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นิพนธ์ต้นฉบับ

กระบวนการพัฒนาศักยภาพของชุมชนเพื่อการป้องกันเอดส์ในจังหวัดสงขลา

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บทคัดย่อ

การวิจัยเชิงปฏิบัติการแบบมีส่วนร่วมครั้งนี้มีวัตถุประสงค์เพื่อศึกษากระบวนการพัฒนาศักยภาพของบุคลากรในชุมชนจังหวัดสงขลาสำหรับทำกิจกรรมเกี่ยวกับการป้องกันโรคเอดส์ ใช้เวลาในการพัฒนา 11 เดือน โดยมีผู้เกี่ยวข้องกับการวิจัยเชิงปฏิบัติการแบบมีส่วนร่วมประกอบด้วย (1) นักวิจัยจำนวน 2 คน (2) ที่ปรึกษาโครงการจำนวน 2 คน (3) บุคลากรทางสุขภาพจำนวน 4 คน และ (4) อาสาสมัครสาธารณสุขจำนวน 41 คน เครื่องมือที่ใช้เป็นแบบสัมภาษณ์รายบุคคลและรายกลุ่ม การบันทึกภาคสนาม การบันทึกภาพ การบันทึกเสียง และการสังเกตแบบมีส่วนร่วม ทั้งนี้ข้อมูลที่ได้นำมาวิเคราะห์เนื้อหา

ผลการศึกษาพบว่า (1) กระบวนการพัฒนาศักยภาพของชุมชนจังหวัดสงขลา เกี่ยวกับการป้องกันโรคเอดส์ ประกอบด้วยความร่วมมือของผู้เกี่ยวข้องทุกระดับ ตั้งแต่จังหวัด อำเภอ และตำบล โดยมีขั้นตอนสำคัญ ได้แก่ การวางแผน การลงมือทำ และการประเมินผล ตามลำดับ ซึ่งแต่ละขั้นตอนมีวัตถุประสงค์ และกิจกรรมที่หลากหลาย ได้แก่ การวิเคราะห์สถานการณ์และปัญหาเอดส์ในชุมชน และการจัดทำโครงการในชุมชน และ (2) มีโครงการป้องกันโรคเอดส์ระดับตำบลจากกระบวนการพัฒนาศักยภาพของชุมชน จำนวน 5 โครงการ ซึ่งผลการศึกษาดังกล่าวได้แสดงขั้นตอนที่พัฒนาให้ชุมชนเกิดความตระหนักในสภาพปัญหาโรคเอดส์ การสร้างความมั่นใจแก่กลุ่มอาสาสมัครสาธารณสุขและผู้นำในชุมชนให้มีความรู้และสามารถเป็นแกนนำหลักในการจัดกิจกรรมเกี่ยวกับการป้องกันโรคเอดส์ ตลอดจนสามารถตัดสินใจในการจัดกิจกรรมต่างๆในชุมชน ผลของการศึกษาเป็นประโยชน์ต่อการพัฒนาโครงการและจัดกิจกรรมการให้ความรู้เพื่อการป้องกันโรคเอดส์ในอนาคต และควรบูรณาการโครงการเพื่อการป้องกันโรคเอดส์ในนโยบายระดับท้องถิ่น

คำสำคัญ: *กระบวนการ, การพัฒนาศักยภาพของชุมชน, กิจกรรมการป้องกันโรคเอดส์, จังหวัดสงขลา*

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Original Article

AIDS Prevention Activity in Songkhla Province

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Abstract

The purpose of this participatory action research was to describe the process for the enhancement of community practice to promote AIDS prevention activities in Songkhla province. The research was carried out in communities for eleven months, two researchers, two consultants, four health care providers and forty one community health leaders participated in AIDS prevention activities. The instruments were Individual and group interview questionnaires, field-notes, photos, tape records, and participating observations. The content analysis was done.

The results of this study are presented as follows: (1) the participation of all sectors in three phases including planning, implementing, and evaluating was the process to promote AIDS prevention activities which the collaboration of province, district, and sub-district level. Different objectives and various techniques

Keywords: *Process, The Enhancement of Community Practice, AIDS Prevention Activity, Songkhla Province*

Introduction

Around the world, both developed and developing countries are facing a serious AIDS epidemic, especially in Africa and Asia (Chifunyise, Benoy & Mukiibi, 2002; Ruxrungtham, Brown, & Phanuphak, 2004; Schneider et al., 2006; Smith & DiClemente, 2000). There is extra ordinary diversity in the response to HIV between countries and regions. In Asia, AIDS epidemics reported great diversification including severity and timing. Ruxrungtham and colleagues reported that there were several factors that affect the rate and magnitude of growth of HIV prevalence, however two of the most important are the size of the sex worker population and the frequency with which commercial sex occurs (Ruxrungtham, Brown, & Phanuphak, 2004). Worldwide, slightly more than 56 million people died in 2001. One-third of these deaths were from communicable, maternal, and perinatal conditions and nutritional deficiencies. Among these diseases, HIV/AIDS accounted for only 2% of deaths in 1990, however the rate considerately rose to 14% in 2001 (Lopez et al., 2006).

Therefore, AIDS control programe is set as the Millennium Goals many countries. Mocumbi & Amaral (2006) stated that the effectiveness of control of sexually transmitted infection is dependent on the maturity of the AIDS epidemic, but is an essential intervention due to other serious consequences for sexual and reproductive health. Preventive intervention was implement with regard to reproductive rights is one effective control of HIV to fight the rising number of HIV infection cases in Bali, Indonesia. The development of appropriate written educational material targeted at injecting drug users and urban youth is also necessary (Setiawan et al., 1999). In Thailand, AIDS is still a serious problem including physical, psychological, economic, and social aspects. Moreover, communities and organizations are confronted with various problems related to AIDS. For instance, the assessment the impact of HIV/AIDS from the beginning of the epidemic up until 2005 was found 1,070,000 accumulative cases of infected people. Of these, 510,000 are death and 560,000 are still living with HIV/AIDS. The epidemic has also resulted in significant social problems and difficulties, including children being born with HIV or affected by HIV/AIDS in some other way (The National Committee for HIV and AIDS Prevention and Alleviation, 2007).

To promote AIDS prevention activities in communities by participation of all sectors including government and non-government should be one strategy to reduce the incidence of HIV/AIDS in Thailand that needs to be developed according to all risk groups. Additionally, participatory action research (PAR) is an important methodology to solve AIDS' s problem (Fongkaew, Rutchanagul, & Fongkaew, 2005; Thassri, 2015). PAR is accepted as an effective peer education tool, an empowering process, and a tool for gathering information on the gap between knowledge and behavior (Goto, Tiffany, Pelto, & Pelletier, 2008). The objective in this study was to describe the process of enhancement of community practice to promote AIDS prevention activities in Songkhla province.

Methodology

The methodological framework of participatory action research (PAR) was conducted in one district of Songkhla Province, Southern Thailand, where the incidence of HIV/AIDS is high. This research was divided into three phases: (1) planning, (2) implementing, and (3) evaluating. The participants consisted of two consultants which were the key participants of the project, four health care providers (1 from district and 3 from sub-districts), and forty one community health leaders (from 3 sub-districts). In addition, leaders of regional, province, district (Nai-Ampoe) and local offices of the sub-districts were involved in this project at different phases.

Various techniques including individual and group interview guidelines were used in this PAR. The data collection and instruments were as following: (1) Personal data form. This included sample demographics such as sex, age, marital status, education, income, experience of gaining AIDS knowledge and leadership of AIDS activities in the communities, and experience of conducting AIDS projects in the communities. This form was provided for the community health leaders at the beginning of the research project, (2) Knowledge regarding AIDS issues, which consisted of AIDS infection, and (3) self-confidence to conduct AIDS prevention activities such as to inform AIDS issues to family members, or to support family members if they needed, or to inform AIDS issues to neighbors, and to share AIDS issues with neighbors.

The instruments were developed from the

previous research study (Thassri et al., 2006; Thassri & Jaruphandh, 2007). Individual interview and group interviews were used for data collection in this study. The interview guidelines comprised of a number of open-ended questions based on the objective and conceptual framework of this study which were developed by the researchers. They were critically reviewed by an expert panel, which included a public health nursing expert, nursing faculties, and educators. These questions were used to create the process for enhancing the capacity of community health leaders to promote AIDS prevention activities at sub-district level in Songkhla province. Finally, data triangulation and investigator triangulation to enhance confidence in the ensuing findings were quality and accuracy.

Upon approval from the Faculty of Nursing, Prince of Songkla University, regional, provincial, district, and sub-district health care providers were contacted and asked for permission to participate in the study. Also, the potential key participants (local organization), sub-district community health leaders were contacted to ask for their voluntary participation in the research study.

The study was approved and revised at all steps of the participatory action research conducted by participants, consultants, and researchers. The credibility, fittingness, audit ability, and conformability were taken care of by the researchers. Credibility in this study was strengthened by using multiple data sources to confirm the accuracy of the findings. Data sources included workshops, participant observations, individual interviews, and a research diary. The researchers assisted participants to check and make sure that the research findings were the same as their expectations and experience for the overall report before writing the final report. The researchers worked in this setting for 11 months (from October 2007 to August 2008) and were involved in continued observation.

Content analysis was used in the study including four phases: (1) transcribing, (2) transcript review, memos, and coding, (3) clustering, and (4) checking agreement. The analyzed data were presented to community members for further explore this information and verify the data in each workshop.

Results and Discussions

In this study, 41 community health leaders in three sub-districts of Songkhla province were enrolled for data collection. The majority of the participants were female, aged between 31 and to 40 years old, married, educated up to primary school level, engaged in farming, Buddhist religion, house hold income of 4,001-6,000 Baht per month, and with experience of educated AIDS knowledge and leadership of AIDS activities in the communities. Furthermore, they had no experience of conducting AIDS projects in their communities as well as the context of this study.

Three phases of the process for the enhancement of community practice to promote AIDS prevention activities at district level in this participatory action research namely planning, implementing, and evaluation were presented as follows:

1) Phase I: Planning

At the beginning, the researchers, consultants, and participants (community health leaders) discussed and analyzed various aspects regarding AIDS. For instance, context, policies, AIDS incidences, and advocate solving AIDS problems in communities were argued. Many questions were proposed in the workshop such as “Why AIDS incidences in this district was the highest from 16 districts of the province?” “How can we reduce the AIDS incidences in the community?” “Who should be the focus group target for AIDS prevention in each sub-district?” The commitment of all organizations in 5 sub-districts to solve AIDS problems was established by all sectors of communities as an aggressive response to counter this district epidemic. In this phase, community health leaders were the key persons to promote AIDS activities for prevention and control. However, other groups including health care providers of each sub-district were still the main people to AIDS prevention projects were developed from this phase. In brief, the main purpose of this first stage was to increase awareness of AIDS problems that all sectors need to be concerned about. Also, exploitation of AIDS planning into the community was desirable goal.

2) Phase II: Implementing

Before the implementation phase, all 5 AIDS planning projects of the 5 sub-districts were reviewed. The entitled of 5 AIDS planning projects were: (1) Municipal project of AIDS prevention, (2) Rattaphum project of

AIDS prevention, (3) Khuanso project of AIDS prevention, (4) Huaylueg project of AIDS prevention, and (5) Bangrieang project of AIDS prevention. Only 3 of the 5 projects in 3 sub-districts were enrolled and committed to continue. The second phase was to conduct the AIDS prevention activities in communities following an AIDS' plan. This involved preparing community health leaders to educate people in their communities, and conducting the various activities to increase AIDS knowledge, improve attitudes towards HIV/AIDS suffers, and improve relationships among community health leaders, government officers, and local officers to promote AIDS prevention activities at sub-district level were provided. Moreover, how to improve the self-confidence of community health leaders to advice people were considered and discussed in all workshops. There were different techniques in each sub-district which depended on their needs. The examples of activities were role play to offer advice on AIDS issues, demonstration of proper condom use, and presentation by HIV infected people. After this period, community health leaders from 3 sub-districts practiced advising people in their communities. Home visits to prevent AIDS were scaled up in this phase. Finally, they presented and reflected their activities in the project workshop. Building confidence of community health leaders to educate people in communities was an essential component for the AIDS prevention activities of this study. In short, the main purpose of this stage was to train community health leaders to educate people in their communities. This can be extremely useful as a tool for AIDS prevention and control.

In addition, in this phase, one of three sub-districts needed more help for support and suggestions regarding the data collection and analysis. This is because the sub-district submitted the AIDS project for funding from an external organization (funding of AIDS projects at the regional level). An AIDS prevention activity of this project was supported by the funding from region 12. Therefore, it must complete certain phases, namely planning, implementing, and evaluating. On the other hand, the other two sub-districts did not need extra support and suggestions from the researcher.

3) Phase III: Evaluating

The evaluation step was provided for all processes of participation action research. This was to conformability, feasibility, and productivity of AIDS prevention activities in communities. For instance, 5 AIDS projects were reviewed and had to improve the thought process for decision making. Only 3 of them were implemented in this study while the other 2 projects of 2 sub-districts were planned to be implemented next year. There were many reasons such as no team to implement the AIDS project, and the need for a larger budget to conduct AIDS activities in communities. The main purpose of this final stage was to improve all activities which increased efficiency of AIDS activities. Gaining more knowledge of AIDS issues and more self-confidence of community health leaders to conduct AIDS prevention activities in communities were important in this last step. As one participant said "I have one son, 23 years old and working in another province. He is in the risk group for HIV-infection. At present after having experienced from participation in this study, I often talked to my son about safe sex such as using condom. Comparing before participation in this study, I'm shy and not confidence to talk to him.

Finally, the process for enhancing the capacity of community health leaders to conduct AIDS prevention activities in communities within a system of working, namely planning, implementing, and evaluating was included in the research project's plan.

In brief, during 11 months of PAR, planning, implementing, and evaluating phase were conducted as the cyclic process. These were started in a particular state and returned to that state after undergoing some suggestions, recommendations, and/or problems in this study. For examples, 3 of 5 projects were implemented while the other 2 projects were not convenient and suitable to be implemented in this study.

- **Discussions**

In this study, the participation of all sectors was the conceptual framework. It is an important concept worldwide for countries using health education and research into AIDS prevention control (Beeker, Grey, & Raj, 1998; Daenseekaew et al., 2006; Hassman et al., 2006; Mocumbi & Amaral, 2006; Sharts-Hopko & Bonas, 1998; Thassri et al., 2006). For instance, Mocumbi & Amaral (2006) stated that reducing the vulnerability of males and females to HIV infection, government and the civil society should join hands in order to create a social environment that discourages men and women from engaging in risky behavior that puts them at risk of HIV. In

addition, participation in a community-based research project must be negotiated among an evolving web of roles and relationships (Chung & Lounsbury, 2006). Similarly to this study, internal community members particularly community health leaders and external community members such as health care providers from district, province, and regional level were involved and participated in all phases including planning, implementing, and evaluating.

Klinkhajorn (1997) stated that awareness of problem-solving was important to lead to sustainable development of a village. Therefore, the concept of community participation to solve AIDS problems in this study was conducted in all three stages, planning, implementing, and evaluation. For instance, in the planning stage, community health leaders needed more knowledge of AIDS issues especially to discuss the effect of HIV/AIDS. They needed to talk with actual HIV infected people. On the other hand, health care providers needed their knowledge for data collection to conduct the AIDS prevention activities as well as possible. In addition, they have their own experience of conducting AIDS prevention activities in the communities. Finally, they also reflected and evaluated their activities in order to improve effectiveness. In brief, adequate planning, conducting AIDS prevention activities and evaluating, qualified human resources (such as consultants), and sufficient means (including time and financial assets) are important in the process of enhancing the capacity of community health leaders to promote AIDS prevention activities at sub-district level in Songkhla province.

Conclusion

Participation of all sectors in three phases including planning, implementing, and evaluating was the process to promote AIDS prevention activities in this study. The first phase: Planning, the main purpose of this phase was to increase awareness of AIDS problems that all sectors need to be considered. Development of AIDS projects for all five sub-district was desirable. At the end of the first phase, five sub-district AIDS prevention projects were developed by local communities. The second phase: Implementing, three of the 5 AIDS projects in 3 sub-districts were enrolled in this study. The main purpose of the second phase was to conduct the AIDS prevention activities as the plan. These involved preparing participants such as community health leaders to educate people in their communities, and conducting the various activities to increase AIDS knowledge, and improve the self-confidence of community health leaders to inform people about AIDS prevention in their communities. Also health care providers who acted as the mentors for community health leaders were involved in all steps especially regarding data collection and analysis after conducting AIDS prevention activities in communities. Lastly, the third phase: Evaluating, the main purpose of this stage was to present and reflect upon AIDS prevention activities which were conducted by the participants in this study. Therefore, it was intended to improve all activities which increased efficiency of AIDS activities. Gaining more knowledge of AIDS issues and more self-confidence of community health leaders to conduct AIDS prevention activities in communities were important in this last step.

References

Beeker, C., Grey, C. G., & Raj, A. (1998). Community empowerment paradigm drift and the primary prevention of HIV/AIDS. **Social Science Medical Journal, 46**, 831-842.

Chifunyise, T., Benoy, H., & Mukiibi, B. (2002). An impact evaluation of student teacher training in HIV/AIDS education in Zimbabwe. **Evaluation and Program Planning, 25**, 377-385.

Chung, K., & Lounsbury, D. W. (2006). The role of power, process, and relationships in participatory research for statewide HIV/AIDS programming. **Social Science and Medicine, 63**, 2129-2140.

Daenseekaew, S., Srisontisuk, S., Thongkrajar, E., & Sriruecha, P. (2006). Mobilizing communities to combat illicit drug use in Northeast Thailand. **Thai Journal Nursing Research, 10**, 141-154.

Fongkaew, W., Rutchanagul, P., & Fongkaew, K. (2005). Linking sexual and reproductive health to HIV/AIDS prevention among Thai early adolescents: Youth and adult partnership approaches. **Thai Journal of Nursing Research, 9**, 251-266.

Goto, K., Tiffany, J., Pelto, G., & Pelletier, D. (2008). Use of Q methodology to analyze divergent perspectives on participatory action research as a strategy for HIV/AIDS prevention among Caribbean youth. **AIDS Education and Prevention, 20,** 301-311.

Hassman, ,N., Limchaiarunruang, S., Singchangchai, P., & Wiriyapongsugit, S. (2006). Development of a model participatory AIDS prevention activity among health officers, community leaders, parents and youths in a community at Thepha district, Songkhla. **Thai AIDS Journal, 18**, 59-68.

Klinkhajorn, T. (1997). Implementation of new paradigm in the development of community participation at the village level, Pattani province. **Journal of Health Science, 6**, 520-527.

Lopez, A., Mathers, C., Ezzati, M., Jamison, D., & Murray, C. (2006). Global and regional burden of disease and risk factors, 2001: Systematic analysis of population health data. **Lancet, 367**, 1747- 1757.

Mocumbi, P., & Amaral, E. (2006). Reproductive right and HIV/AIDS. **Best Practice and Research Clinical Obstetrics and Gynaecology, 20**, 381-393.

Ruxrungtham, K., Brown, T., & Phanuphak, P. (2004). HIV/AIDS in Asia. **Lancet, 364**, 69-82.

Schatz, P., & Dzvimbo, K. P. (2001). The adolescent sexual world and AIDS prevention: A democratic approach to programme design in Zimbabwe. **Health Promotion International, 16**, 127-136.

Schneider, E., Glynn, M. K., Kajese, T., & McKenna, M. T. (2006). Epidemiology of HIV/AIDS United States, 1981-2005. **Morbidity and Mortality Weekly Report, 55**, 589-592.

Setiawan, I. M., Patten, J., Triadi, A., Yulianto, S., Adnyanna, I. Pt. G. T., & Arif, M. (1999). Report on injecting drug use in Bali (Denpasar and Kuta): Results of an interview survey. **International Journal of Drug Policy, 10**, 109-116.

Sharts-Hopko, N. C., & Bonas, G. H. (1998). HIV/AIDS risk in the college population. Modifying the culture in a private religious university. **Journal of the Association of Nurses in AIDS Care, 9**, 72-79.

Smith, M.U., & DiClemente, R.J. (2000). STAND: A peer educator training curriculum for sexual risk reduction in the rural south. **Preventive Medicine, 30,** 441-449.

Thassri, J. (2015). The process to enhance the capacity of community health leaders for AIDS prevention in Southern Thailand. **International Conference 6**th, June 26, 2015. HatYai University. (proceeding) p. 844-855.

Thassri, J., Thassri, S., Wijitsopha, S., & Suwan, S. (2006). The development of an AIDS education training program for community leaders. **Thai Journal Nursing Research, 10**, 144-153.

The National Committee for HIV and AIDS Prevention and Alleviation. (2007). **Book I the national plan for strategic and integrated HIV and AIDS prevention and alleviation 2007-2011: Key contents**. Bangkok: The Agricultural Co-operative Federation of Thailand.