CHAPTER III

METHODOLOGY

This chapter deals with the procedural aspects of the study including design of the study, selection of the sample, the tools procedure for survey and post-test data collection, intervention techniques and strategies, post-test data collection statistical methods applied for one purpose of data analysis.

The teenage, in all cultures can be described as a period of transition in the bio-social status of an individual. It is the period during which marked changes occur in duties, responsibilities, privileges socio-economic roles and relationships with others. It marks the beginning of assuming bio-social roles of adulthood and the personality is deemed to be appropriate for the mature adult of each sex. It includes the individual’s reactions to transition period of development and to being confronted with a new set of social demands and expectations. Under such conditions, the knowledge towards self, parents, peers and elders is changed. They become invaluable and new aspirations are generated, new standards of behaviour are incorporated and new ways of learning are adopted by teenagers. In short teenage is the time for extensive reshaping of personality.

Therefore, to achieve the cherished goals of Educational Intervention for the Disadvantaged Children, it is imperative, to study the impact of the intervention on the Disadvantaged Children with respect to Reproductive Health Education and to provide proper direction, training, counseling and support services for achieving the same.

3.1 SAMPLE POPULATION

The present study was conducted at two stages. The first stages consisted of pre-test survey of the levels of Knowledge of HIV/AIDS and Drug Abuse, Attitude and Adjustment of the Disadvantaged Children. Selected for the study the
second stages consisted of selection of the sample for Education Intervention programme followed by post-test. The total population consisted of 528 of the Disadvantaged Children in the age group of 13 to 16 years, studying in grade 7, 8 and 9, selected from the Orphanages in Thailand. A total of 100 Disadvantaged Children were selected for Education Intervention.

Table 3: Sample for the pre-test survey

<table>
<thead>
<tr>
<th>The Orphanages</th>
<th>Number of Children</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Northeast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Child Help Foundation, Khon Kaen provinces</td>
<td>10</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>2. Teacher Chantana Raensom, Khon Kaen provinces</td>
<td>35</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Northern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Teresa Anusorn Foundation, Chaing Rai provinces</td>
<td>35</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2. Young People Develop, (YPD) Chaing Mai provinces</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Eastern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The Child Protection of East, Rayong provinces</td>
<td>49</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>2. The Child Protect and Develop Central, Chonburi provinces</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Central</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mercy Home, Bangkok, provinces</td>
<td>39</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>2. Foundation for the Better Life of Children, Bangkok</td>
<td>9</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Southern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Happy Home, Puket, provinces</td>
<td>13</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total population = 528

The purpose the sampling was followed in this study. The sample population was selected from four regions of Thailand i.e., Northern, Northeastern, Central, Eastern and Southern. The detail of the sample population is presented in this table no. 3.

Quasi Experimental design as “One group, pre-test and post-test”

In this study the research conducted pre-test and post-test to measure the dependent variable before and after the exposition of independent variable respectively using “One group, pre-test and post-test design” Any difference in pre and post-test may be attributed to the independent variable. The major limitations of this design are (1) as there is no control group, pre and post test difference may not be definitely attributed to experimental treatment and (2) The
two important extraneous variables and namely, history and maturation are not controlled in this design.

In this study, the investigator measured by administration (a) the Knowledge towards HIV/AIDS, Drug Abuse and Reproductive Health Education, (b) the Attitude towards Reproductive Health Behaviour and (c) the Adjustment of Disadvantaged Children. Experiments were made to find out the impact of intervention on the Knowledge, Attitude and Adjustment for the Disadvantaged Children and measuring gains if there is any.

Figure 1: Sample for One group, pre-test and post-test design

<table>
<thead>
<tr>
<th>Pre-Test</th>
<th>Independent variable</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-1</td>
<td>Intervention Programmed</td>
<td>T-2</td>
</tr>
<tr>
<td>100</td>
<td>Intervention Programmed</td>
<td>100</td>
</tr>
</tbody>
</table>

3.2 SELECTION AND TRANSLATION OF TOOLS FOR THE STUDY

In a workshop conducted at Young People Develop (YPD), experts from different fields like Researcher, Educator, Social Worker and Nurses were invited for translation of questionnaires from English to Thai languages as well as preparing checklist on different aspects of education of the Disadvantaged Children like knowledge, attitude and adjustment. In addition, the participants discussed and contributed to the improvement of the detailed modules on Intervention Programme. Educational Intervention for the Disadvantaged Children includes different concepts like Sex, Education and Sexuality Education: Parent Life Education, Puberty Education, Reproductive Health Education and Behaviour, Process of Growing up, Drug addiction and HIV/AIDS.

The Disadvantaged Children are confronted with a number of problems because of the lack of authentic knowledge regarding the process of their growing up. Educational Intervention for the Disadvantaged Children is necessary to
provide them with authentic knowledge of their critical concerns through a view to inculcate (1) the Knowledge towards HIV/AIDS, Drug Abuse and Reproductive Health Education; (2) the Attitude towards Reproductive Health Behaviour and (3) the Adjustment and respect for the opposite sex.

3.2.1 The Knowledge test for the Disadvantaged Children

Knowledge tests were standardized by Sudha V. Rao and group (2005) for the Children towards HIV/AIDS, Drug Abuse and to assess their knowledge in education, topics like body changes during teenage, parts and function of male and female Reproductive Health Systems, Menstruation, Menstrual health, controlling the sexual urge and interpersonal relationships, conception and childbirth, Reproductive Health and planned parenthood, marriage and establishment of family, social norms regarding sexuality, sexual behaviour, child abuse, Drug Abuse, masturbation and homosexuality, gender bias, contraceptives and STD/AIDS.

3.2.2 The Attitude Scale for the Disadvantaged Children

The Attitude scale was standardized by Sudha V. Rao and group (2005) for assessment of attitude of the Disadvantaged Children towards Reproductive Health Behaviour: to assess their attitude towards education, following aspects were taken into consideration namely, gender issues, physical appearance, health hygiene, sex and sexuality, childbirth, inter-personal relationships in the family, culture and exposure to awareness in sex, HIV/AIDS and Drug Abuse.

3.2.3 The Adjustment Inventory for the Disadvantaged Children

The Adjustment Inventory were developed and standardized by Hugh M. Bell to assess common effective-social problem areas for children from upper elementary, junior high, senior high and students beginning their education in college. The four problem areas assessed are: home, health, social and emotional. The Adjustment inventory is designed to help the Disadvantaged Children to understand their own knowledge and feelings regarding these problem areas. Because problems in these areas affect most people at one time or other, the inventory observes normal rather than abnormal behaviours.
3.2.4 The Personal data sheet

The personal data sheet was developed by Sudha V. Rao and group (2005) to find out the influence of secondary variables on Knowledge, Attitude and Adjustment of the Disadvantaged Children. The information collected on the personal data sheet included the following: gender, age, education and type of the Orphanages.

3.3 TOOLS FOR THE STUDY

The study surveyed the research works in documentary form like dissertations, documents, text books, journals, reports, articles, seminars by experts and sponsors. In addition, important personal data files of each disadvantaged child, in the nine Orphanages in Thailand, were collected for conceptual framework and research questions. Moreover, the questionnaires were translated from English to Thai languages (mother tongues of the respondents) to facilitate easy understanding by the Disadvantaged Children. For validation, the tools were submitted to experts for their suggestion and to make necessary changes, if any.

<table>
<thead>
<tr>
<th>Variables to be Measured</th>
<th>Scales/Test</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Knowledge towards HIV/AIDS, Drug Abuse and Reproductive Health Education.</td>
<td>Knowledge test</td>
<td>Sudha and group (2005)</td>
</tr>
<tr>
<td>The Attitude towards Reproductive Health Behaviour.</td>
<td>Attitude scales</td>
<td>Sudha and group (2005)</td>
</tr>
<tr>
<td>The Adjustment</td>
<td>Adjustment Inventory</td>
<td>Bell (1962)</td>
</tr>
<tr>
<td>Characteristics of the Disadvantaged Children in Orphanages: Age, Gender and Education levels.</td>
<td>Personal</td>
<td>Sudha and group (2005)</td>
</tr>
</tbody>
</table>

3.3.1 The Intervention Programme

To facilitate the learning process for awareness building all the participants were given the following materials:

(1) “How to treat HIV/AIDS”: gives advice to people living with HIV on how to lead a healthy life, including nutrition, HIV prevention and treatment for infections and bring in positive changes in lifestyle, as well as discuss the rights of PLHIV.
(2) “Knowing and treating with ARV”: provides information on what ARV drugs are: how they help people with HIV/AIDS: and explains the side effects. Also discussions are healed by official medical practitioner to promote adherence, ways to stay healthy and live a regular life while taking ARV.

(3) “Starter Kit”: provides occupational standards for sex workers, explains proper condom use and various modes of contraception and explains the modes of transmission of HIV/AIDS/STIs and prevention measures.


(5) “Mentoring Migrant Health Workers” to assist in counseling for voluntary testing of HIV: a handbook for training and mentoring migrant health assistants was given for providing counseling migrants who attended voluntary counseling and testing for HIV.

(6) “Sex Edutainment and Sexuality Education”

(7) “Life Planning Education and European Training in Effective Adolescent Care and Health Programme (EuTEACH)” : a youth development programme”: it advocates popular family including sexuality, relationship, health care, violence prevention and community responsibility, skills-building, values, self-esteem, parenting, employment, preparation and reducing sexual risk for youth (translated from English to Thai)

(8) “Male and Female reproductive systems” (sheet).

3.3.2 Scoring system: Tools

(1) Scoring of the knowledge test: as each test is to be responded by the correct answers in the multiple choices pattern, each item was taken as total scores, for analysis purpose.

(2) Scoring of the Attitude scale: the scale is to be responded with any one of the five points vide, SA (Strongly Agree), A (Agree), U (Undecided), D (Disagree) and SD (Strongly Disagree). The scoring scheme accepted for the scale was that for a positive statement scores of 5, 4, 3, 2, 1 were assigned to responses SA, A, U, D and SD respectively. Also, for a negative statement, 1, 2, 3, 4, 5 were assigned to responses SA, A, U, D and SD respectively. It was taken as total score for analysis purpose.
(3) Scoring of the Adjustment Inventory: this inventory is intended to evaluate the status of orphans, their health, social life, parents with respect to emotional adjustment. There are totally 140 items in the scale, with “YES” or “NO” for each statement and the Disadvantaged Children are required to answer them. For each positive response a score is given. More the final scores on each sub-scale more would be the adjustment in that particular area.

(4) Administration of the tools: before visiting the Orphanages in Thailand and the other sources required to gather data, the investigator had taken a letter of reference and recommendation from the chairperson, department of education, University of Mysore. Along with this letter, the investigator personally visited children in all nine Orphanages in Thailand selected for the study and met the heads of the Orphanages and sought the services of social workers in administering the knowledge tests, attitude scales and adjustment inventory. The social workers of these Orphanages were given one day to go through the tools and mark the appropriate level.

3.3.3 Reliability testing of the Questionnaires

After finalizing all the questionnaires and tools, they were tried-out on a sample of 50 children to find out the feasibility of the test items, presented in the questionnaires. The revised questionnaires were administered and presented to both the survey and experimental groups in three sessions as under:

1. The try-out of the questionnaires established rapport with the Disadvantaged Children in the schools in central Thailand for explaining the need and importance of the study. After clarifying their doubts, they were asked to fill up their personal details were given Knowledge test.

There were 10 students each from the Anusore Supamat School, Samutsakron province, the Moo Ban Rabian Tong community, Sai Mai, Bangkok City, the Street Kid at Hua Lamphong, Samyan, Bangkok City, the Slum Klong Toey community, Klong Toey, Bangkok City and the Loag Mou, community, Klong Toey, Bangkok City.

Feasibility of the tests was tried-out based on the questionnaires given to them. Once some of the data items were collected, immediately they were scrutinized, checked for errors and coded and master chart was prepared and
translated into a simple language so as not to change the main theme of the statement. The questionnaires were revised to make understanding easier.

(2) The questionnaire regarding awareness was administered and whenever the Disadvantaged Children in the Orphanages and Students in the schools had doubt in understanding the items, the administrator made them easy by giving supplementary examples.

(3) The knowledge, the attitude and the adjustment were given to the Disadvantaged Children in the Orphanages and Students in the schools to find out their Knowledge level.

Once the data collection was compiled, they were scrutinized, checked for errors, coded and report of experts was prepared. During the try-out of the questionnaires used in Cronbach’s method, the reliability of the questionnaires was determined. 100% of the even numbered total scores of the Disadvantaged Children in the Orphanages and Students in the schools of Central Thailand, out of the total samples were correlated. After applying subject scores to Alpha co-efficient of Cronbach’s product moment correlation techniques, following correlation co-efficient were obtained which were found to be highly significant, (Kerlinger F., 1986: 428).

Table 5: Reliability Alpha Co-efficient and significance levels of the questionnaires administered as:

<table>
<thead>
<tr>
<th>No.</th>
<th>Questionnaires</th>
<th>Alpha co-efficient</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Knowledge towards HIV/AIDS, Drug Abuse and Reproductive Health Education tests.</td>
<td>0.84</td>
<td>Highly significant</td>
</tr>
<tr>
<td>2.</td>
<td>The Attitude towards Reproductive Health Behaviour scales.</td>
<td>0.89</td>
<td>Highly significant</td>
</tr>
<tr>
<td>3.</td>
<td>The Adjustment Inventory.</td>
<td>0.96</td>
<td>Highly significant</td>
</tr>
</tbody>
</table>

3.4 PROCEDURE OF RESEARCH

There were two groups of learners: survey and experimental group. After, the securing the least scores, in the Knowledge towards HIV/AIDS, Drug abuse and Reproductive Health Education, the Attitude towards Reproductive Health Behaviour and the Adjustment of the Disadvantaged Children in the Orphanages in Thailand. They were administered Intervention Programme, whereas, the
survey were not given any Intervention Programme. The research procedure consisted of two stages as follows:

### 3.4.1 Stages 1: The survey

In the first phase a survey of Knowledge, Attitude and Adjustment of the Disadvantaged Children was conducted. The questionnaires were sent by post to 528 the Disadvantaged Children of all nine Orphanages from five divisions of Thailand. Later, 100% questionnaires were collected back from following Orphanages:

1. Northeast: Child Help Foundation and Teacher Chantana Ransom the total number of the Disadvantaged Children were 105.
2. Central: Mercy Home and Foundation for the Better Life of Children at Bangkok City the total number of the Disadvantaged Children were 133.
3. East: The Child Protection of Eastern and The Child Protect and Develop Central the total number of the Disadvantaged Children were 125.
4. South: Happy Home, Pathong, Puket provinces the total number of the Disadvantaged Children were 40.
5. Northern: Teresa Anusorn Foundation and Young People Develop the total number of the Disadvantaged Children were 125.

### 3.4.2 Stage 2: The Intervention Programme

The Disadvantaged Children are confronted with a number of problems because of the lack of knowledge regarding the process of growing up. The Disadvantaged Children in the Orphanages were required to be provided with authentic knowledge of critical concerns with respect to HIV/AIDS, Drug Abuse and Reproductive Health Education and inculcate a rational Attitude towards Reproductive Health Behaviour and the Adjustment in Orphanages.

1. **Selection of the sample for Intervention programme**

The sample population for the Intervention programme was selected after the pre-test survey. As the main focus of the present study is Knowledge about the changes in teenagers on various developments affects.
(2) The advocacy programme

In the advocacy programme, the participants were made aware of the Disadvantaged Children, their growth and development like: self-esteem, interpersonal relationships, gender issues, process of growing up, Reproductive Health, HIV/AIDS Drug Abuse and behaviour. For this programme experts from related areas were invited to give their expertise as follows:

(a) Nurse from Sister Maria Bambina of Charity in Wiang Pa Pow Chiang Rai province, (Northern).

(b) Teacher from health and physical education in Chiang Rai province, (Northern).

(c) Social workers from Young People Develop (YPD), The Cultures of Community Foundation, Diocesan Social Action Central, (all from Chiang-Mai, (Northern), Teresa Aunsorn foundation, Chiang Rai, (Northern), Human Development Foundation, Bangkok, (Central).

(d) Director from the Cultures of Community Foundation, Chiang Mai, Northern Thailand.

The main aim of the advocacy programme was not only to create awareness among the participants about various areas of the Disadvantaged Children in education but also to disseminate the information regarding the conduct of the research study. 100 participants from Teresa Anusorn Foundation and Yong People Develop had the least scores. From the above Orphanages two female social workers selected for the study were invited to attend the one day advocacy programme.

In the advocacy programme the participants were made aware of the growth of teenagers and development of the self esteem and interpersonal relationships like gender issues, process of growing up, Reproductive Health, HIV/AIDS and Drugs. For this programme experts in related areas were called to give their expert views. During the awareness and knowledge session, the nurses, teachers and social workers were informed that a more detailed orientation programme would be carried out on the next day to prepare a plan of action and transaction of curriculum of one month to teach all topics related to growth and behaviour of the Disadvantaged Children. Also, the role of children of the Orphanages would be concluded by administration of an experimental group, self-
evaluation by the Disadvantaged Children and evaluation by the social workers. To facilitate the learning process for nurses, teachers and social workers for teaching and awareness building, all the participants were given the material on the Disadvantaged Children in Thai language.

(3) Details of one month orientation programme for teaching

A month long training programme on intervention was run by experts. The females and males willing to participate in the study were invited for receiving community sensitization, booklets and training were provided in the clinics of Sister Maria Bambina of Charity in Wiang Pa Pow, Chiang Rai province. The participants also discussed and prepared detailed modules on Intervention Programme pertaining to Knowledge, Attitude, Awareness and Adjustment. It included different concepts like sex education, sexuality education, HIV/AIDS, drug addiction, family life education, Reproductive Health and process of growing up. Consequently, education of the Disadvantaged Children was conceptualized and deliberated as under:

The main objective of the Intervention Programme was not only to provide a knowledge base to nurses, teachers and social workers in education of the Disadvantaged Children but also to train them in conducting various classroom activities for the Disadvantaged Children of the grade 7, 8 and 9 who had least scores in the Knowledge of HIV/AIDS, Drug Abuse and Reproductive Health Education, as they will be the main beneficiaries of this programme. The month long Intervention Programme was attended by 100 the Disadvantaged Children in the 13-16 years age group, who had least scores from Northern Thailand, Teresa Anusorn Foundation and Young People Develop. The Intervention Programme also concentrated on basic issues such as general framework of education for the Disadvantaged Children such as detailed below:

(a) Physical growth and puberty: body changes during teenage, parts and functions of male and female as well as the capacity for decision making.

(b) Gender role: gender bias: individualization and identity formation: the progressive acquisition of physical, emotional autonomy from parents and adults in general.

(c) Socio-cultural: socio–economic, cultural and ethnic and social-norms regarding injuries and violence including accidents, self-harm and abuse.
(d) The mental health
(e) The Reproductive Health System: menstruation and menstrual health, the mental health, controlling the sexual urge, conception, childbirth, masturbation and homosexuality.
(f) HIV/AIDS
(g) Drug Abuse
(h) The Health education, prevention, health promotion and school and orphanage children’s health.
(i) Development of interpersonal relationships, self-esteem and self-concept.
(j) Parents: marriage and establishment of family.
(k) The confidentiality of teenagers.
(l) The communication, Child Right and Mass Media.

(4) Methodologies of the Intervention Programme
A description of the methodologies for activities to develop the Knowledge level, Attitude and Adjustment in Orphanages was suitable for this study as:
(a) Formal lectures: using the ability principle, speaking time was limited to 20-30 minutes only.
(b) Interactive lecture with the Disadvantaged Children, active breaks (bilateral exchange) such as ‘problem solving exercises’ and ‘case studies’ which deliberately engage the Disadvantaged Children in a more active process, also, which discuss specific issues concerning the presented topic with one another.
(c) Audio visual material (CD ROM, video tapes, etc.): these methodologies were useful.
(d) Case studies: ‘real life’ cases that were useful in class to illustrate major problems and solutions encountered in intervention practice.
(e) Group discussion: participants formed mixed working groups of 10 Disadvantaged Children from Teresa Anusorn Foundation and Young People Develop. It was conducted in small work groups and was found useful.
(f) Focus groups: groups of 8-12 Disadvantaged Children from Teresa Anusorn Foundation and Young People Develop were made to set up the
objectives and ‘in depth’ study was carried out for exploration of a variety of views on a particular topic with outside experts and investigator in attendance.

(g) Role plays: were useful and affected this study for the Disadvantaged Children by applying practice, recently acquired knowledge and to obtain views from various other disciplines.

(5) The summary of what was covered for teaching

The Intervention Programme was a pre-condition for managing situation involving the Disadvantaged Children at Teresa Anusorn Foundation, Winag Pa Pow, Chiang Rai provinces in Northern of Thailand. It was based on three different sets of information: (1) the Knowledge about HIV/AIDS, Drug Abuse and Reproductive Health Education (2) the Attitude towards Reproductive Health Behaviour and (3) the Adjustment in Orphanages. These were needed in the specific field of behaviour of the Disadvantaged Children. All the participants were given knowledge sheets on each subject after the participation and lectures were completed. The summary of what was covered in each knowledge session is given below:

(a) Participation

Mr. Chartchai Wongsawat, Social worker and leader at Legal Aid Department in Human Development Foundation, Bangkok, met the Disadvantaged Children from Teresa Anusorn Foundation and Young People Develop before the Intervention Programme was launched.

(b) Knowledge session

Mr. Niphot Thianwihar, Director and Expert from the Cultures of Community Foundation, Chiang Mai, highlighted the teenager growth and development, concept of teenager, who is teenager, problems of teenager and need for education. He explained the factors influencing the formation of physical growth and development, limits of teens growing up process, although they may complain about rules and limits. Teens always needed to be told what is acceptable and unacceptable to parents or guardians in order to develop own values and morals. In addition the necessity for parents and guardians to express concern, but not criticism, stay interested, but respect the teenagers and their privacy was also highlighted. The use of alert sensitivities, positive ways to solve
a problem by the teens and sometime they do not dwell on the negative, doing own duties, study hard and doing everything right was also deliberated upon.

He also explained the need for education of teenager: teenage starts with puberty and extends slightly beyond it. Puberty is the stage when human beings develop the ability to reproduce. Hormones from the ovaries or testes trigger physical and mental changes that make reproduction possible. Psychological changes occur through adolescence. A young person of either sex develops his or her identity as an individual in relationship with others. For girls, the onset of puberty occurs between the ages of nine and fourteen: twelve is the average. Girl’s puberty is characterized by developing breasts, broadening hips and the appearance of pubic hair. A year or two later there is a sudden increase in height and menstruation begins. Also, male mature physically around the age of eleven. The first sign is the enlargement of the testicles, followed by the appearance of pubic hair, changes in the penis and broadening of the shoulders. A boy's growthspurt usually occurs around the age of fourteen, when his voice deepens and facial hair begins to appear. The ejaculation of semen in "wet dreams" may begin anytime from eleven to fifteen years of age. The Disadvantaged Children from both groups role-played “Way of Life”. This activity made all experts understand their life and how they felt about the transition in their life from past to future.

Mr. Ong-art Veerapatrasakul is an Educator who spoke on problems of teenagers and socio-cultural developments such as self-esteem and inters personal relationship. He said that teenagers are trying to understand and cope with the day to day problems of living, in a complicated and changing environment. The teenagers often think that they have problems which no one understands, no one loves, and they have been detached and are not cared for any more resulting in utter neglect. These were pretty trivial when compared too many others and may help to stop and remember that while everyone faces different challenges in life, how these challenges are perceived has a lot to do with our own life experience. He also highlighted that teen problems do not mean that parents should condone all their mistakes, but parents and guardians should try to understand and love them after viewing the problems from the child’s perspective. During teens,
children can be anxious, active and sensitive to physical appearance like beauty, weight, skin, hair and height etc., For example, parents or guardians can offer reassurance and encourage teens to accept and can help to find practical solutions for problems.

Ms. Niramol Thitimanokull, Nurse at Sister Maria Bambina of Charity, Winag Pa Pow, Chiang Rai, elaborated on Reproductive Health Education, Sexual Hygiene, Pregnancy, Menstruation, Child birth, Sexual Behaviour and Sexually Transmitted diseases. She discussed it with particular reference to the Disadvantaged Children. Reproductive health as referred to the physical and emotional well-being of Thai teenagers and their ability to remain free from sex, unwanted pregnancy, unsafe abortions and sexually transmitted diseases (STDs) including HIV/AIDS and also free use of drugs was discussed. Nowadays, teenagers have become sexually active and have taken to drugs. There is high risk of HIV/AIDS and drug addition spreading to other teenagers. She also highlighted that, sexual and reproductive health rights of all people need to be emphasized, as well as the rights of marginalized populations such as homosexuals and those men who visit sex workers.

Ms. Ornicha Moelae, Social worker and Warden from Teresa Aunsorn Foundation, Winag Pa Pow, Chiang Rai, discussed about Adjustment, Behaviour and Awareness of teens, with explanations that teens are not always easy to adjust or live with everyone in their life. They can be rebellious, moody, emotional, selfish, aggressive, argumentative and critical. They may seem unbearable, but this is actually quite usual of teen behaviour and their knowledge. Thus, teenage is a time to establish Behaviours and Knowledge that are acceptable and discard those which are not. Behaviour, knowledge, attitude and values of parents and guardians are also going to play a major role in this process. Teens should choose life’s battles and decide what they care about and focus their energy to enforce the lessons that are really important.

Some of the Disadvantaged Children observed that they should develop faith in the knowledge and study hard which will eventually make them grow in life. They were also skeptical that if they do not, they may distance themselves
from the parents which one day may reach a point of no return and could turn permanent. Also, there were roles played about “My duty” by the Disadvantaged Children, divided in two groups from Young People Develop and Teresa Aunsorn foundation. Some of them cried and wondered how they will make their life good in future.

**Ms. Naiyana Vitchipron,** Social worker from Diocesan Social Action Central of Chiang Mai, covered the areas of HIV/AIDS, sexual behaviour, commercial sex workers injection of drug, their impact on the spread of HIV/AIDS, including transmission, prevention and management of teenagers living with HIV/AIDS. She also examined the positive impact that use of condom and education can have on risk reduction. Contracting HIV/AIDS and passing the same to others can be avoided by effective use of contraceptives. However, it was stressed upon that contraceptives do not offer any protection against STIs for which use of condom was found to be effective. Simultaneous use of both condoms and contraceptives was recommended to prevent contraction and passing on of HIV/AIDS and STIs. The testing of individuals for HIV must be kept confidential and conducted only after obtaining consent. The patient should also be counselled. Hence, care, treatment and support to teenagers are the principles, for prevention of HIV. When teenagers with symptoms consistent with HIV/AIDS related disease and STIs are identified, anti-retro-viral treatment and antenatal care services can be confidentially commenced after obtaining permission. These facilities in a major way prevent the spread the dreadful disease.

The children who have contracted HIV/AIDS will be given a unique code for identification and treatment concealing the information about age, gender and ethnicity and the test results are not recorded on personal health record. The children must be educated and counselled with regard to mother to child transmission, antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding. All provinces in Thailand have HIV/AIDS testing sites and “Anonymous clinic” to offer anonymous testing of HIV/AIDS. Hotlines also exist for contacting these clinics confidentially. After the speech about AIDS prevention, she also demonstrated the use of condom and dispensation process to the teenagers included distribution of books on health care and AIDS prevention.
The Educational Intervention Programme was conducted in the form of games in a relaxed atmosphere so that teenagers could learn about HIV/AIDS prevention while enjoying and socializing.

Ms. Somjai Toonchingchai, Social worker from Young People Develop (YPD) of Chiang Mai, explained and discussed about drugs, why drugs should not be used, Drug Abuse and physical symptoms, behavioural symptoms, performance symptoms and psychological dependence. Nowadays in Northern Thailand, it is being increasingly accepted that gender discrimination influences all aspects of humans, growth of family and schooling. The sharing of needle for injection of drug is considered to be a highly efficient means of spreading HIV because the virus is injected directly into the blood stream. The use of drugs with sex for money acts as a bridge for spreading HIV/AIDS to people in community. The role play “Stop Drugs Abuse” was staged by the Disadvantaged Children of both groups from Young People Develop and Teresa Aunsorn foundation to prevent Drug Abuse.

Ms. Suttah Jadi, teacher in Health and Physical Education, Nuchanat Anusorn School in Chiang Rai province, discussed with the group on establishment of family. When the children become parents, how to behave with family and children, how to conduct with husband and child, how to manage the family, how to understand one another etc. He also stressed upon not to ignore responsibility towards family for the sake of child development. By always keeping the lines of communication open, one can help family, child, friend and everyone deal with their problems, but one should not hesitate to obtain more information or seek professional help. Love and warmth should be given to child and implant positive values in the family members, along with exercising appropriate family and financial planning.

Moreover, when the children become parents, they should acquire knowledge and understanding of bringing up child. The parents should have time to listen, offer warmth, with positive values and set good examples. After the expert explained, there was role play on the theme “I will be having a good family
in the future” by the Disadvantaged Children from Young People Develop and Teresa Aunsorn foundation. It made them happy and all felt relaxed.

(c) General

Mr. Komkrit Anamnat director of Nuchanat Anusorn School said that the Media should become sensitive while publicizing information and organizing knowledge campaigns aimed at various target groups. The media also must avoid releasing inappropriate pictures which may be enacted by teenagers. At the end of one month, the participants in the Intervention Programme developed an understanding of behaviour, drug and HIV/AIDS and how gender is socially constructed and familiarized themselves by debates related to gender discrimination, Reproductive Health, drug and HIV/AIDS in Thailand.

3.6 DATA ANALYSIS

The data analysis was carried out at two stages, the survey stage and the post-test stage. With in the first stage the data was collected by administering the tools selected for the study to measure knowledge, attitude and adjustment of the entire selected population. The descriptive statistics were used to determine the level of knowledge, attitude and adjustment hypothesis were tested. In the second stage the data collected from the sample population of group experimental design were analysed to find out the impact of Intervention programme.

General linear model repeated measures of ANOVA, “t” test and Scheffe’s post hoc test techniques were used to test hypotheses and compare mean scans of various groups.