CHAPTER II

LITETERATURE REVIEW

Since the 8th Version of National Economic Plan established by the Committee of National Social Policy, the effective guidelines were sought in order to reduce the social effects originated from the economic crisis and poverty of Thailand. In addition, the plan aimed to promote the social improvement for the purpose of integrated community development emphasizing the development, which man was the center in order to increase the local potential so that they could govern themselves concretely under the governmental frameworks according to the constitutional provision of 1997. Such frameworks were recognized as the major guidelines of crisis solution whereas the community strength was the main fundamental reducing the social effects and establishing the permanent social development. Accordingly, the official sectors should participate in the community strength enhancement by adapting the concepts from being the beginner of all developments to encouraging, supporting, cooperating, participating and developing the operative potential incorporated with the multilateral developing parties for the purpose of strong society (Committee of Community Strength Against Crisis, 1999). The process of community strength consisted of the development having man as the center, the integrated development and the enhancement of community potential, namely, "Allowing the community to make their own decisions about problems" corresponding with the operation of the Community Organization Coordination Center (COCC) of the COCC of Thung Naree Sub-district,

Pa Bon District, Pattalung Province where the community problems such as drug and low price of rubber could be solved (Department of Community Development, 2002).

Things, which the service providers should consider, were the forms of the current official decentralization. For other official systems, the operative structures should be adjusted. However, such process was quite slowly performed in the health system. For instance; people being the public health volunteer were responsible for the neighbor's health. Thus, it could be said that public heath providers had the better opportunity to reach the inhabitants than other groups. In addition, such process was consistent with the public participation in terms of health problem solution. As a result it could solve problems because the previous solutions were mainly conducted based on the overall perspective of the problems and the problems were solved vertically based on the principles of the central unit. Therefore, the local problems were not solved correctly. Since the 8th Version of National Economic Plan, the government established the guidelines encouraging the local to participate in the problem presentation, guidelines of planning and policy setting, which were properly to the locality (the 8th Version of National Economic Plan, Council of Economic and Social Development of 1997-2001)

2.1 Problem Solution Process of Community

There were many ways of problem solution process of the community, that is:

1.) *Community Investigation:* The community problem solution consisted of preparation, community assessment, problem analysis, problem priority, project establishments, project evaluation and proper adjustment according to the evaluation

outcomes (Manual of Community Lifestyle, 2002). However, there was a limitation as all activities were conducted by the community without exploiting any community potential in terms of community lifestyle learning.

2.) *Appreciation Influence Control (AIC):* The community should participate to specify the problems, find their own potential and analyze the point emphasizing mutual value and goal. Then, the activity plans should be established in order to solve the problems of the community based on the community lifestyle and culture. The facillators and stakeholders should conduct the operation. Bill Smith and Turidsato had established the "Organization for Development" aiming to train and build the creativity of problem solution by using the technique of AIC (Pravet Vasee, 1993). However, there was a limitation as the problem analysis was not deliberate whereas the data were not investigated due to the short time. As a result, the community stakeholders did not realize and tried to solve any problems.

3.) *Participatory Action Research (PAR):* The cooperation between the external and internal researchers aimed to develop the community by analyzing the community and adjusting the operation style or practices with the problem solution or practical guidelines. The qualitative Study: Field Research Techniques, Benja Yoddamnern – Attics, Buppha Sirirassamee and Vathinee Booncharaksee, Editor. The limitation of this process was that it took a long time for the study. In addition, the officers or the researcher had to stay in the area acting as if they were the local so that they were accepted as a part of the community.

4.) *Participatory Learning:* The training used the participation of the trainee in order to establish the guidelines of mutual problem solution to solve their problems or the problems of their family. The qualitative Study: Field Research Techniques, Benja Yoddamnern – Attics, Buppha Sirirassamee and Vathinee Booncharaksee, Editor. However, there was a limitation because this was just the short-time process. Thus, the actual community problems were not solved. Moreover, the lecturer and operator pointed some points, so the real problem solution could not be concluded.

2.2 Participatory Rural Appraisal (PRA)

According to the concept of Participatory Rural Appraisal (PRA), the establisher of principles, procedures and primary techniques of PRA was Dr. Robert Chambers of International Institute of Education and Development, Sussetts University, England. PRA process was the process, which the villagers participated in the community analysis and problem specification emphasizing the exchange of opinions, mutual data investigation, listening to each another's reasons and finding the conclusion. The operator of PRA would encourage the discussion and opinion exchange based on the respect and equality. The good PRA would help the villagers realize their own problem leading to plans and practices so that they could solve problems by themselves.

Therefore, the PRA process could not only help the villagers get the information consistent with the real condition of the community and the needs of the villagers but also enhance the relationship and the villager's potential, build the conscious of being the owner and provide an opportunity of permanent problem solution in the area.

2.3 Principles of PRA

To use PRA, we needed to understand the principles of PRA clearly and correctly so that it would be exploited properly achieving the objectives and applying or creating some new techniques. PRA consisted of many fundamental principles as follows:

1. Believing in the Potential of Villagers

Most academics and officials usually thought that the villagers were "uneducated-poor-painful" or "ignorant" and they should be improved to gain knowledge based on the consideration of academics. However, in fact, the villagers and the community were full of wisdom and potential. Although the villagers might not know many things, which the academics knew, they had known several things necessary for their living and the maintenance of their community and culture in their own contexts for a long time. Some things the villagers knew were the things, which we did not know. Such things were frequently relevant and important to the understanding and the problem solution of the community. If we believed and accepted the potential of the villagers paying respect and learning such wisdom from the villagers, we could solve the community problems more relevantly. Moreover, we had to understand that the villagers had the natural integrated network of organization and such system was the important contributor of community problem solution.

2. Paying Importance to the Knowledge from Real Experience and Situation

As the academics were usually familiar with learning of educational institutes, that is, learning from textbooks and lectures of experts, they thought that knowledge

and wisdom were also originated only from such methods. As a result, the academics did not accept any knowledge resulted from other methods. The academics also understood that anyone, who did not gain knowledge by the same methods as they did, was "ignorant" and it was their responsibility to exploit the same methods they used to such ignorant villagers. Therefore, we could regularly experience that the academics usually distributed the documents or provided the lectures to the villagers emphasizing the instant academic knowledge. However, such knowledge was far from the lifestyle and conceptualization of the villagers. Thus, the villagers usually did not understand and gain knowledge as the academics expected. In addition, the villagers lived in the real world learning and accumulating the wisdom from real experiences and situations. Therefore, the villagers had their own ways of thinking, categorizing and analyzing, which were different from ours. The systems of the villagers were more suitable for their real life and community than our systems. Thus, it would be appropriate to accept, learn such wisdom and apply into the community problem solution. The application should be more efficient and effective than stuffing the academic knowledge or textbook learning to the villagers and the community instead of their existing wisdom.

3. Emphasizing the Community Power Mobilization for Problem Solution

The problems occurred in the community were usually complex and associated to each another. Thus, it was difficult to solve problems only at one point; it was even more difficult to solve problem only by a person or a small group of people although such persons were intelligent, skillful or influential. The solution would not be achieved especially by the usage of textbooks or policy based on the superficial understanding of academics and officials etc., who were the outsiders. In addition, as such academics and

officials used the authority or academic perspectives to establish the framework for the villagers, the problem solution could not extremely be achieved.

Therefore, the only way to solve all community problems permanently and efficiently was to mobilize the power and resources of the community. In addition, all parts should cooperate with each another to study the causes of problems, association of problem, selection of solution and alternatives including the analysis of problem solution.

4. Encouraging Villagers to Act and Have Major Responsibility of Operation

Frequently, the academics and developers etc. usually misunderstood that "the problems of villagers" were their own problems; it was then their responsibility to think and make a decision of problem solution. They also understood that the villagers did not have any ability to solve problems. Therefore, we usually experienced that such officials and academics studied the community data, analyze and plan the problem solution for the villagers. So, the villagers did not have any chance to make their own decision or participate in the mentioned process. However, we had to accept that "the problems of villagers" were not our own problems; thus, we could not solve such problems instead of them or tell them to do anything. On the other hand, we should encourage them to solve problems by themselves, that is, we should let them have an opportunity to make a decision, plan and operate all business within the framework of potential, limitation and reality. We should then support them for the necessary things and opportunity.

2.4 Reasons of Using PRA for AIDS Problem Solution

People having no knowledge of AIDS spread the previous fundamental concept of AIDS solution was that AIDS; thus they did not prevent themselves from the infection. To solve such problem, people having knowledge of AIDS such as doctors, public health officers or academics provided knowledge in terms of its causes, methods of spread, symptoms, phases of AIDS and symptoms, opportunistic infection prophylaxis, period of death etc. Moreover, additional information about current AIDS situation in the national, regional and international levels were also provided; for instance, how many infected persons in Thailand, how many infected persons having symptoms?; or how many infected persons in Asia?, how many infected persons around the world?, how many orphans?, how many newly-infected persons in a day?, etc. The knowledge of AIDS could be provided by various methods, which could give knowledge and information such as lecture, slide / video presentation .The semi-special issue on participatory approaches to HIV/AIDS. We welcome not only our regular readers, mainly practitioners of general participatory development, but also those who directory involved in HIV and AIDS prevention, care and support work. We hope that this issue will help all development workers to increase their awareness of the influence of sexual health in general, HIV in particular, on the work (Alice Welbourn, 1995).

Such information had been provided for a long time so that Thailand was developed dramatically. From one infected person in 1984, there was approximately a million infected persons in 1997. As nobody knew about AIDS, all persons both old and young remembered that "AIDS cannot be cured; all patients must be dead", or

"AIDS was resulted from HIV and could be spread by three ways, that is, using the same hypodermic syringe, sexual intercourse and from mother to baby." In addition, we usually heard the slogan of "Assembling Syringe and Sexual Intercourse leads to AIDS infection." Such texts did not provide the understanding for general people, especially people, who had a little education or were not a medical officer. Thus, there might be the gap of AIDS prevention, which could be concluded as follows:

1. The way to provide knowledge was not clear; thus people could not understand the causes and problems caused by the infection. In addition, at the beginning of AIDS report, government sectors and relevant working units still did not understand the infectious process, epidemiological, guidelines of prevention and treatment and complete knowledge components. As a result, they misunderstood some information and people did not continuously get news and information. Therefore, at the first stage of the public relations of epidemiological, the presentation was conducted in the negative way hoping that the fear could encourage the villagers to stop their risk behaviors.

Thus, it could be noted that providing knowledge of AIDS was not sufficient for AIDS solution. In fact, AIDS problems were not originated from the knowledge ignorance but from the lack of realization that AIDS was close to us and we were possibly infected if we had risk behaviors. People remembering that AIDS could be spread through three ways, that is, using the same hypodermic syringe, sexual intercourse and from mother to baby or that "Assembling Syringe and Sexual Intercourse leads to AIDS infection" did not sometimes realize that they could also be

infected. They were uncertain if they could avoid such risk behaviors. In fact, knowledge and realization were contradictory. Encouraging the community to accept such truth, there had to be the participation, revelation of family members and community including the sincerity of family members.

2. There were only a few revelations. After having been acknowledged the terror of HIV / AIDS infection, the knowledge components were established in terms of care and prevention by using both traditional and modern medicines. The concepts were enhanced and infected persons tried to cure themselves and get rid of the symptoms. Most infected persons did not dare to reveal the truth; however, they would reveal it when they were infected by other complication and their symptoms were too serious to be cured. The revelation of patients (still in the evaluation) did not encourage the infected persons to be cured as they thought that they were "stigmata" or "sin" of their family.

3. The community still did not accept the infected persons; some even disgusted them as they were taught that AIDS was the disgusting disease.

2.5 PRA and AIDS Problem Solution

The exploitation of PRA in AIDS problem solution was conducted due to the finding that providing knowledge and AIDS / Virus information was not sufficient for the behavioral adjustment. However, the behaviors would be adjusted when people realized that they were also risky to the infection. Such realization was not occurred only when someone told you that "you are risky to the infection' but it would be

occurred by the self-discovery and learning that “We also have an opportunity of infection; then, what should we do?”

PRA was the process encouraging the stakeholders to analyze all issues of themselves and community; for instance, where AIDS can infect the villagers in the community or which actions could lead to AIDS infection. The participatory procedure then could establish the learning and self-discovery, which would interest and motivate people to do some prevention, namely, to adjust their behaviors.

One more important, PRA was the process encouraging all people in the community to mutually analyze and do the activities together. Thus, it would provide an opportunity for the community to gather the power to consider their own alternatives and solve problems by themselves. Operating PRA in the community would regard AIDS as the community’s problem, not the individual’s problem. The community members, who realized and would like to adjust their behaviors, could establish their social measures for the prevention of risk behaviors, Therefore, the behavioral adjustment could be conducted more easily. If the community would like to provide activities to give knowledge and preventive skills including the strength of family and community, the plans could be easily established and the operative participation could be also simply mobilized.

PRA, therefore was the suitable process for AIDS problem solution whereas the principles could be applied to AIDS operation as follows:

1) Emphasizing the close situation and social reality including the social problems, which associated to the human relationship? Passorn Limanon et al. (1995) reported that the promotion and support of potential development could prevent and control the spread of disease together with the community members.
2) Encouraging the villagers to realize the problems through the participatory process, exchange of knowledge and learning including the self-discovery. According to the study of Phimvadee Nisavattananon (1999), the support for infected persons and AIDS patients were originated from family and community. Pitsanurat Gantaree (2000) mentioned that all parts of community participated and supported the members in terms of AIDS knowledge. Such finding was corresponding to the research of Sumalee Hongsawong et al. (2002) that the exploitation of PRA could make people gain knowledge and understand the attitudes of AIDS prevention. Tipaporn Absornthanasombat (1995) said that the community participation consisted of prevention, acceptance of patients and assistance of family and community for the patients.
3) Encouraging the group process and making the villagers realize their own potential of problem solution by using the group power. According to the study of Wilawan Seenarak (2000), the community leaders could prevent the disease and provide much assistance for health.

4) Encouraging the villagers to use the local materials; presenting the situation and problems concretely and easily to the understanding of the villager; analyzing and planning the problem solution.

2.6 Manual of PRA for the AIDS Operation of the Community

(AIDS Study Project, Faculty of Education, Chiang Mai University)

1. Mapping of Risk Sources of HIV/AIDS in the Community
2. Analysis of Risk Behaviors in the Community
3. Analysis of AIDS Situation in the Community and Problem Solution Potential Evaluation of the Community

1. Mapping of Risk Sources of HIV/AIDS in the Community

Concepts of Activity

1. A whorehouse, which was a public sexual place, did not the only risk source; however the risk sources included hidden sexual places such as bars, food shops, barbershop, massage parlors, tearooms etc. In addition, some community places could be the secretly congregated places such as public parks and teenager's secret places etc. Thus, the risk sources were possibly different and depending on the community member's behaviors.
2. No matter where the risk sources, they were equivalently dangerous if they were established as the HIV/AIDS behavioral risk. Thus, it could not be logically said that whorehouses were more dangerous than food-shops or massage parlors were more risky than karaoke shops.

Expected Outcomes after Activity

The main focus of this activity was that the members could consider about the risk behaviors of the community residents and risk places. Therefore, incomplete or incorrect information of risk places was not important and the lecturer did not need to change such information. On the other hand, the lecturer should encourage the members to share their opinions independently. If the members were uncertain or misunderstood some academic information of AIDS; for instance, if being bitten by mosquito or having teeth pulled at a dental clinic could lead to AIDS infection or not etc. In addition, the lecturer should provide them the correct information in order to give knowledge naturally based on their requirements.

2 Analyses of Risk Behaviors and Risk Groups of the Community

Concepts of Activity

1. Risk behavior was not only originated from prostitutes but also covered other behaviors such as having sexual intercourse with someone without knowing that he/she used to have sexual intercourse with someone, having sexual intercourse with other persons, using drug through hypodermic syringe and pregnant infection from mother to baby etc.
2. Some behaviors were risky to HIV / AIDS according to specific conditions such as blood for operation (the blood was contaminated with HIV and it was not detected), using hypodermic syringe together with the addicted and AIDS patient, exploiting share equipments with infected persons such as razors, tattoo needles, ear needles (in case that both parties had a wound and there was no sufficiently sterilized

cleaning), contacting lymph of AIDS (if the persons contacting the lymph had a wound) etc. However, such behaviors were insignificantly risky; they were even not risky if there were no mentioned conditions (for instance, using the sharp equipments with the infected persons without having any wound). Thus, such behaviors were less risky than having sexual intercourse with someone (whom we did not know if he/she was infected), who was infected. As a result, we should not be "too afraid" to be infected by ASIDS.

Expected Outcomes after Activity

The main point of this activity was to provide the knowledge of AIDS (risk behaviors of AIDS infection) without any teaching but the activity participants should learn it by themselves.

3. Some behaviors were not risky to HIV / AIDS although they were risky situations, that is, the situations, which could lead to the infection. For instance, drinking alcohol, quarrels in the family (leading to the prostitutes visiting) or community fests such as Songkran's Day, Thai folkdance etc. (leading to the unexpected sexual intercourse without any prevention). Such behaviors could be recognized as the risk behaviors, which should be avoided or conducted carefully and consciously.
4. All persons and groups with different sexes and ages could be infected by HIV if they had risk behaviors or sexual intercourse with persons of risk behaviors, not only in the "risk group" (homosexuals, drug users,

prostitutes). Therefore, AIDS was the problem of everybody, which should be correctly understood and learned for the proper prevention.

Notes:

1. For the risk analysis, most people usually thought of prostitutes but they did not think of "having sexual intercourse with their partner, who had sexual intercourse with others." Thus, the lecturer should necessarily encourage the members to consider of this point if they disregard it.
2. While the members discussed about the frequency of risk behaviors in the community, the lecturer could raise some questions allowing the members to analyze about the risk behaviors of different groups. Thus, the members could easily conclude the risk behaviors.
3. If the members were uncertain about the exploitation of risk analysis, the lecturer could explain that understanding and realizing the risk behaviors of community (for instance, the campaign to stop drinking alcohol or the promotion of family relationship aimed to reduce the opportunity of prostitute visiting. In addition, the social and cultural measures should be established when there were some fests in the community in order to reduce the opportunity of improper sexual intercourse between men and women etc.) As the process made the villagers understand the risk behaviors correctly, the goal, target group and AIDS prevention could be managed properly and efficiently.
4. The activity was outstanding as it could encourage the participants to realize that all people were risky to HIV/AIDS. Thus, the activity was so powerful and the lecturer should take advantages of this activity

creatively in order to persuade the participants to realize their own power, ability and importance in terms of preventive selection or the participants might be extremely anxious and alert. Therefore, the lecturer should provide some additional activities properly in order to enhance the understanding and necessary skills to the participants.

Expected Outcomes After Activity

The conceptualization, which was summarized step by step after the activity, was very significant because it indicated the understanding of the participants.

3. Analysis of AIDS Situation in the Community and Problem Solution Potential Evaluation of the Community

Concepts of Activity

1. AIDS situation was changed; thus the trend analysis of AIDS would allow us see the development of AIDS situation systematically. Such analysis was also useful for the problem realization and further AIDS prevention and solution.
2. AIDS was the community's problem and it was close to everybody. There were AIDS problems everywhere even in our community. Thus, everybody should learn to behave themselves properly in terms of the prevention of HIV, assistance and living with infected persons and AIDS in the community.
3. The community did not have only AIDS problems such as HIV/ AIDS, death or orphanage due to AIDS but it also had the potential to prevent

and manage AIDS problems including other problems. Therefore, the potential analysis of community was important for the AIDS operation in the community. It was also recognized as the beginning of community participation as the community participated in the AIDS problem solution, which led to the permanent AIDS operation.

4. The potential of the community consisted of human resources, culture organizations in the community; all parts were related and connected by the community.
5. Each community had different strong points and weak points. Therefore, the potential of community development, especially AIDS operation, was consequently different. The potential analysis of organizations in the community was a method to evaluate the potential of the organizations if they were ready or suitable for AIDS operation. Such evaluation was beneficial for the plans and community development in terms of AIDS operation.

Expected Outcomes After Activity

The analysis of future situation was not easy or completely concise because of many factors, which were out of control or difficult to expect. However, the lecturer should encourage the members to think and analyze as best as they could. The lecturer should also raise some questions and let the members find the reasons / evidence; for instance, "If people had knowledge (knowing that AIDS could be infected through sexual intercourse), they would not really be infected?" or "Why were housewives infected by AIDS more during these five years?"

Notes:

In general, people working with AIDS operation usually realized the problems rather than solutions. Therefore, they were easily worried and hopeless making the community be alert with AIDS problems. So, such terror should be changed to creative power in order to solve problems efficiently. As a result, the analysis of community organization potential was important as it could indicate that the community had the organization, which was ready and suitable for AIDS operation. If the organization had a good plan, motivation, realization and sufficient information, knowledge / necessary skills, the organization could be the leader or the supporter of AIDS operation in the community efficiently and permanently.

2.7 Roles of Learning Facilitator

1. Provide participatory learning experience and encourage all groups to share activities and learning together.
2. Build the friendly, equal and participatory environment for the learning.
3. Do not intervene and dominate the concepts of the groups
4. Answer / provide necessary information for the decision of the groups
5. Provide assistance if the groups were not progressive; suggest the alternatives for the problem decisions
6. Prevent from monopoly and domination of some members
7. Raise questions to encourage the exchanges, solve the conflicts and conclude the points
8. The assistant lecturer was the observer recording the PRA process during the group activity and providing convenience in terms of place, tape, activity materials, coffee-break / snack

9. The researcher summarized each activity and compared the outcomes of 3 anti-AIDS activities
10. The researcher was a part of process and provided knowledge after the summarization of AIDS in terms of heath care when being infected, health care for other infected persons and treatment.

Attitudes or Point of View

Prapaphen Suwan and Sawing Suwan studied the attitude, which was regarded as the mental component according to the concept of Ajzen and Fishbein saying that the psychologists and the associates agreed that the attitude was the representative of individual evaluation reflecting the feeling and emotion according to the theory that the attitude could be learned and consequently changed or maintained at the specific period. The attitude would encourage the practical behaviors of people; thus the practices were partially originated from and consistent with the attitude.

Prapaphen Suwan and Sawing Suwan referred to the theory of attitude and concluded that the attitude consisted of three components, that is, 1) cognitive component or belief 2) affective component or feeling and 3) behavioral component or behavioral readiness.

According to the social researched during 50 years, the difference and relationship of attitude and practical behavior was very insignificantly based on the research of Ajzen and Fishbein (Prapaphen Suwan & Sawing Suwan, 1939). The finding of them was different from the study outcomes of primary psychologists; for

instance, All port defined that the attitude was the state of readiness of behavior, thus, the attitude would encourage the behaviors. According to the researches, people having different practical behaviors usually had different attitude. However, there was no research successfully indicated the behavioral predispositions. For instance, only a few people had the negative attitude toward smoking or would like to change or quit their smoking behavior. Therefore, there was still the question that "Did the attitude highly relate to the practice?"

The researchers of attitude tried to study and distinguish the difference among three components, namely, belief, feeling and readiness (in the past, these three components were not distinctively separated but studied all together). The theory of rationale, which was established trying to explain and evaluate the behaviors, could be perfectly applied with the health care behavior and accordingly explained the opinions and behavioral changes

According to the objectives of PRA, it was expected that the PRA process affected the attitude of community in terms of health care of HIV/AIDS encouraging them to receive more medical services.

2.8 Conceptual Framework of Community Operation and AIDS Problems

The community operation consisted of three components, that is, patients, community and government sectors driving the operation of AIDS solution. The government sector decentralized the authority to the local government regarding the patients as the center of problem solution in order to encourage the patients to reveal themselves to the public. In addition, the network of assistance was established incorporated by the participation of community, sub-district administration, community leader, educational organization, local academics, local officials in terms of education and health care for both physical and emotional aspects so that AIDS problems could be finally eliminated. (See Figure 2.1)

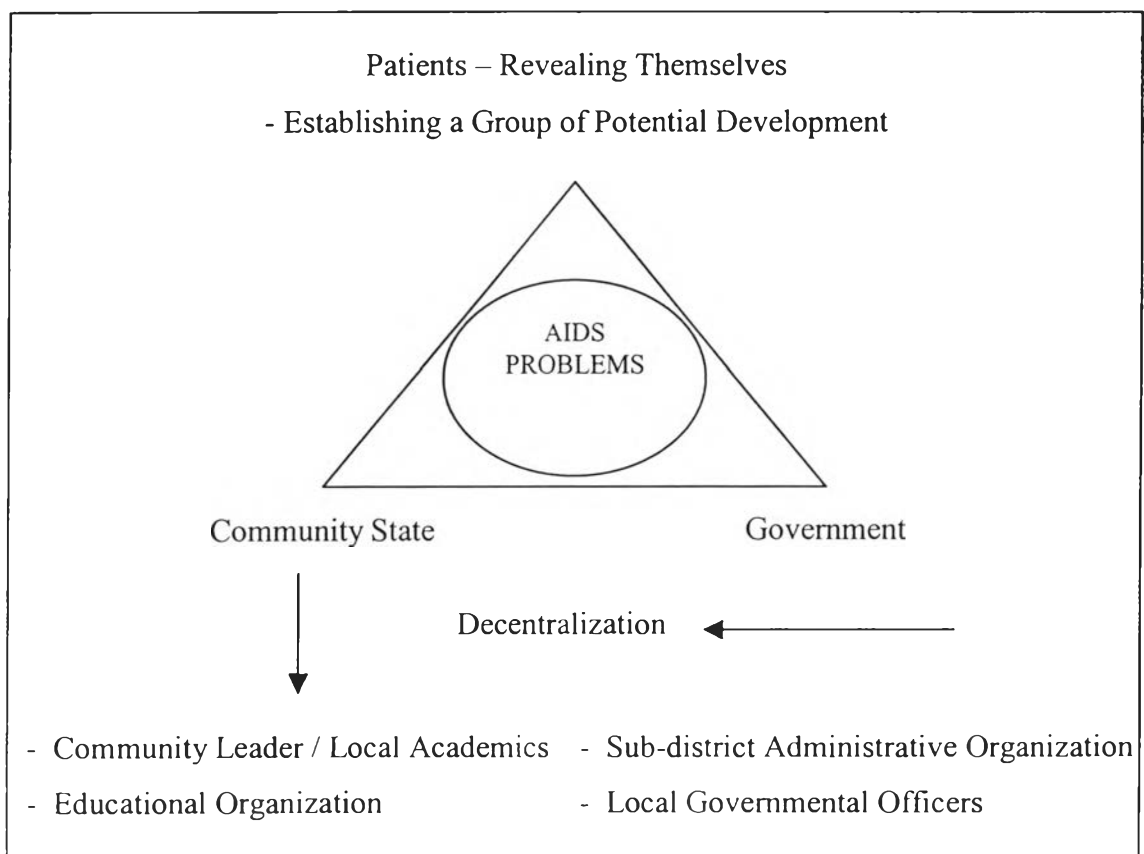

Figure 2.1: Conceptual Frameworks of the Community Operation on AIDS Problems

The exploitation of PRA process aiming to solve AIDS problems of the community participated by the community of the stakeholder consisted of community leader, public health volunteer, housewife, head of a family, youth, expert, infected persons, AIDS or anyone affected in the PRA process. As a result, there was the operative policy of AIDS prevention and solution in the community, which encouraged the infected persons and AIDS to live in the community peacefully. The society should not disgust the infected persons so that the infected persons dared to reveal themselves and received more services. Accordingly, the rate of opportunistic infection prophylaxis was reduced; the infected persons would receive anti-virus medicines leading to the better life quality (See Figure 2.2)

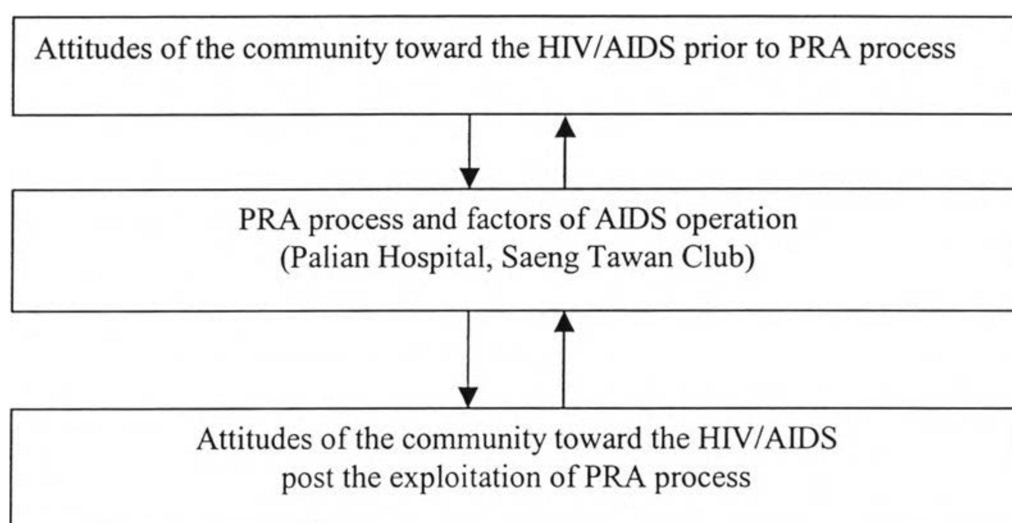

Figure 2.2: Conceptual Framework of the Study