

EVALUATION OF AIDS EDUCATION AND PROMOTION FOR FACTORY WORKERS PROJECT

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Background of the Project

The rapid growth in the number of people infected with HIV in Thailand is of very serious concern as it affect all age groups regardless of occupation and sex. The outcome can be devastating. Now there are 800,000 people in Thailand who are HIV infected, most of whom are aged 20 to 39, and the majority being factory workers and labourers who have become HIV infected through sexual intercourse.

Because of the age composition of those infected with HIV which could have negative effects on the economy because these young people form an important resource for the country ; providing the core of the industrial workforce. Young factory workers spend most of their time in the factories with little or no time for rest or recreation. Being confined to the factory environment and having little contact with the outside world because they have little money, it is unlikely that they receive much information on AIDS. However, they also have a high chance of being with people who are HIV infected. For example, young men may have pre-marital sex with prostitutes or female workmates, and couples may rent rooms together. If large numbers of workers contract AIDS it will without doubt gravely affect the Thai economy and society.

The Thai Association for Voluntary Sterilization and Quality of Life Development (TAVS & QLD) is a private organization whose purpose relates to the promotion of health and quality of life. It is therefore concerned with AIDS related

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problems and how to slow down the fast spread of this disease. The AIDS Education and Promotion for Factory Workers Project arose out of this concern as TAVS believes that through knowledge and understanding workers can change their lifestyle and risk behaviour and eventually work towards the prevention of the AIDS epidemic. Moreover, it is expected that factory workers will become more tolerant of AIDS patients, especially their co-workers, so that they can eventually live and work side by side without fear.

Two provinces, Pathum Thani and Ratchaburi were chosen for a pilot project because of the many factories and hundreds of thousands of young male and female workers. Twenty six factories were selected from each province (52 factories, with a total number of employees of 29,298) and the project was implemented for approximately one year, from August 1996 to September 1997. It is funded by the Australian Embassy.

Objectives of the Project

1. To reduce the risk of contracting HIV particularly among young adult factory workers, both male and female,
2. To promote awareness of practices that will reduce high risk behaviour among factory workers,
3. To promote a greater understanding of the implications of having the disease so that factory workers can accept and live with people with AIDS, and
4. To establish greater collaboration with and co-ordination between, the government sector, non-government organizations, and factories in AIDS prevention activities.

Expected Output

1. There will be at least one AIDS volunteer at each factory whose duty is to educate and inform workers about this deadly virus. This volunteer should be involved in the project's activities such as training, creating prevention programmes for important events, distributing condoms, etc.
2. More than 10,000 employees from 26 factories in each province are educated on the subject of AIDS. Factory AIDS volunteers, project officials and others from the factories perform their duties in teaching workers.
3. Success in getting factory workers to follow the concept of love, sex and faithfulness which means one sexual partner, no promiscuity and prevention of drug addiction among factory workers.
4. The creation of a model to be replicated in other factories.

Responsibility for Project Evaluation

The Thai Association for Voluntary Sterilization and Quality of Life Development requested the Institute for Population and Social Research, Mahidol University to undertake the evaluation of the AIDS Education and Promotion for Factory Workers Project. The evaluation took two months to complete, from September to November 1997.

Evaluation Methods and Sample size

Quantitative and qualitative methods were utilized in the evaluation. Three sets of interview guidelines were used in the qualitative methods, one for the AIDS volunteers in the factories; one for the managerial staff; and the third for interviewing government officials directly involved in the project.

A sample of 10 percent of volunteers was drawn. They came from six factories under the project, three from each province. From each factory, AIDS volunteers and factory managers were interviewed. The factories were divided into three different categories, the first factories which agreed with the project and were co-operative; the second factories that did not wish to cooperate; and, the last factories that actually had workers with AIDS or used to have such workers.

The quantitative method involved a questionnaire that collected information on knowledge and understanding of factory workers. There were also questions asking about opinions towards AIDS, attitude towards AIDS patients, and campaigns to prevent the spread of the HIV. Sixteen or seventeen workers were sampled from each of seventeen factories in the two selected provinces. Altogether a total of 275 workers were interviewed, accounting for approximately 5 percent of the total number of workers.

After the evaluation was completed, a meeting was set up with the TAVS to exchange information and discuss the results so improvements in the administration of the project could be made.

Results of the Study

Results of the study can be divided into two parts. The first concerns interviews with TAVS staff responsible for the AIDS Education and Promotion for Factory Workers Project, factory AIDS volunteers, factory managerial teams, public health officials and provincial health officials from Pathum Thani and Ratchaburi. The second part presents the analysis of the questionnaires completed by factory workers, with the objectives to evaluate their knowledge and understanding of HIV and their viewpoint or attitude towards HIV infected persons and AIDS patients.

Part One

AIDS Education and Promotion for Factory Workers Project

Procedures

1. After the TAVS received funding for the project, it met with government and non-governmental organizations that worked closely with factory workers in Pathum Thani and Ratchaburi, namely : provincial health officers, labour protection and welfare officers, and industrial officers. The purpose of the meeting was to inform them about the objectives of the Project and to request them to select suitable factories for study.

2. TAVS, in conjunction with the provincial health office organized a meeting with the managerial staff of factories to inform them of the Project's purpose and to request their cooperation. Each factory was to choose one representative to be trained as an AIDS volunteer.

The TAVS listed the criteria for selecting a volunteer as follows :

- 1) Male or female aged between 20 and 45.
- 2) Leadership qualities, accepted by workers and employees in the factory where he or she works.
- 3) Likes to help people and would therefore be committed to the job.
- 4) Has enough free time to work for the Project on a permanent basis.
- 5) Able to attend one full day training.

Duties of AIDS volunteer in the factory

- 1) Provide knowledge and advice on AIDS to factory co-workers.
- 2) Disseminate information about AIDS, distribute condoms to factory workers.

- 3) Contact, co-ordinate and join other associations, government and non-government organizations in organizing activities.
- 4) Be the AIDS contact and co-ordinator of AIDS and other health related activities for the benefit of factory workers.

After the meeting with factory representatives and other people from the two provinces, 54 volunteers were chosen, 26 from factories in Pathum Thani and 28 from 26 factories in Ratchaburi. At present, the number of volunteers from Ratchaburi has been declined to 26 so there are 52 volunteers, with 26 from each province.

3. TAVS conducted a one-day training program. Before and after the training the volunteers were requested to take tests to find out how much they had learned from the training, whether their viewpoint had changed, and if their understanding had improved.

the topics covered in the training were:

- knowledge about AIDS
- knowledge about sexually transmitted diseases (STDs)
- AIDS communication technology
- Informal counselling techniques
- Roles and responsibilities of factory AIDS volunteers
- Networking in AIDS
- Implementing strategies

The training incorporated lectures, demonstration and role playing, small group discussions, group presentations and group activities and evaluation.

The evaluation of the test results from the first group, which had 26 volunteers, showed that the proportion of the group with an understanding about AIDS increased from 57.3 to 84.6 percent after training. The second group, comprising 28 volunteers, scored 52.5 percent before training and 64.6 percent after training.

4. TAVS, in cooperation with the provincial health offices of Pathum Thani and Ratchaburi organized AIDS education and study tours for factory volunteers to the Dhammarak Nivej and Rakmanut project at Prabadh Nampu Temple in Lopburi province.

5. When the AIDS volunteers were ready, they requested help in training factory workers. The TAVS then worked with officials from the government and non-government organizations to organize events for the education of factory personnel.

Some of the activities that volunteers undertook are :

- Information boards.
- Video presentation in the hall, during lunch breaks, or when convenient.
- Training and seminars.
- Training new employees about AIDS before they started working.
- Setting up special in-house audio program.
- Giving individual/small group advice and counselling
- Setting up group activities for health and AIDS
- Setting up campaigns on special day activities.
- Distributing condoms to factory workers.
- Forming networks of clubs or groups within the factory to facilitate the dissemination of information on a regular basis.

6. TAVS monitored the work of factory managerial staff and factory AIDS volunteers in the 52 factories every two months. They were assisted by those involved in the Project, such as the provincial health office, the district health office and the provincial labour and social welfare office. Problems and obstacles were identified from the information collected and solutions implemented.

TAVS was itself active in a number of programs in its attempt to disseminate information and to educate workers. These were : distribution of condoms, video tape and cassettes, T shirts, brochures, posters, books and pictures; setting up mobile exhibition units; publishing a bi-monthly newsletter to serve as the main communication link for all AIDS volunteers as well as being the main source of AIDS information for the public. The first issue was May-June 1997 and the second issue July-August 1997.

7. TAVS conducted a special training course for trainers for provincial, district and sub-district level health personnel and hospital staff from the two provinces. Small group rotation was the principal technique used to provide a comprehensive knowledge of AIDS in a short period of time (30-60 minutes), the most suitable time frame preferred and allowed by the majority of the factories. Rotations covered subject areas related to basic AIDS knowledge, prevention, changing risk behaviour, and non-discriminating attitudes towards people with AIDS.

The main purpose of this training was to educate and prepare officials so they were ready to conduct similar workshops. Another benefit from this training was convenience : there was no need to wait for specialists from outside to teach the workers. Flexibility was another advantage for local officials for it meant better co-operation and co-ordination between the public and the private organizations.

Problems and Obstacles faced by TAVS

TAVS was faced with a number of problems and obstacles when it came to coordinating with other parties and getting cooperation. These are explained in more detail below

At the Factory Level

1. In selecting volunteers from workers, it was found that some factories were sending people who were not qualified which meant that their targets and goals were not really achieved.

2. Additional factories had to be selected since some that originally wished to take part failed to send volunteers for training. This meant that TAVS had to contact other factories to recruit volunteers.

3. Factories that had many young single female workers did not cooperate well with the TAVS. They were not very interested in providing workers with information or in organizing activities to help people who were infected with HIV. Moreover, the rights of those with HIV were not recognized : for example, they did not obtain blood tests or receive condoms.

4. Workers did not have time to learn about AIDS and this was an important factor contributing to limited success in some areas. For example, during a half hour mobile training session at lunch time, workers did not seem interested and were always rushing to eat and finish personal business.

Factory AIDS Volunteers

1. Some of the volunteers did not meet the requirements. For example, those who came from the production department did not have time to organize activities.

2. Some volunteers were inactive, lacked confidence, could not organize any activity, or did not know how to do so.

Government officials involved in the Project

Some projects ceased entirely simply because officials were too busy with their daily work to be able to help.

Attitude of Factory Managerial Staff towards the AIDS Education and Promotion Project

1. Knowledge about TAVS

On the whole TAVS is well known to executives of factories as they first became involved in the project through birth control and sterilization programs for workers. Other activities followed and at present the main project is AIDS education and promotion for factory workers. People at management level who have worked in the factories, or are owners, have known about TAVS for many years, some for more than 10 years.

2. Choosing Factory Volunteers

Generally medium size factories do not have their own training departments, so it becomes difficult to choose people to meet all the requirements of the TAVS. The factories were looking for people who they thought would get along well with others, had enough free time to be involved with TAVS activities, or those whose duties already involved taking care of workers such as people from the General Affairs and Personnel Departments. Among some of their duties were those to keep workers informed on the latest information from the company, such as social insurance benefits, wage rates and so on. Sometimes nurses were chosen to be trained about AIDS. The companies believed that as AIDS was a health problem, nurses were suitable and they could teach workers more effectively, or could even supervise in the workers' dormitories where they could take care of workers' personal problems on an individual basis. The more well-managed larger factories sent people directly from their training departments.

Factories that were strong in organizing activities, and where there were groups or clubs, sometimes selected people from their maintenance departments because these people moved around the factory thereby getting to know many workers, and this made the volunteer job easier for them. They had more opportunities to disseminate information without much interference to their work.

3. Performance of AIDS Volunteers

Factory management did not think that the training activities that took place takes a lot of time of the workers. Firstly, the activities were not frequent and, secondly, they usually took place during lunch time. Sometimes information was given to the workers while they were in line before they started work every morning or through small group discussions. Other less time-consuming methods of dissemination included the use of posters, leaflets, and in-house audio programs in the morning or lunch break. It has also been observed that the training given by people from outside the factory seemed to be more successful than the ones arranged by AIDS factory volunteers. Some of the TAVS activities were very effective, for example, role plays on AIDS.

Many factories already supported activities like safety and health programs so they welcomed additional activities that workers wished to organize, especially if they were related to health problems such as the program on AIDS education and promotion. Management permitted volunteers to attend the training and supported them with food and soft drinks at the special activities. This was considered part of company benefits for workers.

In factories that hired many single females, but whose the AIDS volunteers were male, it was difficult for the volunteers to provide information, probably because they were too embarrassed to talk about HIV and sexual intercourse. Likewise, when the majority of workers were male but the volunteers were female there was also difficulty in providing information, although not as difficult as in the case of male volunteers and female workers. What is critical is the personality and capability of the volunteer. When he or she can inspire trust and respect from the workers, any teaching or dissemination activity is possible.

In certain neighbourhoods where young female workers still live at home, and parents are ignorant about HIV or have a negative attitude towards AIDS, campaigns to educate the parents should be conducted. Such campaigns need to be implemented with care because they may create negative effects for the factory. For example, parents could stop their children from working there if they learned that they

were associating with people who were HIV infected or were AIDS patients because they might be afraid that their children may bring the disease home. All members of a society must therefore be educated, and even though health officials realize the urgency of the situation and are doing something about it, such as campaigns should be done often and everywhere.

4. Has the Project helped in reducing the number of HIV Infections among Factory workers ?

It is not possible to answer this question at present because no official tests have been carried out. The authorities assume that any person can acquire HIV and therefore the best thing to do is to prevent and take "universal precautions". So, in dissemination and education, the emphasis must be on preventive methods in which everyone has an interest. Workers, in particular, form a key target group as they have had little education. Another good reason for focusing on this group is because they live together in large communities where unsafe and risky sexual practices might not be uncommon. However, from recent interviews with these workers, they have admitted that their behaviour has changed a lot since they learned about HIV/AIDS. For example, in the past, after drinking they would go to prostitutes but now they do not, knowing that these people can be carriers of HIV/AIDS. Already the serious attempts that have been made to educate them in prevention methods and letting them know that there is still no cure for HIV/AIDS, may be paying off.

5. Operational procedures of Project Cooperation between the Government, Private Organizations and the Factory

Most of those interviewed saw the project as a good plan which should be accepted and introduced to other factories since only a small number of factories and workers have thus far been covered in the TAVS campaigns. The idea of having AIDS volunteers from the factory worked well, and was the right action as they showed that they were able to get through to workers more than other groups even though they had to improve their own skills and develop a more mature and trustworthy attitude.

Volunteers definitely need more intensive training and not just a one day program as in the past. Continuous training programs, plus frequent association with health officials and outside AIDS specialists, so there is a continuous learning process, would be ideal and can make these workers into knowledgeable AIDS volunteers in the future.

6. Attitudes of factory workers towards those who are HIV infected or who are AIDS patients

The campaigns to educate workers about HIV/AIDS have had positive results in many ways as understanding has led to greater tolerance and acceptance. The question whether workers can knowingly live and work with HIV infected or AIDS patients is difficult to answer as the situation rarely occurs in the factories. The HIV infected hide their infection or they will quit their job when other workers show contempt for them or keep a distance from them.

There was one factory where AIDS patients received good care and benefits from the factory until they died. During the time that they worked in the factory they had their meals with other workers and worked side by side with them. However, it was found that workers did not really accept them. They would leave when they approached their dining tables and would not share common facilities or articles. The situation at this factory occurred before there were any AIDS volunteers and we can say with some degree of certainty, that the attitude of workers has changed now that from the factory AIDS volunteers they know more about the disease and how the virus can be acquired.

Despite the attempt to provide information to the workers, it will take time to really educate them on many aspects of HIV/AIDS, particularly with regard to its lack of contagiousness and that you cannot be infected simply by proximity to patients. Many of the small older style factories in the provinces have workers who are young with little formal education and thus it will take them longer to obtain a fuller understanding. AIDS volunteers have a much better knowledge and understanding of HIV/AIDS through their training and direct contact with the sick. They can now relate more easily PWAs and have more compassion for them.

AIDS is still a sensitive topic in Thai society. So far, no matter how much education and dissemination of information, or how much the authorities say that we have to recognise the rights of PWAs, the reality is very different. The issue is not to give up but how to encourage different organizations to continue to work together, not only within the factory domain but with all groups in the society so that a better future is guaranteed for all those afflicted with HIV/AIDS.

Opinions of Factory AIDS Volunteers towards the AIDS Education and Promotion Project

1. Knowledge about TAVS

Some of the AIDS volunteers had heard about the TAVS before the present campaign; they knew that it had been involved with family planning. However, now that it was involved with AIDS campaigns some felt that the name did not describe the new role.

2. How were AIDS Volunteers selected ?

The factory personnel department chose people for the one day training program arranged by the TAVS. Some of the selected workers were afraid when they heard that it was to do with AIDS and did not want to be associated with the training. So in the first training, two selected AIDS volunteers dropped-out. TAVS had to recruit a new AIDS volunteer from another factory to reach the numbers of volunteer required.

3. After the training, how had their thinking and attitudes change ?

Before the training, many AIDS volunteers said they were afraid that they might catch the disease if they went near people infected by HIV but after they became volunteers and knew the facts, and after having visited the AIDS community at Prabadh

Nampu Temple, the old "serve you right" attitude changed to one of pity and understanding.

The female volunteers in factories where the majority of workers were male, were more accepted by the workers because factory manager and other organizations helped and supported them. They gained in confidence so that they could talk to fellow workers about HIV/AIDS without embarrassment.

4. Obstacles towards organizing campaigns to educate the public about HIV/AIDS

Since the majority of workers have very little education, organizing activities to inform or educate them need to be done carefully so the knowledge gained is assimilated. The best approaches were found to be small group discussions or informal one to one discussions.

Workers were more interested when health officials performed the training themselves instead of people who were not in the medical field (non-doctors). The factory workers wanted examinations to see who had the HIV and who did not. They enjoyed slides, especially about real stories of people with AIDS. In the case of factory workmates talking about AIDS or trying to teach them, it was more difficult to change views. For this group one should let them see with their own eyes, then they might believe the facts and start to change their behaviour because they are afraid. For those who understand more about AIDS from the start it was possible to exchange more information.

Factory nurses who became AIDS volunteers only disseminated information to workers when they were sick or when workers were not sure if the member of their family was infected with AIDS. Some were already HIV positive and needed advice.

For workers who worked night shifts, there were not many opportunities to learn anything as there were no training programs or campaigns at night.

In certain types of factory, workers could not be away from their tasks for long, for example, more than half an hour in spinning yarn factories so there was little time for them to learn about HIV/AIDS, or anything else for that matter.

5. AIDS Volunteers and Their Responsibilities

The responsibilities assigned by the Project to the AIDS volunteers were too heavy as the majority had little time to devote to other activities; their regular jobs being already overloaded. The regular volunteer work that they were able to do included, distributing condoms, teaching methods of using condoms, birth control pills, and giving advice on how using condoms can prevent the spread of disease that occur through sexual intercourse. The volunteers also advised young couples to have blood tests before marriage.

Some volunteers who lived in the communities of workers used village amplifiers to play cassette tapes given by the Project or to play videos at home for interested neighbours. They then discussed the subjects afterwards or handed out leaflets to guests in restaurants nearby.

6. Support from the Factory

Factories were generally supportive of the Project. Workers were encouraged to attend meetings or training. Soft drinks were provided at activities and some factories whose managements were more aware, encouraged volunteers to form groups or clubs within the factory to teach workers. Management would pay workers who attended sessions the same rate as their regular pay.

It is recommended that factories send workers to visit AIDS patients and see their situation for themselves. This might make them become more serious in taking measures to prevent themselves from contracting HIV/AIDS. The TAVS is always willing to help coordinate such activities.

7. Support from TAVS

TAVS is requested to send more staff to help coordinate the work and activities at the factories so that factory management can understand more about programs and procedures. If this occurs it means volunteers will be able to organize more effective campaigns to teach about HIV/AIDS.

There needs to be closer coordination between the project and factory volunteers so the latter can work more effectively with the workers. The more the volunteers gain in experience the more confident they will become. The Or Sor Or newsletter (Factory AIDS Volunteer newsletter) does a reasonable job in the dissemination of information but the volunteers should still meet at least once a month.

TAVS is requested to organize study tours to Prabadh Nampu Temple so workers can go on their days off work. This is another activity that can help them to better understand HIV/AIDS and AIDS patients.

8. Do Workers understand more about HIV/AIDS and if so have they changed their sexual behaviour ?

Generally, workers are afraid of AIDS because they know that it is incurable and means death so they do not go to prostitutes as often and use condoms when they do. They are now very careful about protecting themselves.

There is still a considerable number of people who do not know how HIV is acquired and are still afraid to go near AIDS patients, especially when they are in the last stages of the disease. Nevertheless, many more, after having been exposed to the education programs, know much more about HIV/AIDS and how it can be transferred from one person to another.

9. Workers' Acceptance of HIV Positive People and AIDS Patients

At one factory, one worker had similar symptoms to AIDS but it was not definitely diagnosed as such. The doctor recommended rest at home as he was too weak to work. He left work and was paid the benefits to which he was entitled. Later his

relatives informed the factory that he had AIDS. During his illness, even though his friends at the factory were still talking to him and said they were not afraid, they kept themselves at a distance and were not as friendly as before. The patient has now died.

10. The Network of Factory AIDS Volunteers

Most of the volunteers wanted to get together with the people with whom they went through the training so they could exchange information and get new ideas about promotion or new knowledge. They wanted the support of other friends as well as to have fun working together on the same Project.

Some of the more active volunteers in factories that had organized groups managed to get in touch with friends who trained with them on their own and did not have to depend on the TAVS to help them. In other words, they built their own networks and as members of a team they helped one another in finding news and information and in the methods of disseminating that information.

Viewpoints of Officials Involved in the Operation of the Project

1. Prior Awareness about the TAVS Project

Top officials and other staff from the Provincial Health Offices of Pathum Thani and Ratchaburi had known about TAVS for more than 10 years. They had worked together previously on voluntary birth control projects and later on many other related projects.

2. Organizational Structure of the Project

Pathum Thani Provincial Health Officers saw the advantages in associating with private organizations and were willing to co-operate with them on health related projects and, in particular, the AIDS Education and Promotion Project, since the spread of the HIV had not abated. What was needed was a more direct method of educating people in order to change their thinking, to reverse apathetic attitudes towards HIV/AIDS and to help people learn to use protective methods. If these could

be achieved, the risk of contracting HIV/AIDS would be reduced considerably. Another reason for the government sector to welcome private organizations, is because it is already heavily committed to the regular public health program and it cannot devote its attention to any single area. On the other hand, if a private organization is supportive and concentrates only on a number of projects, not only will this lessen the burden of the government but a project will have a better chance of success. Also, more flexible management systems can be established in private organizations as the administration of government is cumbersome.

Ratchaburi health officers also believed that the joint efforts of the public and private sectors is a good thing because the private organization can coordinate with other parties and can work faster, even with limited personnel. The government sector has limitations with regard to available funds and often cannot function effectively in follow up projects. Thus the cooperation of the two sectors means more effective results.

If the operational framework of the AIDS Education and Promotion project was expanded to all factories, it would give factory workers a better opportunity to acquire knowledge and take precautionary measures. To be effective; one year of operation is not enough to see really effective results. Ratchaburi province officials proposed that the Project be continued and the dissemination of knowledge be conducted by workers who really know what AIDS is, who are able to protect themselves and who can freely associate with AIDS patients without fear.

3. The Selection and Action of Factory AIDS Volunteers

Participating health officials were of the opinion that AIDS volunteers were not capable to be both regular factory workers and volunteers. When they went back to the factory after the training they would not be able to do much because they were not "the boss" so could not really be effective. However, if personnel managers were to attend the training and become volunteers the implementation of the Project would be a much easier.

In selecting volunteers it is important to bear in mind that workers who are popular and have good relationships with others, are the better choices for disseminating information about HIV/AIDS to their factory friends. If factory management makes the selection they may get volunteers who are not liked by the workers, which would make their job more difficult because they do not have the workers' trust.

TAVS should give the factories more time to select volunteers because in the past short notice meant that the people chosen were not always the best for the job. TAVS should have consulted with the factory management before the process of selection took place as, in this way, factory management would know what to look for when they chose volunteers. What TAVS should also have done was to lay the groundwork before the Project started. They could have talked to the workers themselves to find out who were the most suitable candidates and later make recommendations to the factory management.

Factory AIDS volunteers were not expected to do very much. The volunteers themselves were supposed just to be there when workers had problems and were to send workers with suspicious symptoms to see health officials. Both workers and volunteers do not have a lot of time and most were undertaking shift work.

4. Coordination

Last year TAVS requested the provincial health office of Pathum Thani for assistance. The AIDS Section for that area office was given the responsibility to coordinate and cooperate with TAVS. The health office helped in providing information and materials, lecturers, equipment and other materials needed in training, including condoms. The health office of Pathum Thani thus became the coordinator for the factories and TAVS.

Not all of the officers who were involved in the planning of the Project from the beginning, were involved and not all could participate in all the activities. Replacements were not suitable as they did not know the details of the Project, or the monthly schedule in advance. As a result, on some occasions when TAVS requested

their help they had other commitments. Health officers in Ratchaburi suggested that if TAVS could make a definite schedule of work in advance and use it to manage their joint activities, this would considerably reduce problems of coordination.

In any activity, if both the private and the government sectors know each others weak and strong points, and tried to solve the problems together, they would be more successful in joint projects. For example, if the private organization did not have funds for a project but had the work force, they could send the people and the provincial authority could provide the financial support. In some years, however, there may be no government funding for certain projects so the private organization might have to provide the financial support and the local health office could then help in the form of transportation.

5. Team of Specialists

At Pathum Thani province, the specialists who were supposed to join the different district health offices and work with TAVS belonged to the mobile training units that visited factories from those selected for the Project so it was difficult for the health offices to coordinate with the private organization. In the case of Ratchaburi, on the other hand, the coordination took place right from the start and the team of specialists from the mobile unit was able to train and work with workers and volunteers. The responsibilities were divided: the private organization supplied equipment and materials for training and the government arranged to find specialists from health offices in the area and also coordinated with the factories. The factories were also to play their part in allowing time for workers to attend training. As for the specialists themselves, high ranking officers from the provincial health office recruited people with the potential to be good trainers and instructors. These people were chosen from the various departments of the provincial health office thus making the team from Ratchaburi very effective in the training programme.

Part Two

This section describes quantitative information obtained from interviewing 275 factory workers and regular employees in 17 factories of Pathum Thani and Ratchaburi province. The purpose of the interviews was to obtain information about workers knowledge and understanding of HIV/AIDS, and their attitudes towards those infected with HIV/AIDS.

General Data of the Survey

From table 1, the age of people interviewed ranged between 20-39 years; the age group 25-29 made up the highest number of people interviewed or 30.5 per cent of the total. Most of the males interviewed had finished high school or technical college (31.1%), 25% finished up to grade six. In the female sample most had elementary education, 37.8 percent had finished high school and 25.3 percent had completed technical college. From both the male and female samples, 100 percent of the female and 98.8 percent of the male were Buddhists; the majority of the males were single while most female workers were married.

Table 1: Percentage Distribution of Respondents by Age, Level of Education Completed, Religion, Marital Status, Sex and Province

Characteristics	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Age :					
15-19	6.7	8.1	2.7	12.4	7.3
20-24	20.1	35.2	25.3	27.1	26.2
25-29	30.5	27.0	25.3	33.3	29.1
30-34	17.7	12.6	16.5	14.7	15.6
35-39	15.9	11.7	17.8	10.1	14.2
40-44	7.3	2.7	8.9	1.6	5.5
45-49	1.2	1.8	2.1	0.8	1.5
50-54	-	0.9	0.7	-	0.3
55-59	0.6	-	0.7	-	0.3
Total	100.0	100.0	100.0	100.0	100.0
Education :					
Elementary	25.0	37.8	28.1	32.6	30.2
Junior High	23.8	22.5	20.6	26.4	23.3
High School	11.6	7.2	8.2	11.6	9.8
Technical College	31.1	25.2	34.2	22.5	28.7
Higher Education	8.5	7.2	8.9	6.9	8.0
Total	100.0	100.0	100.0	100.0	100.0

Table 1: (Continued)

Characteristics	Sex		Province		Total
	Male	Female	Pathum	Ratchaburi	
Religion :					
Buddhist	98.8	100.0	100.0	98.4	99.3
Christian	1.2	-	-	1.6	0.7
Islam	-	-	-	-	-
Total	100.0	100.0	100.0	100.0	100.0
Marital Status :					
Single	50.6	44.1	45.2	51.2	48.0
Married	45.8	52.3	50.0	46.5	48.4
Widowed/Divorced/					
Separated	3.6	3.6	4.8	2.3	3.6
Total	100.0	100.0	100.0	100.0	100.0

1. Knowledge about AIDS

All respondents (100%) of male and female workers knew AIDS, most having heard about it from campaigns through the media - radio and television accounting for 98.1%; 60% from nurses and health officials, 53.8% heard from relatives and friends, 38.1% from medical doctors, 36.3% from factory AIDS volunteers and only 17.1% from their spouse (Table 2).

Table 2: Percent Indicating Sources of Information on AIDS by Sex and Province

Sources	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Newspaper/Radio/TV					
and Others	98.2	98.1	97.9	98.4	98.1
Doctor	49.8	30.6	41.7	34.1	38.1
Nurse /Health Officer	57.3	63.9	56.8	63.6	60.0
Spouse	19.5	13.5	18.4	15.5	17.1
Relative/Friend	57.9	47.7	56.8	50.3	53.8
Or Sor Or					
(Factory AIDS Volunteers)	35.3	32.8	28.7	44.9	36.3
Other	3.0	2.7	4.1	1.5	2.9
N	164	111	146	129	275

Note : The responses are derived from a multiple response question.

From these figures one can verify the importance of the media and the medical profession for AIDS information. Workers considered that medical doctors had a direct responsibility for the sick, so it seemed to be a sensible thing to take their advice. Both male and female workers received information on AIDS from the media in more or less equal percentages, although male were more likely to receive information from relatives and friends while women were more likely to receive information from medical personnel.

Results of the individual interviews are presented in Table 3. More than 85 percent knew that AIDS is a disease that eventually leads to death and that as yet there is no cure, it develops from virus that creates low immunity to diseases and viruses and its symptoms may not show for years. However, many (48%) did not understand that one cannot tell from looking at a person's appearance whether they have acquired HIV/AIDS, especially if the illness is in the early stages.

Regarding how the HIV is transmitted, 80 percent of those interviewed knew that it can be acquired through sexual intercourse, via the vagina or the anus, drug injection needle, mother's blood transferred to baby in the womb and mothers' milk. Approximately 40 percent are not sure if the HIV can be acquired through oral sex. Although most understand that you cannot get AIDS through saliva, mosquitos, sneezing, using the same toilet, kissing or hugging and being in close proximity to an infected person. They also knew that eating and using the same utensils or sharing clothes are safe. There is no difference between sexes in their understanding of AIDS in this respect.

Table 3: Percent of Respondents Who Answered Correctly Questions about AIDS, by Sex and Province

Knowledge of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	

Characteristics:

Nature of Disease	78.6	94.6	84.9	83.7	84.4
Contagious	98.7	94.6	97.9	96.1	97.1
Will Die Eventually (Incurable)	87.8	90.9	89.0	89.1	89.1
Caused by Virus	91.4	88.3	93.2	86.8	90.2

Table 3: (Continued)

Knowledge of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Everyone Who has the Virus					
Shows The Symptoms	50.6	51.3	49.3	52.7	50.9
Lead to Immunity Syndrome	84.7	93.6	85.6	91.5	88.4
Can Tell Who has the Virus by Physical Appearance	45.7	45.0	50.0	40.3	45.6
Symptoms of People With Virus not Apparent for Many Years	75.0	77.5	77.4	74.4	76.0
How the Virus is Acquired					
Sexual Intercourse Through the Vagina	99.4	98.2	100.0	97.7	98.9
Sexual Intercourse Through the Anus	72.6	74.8	73.3	73.6	73.5
Sex with the Mouth	50.6	31.5	52.1	32.5	42.9
Needle/Drugs	98.2	100.0	98.6	99.2	98.9
Through the Womb	82.3	77.5	82.9	77.5	80.4
Mother's Milk	48.2	40.5	45.8	44.2	45.1
Receiving Blood	83.5	97.3	92.5	85.3	89.1
Saliva	68.9	80.2	66.4	81.4	73.5
Mosquito	82.9	82.8	82.2	83.7	82.9
Sneezing on Each Other	82.3	92.8	88.4	84.5	86.5
Using the Same Bath Room	87.8	93.6	86.3	94.6	90.2
Close Proximity to the Patients	87.8	83.7	82.8	89.9	86.2
Eat Together/Share Utensils	80.5	89.2	78.1	90.7	84.0
Hugging/Holding Hands	95.7	97.3	95.9	96.9	96.9
Kissing	74.3	81.9	74.6	80.6	77.5
Using the Same Clothes	78.0	85.6	76.0	86.8	81.1
N	164	111	146	129	275

With regard to the question of using condoms, where 89 percent believe that the risk of contracting the HIV can be reduced by use. From the sample, more females than males believe this, although the difference is not significant.

Table 4 : Percentage Distribution of the Respondents According to Ideas Regarding the Use of Condoms by Sex and Province

Use Condom	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Yes	89.0	89.2	88.4	89.9	89.1
No	4.9	2.7	5.4	2.3	4.0
Don't know/Not sure	6.1	8.1	6.2	7.8	6.9
Total	100.0	100.0	100.0	100.0	100.0
N	164	111	146	129	275

2. Interest and concern about HIV

Several questions regarding interest and concern related to HIV were asked, such as the risk of acquiring the HIV in the factory, reaction to the news of friends in the same factory getting AIDS, and if they believed themselves to be at risk. There were also questions regarding their conversation with other people about AIDS and other people who talked to them about AIDS, their co-operation with AIDS activities, whether or not they want to have additional information on AIDS, and their change in behaviour after they knew more about the HIV. Table 7 shows the results of the study.

2.1 Perception of risk

Approximately 42 percent of respondents were not sure, or did not know, whether people in the factory were at risk, while 32 percent believed that they could not get HIV/AIDS in the factory, with 26 percent believing that they could get HIV/AIDS through sex with workers in the same factory, through using drugs, or using the instruments from the workplace, such as the same scissors.

2.2 On hearing about factory workers contracting AIDS and knowing friends or relatives who had AIDS

Nine out of ten workers had not heard of anyone in the factory who had AIDS and more than 80 percent had neither friends nor relatives with AIDS. Twenty percent of the males interviewed said they had relatives or friends with HIV whereas only the 10 per cent of female respondents knew such people.

2.3 Their own risk

When asked whether they thought they themselves were at risk, about 2 percent thought that their risk was high while 54 percent said they were not at risk and 33 percent said their risk was small because they were not promiscuous or that they did not use drugs.

2.4 Talking about AIDS to others

Approximately 66 percent said they discussed AIDS with other people, but not very often. For example, they talked to friends, members of their family, their spouse, staff of health office and factory AIDS volunteers. Talking to friends seems to be the most common way people learned about HIV/AIDS and this approach should be used in the project. For example, those who admit to learning from friends could be used as a "peer group" in the dissemination of knowledge in a future project.

2.5 Talking more about AIDS in the factory

Both male and female workers agreed that they should talk more about AIDS in the factory because the majority of workers still do not know what it is. If people talk about it, more will begin to understand and will take precautionary measures to protect themselves.

2.6 Interest in finding out more about AIDS

More than 50 percent of the people interviewed said that they were very interested to find out more information about AIDS, although 30 percent, have no interest. Women expressed more interest than men in obtaining more information.

2.7 Cooperation in the dissemination of Information on AIDS

More than 95 percent of the people interviewed said they would cooperate in organizing activities to teach about AIDS. More women answered positively to this question than men.

2.8 The need for more knowledge on AIDS

Most respondents wanted to have more information on AIDS especially regarding precautionary measures. They also wanted to know about the symptoms of HIV positive people and of AIDS patients. Other subjects about which they wished to have more information included, progress towards a cure for HIV/AIDS, how to live with AIDS patients, and how to make AIDS patients live longer.

2.9 Change of behaviour after knowing more about HIV/AIDS

Approximately 60 percent of the people interviewed changed their behaviour after they knew more about HIV/AIDS, with men more likely to report change than women. The changes in their behaviour consisted of taking more

precautionary measures, being more careful when they had to use common articles, avoiding risks and stopping going to prostitutes (see Table 5).

Table 5 : Percentage Distribution of People Interviewed According to Interest and Concern in the Problems of AIDS by Sex and Province

Interest and Concern about the Problems of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	

Think that Factory Workers Have

a Chance to Acquire the Virus :

Yes	31.1	17.1	26.0	24.8	25.5
No	29.3	36.1	28.8	35.7	32.0
Not sure	30.5	36.9	36.3	29.5	33.1
Don't know	9.1	9.9	8.9	10.0	9.4

Heard of People in the Factory

Who Has the Virus :

Yes	12.8	11.7	8.9	16.3	12.4
No	87.2	88.3	91.1	83.7	87.3

Have Friends/Relatives Who

Have AIDS :

Yes	20.7	9.9	18.5	13.9	16.4
No	79.3	90.1	81.5	86.1	83.6

Table 5 : (Continued)

Interest and Concern about the Problems of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
One's Own Risks in Contracting the HIV					
High	2.4	1.8	0.7	3.9	2.2
Average	10.4	12.6	11.6	10.9	11.3
Small Risk	33.5	35.1	30.8	37.9	34.2
No Risk	53.7	50.5	56.9	47.3	52.3
Talking about AIDS to Other People					
Often	16.5	20.7	15.7	20.9	18.2
Not so often	69.5	62.2	69.9	62.8	66.5
Hardly/Never	14.0	17.1	14.4	16.3	15.3
People Talked to about AIDS*					
Spouse	34.7	37.8	35.6	36.4	36.0
Family	48.2	52.3	49.3	50.4	49.8
Friends	81.1	77.5	81.5	77.5	79.6
Health Officers	18.9	20.7	13.7	26.4	19.3
Or Sor Or (Factory AIDS Volunteers)	17.7	21.6	11.6	27.9	19.3
Other	3.0	-	0.7	2.7	1.8
Should Talk More about AIDS in the Factory					
Yes	85.9	86.5	86.6	86.8	86.2
No	14.1	13.5	14.4	13.2	13.8

Table 5 : (Continued)

Interest and Concern about the Problems of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Interest in Finding Out More Information on AIDS					
A lot	67.7	78.4	65.7	79.1	72.0
Fair	28.0	15.3	27.4	17.8	22.9
Not interested	4.3	6.3	6.9	3.1	5.1
Will Join or Not in Programs to Learn about AIDS					
Yes will join	95.7	97.3	93.8	99.2	96.4
No, will not	4.3	2.7	6.2	0.8	3.6
Would Like More Information on AIDS					
Yes	78.1	82.9	80.2	79.8	80.0
No	21.9	17.1	19.8	20.2	20.0
Change in Behavior/Practices After Knowledge about AIDS					
Changed	62.2	53.2	63.1	53.5	58.5
Not changed	37.8	46.8	36.9	46.5	41.5

* The item is based on a mutiple response question.

3. Opinions about HIV positive people and AIDS patients and ideas regarding the dissemination of AIDS information

3.1 Opinion on AIDS

Respondents were asked whether they agreed or disagreed with different statements about AIDS namely : God sent AIDS to punish people who are sinful in their sexual practices; AIDS has to do with unfaithfulness; the reason for the illness is sex before marriage and promiscuity; and faithfulness and chastity before marriage is a guarantee that one will not have HIV/AIDS. Females gave more importance than males to chastity before marriage as a protection against HIV/AIDS.

Table 6 : Percent of Respondents Who Agree to Statements, Ideas on AIDS by Sex and Province

Attitude Towards AIDS	Sex		Province		Total
	Male	Female	Pathum	Ratchaburi	
1. AIDS is a disease sent by God to punish people who commit sins with regard to sex.	7.9	7.2	9.6	5.4	7.6
2. AIDS is related to unfaithfulness.	34.1	46.8	39.0	39.5	39.3
3. The reason for contracting AIDS is through having sex before marriage and outside marriage.	23.8	21.6	21.2	24.8	22.9
4. Faithfulness and chastity before marriage is enough to prevent AIDS.	37.2	40.5	35.6	41.8	38.5
N	169	129	154	144	298

3.2 Attitudes towards the HIV positive and AIDS patients

A high percentage of male workers believed that those infected with HIV and those with AIDS, irrespective of how they caught the HIV, should be treated well by other people. A significant number thought that these people had unacceptable sexual practices, but if they caught the HIV by other means then people should have more compassion towards them. The females interviewed were more understanding about patients than were males and did not blame them so much for their past practices.

Table 7 : Percent of Respondents Who Agree with Ideas Regarding AIDS by Sex and Province

Opinions on those with HIV Positive and AIDS Patients	Sex		Province		Total
	Male	Female	Pathum	Ratchaburi	
			Thani		
1. HIV positive and AIDS patients, irrespective of how they contract the disease should receive understanding from people.	82.9	73.9	83.6	74.4	79.3
2. These people (HIV positive/ AIDS patients) used to have bad habits such as promiscuity and addiction to drugs.	72.6	62.1	66.4	70.5	68.4
3. AIDS patients that contracted the virus through unavoidable means should be treated with tolerance and understanding.	68.3	66.6	65.1	70.5	67.6
N	367	225	314	278	592

Dealing with AIDS patients in the factory

On the question of whether or not they thought patients should be separated from other workers, 70 percent of respondents said that they should work with the rest of the workers. Approximately 20 percent of the male workers, however, thought that they should be separated.

Table 8 : Percentage Distribution of Respondents According to Attitudes to AIDS Patients in the Community by Sex and Province.

How to Deal with People in the Community Who Have AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
To be Separated for Other People	19.5	12.6	19.9	13.2	16.7
To Live with Others	62.8	76.6	62.3	75.2	68.4
Other	17.7	10.8	17.8	11.6	14.9
Total	100.0	100.0	100.0	100.0	100.0
N	164	111	146	129	275

Responsibility for the patients

Most respondents thought that care for those with AIDS should be the primary responsibility of family and only secondarily of provincial health officers. Women emphasized the importance of relying on family members to take care of the patients while men were more likely to cite health officers.

Table 9: Percent of Respondents According to Ideas on Who Should Take Care of AIDS Patients by Sex and Province

People Who Should be Responsible for AIDS Patients	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Health Officers	70.7	63.9	70.5	65.1	68.0
Family Members	63.4	86.5	67.1	79.1	72.7
Community/Village Members	27.4	19.8	26.0	22.5	24.4
Other	15.2	11.7	13.0	14.7	13.8
N	290	202	258	234	492

Note : Responses based on multiple response question.

Living with AIDS patients

More than 50 percent of the people interviewed said they can live normally with people who have AIDS and one fourth said they could live with them but it depends on who the person was and they would want to be careful in sharing facilities and use the same articles.

Table 10: Percentage Distribution of Respondents According to Ideas on Living with AIDS Patients by Sex and Province

Ideas on Living with AIDS Patients	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Normal	54.3	61.3	49.3	65.9	57.1
With Conditions	17.1	12.6	19.2	10.9	15.3
No	2.4	4.5	3.4	3.1	3.2
Depends Who the Patients Are	26.2	21.6	28.1	20.1	24.4
Total	100.0	100.0	100.0	100.0	100.0
N	164	111	146	129	275

Intention to Visit AIDS Patients in the Factory

Approximately 70 percent said they would be willing to visit AIDS patients; in the factory male workers were more positive about visiting AIDS patients than were women.

Table 11: Percentage Distribution of Respondents According to Whether or not They Are Willing to Visit AIDS Patients by Sex and Province

Willingness to Visit AIDS Patients in Factory	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Yes	73.8	69.4	71.9	72.1	72.0
No	3.0	4.5	2.1	5.4	3.6
Not sure	23.2	26.1	26.0	22.5	24.4
Total	100.0	100.0	100.0	100.0	100.0
N	164	111	146	129	275

3.3 Opinions on disseminating information to prevent the spread of HIV

From Table 12, it can be seen that 90 percent agreed that organising campaigns to disseminate information about methods to protect and prevent the spread of HIV was important, especially in schools and religious organizations. They also agreed that using condoms to limit the spread of HIV was a good thing. In this manner sexual relationships could be safer, thereby restricting the spread of HIV. The idea of having second wives so men will not have to sleep with other women was not acceptable to most respondents. Male respondents could accept single men have sex with prostitutes but female respondents were less likely to accept single men or married men having sex with prostitutes.

With regard to talking about AIDS in public or making it known in the factory, most believed that this would help disseminate information about AIDS if done continuously.

Table 12: Percent of Respondents Who Agree with the Dissemination of Prevent the Spread of AIDS by Sex and Province

Opinion on Prevention of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
1. Campaigns to educate about AIDS are vital	92.7	96.4	92.5	96.1	94.2
2. Educate about AIDS in schools and religious institutions	90.6	88.3	90.4	89.1	89.8
3. Promoting the use of condoms for the prevention of AIDS	84.8	85.6	83.6	86.8	85.1
4. AIDS can be controlled by not going to prostitutes	28.6	42.3	32.2	36.4	34.2
5. Using condoms will encourage promiscuity	33.5	31.5	34.9	30.2	32.7
6. Using condoms is not prohibited by religion	27.4	26.1	25.3	28.7	26.9
7. If there is really a problem with AIDS using condoms for safe sexual relationship can be done	70.7	65.7	67.1	70.5	68.7

Table 12: (Continued)

Opinion on Prevention of AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
8. Talking about AIDS in public is not appropriate	14.6	9.0	13.0	11.6	12.4
9. Talking and teaching people about AIDS in the factory is not appropriate	17.1	7.2	15.7	10.1	13.1
10. It is not wrong or bad for single men to go to prostitutes	45.1	28.8	41.8	34.9	38.5
11. It is not wrong or bad for married men to go to prostitutes	25.0	10.8	19.2	19.4	19.3
12. Religious beliefs can prevent people from practices that are risky	59.8	55.8	62.3	53.5	58.2
13. Having many wives will prevent sex with other women	8.5	3.6	8.9	3.9	6.5
14. Having many wives (major and minor wives) can prevent the problems with AIDS	7.3	0.9	5.5	3.9	4.7
N	994	613	865	742	1,607

The last point concerned respondents attitude towards prevention. The question was asked who the workers thought that they could consult if they had problem with HIV/AIDS. The results in Table 13 showed that family members, but not the spouse, were the people they were most likely to be able to talk. Next in order of importance were friends, health officials, factory AIDS volunteers, spouses and monks. Men seemed to talk and consult more with friends but women preferred to talk with family members.

Table 13: Percent of Respondents as to Who They Can Talk to about AIDS by Sex and Province

People able to Talk to about AIDS	Sex		Province		Total
	Male	Female	Pathum Thani	Ratchaburi	
Spouse	57.9	56.7	57.5	57.4	57.5
Other Family Members	75.6	82.9	76.7	80.6	78.5
Friends	81.7	67.6	79.5	72.1	76.0
Health Officers	77.4	66.6	78.1	67.4	73.1
Monks	22.6	11.7	17.1	19.4	18.2
Or Sor Or (Factory AIDS Volunteers)	60.9	62.2	56.2	67.4	61.5
Other	7.3	4.5	4.8	7.8	6.2
N	629	391	540	480	1,020

Note : Responses based on multiple response question.

Summary and Recommendations

The AIDS Education and Promotion for Factory Workers Project had the following objectives: to reduce the risk of acquiring the HIV by factory workers especially young men and women; to get workers to understand more about AIDS; to change their attitudes so they were more likely to cooperate in reducing risk behaviours and practices of their co-workers; to be able to share and live with AIDS patients in a normal fashion.

The results of the evaluation indicate that the Project met all of its objectives. The survey conducted on factory workers and qualitative interviews from all the involved parties found that workers aged between 15-39 knew what AIDS is, they understood and were willing to take precautionary measures or had changed existing behaviour that was risky: they were more tolerant towards the sick and could live or socialise with them even though they were still afraid of HIV/AIDS. If a project could extend coverage and provide continuous training, so that the majority of the workers will eventually knew what the HIV/AIDS is, how it is acquired and how family and society could take part in the care of those afflicted with it. This could ease the problems of HIV/AIDS in Thai society.

The Project was successful and at this point its extension is necessary in order to reinforce the points and have more workers involved.

The evaluation further revealed weaknesses in joint planning between private and government organisations as well as in the factories. The selection of volunteers according to requirements set by the planning parties needs to be improved. In particular, more emphasis should be placed on the process of selection. It is also important to place volunteers in a system of continuous training and to evaluate the results of these programs regularly, giving them the help and the attention they need. Taking account of these points will ensure the availability of a stable group of

knowledgeable volunteers, who are able to instruct and give advice to their co-workers in the factories. Differences in opinion should be aired to minimise conflict and over expectations and to achieve harmonious working relationships.

Suggested Solutions and Recommendations

The following are additional recommendations from the evaluation study :

1. Factory

The TAVS should arrange meetings with factory management to clarify all the points of the Project and to continue to inform them regularly on progress, perhaps every 3 months. Such an approach would also help factory management with the process of selecting suitable volunteers to make the execution of the Project easier.

TAVS should meet more often with the factories and provide them with information on HIV/AIDS and other activities. In this way, they would be able to elicit more cooperation from the factories, especially with regard to training which could be arranged during the lunch time, say 12.30 to 1.30; workers losing half an hour of their break and the factory providing half an hour. Setting schedules for training should not be difficult because, if management sees the importance, the time factor can be arranged. Some factories have even changed workers' shifts from night shift to day shift so they can attend training, which shows that management places importance on workers gaining an understanding of HIV/AIDS. Coordination can take several forms, such as informal meetings or written reports and documents.

2. AIDS Volunteers

- Importance to be placed on the selection process and sufficient time given so workers with the right attributes and personality can be chosen as volunteers. The volunteers after all, are the main core on which the success of the Project depends.

- AIDS volunteers should be encouraged to support one another and join together within their own factory as well as with those from other factories. Many

more training sessions can be arranged to give more information making them more confident in their ability to disseminate information to factory workers. The emphasis is on the development of the workers' potential so they can eventually become counsellors and instructors themselves.

3. Organisations involved in the Project

TAVS should work with other organisations that are involved in the Project in planning a workable system in which they can jointly operate the programs, sort out differences and report regularly on progress. This can be done through meetings or even through reports and documents.

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