



CHAPTER 1

INTRODUCTION

Thailand faces a devastating epidemic of HIV/AIDS. HIV/AIDS in Thailand is still an epidemic that continues to kill more people than any other disease in the past few decades. The Joint United Nations Programme on HIV/AIDS/World Health Organization: UNAIDS/WHO (2000) estimated that 2.15 % of the adult population of Thailand are living with HIV/AIDS. Currently, AIDS is a significant cause of morbidity and mortality in the sexual active segment of the population. Even though the Thai government and several non-government organizations (NGOs) established plans to combat the disease, the victory over AIDS cannot be claimed yet. Instead the battle becomes more and more intense.

Historically, HIV infection has spread extensively in Thailand since 1988. During the past 15 years, AIDS has taken an enormous toll in people's lives, medical costs, and days of lost as well as the country's socio-economic well-being (Wongkhomthong, Kaime-Atterhog and Ono, 1995). According to UNAIDS/WHO (2000), there were 755,000 people living with HIV/AIDS in Thailand. In addition, 162,813 persons reported to have full-blown AIDS (Ministry of Public Health: MOPH, 2001). UNAIDS/WHO (2000) estimated 66,000 adults and children died from AIDS in 1999. Additionally, the MOPH (2001) reported the cumulative number of deaths from AIDS since its beginning is 38,634 and reported that in the year 2000 only, there were 3,235 deaths reported from AIDS. AIDS continues to spread in Thailand as well as in many developing countries particularly in Asia and Africa.

Chonburi is besides a tourist province also a place with an extensive number of industrial factories where large amounts of young people from other provinces migrated in to earn a living. These young migrants are away from their family setting, therefore, sex within relationships, sex as a trial experience and commercial sex is more common. From the report of the MOPH (2000), Chonburi is one of the top provinces that have a high hit and a high cumulative number of symptomatic AIDS cases. Currently, the number of symptomatic AIDS cases is 4,503 (Chonburi Provincial Health Office, 2000). The ratio of symptomatic AIDS cases in the population of Chonburi is about 1:250. Eighty percent of the cases live in four main districts named as Muangchonburi, Sriracha, Banglamoong and Sathahip.

AIDS is a chronic disease that requires family and community efforts in providing care and support to PLWAs. In Thailand as well as in Chonburi, misconceptions related to transmission through social contact and provision of care to PLWH, and PLWA is remaining high. Touching the patient's body or patient's belongings as well as sharing or serving food to the patients, skin contact, common utensil use, share toilet seats and so on are regarded as risky for HIV/AIDS contamination (Songwathana and Manderson, 1998). Therefore, the PLWAs are facing obstacles in receiving needed care, love and support in times when they need it the most.

According to Orem's Self Care Deficit Theory (Orem, 1995), if there is a self-care deficit, there is a need for compensatory care in order to help the person to maintain their well being. However in reality, PLWAs are often ostracized and cut off by their families, friends, and the society (Yoong, 1999) which result in

negligence of PLWAs. Therefore, quality home based care, including correcting the misconceptions to decrease the stigma and fear of PLWAs is a major key to help the PLWAs to maintain their well being at home. Families and PLWH volunteers have proved in several projects to play an important role in providing home-based care to PLWAs. Therefore, this project aimed to empower PLWH volunteers and families to be able to function in their role to provide physical and emotional support for PLWAs.