge for physical examination and treatment. We wish the government should help us. We have no money for drugs, drugs are expensive."* Therefore, financial assistance or incentive should be considerable for support them.

Table 4.3 The occupation and income of the samples.

Occupation	Number	Percentage
Unemployed Get financial support from parents, relatives, offspring 9cases (75%), NGO and PHA group 2cases(16.7%), government welfare division 1 case(8.3%)	12	40.0
Self-employed (business/trading)	4	13.3
Farmer	1	3.3
Worker	11	36.7
Other (1 Traditional message ,1 Commercial Sex Worker1)	2	6.7
Average income per month		
≤ 2,000	11	36.7
2,001-4,000	5	16.7
4,001-6,000	6	20.0
6,001-8,000	4	13.3
8,001-10,000	2	6.7
10,000-12,000	1	3.3
≥12,000	1	3.3
Adequate income		
Adequate, enough for saving	1	3.3
Adequate, not enough for saving	9	30.0
Inadequate	20	66.7

4.4.2 General self-care of PHA

Most of them have well general self-care which had learnt from WFC.70.0% of them no smoke is the same percentage of alcohol drinking. They exercise once a week 36.8% and twice a week 21.1%. (See Table 4.4 General self-care) In case of less illness, they buy medicine from pharmacy and try to get enough rest. These data are confirmed that member of self-help group try to responsible their health if they know the choices and the feasibility for propose intervention among this group.

Table 4.4 General self-care.

Currently smoke	Number (n=30)	Percent
Currently smoke		
Yes	9	30.0
Number of cigarettes		
4 cigarettes	1	11.1
6 cigarettes	1	11.1
7 cigarettes	1	11.1
10 cigarettes	4	44.5
20 cigarettes	2	22.2
X = 10.8 cigarettes, SD = 5.7 cigarettes, Min = 4 cigarettes, MAX =20 cigarettes		
No	21	70.0
Alcohol drinking		
Seldom	9	30.0
None	21	70.0
Frequency of exercise		
Everyday	3	15.8
Every 3 days	2	10.5
Once a week	7	36.8
Twice a week	4	21.1
Others	3	15.8

4.4.3 TB perception and attitude

Since PHA are vulnerable of developing TB. Hence, it is not strange that the self –perceived about TB was rated as high by 66.7% of respondents and 63.3% have friends who have TB disease. Even most of them know about TB, there are still rooms for consideration to introduce TB for 33.3% of respondents who never know this information before.

If they have TB disease, 60% will open to public but still doubt about the discrimination and the offence. However, they would like to disclose TB status with their family or close relative who will support them and prevention. Some of respondents try to keep fit and good self-care due to is afraid that a neighbor will acknowledge that they have AIDS. Therefore they try to seeking treatments and trying every method on news live with a normal life to keep them from being suspected. Avoid the conversation about AIDS. One young man said, *"I have to live and try my best to have longest life. I have to take care myself. If I die now, they will know that I have AIDS. I will be denounced I die from AIDS."*

The long duration of treatment will be made them impatience. However, they would like to see the physicians for TB treatment, but still be afraid that the physician will treat them with old manner same with the AIDS experienced. They are willing to isolate themselves if they are active TB. The relapse case said he sent his son to stay with relative whenever he had severe symptoms and told his son do not come to close up with him. Most of them are worry about disease will spread to other persons

particularly anyone who stays close with them. Some plan to build small house for isolation.

These finding confirm the readiness for TB education in this group and this information will be useful for education program design.

4.4.4 Knowledge and practice on TB

The knowledge and practice regarding TB were also assessed. Mostly of them or 80% have learned about TB from physician and WFC' members by attended the lecture and know that TB is contagious by air born. 63.2% agree that those information are useful. The topics, which are known most, are the route of transmission and some sign and symptom. 90% of respondents know that TB is curable disease and can take medicine for prevention at the same time they can re-infection. 90% of them point that PHA has more chance to develop TB than general people do. In case they have TB, 60 % of them agree that TB will be transmitted to surrounding person. Some of them around 26.7 % do not know and misunderstand that TB infection is same as TB disease. Mostly of them know TB investigation will be done by sputum exam and chest x-ray. (See Table 4.5 Knowledge about TB)

66.7% of respondents used to go for TB examination and 46.7% of this group was diagnose of TB disease within less than 1 year is high 71.6%(. Someone are on treatment, someone are relapse and some complete treatment.)

As above data, it seems that the respondents most of them have knowledge and some of them start practice. The facts were found from focus group discussion that even they know the theory but still problem in practice. As observation, during group discussion most of respondents said whenever coughing should use the hand cover the mouth, nobody perform that. Half of them said *"Know but very rare in practice, like exercise we know it is good but we almost never practice. We have no time. We think that our disease is still not severe. No symptom yet, therefore let it be and postpone to another day."*

Table 4.5 Knowledge about TB

Knowledge about TB	**Number n=30**	**Percentage**
What is the cause of TB? (can answer more than one)		
Virus	12	40.0
Bacteria	7	23.3
Parasite	3	10.0
Smoking	7	23.3
Do not know	12	40.0
Is there any different between TB infection and TB disease?		
Same	6	20.0
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
- sudden loss of weight	19	67.9
- loss appetite and cough with blood strain	13	46.4

4.4.5 Health service perception.

From both interview questionnaire and focus group discussion found that 80% of respondents are not satisfy with service system of health care which is complicated, slow and not enough confidential. The hospital far from their home is responded to 40.0% and quality of treatment is also indicated to 36.7%. Even they experienced unpleasant with physicians' treatment and perform, mostly of target PHA still faith in physicians both treatment and suggestion related with health and have expected that the physicians should proper perform and spent more time to communicate with them. One participant expressed his feeling that *" I went to see the doctor for TB checking. He used the stethoscope dip me in 3 minute then he said no problem. I ask him how do you know? "* This might be because the nature of HIV disease is chronic, discriminate and stigmatize from social, a life crisis for the affected persons and their families, hence, psychological support for PHA is another issue for consideration. They are naturally in need of counseling to cope with the changes in their lives and to recover their self-respect and self-confidence. (ESCAP, 1998, p20).

4.4.6 Respondents goal and need for support.

Aside from the instinct for life survival of individual, the most important factor motivating the seeking care is concern about their offspring or family. One female participant said *" I can not yet die and must not die. My child is still young. I love him. I have to take care him. "* During the discussion found one TB relapse case came with

his young son when the group knows that this man not take medicine they try to convince him to continue treatment. One woman said, " *What is your goal of living with healthy ill or you would like to die? Think about your son. He needs you. You have to ask yourself you would like to live or to die. If you would like to live, you have to take medicine.* "

The support from spouse, family and relative are importantly raised. Most of them prefer to get support from those people. Anyway, the one who have nobody still need assistance from friend or social network. These data confirm that the peer group and social assistance should be add in the program.

4.4.7 Information and health education

96.7% (29 cases) of respondents prefer learning information from physician. 23.3% (7 cases) require to learn from PHA and 13.3% (4 cases) want to learn from NGO staff. Most of them prefer lecture education with video and the chance to exchange idea with lecturer. The interested topics similarly both female and male are basic knowledge about TB, care after had disease, TB prevention, risk of PHA to TB, and health consultant source. Duration of education training should be 1 day is high 43.3%. and 20.0% for 2 days. Both general people and PHA should be attended in training. The number of attendants should be 30 persons. Most of them will be joined the training. (See Table 4.6 Training need)

Table 4.6 Training need

Training need	Number (n= 30)			Percentage
The best way of education method (can answer more than one)	Female	Male	Total	
Lecture	7(33.3%)	14(66.7%)	21	70
Video	3(23.1%)	10(76.9%)	13	43.3
Discussion/ exchange the idea/experience	2(12.5%)	14(87.5%)	16	53.3
Brain storming	3(27.3)	8(72.7%)	11	36.7
The topic of education (can answer more than one)				
Basic knowledge of TB	7(28%)	18(72%)	25	83.3
Why PHA have high risk to be TB	3(20%)	12(80%)	15	50
Prevention from TB	6(28.6%)	15(71.4%)	21	70.0
Preventive therapy	4(21.1%)	15(78.9%)	19	63.3
Self-care in TB ,important of treatment and follow up consistency	5(21.7)	18(78.3)	23	76.7
Health facility for treatment	2(15.4%)	11(84.6%)	13	43.3
Health consultant source	3(20%)	12(80%)	15	50.0
Financial consultant source	1(12.5%)	7(87.5%)	8	26.7
Psycho-social consultant source	1(10%)	9(90)	10	33.3
Health care planning	1(10%)	9(90)	10	33.3
Educator/Trainer				
Physician	7(24.1%)	22(75.9%)	29	96.7
Nurse	-	2(100%)	2	6.7
NGO staff	-	4(100%)	4	13.3
PHA	1(14.3%)	6(85.7%)	7	23.3
Duration of education training			**N=30**	**Percentage**
1 day			13	43.3
2 days			5	16.7
3 days			6	20.0
4 days			4	13.3
Others			2	6.7

Rrecommendation for working committee

1. Most of target PHA have low to moderate education background which appropriate with participatory approach. However, facilitator should be reminded avoid using the complex or technical term.

2. Since behavior is complex and has multiple causes and sources of influence variously impinging on it. Motivation must be backed with skills

and resources to enable the behavioral change and with rewards or social support to reinforce the behavior change (Holland, Detels, & Knox, 1991,p191) The group need support from their family or relative. This might be noted to find out further alternative intervention.

3. The clear instruction about participatory learning should be clarify to group member since some respondents are eager to receive the lecture. The important data should be noticed that most of target PHA have already some knowledge, the challenging is how to raised the knowledge correlate with practice.
4. The relative of PHA should be received the knowledge about TB and know how to prevention and care. Training of trainer for leader of self-help groups are also should be noted to be considered for next step of TB education project, cover all Bangkok and nationwide.

4.5 LESSON LEARNED AND LIMITATION

There are numerous of lesson learned within time limitation of this study which will be useful for future improving the instrument and technique. Those factors are as following;

- To know the structure of related agencies are useful in coordination and collaboration between the researcher and personnel in the study location.
- The instrument for data collection have to be well prepared in order to get enough information for analysis and discussion.

- The interview questionnaires should be completed or spaced at least 2 weeks before starting the focus group discussion in order to get enough time for process preparation.
- Since the HIV/AIDS status is confidential, interviewing the questionnaires about demographic data should be proceeded after part of question on tuberculosis and health education. This study found that the respondents feel free to give the information and make good relationship during interview.
- During interview questionnaire and focus group is proceeded, respondents need time to ask and share their personnel problems include both physical and mental aspect. Therefore, the interviewer and facilitator have to know the way to communicate and solve the situation in order to control the time. However, the experience in this study found that the facilitator had resolved that situation and mutual support are proceeded result in progress discussion.
- Participant recruitment in focus group discussion should be recruited the member of WFC only because different level of knowledge and experience. Staff or volunteer who have long experience should be interviewed separately in order to avoid the gap or leading the group.

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