

CHAPTER 1

INTRODUCTION

HIV/AIDS, at the present, is a vital problem of humanity. It is complicated and relates to every social problem, for instance, economic crisis, political problems, education, illegal drugs, tourism as well as orphan and family problems. These directly affect the lives of people in communities, customs and traditions, population structure and public health development. The disease is incurable. Every one infected with the virus will soon die. This is because HIV (Human Immunodeficiency Virus) which causes AIDS will deteriorate the immune system and makes the infected persons prone to other diseases resulting severe symptoms than in healthy people. Furthermore, the spread of HIV is relentless worldwide. In just a short period of time, there are increasing numbers of people infected with HIV/AIDS. Presently, HIV/AIDS rapidly spread throughout every region of the world especially Africa and Asia, but every nation seems to be facing with HIV/AIDS.

In Thailand, since HIV was first found in 1984, a number of infected people swiftly increase. The highest number of people with HIV/AIDS was found in 1997 and started to slow down in 1998 as shown in Table 1.1. However, there are still numbers of patients whose appearance of symptoms have not shown or have not come into the reporting system. Thus certain numbers of HIV/AIDS patients have not been identified. This resulted in an underreported numbers of HIV/AIDS patients (AIDS Division, Ministry of Public Health, 2001).

Table 1.1 Number new cases of AIDS patients from September 1984 – January 2000.

Year	Number of AIDS (Cases)		
	Male	Female	Total
1984 -1991	739	108	847
1992	1,505	247	1,752
1993	5,870	995	6,865
1994	11,628	2,152	13,780
1995	16,759	3,652	20,411
1996	19,183	4,994	24,177
1997	19,974	6,126	26,100
1998	18,961	6,563	25,524
1999	13,059	5,282	18,341
Total	107,689	30,128	137,817

Source: AIDS Division, Ministry of Public Health.

According to Thai Expert Committees, it was estimated that 984,000 people in Thailand will be HIV-positive by the year 2000 with 29,000 new infections and 289,000 would have died of AIDS. In 2006, the numbers were estimated to be 1,109,000 HIV-positive people, 601,000 deaths and 17,000 new infections (AIDS Division, Ministry of Public Health). It has been expected that the trend of HIV infection in the future would be declined as a result of numerous efforts of organizations from all levels international, national, provincial, district, sub district and villages. However, the estimated number of HIV/AIDS infected people reached millions and these will soon die. Some may transmit HIV to their partners or children. Children from HIV-positive mothers are left parentless as their parents died of AIDS. A study of the Population Research Institute, Chulalongkorn University (Jirapa Siriwattanamethanont et. al. 1999) estimated that in the year 2000, 75,000 infants will die of AIDS and at least 250,000 children will be at risk of parentless and hence led to social problems.

For Roi-Ed province, the highest number new cases of AIDS patients was found in 1996 and then gradually decreased from 429 to 377 in 1997, to 337 in 1998 and to 250 in 1999 respectively. In the year 2000, from the beginning of the year to the end of February, there remained no report new case of AIDS patients. Presently, in Roi – Ed province, there are 2,488 people infected with the virus and 283 people already died of AIDS. In Nong Phok District, there were 57 reported HIV/AIDS patients and 31 of them have died of AIDS (Report on disclosed HIV/AIDS patients, Public Health Office, Nong Phok District, 2000). A number of AIDS patients declined, partly from a success of campaign programs to give people right images about HIV/AIDS and awareness of protecting themselves from HIV infection. However, the number of AIDS patients has not been speedily decreased. There has been only small numbers declined. This indicates that the spread of HIV/AIDS is still a major health problem of the public.

The report of HIV/AIDS Department, Ministry of Public Health shows that the majority of HIV/AIDS infections mostly are mainly caused by sexual contacts with an infected partner. These include male homosexual, male bisexual, and male and female heterosexual. The other two main causes are sharing of needles and syringes among intravenous drug users (IVDU) and a transmission from pregnant women to their babies. HIV/AIDS patients with unknown cause of infection are 7.16 percent as shown in Table 1.2.

Table 1.2 Number of AIDS Patients classified from risk factors from September 1984 to February 2000.

Risk Factors	Number of AIDS Patients	
	Number	Percentage
1. Sexual Intercourse	114,288	82.93
2. Intravenous drug user (IVDU)	6,937	5.03
3. Vertical transmission from mother to child	6,655	4.83
4. Others	16	0.01
5. Unknown	9,872	7.16
Total	137,817	100

Source: AIDS Division, Ministry of Public Health

According to the information of HIV/AIDS situation collected by AIDS Division, Ministry of Public Health, it was found that most HIV/AIDS patients are in working age group which is between 20-40 years of age. At this age group, they are the main supporter of their family. Occupation with the highest number of HIV/AIDS patients is unskilled works which is equal to 44 percent. The second is agriculture with 21.16 percent respectively. This is consistent with HIV/AIDS situation in Nong Phok District, Roi-Et Province where most HIV/AIDS patients frequently traveled to work in the Bangkok capital and other big cities. In Nong Phok district, the increased rate of HIV/AIDS pandemic reported to public health authorities was found to have the infection from other areas, where they used to work (Source: Interview with HIV/AIDS patients who presented themselves for help at District HIV/AIDS Support Foundation). HIV infected people usually returned home for treatment and care.

Moreover a present, in Nong Phok District, Roi-Et Province, and nearby districts, there are many nightclubs and restaurants with hidden or indirect prostitutions. Especially, in Nong Phok District, there are six locations with approximately one hundred fifty woman prostitutes. Some prostitutes even go out to villages. There is also a wide spread of illegal drug use especially amphetamine in young people and working adults in the villages. These are risk factors contributing to the high spread of HIV infection. HIV/AIDS frequently spread among injecting drug users by sharing of

needles or syringes, or by having unsafe sex. Eventhough the overall HIV/AIDS epidemic situation seemingly decreases, in rural communities the spread of the HIV/AIDS may be increasing due to those contributing factors.

The discrimination of community against HIV/AIDS patients directly affects the patients' themselves, the families and the communities in parts of the living after the infection or treatment and care. A number of HIV/AIDS patients are facing these problems especially those in rural communities in Roi-Et Province (Supaporn Imsamranrat: 1997).

The discrimination against persons with HIV/AIDS is one of the main community problems especially in rural communities. There are a number of HIV/AIDS patients who cannot lead their lives in common ways as other ordinary people in the society or as patients with other diseases such as tuberculosis, cancer, diarrhea and so forth. Some people have to leave their homes, their families and their communities only because they are infected with the virus. Some are terminated from work (AIDS Hotline; 2000). Some even have to live without support and care from families, friends or relatives. These incidences happen because most people in the community still fear of getting infected with the disease from living close to those who are infected. As a result, they object and discriminate against people presenting with HIV/AIDS. The discrimination of people against HIV/AIDS patients could be a result from various causes such as a lack of knowledge and understanding about HIV/AIDS, fear of HIV transmission from living with those infected patients, and negative attitudes and images towards the disease.

The summary report compiled from the in- dept interview with identified HIV/AIDS patients of Nong Phok District, Roi-Et Province (January 2001), on community acceptance of HIV/AIDS patients and their relatives showed that the majority of people in the community fear to talk to HIV/AIDS patients, and were afraid to participate in community activities with the patients. Some HIV/AIDS patients after receiving money from district support foundation, they left to other areas. In 1998, in Nong Khun Yai Sub district one HIV/AIDS patient whom the family rejected committed suicide after two years of infection. Another case was the patient driven out

from family to stay in a rice field away from home with food and water delivered once a day. These happened because most people are still afraid of HIV/AIDS and have negative images about the disease. They are afraid of the transmission of the virus to themselves and their families.

HIV/AIDS patients themselves are also afraid of the objection of families, friends and relatives. They are not confident to disclose themselves. They are stressed. Some killed themselves or left their families. Some care takers would prefer the patients to die as they do not want to take care of the patients any more. Some HIV/AIDS patients were even left lonely at HIV/AIDS care centers from where many other patients are waiting for help as well. HIV/AIDS caretakers are worried about HIV prevention and care of the patients. Families, communities and colleagues ignore HIV/AIDS patients, some were terminated from work, and some were discriminated by nurses who take care of them (AIDS Hotline: 2000).

In Roi-Et Province, approximately twenty percent of persons with HIV/AIDS were discriminated against by their family members. Some who were cared by the family were separated from use of household utensils, food, clothes, water, beds and toilet. This relates to fear of the infection. However, it often was patient's willingness to do so. In part of social care, approximately 70 percent of the study groups were discriminated against by communities. Some when died, people did not go to the funeral or not allowed to keep ashes at village's temple (Supaporn Imsamran 1997). This implied that the discrimination against HIV/AIDS patients in Roi-Et Province is still an urgent issue to be solved. All involved organizations are continuingly giving their best efforts to teach people on HIV/AIDS knowledge. It indeed showed better improvement, but still not sufficient to solve the problem as a whole. Especially, in rural communities, people still lack of knowledge and understanding about HIV/AIDS patients' care. Therefore, encouraging and promoting people with accurate information on HIV/AIDS are essential.

The "Village leaders training program to improve knowledge and attitude toward people with HIV/AIDS." employing the participatory learning technique is one project to help community in gaining knowledge and positive attitudes and about HIV/AIDS. The operation of the project emphasized on student centered method and

real-life experience learning of the participants and applied group works to encourage group learning. The aim of the project is to educate the leaders on accurate understandings of HIV/AIDS. Then these leaders can transfer the knowledge gained from the training to their families and communities in order to solve HIV/AIDS discrimination problems and to encourage community in initiating care programs for those infected with HIV/AIDS. People of rural communities highly respect their leaders either official leaders or the elderly. Therefore, the official leaders can teach and advice every one in the community. This will help people gain the right images and knowledge about HIV/AIDS and enable them to prevent themselves from the infection, and live with infected people. The outcome would be that HIV/AIDS patients are accepted and able to live with their families and communities peacefully.