

## Methods

The study goal is to increase level of awareness, concern, knowledge, attitudes and intention to change or reduce risk behavior that put the factory-based adolescents at risk of AIDS and STD. The objectives in this study include as the followings:

1. to develop effective STDs/AIDS prevention information dissemination strategies to be replicated in other work place.
2. to introduce to the factory-based adolescents the "adolescent clinic", an extension service of the counselling unit of the medical school, Prince of Songkla University as a referral unit to seek information and support in STD and AIDS prevention.
3. to share the results of the project with public and other related organizations in order to bring to their attention the problems and to foster cooperate in the search for AIDS prevention measures for adolescents in the work place.

The implementation plan is characterized by various sets of interrelated activities and administrations:

## **Target group**

Thirty medium-sized factories with 50-100 workers each were selected via the provincial labor office. Initial contact we use formal letter from our university to the managers or directors of the factories with enclosure of the project, we offer to provide the educative interventions in the workplace. After two week, we received no reply from any factories. The second contact we communicated by telephone; 4 in 30 had strongly negative response, 8 in 30 have partial response but refused to join the project because the owners or managers had no concern about the benefit of the project in compare with the loss of working wastage, and 18 in 30 had total response and asked for further details.

Among the partial and total response factory, we took an appointment for visits of our investigators. We explained the details of the project and discuss for the conditions which might be specific and suitable to their factories. Of twenty-six factories, most of them did not pay much attention to the project and expressed their unfavorable attitudes to the intervention which might interfere with their workings. However, the contact by the government organization, they are aware of the coordination between government officers and their factories in the future. They requested us to avoid the group education and interview during the official hours as much as possible. About half of them, 12 in 26 agreed to send the representatives; general manager, personnel manager, supervisor, chief division, and worker to attend the brain storming conference, and group education about AIDS and family life education. We conducted the meeting on 29-30 September, 1990 to seek the second opinions from the various representatives.

## **Peer counsellor**

We proposed the concept of peer counsellors in the brain storming conference, and the response were quite enthusiastic manner. The representatives agreed to take part in the peer counsellor training, and cooperated in encouragement their workers to enter the meeting.

The person selected received intensive training in the art of counselling and communication on AIDS prevention and control; one or two day training. Upon successful completion of training the peer counsellors will conduct the following activities:

(1) will be an important source for investigating basic sexual-related problems among adolescents in order to feed the information in to planning management of the project. The data received will be in-depth, and probably unexpected data because peers often hear the truth that is not often told to health care providers. Besides, as most research confirmed, peer are most able to influence adolescents in adopting certain advice.<sup>9,10</sup>

(2) after having an intensive training the peer counsellors will have potential to be a good motivator for behavioral changes among adolescents.

The training for these peers included:

Anatomy and physiology

Common problems of reproductive system  
Sexually Transmitted Diseases  
Acquired immunodeficiency syndrome  
Unwanted pregnancy  
Family Planning

## **Group education**

We proposed the group education which will be conducted initially with the workers at the workplaces. Each group will contain 20-30 workers, and take time approximately 1 1/2 hours. The meeting conducted by the research project staffs will utilize video and slide presentations, and cartoon graphic booklets to educate the workers on AIDS prevention and control. Each presentation will be followed by group discussion to clarify any items of misunderstanding. The goals of the group education are as follows: to increase individual knowledge about the transmission, incubation period, and spectrum of clinical diseases related to HIV; to increase individual understanding of the relative HIV transmission risk associated with specific sexual practices; to educate participants about interpreting HIV antibody tests; and to instruct participants in the appropriate use of condoms.

## **Small group skill training**

The project provided education materials which include exhibition sets, books, brochures, posters, flapped chart, etc. In addition, we set up the small group skill training for peer counsellors about how to appropriately use the education material among their friends.

## **Counselling clinic**

The department of Obstetrics and Gynecology had established the counselling clinic, and the unit was located at the family planning division of the Songklanagarind hospital. The clinic functioned as a referral linkage, where the peer counsellors may refer their friends who higher level of assistance. The clinic was also available for the worker who took in the educative program and sought addible individual education and counselling.

## **Project team**

The project team consists of physicians, nurses and social workers who base at counselling unit, Department of Obstetrics and Gynecology, Faculty of Medicine, Prince of Songkla University. The officers act as "STD/AIDS educators" and "peer Supervisors", and visit regularly the workplace in the study.

## **Evaluation**

The subjective data learned from the approaches to factory-based adolescents were summarized in descriptive manners. Baseline and follow-up data were collected using KAP survey into two groups; one was exposed to exhibition set, and another was exposed to the group education. Both group also had the peer counsellors in their factories. The focus group discussion is intended to encourage participants to disclose behavior and opinions that they might not otherwise reveal in more formalized individual interview situations. The focus group discussion and questionnaire preparation were performed on November, 1990.

### **Baseline survey**

During December, 1990 to January, 1991 the interview has enrolled 328 workers of 6 factories in a baseline study of the knowledge, attitudes, and practice about STD and AIDS. All participants complete the questionnaire about the level of health behavior change continuum; (1) awareness and concern (2) knowledge about biomedical fact (3) true-false attitude (6) preventive behavior. In addition, a number of questions were asked about demographic information.

For the assessment, subjects were asked to response "Yes", "No", or "not sure" as the followings; 4 items for awareness and concern, 8 items for knowledge, 6 items for true-false attitude, 6 items for preventive behavior.

### **Follow-up Survey**

The follow-up survey was conducted at the end of the six months intervention program. The information collected will be identical to the information collected in the baseline survey, so that data sets can be compared and changes in knowledge, beliefs, attitudes and practice behavior can be assessed.

### **Analytical techniques**

Initially simple cross-tabulations between the independent and dependent variables were conducted at both baseline and follow-up, and the differences in proportions in the dependent variables between the surveys were calculated. This will allow comparisons to be made between the changes in the exhibition group, and group education. Analysis of significance of differences in these changes were done by using Chi-Square. Additional analyses were conducted which will utilize the independent variables at the time of baseline as predictors to assess whether or not the various programs exert an effect upon levels of knowledge, belief, attitudes, and practice behavior at follow-up set of the effects.