CHAPTER V

CONCLUSION, DISCUSSION AND SUGGESTION

5.1 Conclusion

This research was regarded as the qualitative research using the analysis of Participatory Rural Appraisal or PRA aiming to establish the realization of AIDS for 40 stakeholders (20 representatives per each village), who were the representatives from Village Number 4 (Ban Nong Wah) and 7 (Ban Khao Lom), Thung Yoew Sub-district, Palian District, Trang Province. The data collection was divided into two parts consisting of **quantitative data** (Self - administrative Questionnaire) aiming to evaluate the attitude of family leaders or wives, who were the household representatives toward HIV/AIDS whereas the **qualitative data** were collected from the focus group discussions with the stakeholders (7-9 stakeholders from each village) pre and post the PRA process. The data were collected from February to November 2004 by using the group interviews. Then, all data were analyzed by using Percentage, Analysis and Synthesis as the following research results:

1. **Characteristics of Samples**

   1.1 Samples of Family Leaders or Household Representative Housewife

Village Number 4 (Ban Ning Wah): The majority of sample (for PRA Pre-test): 52.9% were female, their age between 20-35 years old (37.9%); 83.6% were

married; 48.5%, were agriculturists; 77.1% obtained the primary education; and 75.0% were Islamic.

The majority of sample (for PRA post –test): 72.4 % were male, their age between 36-45 year old (35.5%); 85.0% were married; 77.1 % were agriculturists; 77.6% obtained the primary education; and 75.2% were Islamic.

Village Number7 (Ban KhaoLom): The majority of sample (for PRA pre-test) 61.9% were female; their age was between 20-35 years old (40.5%); 83.3% were married; 75.0 % were agriculturists; 67.9% obtained the primary education; and 60.7% were Buddhist

The majority of sample (for PRA post-test) 72.7 % was female; their age was between 20-35 years old (45.5%); 76.3% were married; 70.7 % were agriculturists; 69.7% obtained the primary education; 74.7% were Buddhist.

1.2 Group Discussion of Stakeholders

The stakeholders joined the group discussion of two village's *pre the PRA process.* The stakeholders proposed by the community consisted of a village headman and representatives from various groups, that is, two community leaders, a youth representative, a village health volunteer (VHV), a housewife, a head of family, Local Senior People and a religious leader. Totally, there were seven men and two women joining in the discussion. *Post the PRA process*, the stakeholders joining in the discussion comprised a village headman and representatives from various groups, that

is, a community leader, a village health volunteer (VHV), a housewife, Local Senior People and a head of family; in total, there were two women and five men joining in the discussion.

2. Attitudes toward AIDS / HIV in the Study Area

2.1 Attitudes of Family Leader or Household Representative Housewife

Village Number 4 (Ban Nong Wah

Pre and Post the PRA process, the majority of sample had the attitudes (positive) toward the belief about AIDS. The samples did not believe that being infected by AIDS was punishment from the gods (from 22.1 to 95.39%); "AIDS infection was originated behavioral causes" (from 8.1 to 83.6%); "we should not live with their family" (from 65 to 94.9%); and "AIDS-infected should not contact in communities" (from 63.9 to 80.4%).

Village Number 7 (Ban Khao Lom)

The sample, both *pre and post the PRA process,* had the attitudes (positive) toward "the self-reliance of HIV/AIDS ability should have a chance to support themselves" (from 66.6 to 87.9%); and the support system should be established in the village (from 64.9 to 69.7%). "HIV/AIDS give opportunities to work for healthy HIV/AIDS work based on their ability" (from 69.6 to 86.96%). It shown the increasing of positive attitude towards "the self-reliance of HIV/AIDS ability should have a chance to support them" and "HIVAIDS give opportunities to work for healthy HIV/AIDS work based on their ability"

2.2 Attitudes of Stakeholders

According to the group discussion of the stakeholders' *pre and post the PRA process* (for three months), the attitudes toward HIV/ AIDS were different between the study villages as the following details:

Village Number 4 (Ban Nong Wah)

According to the stakeholders joining in the activity, *pre the PRA process*, they and the community disgusted HIV/AIDS. The family members were afraid that AIDS patients due to their opportunistic infection prophylaxis such as tuberculosis might infect them. Therefore, HIV/AIDS encountered economic problem as they were weak and could not work as usual. However, the stakeholders would like to raise a fund assisting HIV/AIDS, encouraging them and allowing them to communicate with other people in the community. *Post the PRA process*, the stakeholders and their family members did not disgust HIV/AIDS because they gained knowledge from the PRA. As all people in the community accepted HIV/ AIDS, more HIV/AIDS disclosed themselves. Therefore the Patients living with AIDS (HIV), AIDS patients were encouraged to visit health facilities. Thus, the patients gained the income. The stakeholders would like to help HIV/AIDS in terms of emotion, society and economy. They also would like to give the willpower to HIV/AIDS, provide a group / club meeting once a month and give cooperation with the funds from local working units, government and village fund.

Village Number 7 (Ban Khao Lom)

Pre the PRA process, the stakeholders joining in the activity and their family members disgusted HIV/AIDS because of the fear of the Opportunities. Therefore, HIV/AIDS disclosed themselves, then they encountered economic problem as they were weak and did not have any income because they could not work as usual. *Post the PRA process*, the stakeholders and most community members did not disgust AIDS patient because they gained knowledge from the PRA process. However, *pre the PRA process,* as some community members were influenced by the information of media, they still disgusted HIV/AIDS. *Post the process*, such community members did not disgust HIV/AIDS but they were uncertain about the disease infection due to the previous information that HIV/AIDS was the horrible disease. In addition, more AIDS patients (final stage) revealed themselves and received a treatment as some patients in Village Number 4 did. As a result, HIVAIDS were healthier, gained some income and lived in the society peacefully. In terms of emotional, social and economic assistance, the details were as same as the details of Village Number 4.

3. Participatory Rural Appraisal: Findings

Village Number 4 (Ban Nong Wah)

The risk sources, where the teenagers usually visited, were some unlawful meetinghouses in the community, a teashop and a karaoke shop in the village. The married men liked visiting in the city and had the unsafe sex. Thus, the housewives were riskily affected by such behavior. Most of HIV/AIDS, who used to be infected by drug and visits of secret entertainment places, were dead. Whereas the rest of them were sick. The strong organizations were village headmen; village health volunteers

(VHV), religious leader, and spokesman of news tower and public health officers of public health center. These organizations had the responsibility to provide knowledge through media; for instance, in the monthly meeting of village headman or news tower. In addition, the public health volunteers would take care of village members whereas the schools would provide knowledge to students encouraging them to avoid all drugs in the community. The schools also provided exercises, which should be performed seriously and continuously in order to be established as the policy of local government in the future.

Village Number 7 (Ban Khao Lom)

The risk sources, where the teenagers usually visited, consisted of alcohol / beer shop or a grocery in the village. Moreover, they usually met each another at a tearoom, visited the city, and where there were a lot of entertainment places, and had the unsafe sex. Thus, the housewives were riskily affected by such behavior. Most of HIV patients, who used to be infected by drug and visits of secret entertainment places, were dead; whereas the rest of them were sick. Some husbands were dead but their wives were still alive and did not show any symptoms of AIDS. So, some infected women were re-married and did not tell her new husband about the disease. The PRA found that the strong organizations were village headmen; Village health volunteers, religious leader, youth and public health center. These organizations had the responsibility to provide knowledge through media; for instance, in the monthly meeting of village headman or news tower. In addition, the village health volunteers would take care of village members whereas the schools would provide knowledge to students encouraging them to avoid all drugs in the community. The schools also held

the local sport contest, family institute promotion and exercises, which should be performed seriously and continuously in order to be established as the policy of local government in the future.

5.2 Discussion

As stated above, *Pre the PRA process*, the villagers of Village Number 4 (Ban Nong Wah) and Village Number 7 (Ban Khao Lom), Thung Yoew Sub-district, Palian District, Trang Province had the negative attitudes towards HIV/AIDS, because they lack of knowledge and understanding about AIDS, although the information had been provided through media, lectures, transparencies and slides / video for a long time. We could see that people knew only that AIDS can be infected by three ways, that is, by intravenous injection, sexual intercourse and vertical transmission (from mother to baby). Such knowledge was very superficial according to the study of Wilawan et al. (2000) that the knowledge people in the community had was very superficial; the answers were just a remember from mass media implying that the AIDS campaign held by both government and private sectors did not achieve the target. Accordingly, a lot of people still did not have the correct knowledge about AIDS. *Pre the PRA process*, the attitude of Village Number 4 toward HIV/AIDS were better (positive) in terms of "AIDS patients should not live with other family members"; "AIDS patients should not have any contact with other villagers"; "Being infected by AIDS was derived from the fate"' and "Being infected by AIDS was originated by humans". As the villagers did not believe that being infected by AIDS was derived from the fate, they agreed with the self-reliance and encouraged the AIDS patients and their family to work according to their ability. In addition, the AIDS group or organization should be established in order

to help AIDS patients in Village Number 7. Notably, the villagers did not disgust to live with AIDS-infected family members / persons. According to the study of Wilawan Seenarat et al. (2000), the villagers did not disgust HIV/AIDS as much as they used to. In addition, they also provided assistance and an opportunity for HIV/AIDS to live in the society peacefully for this study; *the post-PRA* survey found that some people still had the moderate attitudes (uncertain or reluctant) about the living with HIV/AIDS In conclusion, the two villages did not have different changes of attitude. As the activity or process was performed for a short period, people did not have knowledge and understanding about AIDS. In addition, people were influenced by the image that AIDS was dangerous and could not be cured. Therefore, it had to take a time to change the attitudes of people

In terms of the stakeholders, who were the representative, according to the group discussions of Village Number 4 and 7 *pre PRA process* for AIDS realization, they had similarly attitudes, that is, negative attitudes toward AIDS patients. In addition, they disgusted patients because they did not have knowledge and understanding about AIDS like the community members. In fact, the stakeholders should have the potential for the continuous village development and could give advice to the community members. However, it turned that even the stakeholders disgusted AIDS patients and their family. *Post the PRA process*, the stakeholders of Village Number 4 and 7 had the positive attitudes to AIDS patients and did not disgust them anymore. They did not have any wrong belief about AIDS but learned to live with and help the AIDS patients. So, as there was knowledge and understanding about AIDS, all people could live in the society peacefully. Thus, all people could be the leaders of the village projects and participate in the community development (Ratchadaporn

Charnchakritphong, 2000).Ultimately, Leadership must translate into contrite action. UNSAIDS monitors the progress of the global AIDS response in various ways, and its AIDS Programme Effort Index is one tool for measuring country -level comment. The index developed by the United States Agency for international Development, the UNAIDS Secretariats the World Health Organization (WHO), and the United States-based policy Project. It tracks a country's effort in 10 different program categories but does not measure actual out, such as coverage of a specific service (UNAIDS, 2004). However, some stakeholders still disgusted HIV/AIDS because of the difference of potential between the two villages. Village Number 4 had the strong leader. There were also the village meetings, sport leaders, spokesmen providing knowledge through the news tower and knowledge provided at the mosque on every Friday. The most important was that the AIDS patients (final stage) disclosed themselves receiving the treatment and were accepted by the community members. They also joined the PRA process with the stakeholders because the stakeholders did not disgust them. On the other hand, in Village Number 7 (Ban Khao Lom), there was a community fund raised by the community because they did like the complex procedure of the government system. Therefore, the community had the positive attitudes to help HIV/ AIDS both *pre and posts the PRA process*. In terms of knowledge providing, there were no meetings in the village. The news tower was repaired and some villagers played sport. Most AIDS patients, who revealed themselves, were dead. Thus, some stakeholders had the negative attitudes or disgusted the AIDS patients. However, as the two villages were adjacent, the relatives had to visit each another between two villages. Then, the stakeholders of village moo7 received the information of Village Number 4, which could partially change their negative attitudes.

According to the community analysis of Village Number 4 and 7, teenagers and married men leaders were the target group, which the community organization should pay attention and provide knowledge and understanding of AIDS unordered to reduce the number of new infected persons. In addition, the infected persons, who were not ready to reveal themselves, should give information through media such as news tower, village meetings, mosque (every friday) and village health volunteer. AIDS patients revealing themselves would be the good model and volunteer helping the community members to receive the public health services and reduce the early death rate. This was corresponding to the study of Sutheera Hoontrakul (1993) finding that the social support played a significant role for helping of AIDS patients to disclose themselves for health seeking.

The impact of this PRA study is:

1. *Village Number 4 (Ban Nong Wah)*: There were risk sources and risk groups such as the family leaders visiting the prostitutes, the youths visiting a teashop or karaoke shop, houses for secret activity. Post all responsibilities, they played sport where the sport president was established and the village headman was the main leader. The Sub-district Administrative Organization of Thung Yoew supported the sport equipments. As a result, the teashop and karaoke shop had to be closed as nobody visited there. In addition, the boat used in the funeral for Thai-Muslim was bought (75% of Thai-Muslim) by exploiting the donated money in the amount of Baht 9,000 whereas the public health service providers supported the gloves used in the funeral.

2. *Village Number 7 (Ban Khao Lom)*: There were risk sources and risk groups consisting of the youths. After all responsibilities, they played sport where the

sport president was established and the village headman was the main leader. The members of the Sub-district Administrative Organization supported the sport equipments. As a result, the teashop and karaoke shop had to be closed as nobody visited there. However, there was still the alcohol/beer shop but only a few villagers visiting the shop. The funeral boat for clean the dead people were used in this village.

3. The Sub-district Administrative Organization of Thung Yoew had put the AIDS prevention and solution plans of the local government for 1 year and 3 years. The operation would extend to the two villages of Thung Yoew Sub-district with the budget in the amount of Baht 10,000. In addition, the budget in the amount of Sub-district Administrative Organization 45,000 was provided for AIDS Center of Palian District for the budget year of 2005.

Components of PRA Process Achievement

1. The local administrative organization realized the importance of AIDS prevention and solution supporting the budget and participating in the activity with the researcher
2. The cooperation of the stakeholders consisting of the community leaders, religious leaders, experts, public health volunteers, representative housewives, family leaders, spokesman of news tower, Sub-district doctors and infected persons, who revealed themselves.
3. The cooperation of the team of lecturer and associating local units for the participation in PRA process leading to the qualitative research.

Advantages of the Study

1. This project empowered people in the community for HIV/AIDS management in the community and increasing the cooperation of the people in community
2. The problem selected for the research was responded to the requirement of the community
3. The study was the qualitative research aiming the community to participate in the research and solve their own problems.

5.3 Suggestions

5.31 Suggestions for Future Actions

According to this study, the researcher would like to propose the suggestions for the beneficial exploitation of the research results in PRA process for the AIDS realization as follows:

1. AIDS was imprinted by the society; thus the HIV/AIDS were not accepted by the society. As they were disgusted by the society, the HIV/ AIDS did not dare to reveal themselves. As a result, they were not treated correctly being infected by the opportunistic infection prophylaxis and were finally dead. Therefore, the knowledge should be provided so that people had the correct understanding and the good attitudes consistent with the culture, society and local lifestyle.

2. HIV/AIDS revealing themselves in the community should be encouraged as the community leaders. Such persons should give advice to other HIV/AIDS in order to extend their life. For the HIV/AIDS showing symptoms of AIDS, they should receive the treatment to save their life.

3. The stakeholders, who were the major leaders, should participate in the AIDS operation in the community encouraging people to make a decision to join the village's activities continuously.

4. The results of the PRA process, which were the activity plan of the two villages, should be put in the 3-year Sub-district strategically plan of the Sub-district Administrative Organization.

5.3.2 Suggestions for Further Research

1. The research should be studied only in the village because it took a long time for the study, as it was the qualitative research and the community had to participate in all steps In addition, the objective of the research did not aim to compare the difference between two villages; thus the analytical results were difficultly concluded.

2 The attitude measurement of household representatives should be performed by the same people *pre and post the PRA process* (Pair t test)

3. The data derived from the PRA analysis should be exploited in the practical research for the community participation in terms of the prevention of AIDS infection and the care of AIDS patients. The study should be taking a year of research asking the budget from different budget sources.

4. There should be the evaluation of PRA process in order to increase awareness of community people and improvement of HIV/AIDS case management in the community