CHAPTER I

INTRODUCTION

1.1 Problem

The Epidemiological of AIDS was the most important problem of Thailand as it was the top-ten death causes since there was a report of the first AIDS patient in Thailand in 1984. At first, HIV was epidemic among the specific groups such as homosexuals, addicts using hypodermic syringe and prostitutes. Later, HIV was epidemic to general people such as men, women and infected babies during the pregnancy. The prime period of epidemic was during 1989-1992 where HIV was epidemic among prostitutes and sexual service receivers. However, according to the diseases epidemic supervision for all groups of people during previous 4-5 years, there was the slow down and reduction rate among all groups except the addicts, which still had the high widespread rate in 2000. HIV infection was epidemic throughout the world. The AIDS Project of UN expected that there were 36.1 million people infected; 21.8 million were dead whereas 13.2 million of children were orphaned. The infection was at 14,000 persons per day. In 2000, 5.3 million people were infected; 600,000 persons were below 15 years old. Over 70% of patients lived in Africa, namely, in Sub-Sahara. For Thailand, from 1984 to 2001, about one million people were infected whereas 289,000 patients were passed away. Additionally, HIV was found mostly in homosexuals (Ministry of Public Health, 2002).

Trang was one of 14 southern provinces where it was the third rank of HIV persons and patients. Trang Province consisted of 9 districts and 1 sub-district. The majority of Trang were agriculturists and fishermen. According to the statistics of the number of HIV from 1990 to 25 July 2003, there were 1,988 AIDS patients; 741 cases were already dead. In addition, among 883 cases having the symptoms of AIDS, 156 patients were dead (Epidemiological Unit, Public Health Office of Trang, 2003). When considering for each district, the top five ranks of HIV were Kantang District, Muang District, Huay Yod District, Palian District and Na Yong District, respectively.

In terms of Palian District, there was the first report of AIDS in 1990. As of 25 July 2003, there had been 183 AIDS patients whereas 89 cases were dead. There were also 56 cases living with AIDS (PWH=HIV) and 20 cases were dead. When analyzed based on the district, risk factors, age/sexual proportion and occupation (Epidemiological Unit, Public Health Office of Trang, 2003) the details were as follows:

Sub-district Level (Totally 10 sub-districts): The HIV/AIDS were found in all sub-districts. In Ban Na Sub-district, there were 36 cases; in Tung Yoew Sub-district 35 cases and in Su Soe Sub-district 26 cases.

In terms of age and sexual proportion, most AIDS patients were 25-29 years old (27.74%) and 30-34 year old (25.81%), respectively. The proportion of male and female AIDS was 3.4:1. For the HIV, the majority of them were 30-34 years old (26.92%) and 25-59 years old (21.15%), respectively. The proportion of male and female HIV was 1.3:1.

In terms of occupation, most of the HIV and AIDS were gardener (the percentage of HIV/AIDS = 41.93:56.60), employee (29.67:13.20) and unemployed (7.09:5.67), respectively.

For risk factors of HIV/AIDS, the causes of disease were from sexual intercourse (79.4 and 84.9%), the usage of drug through hypodermic syringe (16.4% and 7.5%) the maternal infection (4.2% and 7.5%), respectively.

According to the problems and serious trends occurred, the government has established the strategy to solve all problems efficiently. Thus, it was concluded that all tasks would be achieved when there was the cooperation between inhabitants and local organizations. From the 9th Version of National Economic Plan in terms of public heath, the strategy was established aiming to reduce the rate of HIV infection to 1.0% in the female reproductive group as follows:

Strategy 1: Potential Development of Individual, Family, Community and Environment in order to Prevent and Solve AIDS Problems. The strategy emphasized the development of individual, family and community to have the proper skills in order to prevent AIDS infection. In addition, such institutes should have conscious, moral, ethics and mutual responsibility so that they could prevent and solve AIDS problems with benevolence. The social environment should be enhanced to prevent and solve AIDS problems by developing the activities, which maintained the culture and lifestyle of community. Additionally, the community should be developed whereas occupation

should be promoted to the community residents so that they could depend on themselves without taking any infectious risks.

Strategy 2: Health and Social Welfare Provided for HIV, AIDS and Families. This strategy emphasized the development of fundamental health, health promotion and social welfares by establishing the potential of AIDS patients and infected persons in terms of self-health care, service development for HIV/AIDS. In addition, the health insurance and social welfares would be concretely and widely provided for HIV/AIDS including all persons affected by AIDS problems. At the same time, the potential of family and community should be enhanced so that they could take care of members, who were sick or in trouble.

Strategy 3: Wisdom Development and Research to Prevent and Solve AIDS Problems. The AIDS situation should be followed up, reviewed, analyzed and synthesized emphasizing. Additionally, the knowledge both from domestic and foreign researches should be applied consistently and continuously with Thai social contexts. The organizations and researches should be qualitatively promoted so that there would be the exchange of knowledge and experience between both domestic and foreign dimensions. The technology should be also promoted serving the production industry, which affected the prevention and the solution of problems.

Strategy 4: International Cooperation to Prevent and Solve AIDS Problems. The cooperation among countries in the region should be enhanced for the purpose of mutual prevention and solution of AIDS problems. Moreover, there would be the

assessment exchange of technology and knowledge of AIDS prevention and solution with other countries. The guidelines of coordination of resource exploitation with other countries should also be in accord with the National AIDS Prevention and Solution Plan.

Strategy 5: Integrated Administrative Management Development. This strategy aimed to integrate AIDS prevention and solution suggesting emphasizing the integrated administrative management in the national, regional and community level so that the AIDS prevention and solution plans could be achieved interestedly and efficiently. Accordingly, the administrative management development should be integrated and regarded as the mission of all relevant sectors. The administrative management both of the government and private sectors should be adjusted consistently with the decentralization to local government. The participation, honesty and investigation should be promoted both in the government and private sectors. Additionally, there should be the morality and promotion of social investigation (Department of Communicable Disease Control, 2001)

According to the mentioned strategies, we could see that Strategy 1, 2 and 5 emphasized the individual, community and family enhancing and strengthening the AIDS solution. These strategies were also consistent with the governmental process to decentralize the power to local government so that the locality could have an opportunity to manage and solve different problems. Such process would lead to the concrete problem solution because previously only the government established the policy and problem solution, which were not consistent with the local problems.

Palian Hospital was the community hospital having 30 cases beds. Apart from the medical treatment, the hospital still had the role of health promotion according to the Strategy 1 and 2. The service system was developed for the HIV/ AIDS and family covering the medical and nursing, counseling, social services consistently with the problems and requirements of the HIV/ AIDS and family in terms of physical, emotional, social and economic aspects. In addition, the services had been continuously developed by the health providers to family and community since 1999 until present. The following activities operated according to the budget year of 2002 (1 October – 25 September 2002) were:

1) Giving advice at Counseling Clinic, Palian Hospital conducted by 7 counseling officers from Monday to Friday.
2) Providing a group of infected persons once a month conducted by 3-4 officers incorporated with 3-4 leaders of infected persons of "Saeng Tawan Club"
3) House visiting conducted by the officers and volunteers of "Saeng Tawan Club" once a week (based on the requirement); and
4) Having additional occupations such as making borne, camphor, wreath and creational wooden flower. Some profit would be deducted to "Saeng Tawan Club" in order to pay the infected persons for further trainings. In case of the death of members, the Club would pay Baht 500 per person for the funeral expense.

All mentioned activities had been operated approximately a year. However, there were some problems occurred as follows:

1) Only a few HIV / AIDS (20%) came to Palian Hospital to receive the continuous advice.
2) The group of infected persons of "Saeng Tawan Club" could be conducted once a month for only 15-20HIV/AIDS.
3) In terms of house visiting, only 10% of infected person allowed the officers and volunteers of "Saeng Tawan Club" to visit their places.

Therefore, it could be noted that the proportion of service receivers of Palian Hospital was very small when considered from the experience of health team taking care of HIV and AIDS of Palian Hospital incorporated with the leader of "Saeng Tawan Club", Southern Infected Network and Rak Thai Foundation. According to the evaluation after the operation, most HIV/AIDS did not dare to receive the services because they were afraid that the officers might dislike them thinking that the community did not accept the infected HIV/AIDS. Although the community had knowledge about AIDS, people still object to the infected persons. In addition, the infected persons could not dare to tell the truth to their relatives and family members. Moreover, people were influenced by the mass media, which presented AIDS as the terrible and dangerous disease originated by sin and people having homosexual behaviors; in addition, AIDS could not be cured and all infected persons had to be dead. (Saowapha Pornsiriphong, 1998)

Situation and Treatment of HIV/ AIDS

At present, AIDS could not be completely cured. Thus, AIDS patients usually had chronic complication affecting the patients emotionally, socially and economically. Moreover, the patients had to encounter the un-acceptance of family (Gregory and Nualta, 2000). According to the study, HIV patients usually stayed at the Monk Institute because they had the consideration for their relatives. However, in reality, they were afraid that their relatives would disgust them. As a result, some patients did not dare to tell the truth because they were afraid that they would be unaccepted and refused by their family members, friends or society leading to the loss of relationship (Bamphenjit Saengchart, 1997). The other problem was that if the patients were not correctly treated, they were easily infected by the opportunistic infection prophylaxis. According to the data of the Office of the Permanent Secretary, Ministry of Public Health in terms of AIDS patients divided into the groups of opportunistic infection prophylaxis during September 1987 to 23 December 2002, the patients were infected by tuberculosis, pneumonia (from *Pneumocysis carinil)* and Cryptococcosis, respectively (Epidemiological Unit: 2002). According to the epidemiological supervision of 506/1 and 507/1 of the Public Health Office of Trang Province, the opportunistic infection prophylaxis most patients in Trang Province and Palian District were infected consisted of tuberculosis, PP Blister and pneumonia (from *Pneumocysis carinil)*, respectively. All opportunistic infection prophylaxis could be prevented as the officers realized that the treatment of opportunistic infection prophylaxis played a significant role to cure the HIVAIDS (Nursing Manual of HIV/AIDS, Bamratnaradoon, 2002).

Palian Hospital tended to play a significant role to service the HIV/AIDS. In particular, at present, the data was clearer and more positive. Persons having high risk behaviors realized about the importance of blood test to find HIV disease. In addition, the government and the Ministry of Public Health had established the Anti-Virus Access Project, so all infected persons could receive the services and had more alternatives. However, the expenses of blood test and diagnosis occurred was the increasing burdened for the government and patients in case that the patients found that they were infected but they still did not participate the Anti-Virus Project. Thus, this could affect the future health budget as summarized in Table 1.1.

Table1.1: Summary of Medical Expenses for HIV/AIDS at Palian Hospital Divided Based On the Internal and External Patients of the Budget Year of 2001-2003 (31 July 2003)

Department	Annual Expenses					
	2001		2002		2003	
	Patients	Baht	Patients	Baht	Patients	Baht
External Patient	78	9,215	92	16,805	146	24,050
Internal Patient	102	85,200	115	92,255	255	182,400

Source: Record of Medical Expenses for HIV/AIDS of the Pharmaceutical Unit, Palian Hospital

Self-care Behavior

HIV/AIDS had the same behaviors of treatment not differently from other patients. Accordingly, their behaviors were originated from believes and expectation that the treatment they selected was better, more efficient, economical and convenient when comparing with other treatments. The patients expected the most beneficial outcomes, especially the AIDS patients. As AIDS was not accepted in the society;

therefore, some patients tried other treatments according to their believes rather than being cured in the hospital. Additionally, some patients even neglected to be cured think that it was their own fate.

The HIV should be encouraged to reveal themselves so that the society would understand and accept them. The HIV could also receive the correct treatment. On the other hand, if they did not receive the continuous treatment, they had more opportunities to be infected by opportunistic infection prophylaxis, which could be spread to other persons such as tuberculosis etc. According to the study of Suksan Kittisupakorn et al. (1998), the expenses of AIDS in Thailand in 1993 were Baht 120-166 million and Baht 533-762 million in 1998. In addition, the state had lost both personnel and tremendous expenses to solve these problems.

According to the previous operation, AIDS was the major problem found widely in Thailand. From the data of HIV blood test of Palian Hospital, the new infection rate was reduced; however, the infected persons and AIDS patients still had to be cured from the health providers and community. Accordingly, the number of patient in the community was increased. However, they did not reveal themselves because the society did not accept although the information of AIDS was provided through television, radio and other media. According to the operation with the community, it was still not successful to solve such problems. Only problems were realized but the community potential was not stated. In addition, the outcomes were emphasized rather than the learning process of community lifestyle. The data comprised only numbers but they were unfortunately not relevant (Community Lifestyle, Learning Manual for

Effective and Enjoyable Achievement, 2002). Nowadays, the new strategies emphasized the participation of community in terms of the study, analysis and assessment to enhance and strengthen the community.

For the current administrative management, the decentralization encouraged the local government and locals in the community to participate in the problem solution. Moreover, the locals were promoted to participate and take care of their health, family and community. The government sectors, public sectors and private sectors had to cooperate and solve problems as the multilateral perspective. However, the cooperation depended on the realization of the stakeholders if they realized the importance of problem and tried to solve such problems completely.

As mentioned above, AIDS was the problem, which could be solved by the cooperation of all social groups, not by the individual or personal level. AIDS did not affect only the patients but also the health of family members and community. Seeing that problem was the business of "public health, doctors and nurses" was not correct. The 9th Version of National Economic Plan emphasized the development, which man was the center, the integrated development and the enhancement of the community potential. Therefore, the participation of community to solve problems and take care of self-health was important because it affected the family and the community. Thus, the problem solution should begin at the community in order to encourage the community to understand and accept the infected persons. The community should also participate to see and analyze the problems. As a result, the researcher analyzed the community by using the Participatory Rural Appraisal (PRA) because such instrument emphasized the

situation and the truth of the community including the relationship of the social relationship. The problem solution should be conducted through the participatory process, learning exchanges, mutual problem seeking and self-discovery so that people would realize the problems, their own potential of mutual problem solution and the problem solution by using the group power.

1.2 General Objectives

To study the outcomes have PRA process and the factors increasing the potential of health care of HIV/AIDS.

1.3 Specific Objectives

1. To encourage the community to have the good attitude toward the HIV/AIDS and their families.
2. To know the outcomes of PRA process on the health care of HIV/AIDS .

1.4 Expected Benefits

1. To be the guidelines and establish the community policy in order to prevent and solve AIDS problems occurred in other districts.
2. To be the guidelines of cooperative development among persons, families, community and government sectors.

Definitions

1. PRA = Participatory Rural Appraisal or the participated community analysis
2. Stakeholder = Group concerning with the business, that is, community leader, Local Senior People, village health volunteer (VHV), youth, housewife, head of a family and religious leader
3. Efficacy = Effect
4. Awareness = Realization
5. HIV = patient living with HIV
6. AIDS = patient living with AIDS