The Process to Enhance the Capacity of Community Health Leaders for AIDS Prevention in Southern Thailand

Jeranoun Thassri[1*]

[1] Associate Professor, Dr., Health System Management Institute, Prince of Songkla University(HSMI-PSU)
[*] **Corresponding author**, **e-mail:** jeranoun.t@psu.ac.th

Abstract

Participatory action research was the methodology chosen in the process of enhancing the capacity of community health leaders to promote AIDS activities between April 2006 and February 2007 at sub-district level in Songkhla province, Southern Thailand. The purpose of this study was to explore the process of enhancing the capacity of community health leaders and to explain the factors that influence this process. Community participation at all levels including regional, provincial, district, and sub-district was the conceptual framework of this study. The participants were 48 community health leaders, four health care providers from sub-district, and five health care providers from outside the community (regional, provincial, and district level). Data was collected by individual and group interviews of community health leaders. As a result, the process for enhancing the capacity of community health leaders to promote AIDS activities at sub-district level in Songkhla province consisted of three stages, namely planning, implementing, and evaluating, otherwise known as the cyclical model. Firstly, planning was enacted in order to raise public awareness and improve community health's ability and attempts to promote AIDS activities for AIDS prevention through collaborations with various internal and external communities. Also during this stage an AIDS' plan was developed, distributed and conducted. The second stage included implementing to involve an "AIDS program" which came from the community health leader's planning. It was used to train community health leaders who could then give practical advice relating to AIDS issues to community health leaders. The final stage included evaluation of project implementation through a series of reflection sessions and a sharing of experiences covering the processes of enhancing the capacity of community health leaders. The enhancing capacity factors that affected this process are

"the local resource support" and "the external support". This participatory action research suggested that all government officers, non-government officers, and members of communities, especially community health leaders, should play a supplementing role to control and prevent AIDS issues in communities.

Keywords: process, enhance the capacity, community health leaders, AIDS prevention, Southern Thailand

Introduction

AIDS is a global occurrence and especially widespread in parts of Asia, Africa, and the Americas (Frew & Bernhardt, 2003; Koetsawang & Auamkul, 1997; Levi, 2000; Rushing, Watts & Rushing, 2005). In Thailand, like Vietnam, health education programs are essential for protection and prevention of AIDS related problems (Rushing, Watts & Rushing, 2005). The spread of the HIV infection in Thailand seems to be under control among certain groups of young adults (Thongcharoen, 1999). Transmission of the HIV infection is still increasing amongst some at risk groups and means of transmission is changing from the past. Many young people continue to visit sex workers, and sex work has shifted from what were more obvious direct sites to more clandestine indirect sites, which are more difficult to reach with prevention efforts.

Additionally, one-half of all transmissions were between husband and wife (Ministry of Public Health, 2001). To solve these problems, all programmatic approaches on prevention and control that are carried out by various groups of researchers have been jointly undertaken by governmental and non-governmental organizations. For instance, Thassri and colleagues (2006) found that in the development of an AIDS education training program to reduce the incidence of HIV/AIDS, community health leaders were the key persons to participate in this study (Thassri, Thassri, Wijitsopha & Suwan, 2006). Therefore, participation of community health leaders is vital to help reduce the incidences of HIV/AIDS around the world (Lanouette, Noelson, Ramamonjisoa, Jacobson & Jacobson, 2003; Rifkin, 1990) and was used as a guide in this study. This means a comprehensive multisectoral effort with government and non-government offices from a regional and national level, through to provincial, district, and sub-district levels.

Objectives

1. To explore the process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level in Songkhla Province.

2. To explain the factors that influences the process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level in Songkhla Province.

Conceptual Framework

The cyclical model is the conceptual framework of this project. It consisted of participation of the community at all levels including regional, provincial, district, and sub-district. With regards to the purpose of the study, participants and researchers collaborated throughout the three stages of the study, namely planning, implementing, and evaluating. The planning stage refers to formulating the AIDS activities, implementing refers accomplishing AIDS activities, and the evaluating refers to ascertaining from the AIDS activities.

Methodology

The participatory action research (PAR) was conducted between April 2006 and February 2007 in one sub-district (or Tambon), Songkhla province, Southern Thailand, which adjoins the Malaysian state of Kedah. Songkhla covers an area of 7,393.9 square kilometers (approximately 1,848,472 acres). The population of the province is 1,159,672. It has been known as a principal sea port and coastal trading post from time immemorial. As a historic town, Songkhla has inherited ancient ruins, arts, and places of cultural importance in addition to its unique tradition, dialect, and folk entertainment, a reflection of its rich cultural heritage. Songkhla can be an ideal place for tourists to visit. However, with regards to AIDS issues Songkhla is far from ideal. The province of Songkhla is rated in the top ten provinces where there is a high number of sex workers and places of employment for sex workers in Thailand. The sub-district participating in this research was chosen due to having the highest number of AIDS patients (from 100,000 populations) in songkhla province.

This research was divided into three phrases: (1) Planning, (2) Implementing, and (3) Evaluating. Multistage random sampling was employed to obtain 48 community

health leaders who live within the communities and project volunteers to promote AIDS activities at sub-district level. Moreover, four health care providers from inside the communities (sub-district) and five health care providers from outside the communities (areas of region 12, provincial representatives, and district representatives) were involved throughout the three phrases. Community health leaders who participated in this PAR were trained by various strategies including lectures, group discussion and presentation, and role play.

The data collection strategies used in this study included several methods: individual and group interviews, and participant observation. A tape recorder and photography were used to gather the data during this study. The data were collected during three phrases of planning, implementing, and evaluating. Data collected were transcribed and analyzed simultaneously with the data analysis process. In addition, field notes and a diary were recorded during the process of the research study.

The instruments in this study were (1) a personal data form. This included sample demographics such as age, marital status, and education, and (2) individual and group interviews guidelines: comprised of a number of open-ended questions such as: How to prevent AIDS? How can community health leaders help to solve AIDS problems?

The rigor in this study was the qualitative research which the researchers approved in all steps of the research process. It emerged in the content and process of the research within the context of the research setting. The criterion of the rigor of this qualitative research included credibility, fittingness, auditability, and confirmability.

The data were analyzed by using content analysis methods in order to explore the process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level and explain the factors that influenced the process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level. The process of qualitative data analysis included four phases: (1) Transcribing, (2) Transcript review, memos, and coding, (3) Clustering, and (4) Check agreement. The analyzed data were presented to community health leaders to further explore this information and verify the data in each workshop.

Upon approval from the Faculty of Nursing, Prince of Songkla University, regional, provincial, district, and sub-district, health care providers were contacted for permission to participate in the study. Also, the potential key participants, sub-district community

health leaders, were contacted in order to ask for their voluntary participation in the research study. Protection of subjects' rights was obtained by full oral explanation: (1) the title of the study, (2) the purpose of the study, (3) assurance of the subjects' anonymity, (4) voluntary participation with and withdrawal from the study at any time, (5) the usefulness of the results of the study to the community, particularly AIDS prevention and control, and (6) the name and address of the investigators.

Results and Discussion

Results

1. Of the 48 community health leaders who were trained in this study, more than 50% were 36-55 years old and married. The majority had an educational level of less than 12 years (95.8 %). Most reported their monthly family income to be less than 10,000 Baht (91.7%). All community health leaders were Buddhist. The majority had experience of increasing their AIDS' knowledge before this project was conducted (81.3%).

2. The process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level in Songkhla Province consisted of three steps (Figure 1).

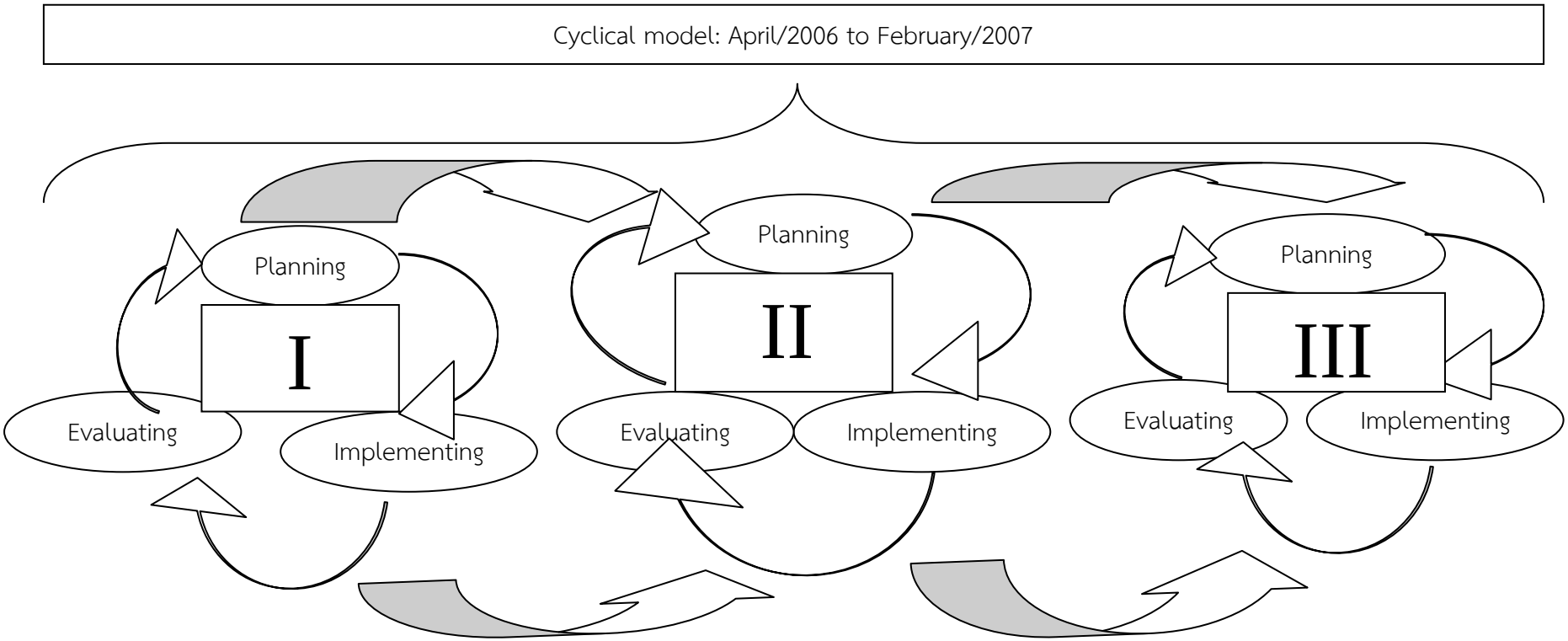

Figure 1 The process of enhancing the capacity of community health leaders to promote AIDS activities at Tambon level

Note: I = Participation at provincial level

II = Participation at district level

III = Participation at sub-district level or Tambon level

The first step was to analyze the current AIDS situation, and to create and stimulate awareness of AIDS' problems in the communities. Moreover, ways of sharing AIDS' problems together and providing AIDS' problem solving ideas were formulated in this step. There was one meeting at provincial level, two meetings at district level, and one meeting at sub-district level. In this step AIDS committees and consultants in communities were established. Then, the needs and goals to promote AIDS activities at sub-district level for this project were established. The consequence of the first step was the planning of AIDS activities (table 1) for community health leaders at one sub-district where there were health personnel working in the sub-district level.

Table 1 The planning of AIDS activities at one Tambon in Songkhla province between July 2006 and February 2007

Date	Activities
July to November 2006	Preparing community health leaders to educate people in their communities for AIDS prevention and control. For instance: (1) Improve knowledge of AIDS through asking questions such as What is AIDS? How is AIDS transmitted? and How can AIDS be prevented?, (2) Change the attitude toward HIV/AIDS infected people in their communities, (3) Role of community health leaders and AIDS in the communities, and (4) Community health leaders and AIDS prevention and control. There were various activities in this stage including games, group activities, songs, and role plays. Planning of AIDS projects by community health leaders.
December 2006 to January 2007	Conducting AIDS projects in the communities by community health leaders.
February 2007	Presenting AIDS projects from community health leaders. Suggestions with regards to AIDS projects from experts of the internal and external community. Conclusions and reports of the project.

The second step was to conduct AIDS activities as planned. In this step, for preparing community health leaders to educated local people in their communities, various activities to increase AIDS knowledge, improve attitudes towards HIV/AIDS suffers and improve relationships among community health leaders and government officers to promote AIDS activities at sub-district level were provided. Moreover, how to improve self-confidence of community health leaders when advising people was also considered and discussed in all meetings. The examples of activities were games, group activities, songs, and role plays. After this period, community health leaders practiced advising people in their communities. The consequence of the second step was the 5 projects in 5 communities where they developed and conducted activities to reduce the number of HIV/AIDS incidences. Finally, they presented and reflected on their activities in the meeting of this study.

The last step was an evaluation which was provided during all process of this participation. For instance, the most appropriate time to hold workshops to train community health leaders should not be more than 2 hours per session. Moreover, they needed presenters for the workshops from various different organizations including HIV-infected persons. Finally, they also felt they would greatly benefit from a trip to a famous Thai Buddhist temple where HIV-infected people from throughout Thailand live together. This activity was supported by their community fund.

3. The enhancing capacity factors that affected this process are “the local resource support” and “the external support”. This refers to personnel, timing of activities, organizational management, budgeting, and planning from all levels including regional, provincial, and district.

Discussion

1. The process of enhancing the capacity of community health leaders to promote AIDS activities at Sub-district level in Songkhla Province consisted of participation of participants from inside and outside the communities. Support from the community and on a larger scale, society, is a very important factor of success for model participatory AIDS prevention (Hassman, Limchaiarunruang, Singchangchai & Wiriyapongsugit, 2006). Klinkhajorn (1997) stated that community participation and awareness of problem-solving were extremely important to lead to sustainable development of a village. Community participation in this study was conducted in all

three stages, i.e. planning, implementing, and evaluation. For instance in the planning stage, community health leaders needed more knowledge of AIDS issues to enable them to hold discussions with HIV infected people. They expressed a desire for the opportunity to meet with actual HIV infected people. Most of them had never had contact with HIV/AIDS suffers before.

For the implementing stage, community health leaders developed and conducted their projects by consulting with health care providers in the sub-district. Finally, participants carried out self-reflection by themselves which provided feedback such as “I gained more knowledge of AIDS prevention issues and has a result I’m better able to protect myself from infection and advise my relatives and neighbors. However, it did not work with teenagers. They did not listen, so I talked to their parents”. This is similar to “A model of AIDS problem solving in community, Kaochaison district, Pattalung province” which reported that after participants gained more knowledge of AIDS from project meetings, they advised their family and members of the community (Petchmark, 1998). In brief, adequate planning, qualified human resources (such as consultants), and sufficient means (including time and financial assets) are hugely important in the process of enhancing the capacity of community health leaders to promote AIDS activities at sub-district level in Songkhla Province.

2. The enhancing capacity factors that affected this process are “the local resource support” and “the external support”. Focusing on the local resource support personnel, especially community health leaders they played an important role in participation to promote AIDS activities including planning, implementing, and evaluating. The findings of this study are similar to the results of the AIDS education training program for community leaders in 1999 (Thassri, Thassri, Wijitsopha & Suwan, 2006). The participation of people in their communities is accepted as a way of solving health problems. For instance in Northeast Thailand, community participation is one of five characteristics for the maturation of social strength to combat drugs (Daenseekaew, Srisontisuk, Thongkrajar & Sriruecha, 2006).

In addition, the external community support such as the researchers, and health care providers from region 12, Songkhla province, and the district acted as facilitators to increase the effectiveness of this process in the study. For instance integrated AIDS activities with other health problems for the sub-district were carried out including

planning, implementing, and evaluating. This has a similar principle to another project in Thailand, which had the objective to develop an integrated model of disease prevention and control for increasing efficiency of health projects and decreasing resource wastage (Phaamnoayphol et al., 1998).

Conclusions

To enhance the capacity of community health leaders to promote AIDS activities at Tambon level in Songkhla Province, cyclical participation including planning, implementing, and evaluation from all levels including, region 12, province, district, and sub-district were provided. Moreover, they were invited to present, share and critically analyze the ideas to promote AIDS activities at Tambon level in this project. Additionally, the enhancement of the capacity of community health leaders to promote AIDS activities at Tambon level in Songkhla province consists of both local resource support and external support. First, the local resource support refers to personnel, timing of activities, organizational management, budgeting, and planning. Second, the external support refers to support from outside of the local community. Therefore the external personnel do not reside in the community but are involved in and have a responsibility relating to AIDS issues, such as the researchers, and health care providers from region 12, Songkhla province, and the district. In other words, the external community health leaders are the community facilitators to support and enhance the capacity of the people who reside in the communities.

Recommendations

The process to enhance the capacity of community health leaders for AIDS prevention in southern Thailand was developed to slow the spread of the HIV/AIDS epidemic in Thailand. This was based on the participation of stakeholders at all organizations including regional, provincial, district, and sub-district level. It will succeed if the use of active participation of the community takes place together with an improvement of existing health services to meet the needs of target groups. The barriers within health systems that hinder the delivery of health interventions should be identified and obstacles to the adoption of healthier sexual and reproductive behavior by adolescents should be examined. The results from this study will be useful, if

modified to suit other settings where there are similar contexts. For instance, there is cooperation of all organizations inside and outside the communities. It is to provide, advice, support, and facilitate all resources such as timing, material, and land management for AIDS prevention activities in communities. Budget management of AIDS prevention activities should be considered and supported by community-based organizations or local sub-district offices. In brief, the creative AIDS prevention process can also be applied for health practice, education, administration, and research.

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