Report on the Action Research

on

AIDS
Care Volunteer Network
Building

Orathai Ard-am
Somsak Nakhalajarn

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April 1997

*Note: Also called by its other name, "Action Research on Development of a Model Volunteer Network for the Prevention of AIDS and Treatment of People with AIDS of the Bangkok Metropolitan Authority," which uses the principle of people's participation and multi-sectoral cooperation in the solution of social problems through a volunteer system.

To

Khun Suporn Chunhavuthiyanond*

a colleague who left us

as we were working against

AIDS

* Khun Suporn was a prominent member of our team.
She worked as a researcher at IPSR and passed away
after 3 years suffer from cancer. She devoted herself to
the project though facing with physical trauma.

Foreword

To raise the consciousness of people to participate in solving various social problems, in particular the problem of AIDS, is agreed by all parties to be a crucial and sustainable solution. It was this concept and principle that was translated into practical action under the action research project on "AIDS Care Volunteer Network Building." The origins of this project is partly from the social pressure on the life and livelihood of people with AIDS, and partly from the problems or outcomes arising from this pressure.

The concept and endeavors of this project gained excellent responses from people as well as various organizations, agencies, and institutes in society. As an experimental project, it had an implementation period of only one year and yet it was able to create a network as well as spread the concept of "preparing to live with AIDS" to more than 40,000 persons of various occupational groups. As targets it reached not only Bangkok and its surrounding areas, as specified in the project's original design, but also other provinces.

Aside from results demonstrated through practical actions, including the changing of negative attitudes of society towards AIDS, the project has been able to develop a model of knowledge in relation to project implementation, in particular the possibility of utilizing a "volunteer system" to spread the concept of "living with people with AIDS."

It is certainly hoped that the knowledge and practical actions resulting from this project will be transferred and will continue to be undertaken, and that this benefit will not be limited to Bangkok and nearby areas only.

Dr. Kajit Chupanya
Deputy Governor (Public Health)
Bangkok Metropolitan Authority

Associate Prof. Dr. Bencha
Yoddumnern-Attig, Director
Institute for Population and
Social Research

Acknowledgments

The project on "AIDS Care Volunteer Network for Living in Society with AIDS" was undertaken in a time of great difficulty in society arising from actions of people with AIDS (PWAs) and from the treatment of society towards these people. With deep concern for this grave situation, the AIDS Center of the Bangkok Metropolitan Authority (BMA) and Prof. Dr. Chaiyan Kampanartsanyakorn, the BMA's Deputy Government (Public Health), started to explore solutions through the project in cooperation with Khun Sunai Sethboonsarng, Secretary to the Governor. All this was done with trust in the empowerment of people and the need to enter a new dimension of working by a local government agency such as the BMA.

To initiate a new direction in mutual cooperation, an academic institution expressed interest in the information and knowledge of political government officials. The concept received a good response from Asst. Prof. Dr. Aphichat Chamratrithirong, former director of the Institute for Population and Social Research (IPSR), Mahidol University, who saw that this action research or "action in parallel with research" would be highly beneficial to society.

It is an honor for the project team to have received this assignment to apply a major project concept into action and we are thankful to all "fellow workers," although we are unable to give all of their names. We thank all the volunteers, training participants, and interested people who cooperated fully in the organization of activities and training classes; all graduate volunteers and AIDS Center officials; and resource persons, in particular the Abbot Alongkot of *Wat Prabathampoo* and the monk Panuwangsu Bhikku. A great supporter of this project, who seemed to work hardest, was Khun Chompoonut Siriratmongkol, Project Secretary, and so were other staff of IPSR, particularly Khun Aurapan Hungchangsith and Khun Chutakan Atitananan, who gave their time fully to this project. Our thanks also to Khun Somchai Supyodkaew, Khun Jutarat Hinlek, and Khun Somying Suwanawat.

The advisors to this project were Asst. Prof. Dr. Chanya Sethaput and Asst. Prof. Aphichat Chamratrithirong, who worked very hard as if they were part of the project personnel, and we wish to express our gratitude to them here.

During the period of project completion we lost one person who played an important role as a colleague and project team member. We have became resigned to the loss of this crucial supporter, a "brain as well as guiding force" of the project, but we will never forget her, Khun Suporn Chunhavuthiyanond. We take this opportunity to commend all goodness and benefits of this project in her memory.

Lastly, we are grateful to the BMA's AIDS Center for initiating this work and for contributing actively throughout the life of the project.

With our strong belief in the project's principles and concept that made us dare to put them into action, and our consciousness of the AIDS problem, we hope that someday we will be able to lead society out of the AIDS problem in the right way.

Abstract

Action Research Project on

AIDS CARE VOLUNTEER NETWORK BUILDING

Project Background

The project to create the AIDS Care Volunteer Network (ACVN) was carried out during the period July 1995 to October 1996. It is an offshoot of the Friends Helping Friends Project of the Bangkok Metropolitan Authority (BMA), which disseminates information about AIDS and AIDS prevention through people networks in the Bangkok area.

ACVN was a one-year action research project established in cooperation with the Institute for Population and Social Research (IPSR) at Mahidol University and the BMA's AIDS Center. The project's aim was to develop a more efficient and appropriate strategy to address the AIDS situation in Thailand, and in particular to make life more bearable for people living with AIDS.

A major obstacle to effective AIDS prevention and care is the negative and often misinformed social attitudes towards AIDS and people with AIDS (PWAs). ACVN recognizes the growing need for support, care and knowledge within local Thai communities, especially as the number of people living with AIDS and HIV increases. Therefore, a key concern is the development and expansion of a human support network in Bangkok and throughout the rest of Thailand. Central to the project's vision is the training of peer leaders (mostly graduate volunteers) in techniques for coping with AIDS and HIV. Initially, 20 peer leaders received training through various talks, workshops and other activities. They then passed on their knowledge to groups of 50 to 60 volunteers or trainees, who are anticipated to continue the process of dissemination to the community at large. The project used various kinds of activities and methods ranging from talks, training workshops, study visits, mobile sessions and exhibitions to more traditional Thai Buddhist and other religious approaches.

Outcomes of the Project

The project was evaluated after one year of operation. Dissemination of knowledge and information, particularly the core concept of the project, reached more than 40,000 people. The information network was spread through various strategies and methods. The network of volunteers made up of close people such as close friends, acquaintances, colleagues and neighbors was very important and contributed to the expansion of the knowledge and understanding of PWAs and the core concept of the project.

There are, however, a number of people who cannot accept the truth about AIDS or HIV or accept PWAs to live among their families and communities. Thus it is still very necessary to continue working in order to influence these people.

Background

The AIDS Center of the BMA believes that preparation of families, communities, and various involved agencies to be ready to face the AIDS situation in the right way to help them to accept AIDS problems and to help lessen the number of PWAs in their families and communities as well as the discrimination of these people by their organizations and by society at large. It was deemed appropriate to utilize a voluntary system, the so-called "people volunteers," to spread the idea and help prepare people to live in a society with AIDS, including a campaign to give love and compassion to those who are suffering from it. It is appropriate to develop a network of people volunteers by organizing as many training sessions, activities and network extension as possible.

Moreover, it was essential to monitor and analyze the potential for translating the project concept into action; thus a project in the form of "action research" was carried out in cooperation with the IPSR at Mahidol University.

Major Project Components

The major components of the project were:

1. Various types of activities, using graduate volunteers, to disseminate the project concept in cooperation with many organizations and agencies in Bangkok and surrounding areas;

2. training to create "people volunteers;"

3. follow-up study of the work to expand the people volunteer network; and

4. analysis and identification of the possibility to use the "volunteer system" to spread the project concept.

Outcomes of the Study

The outcomes of the study were both quantitative - in terms of the numbers of training participants and attendees of project activities - and qualitative - in terms of knowledge and understanding from the evaluation and research. To summarize, they are as follows: -

1. Quantitative outcomes and actions

1.1 Organized 131 activities to disseminate the project concept to 18,000 attendees in various target areas, organizations, and agencies in Bangkok and nearby areas.

1.2 Organized 20 training classes for 1,561 participants (1,088 male or 69.7 percent, and 473 female or 30.3 percent) from various state enterprises, businesses, organizations, clubs and associations.

2. Qualitative results in the context of knowledge, divided into three groups:

1.1 Knowledge from data on the population participating in the activities (2,688 persons);

1.2 Knowledge from data on the population participating in the training (1,223 persons);

1.3 Knowledge from data on the group that was willing to join the project network (545 persons).

Conclusions

2.1   Knowledge from data on the population participating in the activities.   We can conclude that most of the activity attendees (36.7 percent) were not prepared or ready to live with people with AIDS (PWAs), followed by the people who protected themselves against AIDS but were not prepared to live with PWAs (23.4 percent). The third group (20.2 percent) consisted of those who were ready to encourage and take care of family members or relatives with AIDS (though not ready for other people with AIDS). When asked about their capacity or readiness to

spread the concept of living with AIDS or not to hate PWAs, most of the respondents (65.6 percent) said they would do this by talking to others about AIDS not being an easily contacted disease and that people should not hate PWAs. These were followed by the group who did not know yet or had no idea (27.4 percent) and only 4.4 percent of the respondents said they would spread the idea further in their workplaces.

2.2 Knowledge from data on the population participating in the training. It was found that most of the trainees (71.8 percent) absolutely agreed with the concept of living with PWAs, followed by those who agreed or somewhat agreed (17.8 percent), not sure or had no idea (7.6 percent), disagreed (4.4 percent), and absolutely disagreed (0.4 percent).

Regarding their readiness to become volunteers, it was found that most of the trainees were ready (51.9 percent), followed by those who were not sure (38.2 percent), and not ready (5.7 percent). With regards to their ability to transmit the knowledge they received to other people, most of the trainees (98.6 percent) felt they were capable to do it, while a few (1.4 percent) felt that they were not.

2.3 Knowledge from data on those willing to join the project network. It was found that most of these people (75 percent) absolutely agreed with the idea of living with PWAs or agreed with the idea that families and communities should not discriminate against those with AIDS and that all parties should be responsible. However, it was found that a number disagreed with the idea (1.7 percent). Even though these people had agreed to become volunteers, they changed their minds later with the reasons being that their family members/relatives did not accept the concept and the idea of living with PWAs was acceptable only with regards to those people who had not shown any symptoms.

However, it was found that these volunteers did try to spread the project concept or take the opportunity to talk to their family members, relatives, neighbors, colleagues, students, staff, and others to be ready to face the AIDS problem in the right way. The number of people reached by the network through both formal and informal channels came to at least 47,000 people. (Calculating that on average one volunteer could reach from 85 to 90 persons within their own existing network or channel.) It can be considered that the project's work in network

extension using the volunteer system has succeeded to a satisfactory degree.

Recommendation

The BMA's AIDS Center should continue with the task of disseminating the concept of "preparation to live with PWAs" in cooperation with the Department of Health through the health service centers in every district in Bangkok. It should also follow up on the work of the various organizations, agencies, associations, clubs and personnel under this project and should provide them support in various ways, particularly by making relevant information and data available to them.

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Chapter 1

INTRODUCTION

1.1 Rationale and Project Background

In the past year or two there were several shocking events, including the bombing of the *Bantaojai Center* (a place for the admission of AIDS patients), increased incidence of suicide among those with AIDS or HIV, and widespread AIDS infection through various ways, including the case of a six-year-old child who was raped. The increasing need for care and different types of assistance to sufferers of AIDS and HIV is getting critical. Moreover, families and communities are casting away these people due to fear and lack of understanding, in part caused by earlier mistakes in anti-AIDS campaigns that mostly presented ugly and terrible pictures.

The next questions are thus ... whose burden should AIDS be? Who should be the custodian of AIDS and HIV issues? Is it the responsibility of any particular party, or is it one that requires the cooperation of all parties?

Looking at the numbers in the past years, we find that the number of people infected with AIDS and HIV has been growing rapidly. Although it is said that we are now able to control the rate of increase, most people believe that the real number is actually two or three times more than the official record (of the government).

In Bangkok it is believed that those infected with HIV who have not yet shown symptoms have increased to approximately 120,000 people. It could be whoever - our relatives, our cousins, or even ourselves (although we may not engage in risky behavior and may know how to protect ourselves). From the statistics, it is found that the group having AIDS due to unknown causes makes up to 10 percent of all causes. AIDS is not a highly contagious disease (infection is possible only through two means - sexual and by blood); however, it could happen to us or to anybody in the event of an accident or receiving a blood transfusion. Therefore, AIDS is not just any one or any group's concern but the whole society's. All units of society must be responsible for maintaining and keeping our society going amidst the challenge of such a dreaded disease.

For this reason it is imperative that this sense of responsibility and mutual liability be created in all sections of our society before the problem escalates to tragic proportions and becomes nearly impossible to cure, causing conflict and division, and finally leading to a society without peace or unity.

As such, to build love, compassion, and right understanding of the way to live with AIDS, the so-called AIDS care volunteer network (ACVN) seems to be the right option for the current situation in Thailand.

The AIDS Center, a working arm on AIDS of the Bangkok Metropolitan Authority (BMA), in cooperation with the Institute for Population and Social Research (IPSR) at Mahidol University, agreed to undertake an experimental action and research project. The Center believes that any action lacking adequate follow up and ongoing analysis of the data will result in implementation without any direction. It is a well-known saying that "information and knowledge is power." In other words, the real need is to implement projects where action is based on wisdom and knowledge.

It was for this reason that the action research approach was selected for this project. As the project is for a short period of only one year, conclusions or results based on concrete and accurate data are needed in order to present the successes, problems and obstacles of the project concept of "social and community participation on a voluntary basis." In addition, an evaluation of how to make the concept work, how the people feel about voluntarism in relation to AIDS, how to campaign for preparedness in tackling the AIDS problem in the right way, and, indeed, how people think and feel about AIDS and HIV would be very important. The objective is to educate every unit in society and create understanding about life with AIDS and HIV through the participation of people of various professions and every economic level in the ACVN. This would certainly help to minimize social pressure on unfortunate people having AIDS and HIV. In other words, we must rapidly create understanding about AIDS and people with AIDS (PWAs) through a "volunteer network" of people, and this includes different types and forms of network based on ideas and initiatives of project proponents.

Such efforts must be identified and monitored in order to answer the questions: How do they work? Do they work? How do people feel about

them? These data will help us to anticipate trends on problems of future acceptance of AIDS and HIV.

1.2   Project Objectives and Expectations

1. To disseminate knowledge and information about AIDS and HIV to all units of society through voluntary network building among people from various professions and economic status.

2. To prepare families and communities to face and accept the AIDS problem in the right way.

3. To build love and compassion so that society can live in a friendly way with PWAs.

4. To raise consciousness among every unit in society that they are mutually responsible for dealing with the AIDS problem.

5. To analyze, monitor, and evaluate project implementation on the extension of the concept of AIDS and PWA through voluntary network building.

1.3   Project Activities

The project used various kinds of activities in pursuance of its objectives within the short period of one year. These activities included:-

• Training to disseminate knowledge and information about AIDS and HIV to people who were interested as well as those who had potential to extend the concept of "AIDS and PWAs." Twenty (20) such training courses were given. They were attended by approximately 70 to 80 participants each, making a total of 1,561 people from different occupations.

• Study visits to various places, particularly those having activities or services to PWAs, including *Wat Prabatnampu* (Prabatnampu Temple), *Chomlom Phuan Wanphut* (Wednesday Friends Club), etc.

- Forums for exchange of knowledge and experience among different concerned people.

- Exhibitions to campaign on "building compassion for PWAs" and "living a worthy life in a society with AIDS" on various occasions such as World AIDS Day.

- Coordination among different institutions and pressure groups such as people in mass media, actors/artists/writers, religious groups, students interested in social issues, socially responsible business people, and others.

- Dissemination of ideas and activities of the project through various programs on radio and television to attract as many useful people as possible to the network.

1.4   Project Strategies

The project used strategies, both formal and informal, to extend the network and reach volunteer groups.

Formal ways included working with various organizations in the government, non-government, and business sectors. Also included were associations and clubs, including people's or local organizations, reaching to them particularly through mass media and artists' clubs.

Informal channels were through personal contacts of relatives and friends of "graduate volunteers" and project personnel to promote and extend the network.

1.5   Key Factor Of Success

A key success factor was that the project worked through a group of "graduate volunteers" who were trained on relevant issues, particularly knowledge and information on life with AIDS and HIV at different stages. These key people then disseminated this knowledge to various groups and people of every occupation and economic status.   They also acted as intermediaries to stimulate, facilitate and support the many activities of the network with the cooperation of the Project Coordinator.   The network

included the mass media volunteer group, the artists volunteer group, the people's volunteer group, and others.

undertaken from July to October 1996, making a total project implementation period of one year and four months.

2.2   Research Population

The project used various strategies for reaching people of different occupations and the total thus reached, persons who could be considered as having participated both directly and indirectly in the project, came to nearly 20,000 people. Direct participation meant there was face to face communications, i.e. those who came to talk and exchange information with the project's graduate volunteers. Indirect participants were those who received information on the project concept but did not attend any of its activities; e.g., those who came through the exhibition areas, read the posters, watched the visual aids, etc. The total number of project participants were 19,620 persons - 18,059 persons who attended project activities and 1,561 persons who were trained by the project.

The research population refers to the people who both attended project activities and assisted the project in the documentation of information. There were 2,681 such persons. There were 1,223 trained and willing to answer the questionnaires. There were 569 trained persons who indicated on their questionnaires that they were willing to be "volunteers," and 545 out of this group were studied. The total research population was thus 4,449 persons.

Moreover, a qualitative study was done through in-depth interviews of 28 persons and organizations, the so-called key persons and key organizations, or "key actors." Therefore, the total population covered in the qualitative and quantitative studies was 4,477, or approximately 23 percent of the project's stakeholders as shown in the table below.

Population/ Network Type	Total	Sample
1. Attended activities 1-131 (documentation form)	18,059	2,681 (14.9% of attendees willing to be documented)
2. Attended training 1-20 (training evaluation form)	1,561 (1,088 male 473 female)	1,223 (willing to answer questionnaires)
3. Attended training and willing to join volunteer network (evaluation and follow-up form)	569 (38.45% of total trained participants)	545 (willing to give information: 96.78% of those willing to join volunteer network)
4. Key actors/key areas/key organizations (in-depth interviews)	45 (37 key actors and orga- nizations, 8 key areas)	28 interviewees (55.6% of key actors/ key areas)
Total	19,665*	4,477

*Note: Only 1, 2 and 4 as 3 is the same group as 2.

2.3   Methods of Data Collection

Collection of qualitative and quantitative data was done as follows:-

2.3.1 Documentation through informal dialogue. Documentation was done by graduate volunteers or by participants, under the guidance of graduate volunteers, if they were willing to fill in the documentation forms themselves.

2.3.2 Filling up questionnaires by themselves. A questionnaire was designed for use after each training to evaluate the training and receive information on network building and expansion. Training participants filled in these questionnaires by themselves or with the assistance/clarification of graduate volunteers or project personnel.

2.3.3 Use of structured interview form. This was designed by project personnel to follow up on the work of the volunteer network by graduate volunteers who had received thorough training on data collection and interviewing techniques based on this form.

2.3.4 In-depth interviews. The in-depth interview method was used with key persons/key organizations and key areas who were willing to provide information, particularly those related to expansion of the project concept to areas that should be reached by the volunteer network in the future.

2.4 Data Collection Methods

2.4.1 Data Collection Form (or Activity Information Form). This form obtained information on the attitudes of activity participants - how they felt about living in a society with AIDS, how they could accept it, what they have learned from participating in the activity, their interest to be trained or be involved in the volunteer network, etc. This also collected basic information on the respondents; e.g., sex, age, education, occupation, address, etc.

2.4.2 Training Evaluation Form (or Participants' Question-naire). This form obtained information on the background of trainees as well as their ideas or attitudes towards the campaign to prepare for life in a society with AIDS, the training, results of the training, and their interest or willingness to participate in the project or become volunteers. Respondents were also asked to give ideas or information to help solve the AIDS problem in Thailand.

2.4.3 Structured Interview Form (or Volunteer Network Interview). This form was meant to follow up on the work of the volunteer network in relation to the extension of this network by "volunteers." It studied how much the volunteer network expanded, the types of networks, their problems and obstacles to implementation, and how they were resolved.

2.4.4 In-depth Interview Guideline. This was used as a tool in interviewing key persons/key organizations and key areas. Questions had to do with how they foresee the future direction or expansion of the campaign to give love and compassion to those with AIDS, including preparation for the families, communities, and related organizations to appropriately deal with the AIDS problem. These key people were also asked how the existing network could be maintained, including the potential for extending the network and the concept of living in a society with AIDS. The project considered this a very critical issue; thus, the in-depth questions were meant to elicit key people's ideas on how the network could be strengthened and how best to face the AIDS problem in the future.

2.5   Methods of Analysis

Both qualitative and quantitative analysis methods were used. Quantitative information were statistically analyzed into means, percentages, and cross-table presentations. Qualitative information was subjected to content analysis and environmental context analysis.

Chapter 3

RESULTS OF THE ACTION RESEARCH

3.1 Results of Activities to Disseminate Project Concept

This section presents information on the sample of attendees of project activities who were willing to fill up questionnaires. This sample came to a total of 2,681 persons. It should be noted that at the beginning of project implementation, when the project concept was made known through different types of activities and methods, some necessary information was collected. Later, the content was revised and more questions were added in the documentation form or questionnaire. Therefore, the questionnaire used in the early stage did not have questions contained in the questionnaire of the later stage. To present part of the information, the project selected only the completed questionnaires for analysis, as shown in the following tables.

Table 1. Population data on activity attendees

Population characteristics		Number	Percentage
Age (year)	9-18	657	24.5
	19-25	807	30.1
	26-35	586	21.9
	36-45	365	13.6
	46-55	138	5.1
	56-65	70	2.6
	66-80	20	0.7
	N.A.	38	1.4
	Total	2,681	100.0
Sex	male	1,305	52.0
	female	1,281	47.8
	N.A.	5	0.2
	Total	2,681	100,0
Religion	Buddhist	2,299	85.8
	Christian	266	9.9
	Islam	33	1.2
	N.A.	83	3.1
	Total	2,681	100.0

Table 1   (continued)

Population Characteristics	Number	Percentage
Employment		
farmer	52	1.9
laborer	195	7.3
state enterprise employee	24	0.9
bank employee	14	0.5
company/shop/NGO staff	555	20.7
own business	121	4.5
small entrepreneur	192	7.2
unemployed	44	1.6
not working: student	847	31.6
not working: housewife	60	2.2
not working: elderly	24	0.9
monk/priest	176	6.6
free-lancer	48	1.8
government employee	16	0.6
retired government employee	1	0.0
N.A.	49	1.8
Total	2,681	100.0
Highest educational attainment		
No education	5	0.2
Primary school	324	12.1
Secondary school (grades 7-9)	260	9.7
Secondary school (grades 10-12)	359	13.4
Bachelor degree	582	21.7
Master degree	15	0.6
Ph.D.	3	0.1
Currently studying and working	102	3.8
Currently studying	847	31.6
N.A.	184	6.9
Total	2,681	100.0
Present education		
No education	5	0.2
Primary school	26	1.3
Secondary school (grades 7-9)	215	8.0
Secondary school (grades 10-12)	287	10.7
Bachelor degree	361	13.5
Master degree	6	0.2
Non-formal education	7	0.3
Vocational school	9	0.3
Studying, but no reply on present educ	28	1.0
Finished school	1,543	57.6
N.A.	184	6.9
Total	2,681	100.0

Table 1 (continued)

Population characteristics	Number	Percentage
Place of origin		
Central region	173	6.5
Eastern region	137	5.1
Northeastern region	692	25.8
Northern region	453	16.9
Western region	153	5.7
Southern region	190	7.1
Bangkok	624	23.3
N.A.	259	9.7
Total	2,681	100.0
Present residence		
Bangkok	1,455	54.3
Bangkok outlying areas	234	8.7
Central region	45	1.7
Eastern region	68	2.5
Northeastern region	260	9.7
Northern region	275	10.3
Western region	96	3.6
Southern region	53	2.0
N.A.	195	7.3
Total	2,681	100.0

Table 1 above shows that most attendees of project activities were of working age, not over 45 years old. A good proportion (30.1 percent) were in the range of 19 to 25 years of age. The ratio between the two sexes was almost the same: 47.8 percent was female, and 52.0 percent male. The proportion of religious affiliation was similar to that of the country as a whole - Buddhism (85.5 percent), followed by Christianity (9.9 percent), and Islam (1.2 percent). With regards to employment, most of the respondents were working people. The proportion of employees working for private companies and non-government organizations or NGOs was high at 20.7 percent; laborers made up 7.3 percent, and monks 6.6 percent.

Students accounted for 31.6 percent of all attendees. The highest educational level was bachelor degree (21.7 percent), followed by secondary level, grades 10-12 (13.4 percent), primary level (12.1 percent), and secondary level, grades 7-9 (9.7 percent). Considering the present level of education, but not taking into account those students

who did not specify their current level or those who were graduate students, it was found that most were studying in the university (39.0 percent), followed by those in the secondary school, grades 10-12 (31.0 percent), and secondary school, grades 7-9 (23.2 percent). Regarding place of origin, most respondents came from the northeastern region (25.8 percent) and were followed by Bangkokians (23.3 percent). On the whole this is also characteristic of Bangkok, where majority of the migrants come from the northeast. Where present residence is concerned, most people lived in Bangkok - about 54.3 percent, or up to 63.0 percent when taking into account those living in the outlying areas of the metropolis. To some extent the project was able to meet one of its objectives to make the project concept known to people from all regions. Thus project activities were organized at bus stations and other such crowded areas, e.g., Chatuchak Park, Siam Park, Dusit Zoo, etc., where many out-of-town people were present.

Table 2 below shows the six types of places where project activities were organized : (1) various public places to reach unspecified target groups - Chatuchak Park, Dusit Zoo, Central Department Store at Pinklao, and Suan Siam Sea Garden; (2) congested residential areas - Sarapatchang community at Klongsarn, Dhammasop Religious Hall, and Soi Weecon community; (3) educational institutions - Bangbor School in Samutprakan and Satree Vithaya II School in Bangkok; (4) religious organizations - Catholic church in Thonburi, New Life Center, Suwanprasit Temple, Prapadaeng Catholic church, and Christian camp in Petchaboon; (5) areas for specific target groups, holding supplementary events in cooperation with other organizations such as the Prabatnampu Temple in Lopburi, Good and Happy Family Project, Suan Sida in Nakorn Nayok, and Praphuttabat Takpa Temple in Lampoon; and (6) bus terminals or at urban/rural junctions - Hualampong Train Station, Vongvienyai, and including Chatuchak Park which are people's points of arrival at and departure from Bangkok. It was found that most people (32.63 percent) had joined activities organized at three areas of Chatuchak Park - the clock tower area, the Administration Division, and the public park. Many project activities were held at these areas.

Table 2.   Areas where project activities were organized

Activity areas	Number	Percentage
Chatuchak Park - tower clock	282	10.5
Chatuchak Park - Administration Division	209	7.8
Chatuchak Park - public park	384	14.3
Rajaphat Institute, Thonburi	101	3.8
Dhammasop Religious Hall	46	1.7
Catholic church, Thonburi	16	0.6
Good and Happy Family Project	70	2.6
Bangbor School	30	1.1
Satreevidhaya II School	45	1.7
Dusit Zoo	286	10.7
Prabatnampu Temple, Lopburi	93	3.5
Vonvienyai	166	6.2
New Life Center	56	2.1
Soi Weecon community	16	0.6
Petchburi	45	1.7
Praphutabat Takpa Temple, Lampoon	50	1.9
Romyen Catholic church, Pattanakarn	21	0.8
Sarapatchang community	21	0.8
Suwanprasit Temple	152	5.7
Central Department Store, Pinklao	64	2.4
Suan Sida, Nakorn Nayok	36	1.3
Catholic church, Prapadaeng	14	0.5
President Garment Factory	92	3.4
Christian Camp, Petchaboon	189	7.0
Hualampong Train Station	154	5.7
Suan Siam Sea Park	43	1.6
Total	2,681	100.0

Note: The above is only a partial list of areas where project activities were organized. There were other areas where it was not possible to distribute questionnaires to attendees.

Table 3 below deals with attendees' previous experience with AIDS.   Most of them (88.7 percent) had no experience with AIDS.   Of those who did have some experience, most had volunteered or were trained on AIDS (11.3 percent), followed by medical personnel and those who used to take care of a relative/friend who had AIDS, and those who had participated in activities such as exhibitions.   A very small proportion of respondents (0.4 percent) had direct experience in taking care of someone with AIDS.

Table 3. Experience with AIDS

Types of experience	Number	Percentage
No experience	2,056	88.7
Resource person	8	0.3
Volunteer/trained on AIDS	169	7.3
Medical officer	51	2.2
Look after relative/friend with AIDS	9	0.4
Organize activity/exhibition/preaching	21	0.9
Have experience, but no detail	6	0.3
Total	2,319	100.0

Table 4. Attitudes towards the phrase, "we can live together in a society with AIDS" or "we can live with PWAs"

Attitude	Number	Percentage
Agree	2,141	79.8
Disagree	195	7.3
Both agree and disagree	107	4.0
No comment	135	5.0
N.A.	103	3.8
Total	2,681	100.0

Table 4 above presents respondents' attitudes to the concept of having to live in a society with AIDS. Most of them (79.8 percent) agreed with the concept for the main reason that it is not a highly infectious disease. The following reason came from feelings of sympathy, pity, encouragement, and no objection to knowing about AIDS and how to prevent it, respectively. Meanwhile, not many people (7.3 percent) disagreed with the concept of having to live with PWAs and their first reason was the thought that this was a frightening/disgusting/infectious disease. This was followed by the reason that they could not make up their mind; they found AIDS unacceptable because it hurts society or is related to incorrect behavior that is harmful to society. Indeed, a number of activity attendants felt quite uncertain. They both agreed or disagreed, depending on their assumption that acceptance was possible for those who were innocently or unknowingly infected with AIDS, but non-acceptance for those who were promiscuous or engaged in unprotected sex (4 percent). Those who answered they had "no idea" (5 percent),

their main reason was fear of being infected with AIDS. However, the number of respondents who did not answer the question was rather high - 103 persons or 3.8 percent of the total.

Table 5 below is a documentation of results of brief interviews between graduate volunteers and attendees regarding their ideas about the organized activities and AIDS issues in general.

Majority of the interviewed attendees thought the activities were good and benefited society as they provided knowledge and understanding about AIDS. Moreover, they said they needed more information and additional knowledge, and suggested that the project activities should be expanded to a wider scope. It is worth noting that not many attendees (9.6 percent) said they would communicate the knowledge to other people around them. This may be due to lack of confidence in the knowledge they currently have and not having received any training on AIDS.

Regarding their feelings about people with AIDS, it was found that most of the respondents (53.2 percent) felt pity and sympathy. It is remarkable that a number of people (0.5 percent) denied the existence of AIDS, while another group (1.5 percent) expressed no interest whatsoever to learn about AIDS.

Table 5. Documentation of interviews between Attendees
and Graduate Volunteers

Attitudes	Number	Percentage
Attitudes and feelings about the activities		
Good idea and benefit to society - should proceed	191	31.5
Will communicate knowledge to people who are close	59	9.6
Want to have more information/data/knowledge	154	25.4
A benefit to study and research on AIDS	7	1.1
Should extend activities to other areas - e.g., other provinces, government places, communities	25	4.1
Get better knowledge and understanding of AIDS	173	28.1
Should publicize more	6	1.0
Total	651	100.0
Attitudes and feelings about AIDS		
Not interested to learn about AIDS	17	1.5
Non-acceptance: frightening/disgusting disease	81	7.1
Know friend/relative with AIDS	116	10.2
Used to work related to AIDS	4	0.4
Able to live with PWAs	94	8.3
Being in the risky group (risky behavior)	15	1.3
Non-belief about AIDS disease	6	0.5
Care of AIDS through moral means/dhamma	4	0.4
Feel pity and sympathy for people with AIDS	605	53.2
Just one of the infectious diseases; no objection to it	33	2.9
Unafraid; non-risky behavior	4	0.4
Feel pity for those innocently infected with AIDS, but some people do deserve it	42	3.7
Feel indifferent: it's an ordinary disease	84	7.4
Some have never had information on AIDS	2	0.2
Can accept relatives with AIDS, but not other with AIDS	1	0.1
Feeling of helplessness (it is fate), compassion, grief, disappointment, regret	20	1.8
Wish people with AIDS to know God	10	0.9
Total	1,138	100.0

Table 6. Types of activity participation

Types of activity participation	Number	Percentage
Talked and shared ideas about...		
AIDS disease/situation/problem/living with AIDS	424	92.4
Types/methods of activity organization/publicity	23	5.0
Moral issue/behavior of people in society	10	2.2
Blood testing	10	0.2
PWAs should be able to help themselves; e.g., work	1	0.2
Total	459	100.0
Consulted and made suggestions regarding		
Sexually transmitted diseases/HIV positive/ syphilis/AIDS	81	78.6
Diseases in general	2	1.9
Personal treatment of PWAs/contact with patients/ living with PWAs	13	12.6
Use of condoms/going to prostitutes	6	5.8
Project/activity dissemination	1	1.0
Total	103	100.0
Requested publications and other media		
Requested publications and other media	1,268	100.0
Total	1,268	100.0
Wrote letters home, including content on...		
Sending best wishes	6	17.6
AIDS	26	76.5
Introduction on the project	1	2.9
Society/behavior of people in society	1	2.9
Total	34	100.0

From **Table 6** above it can be seen that most attendees participated by way of requesting documents and publications, which is understandable considering the nature of most of the organized activities which were to provide consultancy, listen to various ideas, show videos and distribute printed materials. Not many people joined the activities and actually expressed their ideas (459 persons) - most of them talked about the problems/situation of AIDS and living with PWAs and HIV (92.4 percent); followed by discussion about organizing activities to

disseminate information on and increase understanding about AIDS (5.0 percent), moral issues/ behavior of Thai people (2.2 percent), blood testing (0.2 percent), and enabling PWAs to help themselves by working (0.2 percent). Regarding those who came for consultation and advice, most of them wanted to know about different types of sexually transmitted diseases (78.6 percent). The rest wanted to know about how to treat, contact and live with AIDS patients (12.6 percent), use of condoms and going to prostitutes (5.8 percent), diseases in general (1.9 percent), and how to organize activities to disseminate knowledge concerning AIDS (1.0 percent).

Another activity, attempted on an experimental basis, was letter writing to test how many people would write home and dare to write about AIDS. It was found that the letter contents were mostly related to AIDS in general (76.5 percent), followed by best wishes (17.6 percent). A few explained about the project (2.9 percent), and the behavior of people in society who are at most risk of contacting and infecting others with AIDS (2.9 percent). Unfortunately, this letter writing activity was not popular as only 34 persons participated in it.

Table 7. Willingness to participate in the project

Willing to undertake training on...	Number	Percentage
Weekdays	145	18.3
Holidays or weekends	598	75.6
Weekdays and holidays	48	6.1
Total	791	100.0

Table 7 indicates that not many attendees were willing to participate actively in the project - only 791 persons or 29.5 percent of the total of 2,681. Reasons for not answering the question or saying they could not join the project may be due to lack of interest or not being ready to do so.

Of the people who did want to participate in the project by undertaking training for volunteers, most indicated that they were available on weekends (75.6 percent), followed by weekdays (18.3 percent), and lastly both weekends and holidays (6.1 percent).

Data found in Table 7 indicates that most respondents had work responsibilities on weekdays. It was thus decided to organize training into two types - training for the general public given on weekends and training on weekdays for specific occupational/organizational groups to be given when the group or organization was most ready.

Table 8. Reasons for inability to participate in the project

Reasons for inability to participate	Number	Percentage
Uncertain address	25	3.1
No time/not convenient/not ready	703	88.2
Unsure due to little knowledge about AIDS	39	4.9
Already undertaking some activity on AIDS	14	1.8
Elderly/sick/handicapped	7	0.9
No close people having AIDS/not interested	9	1.1
Total	797	100.0

Table 8 deals with those attendees who indicated that they were not ready to participate in the project or to promote the idea of living with PWAs. Most (88.2 percent) indicated that they had no time or were not ready, followed by those who were uncertain or lacked confidence due to little knowledge about AIDS (4.9 percent); lacked a permanent address (3.1 percent); were already undertaking some activity on AIDS (1.1 percent); and were elderly, sick, or handicapped (0.9 percent).

Table 9. Types of activities suggested for future participation

Types of activities	Number	Percentage
Small group training	5	4.5
Knowledge given at different places	97	86.6
Dialogue/forum on AIDS, campaign to stop AIDS	8	7.1
Study visit (at Prabatnampu Temple)	2	1.8
Total	112	100.0

Table 9 takes a look at attendees who identified types of activities they were interested in or were able to participate in. Most of them (86.6 percent) wanted to provide knowledge at different places. The others were interested in undertaking dialogue/forums on AIDS and campaigns to stop AIDS (7.1 percent) and a study trip (1.8 percent). There were

112 out of 2,681 attendees, or about 4.2 percent, who identified these activities they wanted to undertake or participate in.

Table 10. Other ideas/needs related to activity participation

Ideas expressed	Number	Percentage
Good project, want cooperation from everybody	9	5.3
Live upcountry, want some publications	121	70.8
Can participate occasionally	22	12.9
Requested formal invitation letters	3	1.8
Received various information from other media	12	7.0
Not interested in AIDS	4	2.3
Total	171	100.0

Table 10 shows that many activity attendees wanted additional printed materials for dissemination elsewhere in the country. Some of them indicated that they were ready to participate in the project sometimes or occasionally. There were also others who said they already received the same information (given by the project) from various media. It is interesting to note that some attendees said they were not interested in AIDS, which was obviously contradictory to what they were actually doing at the time. In this connection, the graduate volunteers explained that they always came across people visiting the activities who *said* they were not interested to learn about AIDS but proceeded to talk with them about it or look closely at the exhibition boards, etc. This is indicative of the fact that a number of society members are still reluctant or undecided about how to act in response to this new phenomenon in society. Some of them may express disinterest in AIDS as something too remote from them or because they are confident they will never be infected with AIDS.

Table 11 below records various observations of graduate volunteers about activity attendees. Many of them were interested to talk, although they did not yet understand AIDS issues (47.4 percent). It was pleasing to know that a number in the group said they were ready to disseminate information to others (17.6 percent) and still others who said they were interested to be trained as volunteers or to become part of the AIDS care volunteer network (15.3 percent). Overall, most attendees had a positive attitude towards the project and to the concept

of living with PWAs. There were those who had negative attitudes - not interested because the issue was too remote, disgusted with AIDS, not interested in participating, and understand about AIDS but disagrees with the idea of living with it, which altogether accounted for only 4 percent of the total 1,022 attendees observed by the graduate volunteers.

Table 11. Ideas/observations of graduate volunteers

Ideas/observations	Number	Percentage
Interested to talk, but still not understand AIDS	484	47.7
Interested to participate in project/training/join volunteer network	156	15.3
Willing to cooperate in public campaigns	180	17.6
Not interested in AIDS; far behind on the issues	16	1.6
Interested because of their own risky behavior	21	2.1
Want to help, contribute to society	16	1.6
Do not cooperate or share information	25	2.4
Not engaged in risky behavior	2	0.2
No hate/understanding/compassion for PWAs	22	2.2
Good knowledge of AIDS issues/used to have training	54	5.3
Dare not express ideas, little cooperation	21	2.1
Negative attitude, disgusted towards PWAs	20	2.0
Attendee having AIDS/HIV	1	0.1
Not interested in joining the project	1	0.1
Understand about AIDS but would not live with it	3	0.3
Total	1,022	100.0

Table 12 below gives attendees' responses when asked how they would act in case they found out a family member had AIDS or HIV. Most of them said they would not be hateful, they would give care and attention, and they would be cheerful towards them (45.7 percent). In addition, they would treat him/her normally while making sure to protect themselves (19.5 percent); try to accept him/her in order to keep their spirits up (1.9 percent); provide consultation and information on AIDS care (5.1 percent); and give love, companionship, a chance, and not leave them alone (4.8 percent). For the approximately 20 percent of respondents who had negative answers, some of them said they were not ready to care for PWAs at home and they should have special care by medical professionals. Other people said they would consult a doctor or send them to the hospital (1.3 percent), take them to an AIDS center (1.8 percent), and could not live with them/should have rooms apart from them (4.3 percent). Moreover, there were a few who said they would not

let their infected family member out of the home as they might be discriminated against by neighbors (0.1 percent). About 2.1 percent did not know what they would do and have never thought about the possibility of getting infected.

Table 12. How family members with AIDS would be treated

Treatment	Number	Percentage
Don't know/never think about getting infected	17	2.1
Take care/give attention/please/be cheerful	375	45.7
Consult a doctor, send to hospital	109	13.3
Act normal/same as usual, self-protection	160	19.5
Bring to medical center/AIDS center	15	1.8
Could not live with them/live apart/separate rooms	35	4.3
Could live together if still no symptoms or at last stage	12	1.5
Resolve to cheer up the patient	16	1.9
Give advice, knowledge on AIDS care	42	5.1
Not allowed to leave home so as not to be hated by neighbors	1	0.1
Give love, companionship, chance/not leave them	39	4.8
Total	821	100.0

Table 13 below shows attendees' thoughts about living with PWAs. Most of them thought that they did not need to prepare for this as they had no involvement with AIDS (36.7 percent). Various other responses included protection against infection by avoiding contact with blood, avoiding sexual relations with those likely to have AIDS, separating things that may cause infection, etc. (23.4 percent); ready to cheer up PWAs and give them attention (20.4 percent); study and explore information on AIDS and transmit to people around them (9.3 percent); act normally (5.4 percent); and resolve in their mind to live with the reality of AIDS (2.8 percent). In the meantime, a few felt that AIDS patients should be admitted to special places such as AIDS centers (0.4 percent) or should be taken to a doctor/hospital (0.7 percent).

It is remarkable that a number of the activity attendees saw themselves as having nothing to do with AIDS; in other words, they feel safe from ever having the AIDS infection. This has both positive and negative implications - positive in the sense that these people were obviously confident about their non-risky behavior, but negative in that they did not seem to realize that AIDS is a common problem to all in

society. They thought of themselves as safe (which they may or may not be) and thus felt no need to prepare themselves at all.

Table 13. Preparation for possible life with AIDS

Types of preparation	Number	Percentage
Not preparing at all/not involved with AIDS	169	36.7
Ready to cheer up/give attention to PWAs	93	20.2
Prevent any infection (avoid contact with blood/having sex/separate things that may cause infection)	108	23.4
Study/explore information on AIDS and transmit to people they know	43	9.3
State should campaign strongly about AIDS	5	1.1
Act normal	25	5.4
Resolve to live with PWAs	13	2.8
Admit PWAs to medical center, AIDS care center	2	0.4
Take PWAs to doctor/hospital	3	0.7
Total	461	100.0

Table 14. Having relatives/friends/acquaintances with AIDS

Having personally met PWAs	Number	Percentage
No, never personally met anyone with AIDS	627	63.0
Met 1 person	40	4.0
Met 2 persons	10	1.0
Met 3 persons	3	0.3
Met 4 persons	2	0.2
Met 5 persons	1	0.1
Met 10 persons	2	0.2
Around 300 persons	1	0.1
Around 160 persons	1	0.1
Met them in their own community	2	0.2
Met them at the hospital	2	0.2
Met them at school	5	0.5
Met them at Friends Help Friends Foundation	3	0.3
Have met, but cannot remember exact number	13	1.3
Did not know if anyone they met had AIDS	228	22.9
Total	995	100.0

Table 14 above indicates that most attendees did not have relatives, friends or acquaintances with AIDS (63.4 percent). Another group did not know if they had in fact met or seen anyone with AIDS

(22.9 percent). There were attendees who said they met from one (1) up to 300 PWAs, but most of them had never met people with AIDS.

Table 15. Those who had met PWAs: current symptom stage

Symptom stage of AIDS	Number	Percentage
Dead	21	39.6
Stage one	4	7.5
Stage two	2	3.8
Stage three	2	3.8
All stages	8	15.1
Do not know what stage	16	30.2
Total	53	100.0

Table 15 is related to Table 14, in particular to those attendees who said they had personally met someone with AIDS. Most of them had seen PWAs who had already died (39.6 percent), while others indicated they did not know what stages the PWAs they met were in (30.2 percent). As for the other stages - attendees had met PWAs with stage one, infected but as yet showing no symptoms (7.5 percent); stage two, exhibiting symptoms of immune deficiency syndrome (3.8 percent); stage three, full-blown AIDS seen through skin infections (3.8 percent); and all three stages (15.1 percent). It was found that attendees who had good knowledge about symptoms of each stage of AIDS infection came to about 30.2 percent, which was approximately the same proportion as those who said they did not know. It is interesting to note that an equal number of attendees had good understanding of details of the different stages of AIDS as those who did not have any idea whatsoever about these different stages.

Table 16. Types of relationships with PWAs

Relationship	Number	Percentage
Relative/cousin/child	18	26.5
Friend/neighbor	22	32.4
Acquaintance	19	27.9
Girl/boy friend	1	1.5
Respondent	1	1.5
Attendee's client	7	10.3
Total	68	100.0

Table 16 shows the types of relationship the PWAs had with the 68 attendees who said they had such relationships. Most of these PWAs were friends or neighbors (32.4 percent), followed by acquaintances (27.9 percent), relatives/children (26.5 percent), patients (10.3 percent), boy or girl friends (1.5 per cent), and the respondent him/herself (1.5 percent). It should be noted that majority of the respondents had close relations with the PWAs they knew.

Table 17. Treatment to PWAs

Characteristic of Treatment	Number	Percentage
Not do anything	12	19.4
Give encouragement, attention	26	41.9
Treat normally	15	24.2
Give advice on health care	8	12.9
Admit to hospital	1	1.6
Total	62	100.0

Table 17 shows how attendees who knew PWAs intended to treat them - give them encouragement or attention (41.9 percent), treat them normally (24.2 percent), do nothing (19.4 percent), give them advice on health care (12.9 percent), and have them admitted to hospital (1.6 percent). These results indicate that about 78.3 percent were willing to give people with AIDS/HIV attention and care, while only one indicated admitting the PWA to the hospital.

Table 18. Ways to disseminate concept of living with PWAs

Ways to disseminate concept	Number	Percentage
Talk and communicate to people	489	65.6
Participate in/organize activities on AIDS	19	2.6
Incorporate in classroom teaching or integrate with existing work	33	4.4
Agree with the concept, but could not tell how to disseminate it	204	27.4
Total	745	100.0

Table 18 indicates that most of the attendees who agreed with the project concept thought that they would disseminate it by talking to

people around them (65.6 percent), participating in or organizing activities on AIDS (2.6 percent), and integrating the concept with their classroom teaching (in the case of teachers or university lecturers) or with their regular work (4.4 percent). About 27.4 of the respondents said they did not know how they could disseminate it. To campaign for or disseminate the project concept, emphasis should be put on encouraging attendees to do this in their own ways, using their own potential or existing channels of communication or network to campaign for public acceptance of PWAs. A good example are the school teachers and other professionals who said they would find ways to integrate the concept into their work.

Table 19. Source of information on activities

Source of information	Number	Percentage
Schools/organizations/agencies/communities	319	59.7
Friends/neighbors	35	6.6
Graduate volunteers/resource persons/ Mahidol University	168	31.3
Relatives	8	1.5
Acquaintances	5	0.9
Total	534	100.0

Table 19 gives attendees' responses to the question, "where did you come to know about the project activities?" The project used two main methods to approach the target populations - first, graduate volunteers directly contacted the people, e.g., through community work or setting up information centers; and second, contacts were made through organizations such as schools, agencies and communities. The second was used mostly in the later part of the project as graduate volunteers were unable to access target groups directly. The project tried to revise methods and strategies to be able to reach people of various occupations. As such, results of this particular query showed that the source of information for most of the attendees were the various channels of schools, organizations, agencies, and communities (59.7 percent); followed by the graduate volunteers, resources persons invited by the project, and Mahidol University (31.3 percent), friends or neighbors (6.6 percent), relatives (1.5 percent), and acquaintances (1.9 percent).

Table 20 below documents the knowledge which attendees said they acquired from participating in the project activities. Most said they received knowledge on more than two topics: mainly on AIDS, the causes of infection, means of prevention, and cure; followed by knowledge on living with AIDS/HIV patients and how to take care of them. It should be noted that only 6.6 percent of the attendees answered knowledge on living with PWAs, which was the main goal of the project. It is apparent that the process of disseminating the idea of living with AIDS must also include provision of basic knowledge about AIDS. If AIDS is feared by people because they lack knowledge or have not received information, then a campaign for public acceptance would be difficult to undertake. Hence, attendees should be given knowledge on how to live with PWAs together with general knowledge on AIDs as a disease - causes of infection, ways of prevention, and cure.

Table 20. Knowledge gained from participation in activities

Knowledge gained	Number	Percentage
Knowledge on AIDS - causes of infection, means of prevention, cure	276	30.9
Knowledge on living with PWAs	59	6.6
Knowledge on health care for AIDS/HIV patients	34	3.8
Knowledge on daily living/health care	6	0.7
Knowledge on mental/emotional situation of PWAs	1	0.1
Did not gain any knowledge at all	15	1.7
Gained knowledge of more than two of the topics above	501	56.2
Total	892	100.0

Table 21 below addresses the question of how the respondents felt about participating in the activities, in particular how much they benefited from it. Most of them felt that they benefited highly from it (89.0 percent), with the main reason that they acquired better knowledge and understanding of AIDS and living with PWAs. About 9.4 percent said they gained medium-level benefit as they were not clear on the content, did not understand some of the issues, or needed to learn more. The small group that said they got little benefit (1.0 percent) gave their reasons as not understanding some points, not finding it interesting, and not enough time to join the activities fully. The group that said they gained no benefit at all (0.5 percent) said they disagreed with the concept of having to live with PWAs.

Table 21. Feelings about participation in the activities

Feelings about participation	Number	Percentage
High level benefit	867	89.0
Medium level benefit	92	9.4
Low-level benefit	10	1.0
No benefit at all	5	0.5
Total	974	100.0

The project also identified special target groups, i.e., the Christian group and the Islamic group, to cooperate in the project activities. In the case of the former, two of the graduate volunteers who were Roman Catholics were responsible for coordinating activities at the Thonburi Catholic Church, New Life Center, Ruamyen Catholic Church at Pattanakarn, Prapadaeng Catholic Church, and the Christian Camp at Petchaboon Province. The project also organized one training and information program for an Islamic group; results of these are included in data on trainees given in section 3.2. Some insights gathered from the Christian groups are given in Tables 22 and 23.

Table 22. Teachings in the Bible that could be applied to seek public
acceptance for PWAs

Bible teachings	Number	Percentage
Do not know	1	0.6
Should love neighbor as oneself	86	55.5
Forgiveness	13	8.4
God will not leave us; God loves everyone who trusts in Him	16	23.2
God will reward people who do good things to others	4	2.6
Bring hope to PWAs - life is eternity, both now and in the next world	7	4.5
Every topic is good for application	1	0.6
Live in the best possible way	1	0.6
Believe and trust, pray to God	3	1.9
Each one should have only one wife/husband	3	1.9
Total	155	100.0

In **Table 22** the Christians express their ideas about which teachings in the Bible could be applied to gain public acceptance towards PWAs. Most of them saw the importance of loving neighbors as

oneself (55.5 percent); followed by the teaching that God will not leave anyone and will love everyone who trusts in Him (23.2 percent) and the teaching of forgiveness (8.4 percent).

Table 23 below tabulates Christian attendees' answers to the question, "how much can Bible teachings help PWAs?" Although many did not really respond to the question, and the answers are not much different from those in Table 22, we can still get some insights from their responses. Most of these attendees felt that the religious principle that contributes best to treating PWAs were the principles of loving others as oneself and loving all mankind (46.9 percent), followed by being able to contribute/support/comfort PWAs (26.3 percent). The other thoughts were that it would help PWAs if they behaved according to the teachings of God (11.9 percent), the teachings can mostly help as God leads our way in life and God does not leave us but gives peace and love to all mankind (10.6 percent); and the teachings could given PWAs a feeling of new life or life as being still worthwhile (3.8 percent). One respondent thought that religious principles could not help in the AIDS issue or is not relevant towards the treatment of AIDS.

Table 23. How much Bible teachings can help PWAs

Bible teachings - how can they help?	Number	Percentage
Do not know, not relevant	1	0.6
Can help a lot as God leads our life; God does not leave us but gives peace and love to mankind	17	10.6
Able to contribute/support/comfort PWAs	42	26.3
Religious principles teach us to love others as ourselves, give love to all mankind	75	46.9
If PWAs behave according to God's teachings, it would certainly help them	19	11.9
Could give them a feeling new life, of life being still worthwhile	6	3.8
Total	160	100.0

3.2   Results of Evaluation and Follow-up of Training of 20 Classes

1.   General Information on the Trainees. To analyze the information, those who did not answer the questions were eliminated from the table in order to make a better presentation of the findings. It should be underscored that the action research to disseminate the project concept to a large number of people in a limited period of time and with high turnover of project personnel was a very difficult undertaking. The study involved a lot of details and it was rarely possible to verify completion of the questionnaires at the time of training due to insufficient time and personnel.

Table 24.   General Information on Trainees

Information	Number	Percentage
Age		
13-22	252	21.0
23-32	412	34.3
33-42	257	21.4
43-52	173	14.4
53-62	80	6.7
63-78	27	2.2
Total	1,201	100.0
Sex		
Male	846	69.3
Female	374	30.7
Total	1.220	100.0
Highest Educational Attainment		
No education	1	0.1
Primary school	270	22.9
Secondary school (Grades 7-9)	73	6.2
Secondary school (Grades 10-12)	301	25.6
Bachelor degree	314	26.7
Master degree	11	0.9
Ph.D.	2	0.2
Still studying	206	17.5
Total	1,176	100.0

Table 24.   (continued)

Information	Number	Percentage
Religion		
Buddhist	1,020	91.6
Christian	26	2.3
Islam	60	5.4
N.A.	7	0.6
Total	1,113	100.0
Place of Origin		
Central region	109	9.2
Eastern region	74	6.2
Northeastern region	368	31.0
Northern region	127	10.7
Western region	79	6.6
Southern region	114	9.6
Bangkok	317	26.7
Total	1,188	100.0
Current Residence		
Bangkok	1,016	86.7
Surrounding Areas	94	8.0
Central region	6	0.5
Eastern region	7	0.6
Northeastern region	30	2.6
Northern region	8	0.7
Western region	8	0.7
Southern region	3	0.3
Total	1,172	100.0
Estimated Years to Stay in Bangkok		
Less than one year	4	1.1
1-5 years	49	13.4
6-20 years	21	5.8
Not sure	116	31.8
Will live here permanently	175	47.9
Total	365	100.0

Table 24   (continued)

Information	Number	Percentage
Occupation		
School/university student	94	7.9
Laborer/farmer/self-employed	95	7.9
Bu$iness/private sector employee	209	17.5
Government official/state enterprise employee	568	47.5
Housewife	53	4.4
Unemployed	4	0.3
Monk	169	14.1
Elderly	5	0.4
Total	1,197	100.0
Monthly Income		
No income (school/university students)	94	9.5
Baht 500 - 2,500	174	17.6
Baht 3,000 - 6,500	100	10.1
Baht 6,540 - 8,000	73	7.4
Baht 8,040 - 10,000	76	7.7
Baht 10,008 - 15,000	125	12.6
Baht 15,060 - 30,000	100	10.1
Baht 30,624 - 45,000	9	0.9
Baht 49,040 - 90,000	8	0.8
No income (housewide/unemployed/monk/elderly)	231	23.3
Total	990	100.0

Note: Average income = Baht 15,000.

Table 24 shows that most of the participants were in the range of 23 to 42 years of age (55 percent), followed by the age group of 13 to 22 years. The lowest age among the participants was 13 years and the highest was 78 years. Male participants came to 69.3 percent of all participants, and females 30.7 percent. The highest level of education was bachelor degree (32.3 percent), followed by secondary school level (grades 10 -12) at the slightly less proportion of 31.0 percent. Next were those at primary school level at 27.9 percent and secondary level (grades 7-9) at 7.3 percent. Buddhists made up the highest number (91.6 percent) of trainees, while there were 5.4 percent of the Islamic and 2.3 percent of the Christian faiths. The participants mostly came from the northeast region (31.0 percent), followed by those from Bangkok (26.7 percent), southern region (9.6 percent), central region (9.2 percent), western region (6.6 percent) and eastern region (6.2 percent). The current residence of most of them was Bangkok (86.7 percent), followed by areas or provinces in close proximity to Bangkok (8.0

percent). Most of them anticipated to stay in Bangkok (47.9 percent) while another group was uncertain about this (31.8 percent). Employment-wise, most of them were government or state enterprise employees (47.5 percent), followed by those working for the business/private sector (17.5 percent), and monks (14.1 percent). The average income was found to be lower than Baht 15,000. The highest income group was in the range of Baht 500-6,500 (27.7 percent), followed by no income, including housewives, the elderly, monks, and the unemployed (23.3 percent). However, it was found that the group having medium to high level of income (about Baht 10,000-15,000) was also rather high at 12.6 percent.[1]

2. Experiences with AIDs

Table 25 below shows that most of the trainees had never met people with AIDS/HIV (55.3 percent), followed by those who were not sure if they had met such people (36.5 percent). Others could count the number of such people they had met (6.9 percent), had met them but could not remember how many (1.1 percent), and had met a large number of PWAs (0.3 percent). Where relationship with those having AIDS was concerned, the biggest group was friend/neighbor (68.8 percent), followed by distant relatives (11.8 percent), immediate relatives (6.5 percent), organizational clients (5.5 percent), and no relation at all (5.5 percent). In terms of treatment to PWAs, most trainees said they would act and talk to them normally (40.2 percent), give them advice and knowledge (9.8 percent), and the rest - stop the relationship or not see them again, follow the advice on AIDS treatment, and take good care of their own health - came to the same proportion of approximately 1.2 percent each. On their attitude towards living with AIDS, majority absolutely agreed to it (71.8 percent). The rest agreed or mostly agreed (17.8 percent), were unsure or had no idea (7.6 percent), disagreed (2.4 percent) and absolutely disagreed (0.4 percent).

From this information, it is satisfying to note that most of the trainees who had encountered people with AIDS had positive attitudes or

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[1] [1] The project realized that figures could be incorrect as respondents may have given figures that were lower or higher than their actual incomes. Classification of income groups does not refer to any formal standard, e.g., that of the National Statistical Office; rather grouping was made according to actual figures given. Thus is was difficult to organize into standard income groups.

treatment towards them. Only one person answered that s/he would stop the relationship or not see them again after knowing that they have AIDS.

Table 25. Experience with AIDS

Experience	Number	Percentage
Have encountered people with AIDS/HIV		
Never directly encountered	661	55.3
Encountered: can count the number of PWAs	82	6.9
Encountered a large number (close people, friends)	3	0.3
Encountered, but cannot count the number	13	1.1
Not sure if those encountered had AIDS	436	36.5
Total	1,195	100.0
Relationship with PWAs		
Friend/neighbor	64	68.8
Distant relatives	11	11.8
Immediate relatives	6	6.5
Participants	2	2.2
Organizational clients	5	5.4
No relationship	5	5.4
Total	93	100.0
Treatment towards PWAs		
Assisted/cheered them up	24	29.3
Talked to them normally	8	9.8
Gave advice/knowledge	33	40.2
Stopped relationship	1	1.2
Follow the advice on AIDS treatment	1	1.2
Did not help or do anything special	14	17.1
Take good care of own health	1	1.2
Total	82	100.0
Attitude towards living with AIDS		
Absolutely agreed	574	71.8
Agreed/mostly agreed	142	17.8
Disagreed	19	2.4
Absolutely disagreed	3	0.4
Not sure/no idea	61	7.6
Total	799	100.0

Moreover, majority of the trainees (71.8 percent) said that they "absolutely agreed" with the concept of living with AIDS. However, the group that answered they were not sure was also as high as 8 percent.

As such, there is need to campaign to provide correct information and knowledge on how to prepare to live with PWAs and this should be done on a continuing basis. Another interesting observation is that the PWAs the trainees met were mostly friends or neighbors (70 percent), followed by distant and immediate relatives (20 percent), which confirms that AIDs is a matter that is close to everybody.

Table 26 below shows the relation between the type of relationship with the PWAs and how the trainees treated them. Most trainees showed good treatment to PWAs, most of whom were people close to them, i.e., friends/neighbors, relatives or cousins. In most cases, they said they assisted them and cheered them up. In the case of friends/neighbors, trainees said they talked to them and treated them normally, although someone did not want to see them again or stopped the relationship. In the case of organizational clients, the treatment focused on giving advice/knowledge, followed by assisting/cheering up, and talking to them normally. Furthermore, trainees said they treated PWAs with whom they were not related normally, although they did not say whether they gave any kind of special assistance.

Table 26. Types of relationships with PWAs vs. treatment to them

Relationship	Treatment													Total	
	1		2		3		4		5		6		7			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Friend, neighbor	12	21.8	5	9.1	26	47.3	1	1.8	1	1.8	10	18.2	-	-	55	69.6
Distant relative	7	77.8	-	-	1	11.1	-	-	-	-	1	11.1	-	-	9	11.4
Immediate relative	2	50.0	-	-	1	25.0	-	-	-	-	1	25.0	-	-	4	5.1
Participant self	-	-	-	-	-	-	-	-	-	-	-	-	1	100.0	1	1.3
Organization client	1	20.0	3	60.0	1	20.0	-	-	-	-	-	-	-	-	5	6.3
No relationship	-	-	-	-	3	60.0	-	-	-	-	2	40.0	-	-	5	6.3
TOTAL	22	27.8	8	10.1	32	40.5	1	1.3	1	1.3	14	17.7	1	1.3	79	100.0

Notes: 1 = Assisted/encouraged   2 = Gave advice/knowledge   3 = Treated normally
4 = Stopped relationship/meeting   5 = Followed advice on AIDS treatment
6 = Did not help/no special treatment   7 = Took good care of own health

Table 27. Relationship between trainees who had met PWAs and their attitudes towards living with them

Met PWAs	Attitude towards living with PWAs										Total	
	1		2		3		4		5			
	N	%	N	%	N	%	N	%	N	%	N	%
Never met	339	71.4	84	17.7	14	2.9	3	0.6	35	7.4	475	60.3
Can count number	49	84.5	9	15.5	-	-	-	-	-	-	58	7.4
Met large numbers	2	100.0	-	-	-	-	-	-	-	-	2	0.3
Met, can not count number	6	100.0	-	-	-	-	-	-	-	-	6	0.8
Not sure if they had AIDs	170	68.8	47	19.0	5	2.0	-	-	25	10.1	247	31.3
Total	566	71.8	140	17.8	19	2.4	3	0.4	60	7.5	788	100.0

Notes: 1 = Absolutely disagreed 2 = Agreed/somewhat agreed 3 = Disagreed
4 = Absolutely disagreed 5 = Not sure/no idea

Table 27 shows the relationship between the people who had met PWAs and their attitudes towards living with them. Results indicate that whether or not they had met or encountered PWAs, the trainees tended to agree with the idea of living with them. This was particularly so for those who had direct encounters and said they absolutely agreed. For those who had no such encounter or were unsure whether they had met such people, it was found that some disagreed and they were unsure about the concept or had no idea about it. Some of those who had never met someone with AIDS/HIV absolutely disagreed with the idea of living with PWAs.

3. People Volunteering for Training: Why did they Participate?

It can be seen from **Table 28** below that most volunteers applied formally to undertake training (77.7 percent); the others applied informally (19.8 percent) and semi-formally (4.3 percent), and the rest were representatives of organizations (14.7 percent) or were requested to participate (4.4 percent). Most of the trainees gained knowledge on two to three topics or issues (64.7 percent), followed by those who gained one (26.3 percent), more than three issues (5.1 percent), and many issues (0.6 percent). A few (0.3 percent) said they did not gain any new knowledge, had already known it before, or had acquired knowledge unrelated to AIDS, Regarding training content, most said they received information on how to live with PWAs (53.5 percent), how AIDS is contacted and how to prevent it (20.7 percent), and health care for people with AIDS/HIV (11.8 percent). Most participants said that the training had benefited them (99.8 percent), while a few said it did not (0.2 percent).

Table 28. People volunteering for training

Major relevant issues	Number	Percentage
Manner of application to become volunteer		
Formal	73	77.7
Semi-formal	4	4.3
Informal	17	18.1
Total	94	100.0
Reasons for applying for the training		
Was requested/convinced	51	4.4
Interested	936	80.9
Representative of organization	170	14.7
Total	1,157	100.0
Knowledge gained from the training		
Did not gain new information/already knew it	4	0.3
Gained knowledge on one issue	309	26.3
Gained knowledge on 2-3 issues	792	67.4
Gained knowledge on more than 3 issues	60	5.1
Gained knowledge on many issues	7	0.6
Gained other knowledge not related to AIDS	3	0.3
Total	1,175	100.0

Table 28 (Continued)

Major relevant issues	Number	Percentage
Assessment of the training		
(1) Content		
1.2 responded to the need	779	96.4
1.3 did not respond to the need	10	1.2
1.4 did not clearly understand	13	1.6
1.5 not solving real cause of problem	6	0.7
Total	808	100.0
(2) Session Design		
2.3 appropriate	764	96.2
2.4 not appropriate	30	3.8
Total	794	100.0
(3) Time Duration		
3.4 appropriate	587	73.0
3.5 inappropriate time management	19	2.4
3.6 time was too short	178	22.1
3.7 too much time	17	2.1
3.8 should organize training on weekdays	3	0.4
Total	804	100.0

An assessment of the management of the training was generally good. Most said that the content responded to the need (96.4 percent), while others found the content to be unclear (1.6 percent), not relevant to the project title (1.2 percent), or did not solve the problem (0.7 percent). About 96.2 percent thought that the session design was appropriate, and the rest (3.8 percent) thought it was inappropriate. Where time duration was concerned, most felt it was appropriate (73.0 percent), but others said there was too little time (22.1 percent), time management was inappropriate (2.4 percent), or there was too much time (2.1 percent). A few (0.4 percent) suggested that such training should be conducted during the weekdays (0.4 percent).

Table 29. Fulfillment of tasks as volunteers

Relevant Points	Number	Percentage
Readiness to become volunteers		
Ready	635	56.1
Not ready	65	5.7
Not sure	432	38.2
Total	1,132	100.0
Capability to introduce knowledge/under-standing gained to other people		
Capable	803	98.6
Incapable	11	1.4
Total	814	100.0
Methods to be used to disseminate concept of living with AIDS		
Explain to people close by	446	66.0
Teach/talk to change negative idea/attitude	93	13.8
Incorporate with existing regular work	75	11.1
Organize activities/exhibitions	21	3.1
Assist/consult/advise/encourage	41	6.1
Total	676	100.0
Anticipated group/people to whom know-ledge/understanding to be introduced		
Spouse	209	13.6
Parents/relatives	277	18.1
Neighbors/community people	260	17.0
Colleagues	262	17.1
Supervisors	38	2.5
Subordinates/staff	160	10.4
Other public	228	14.9
Students/youth	99	6.5
Total	1,533	100.0

Table 29 explores the readiness of trainees to become volunteers. More than half found that they were ready to become volunteers or to disseminate the project concept (56.1 percent), some were uncertain (38.2 percent), and a few did not feel ready (5.7 percent). As for capability to introduce the concept or give better knowledge and understanding to other people. most felt that they were capable (98.6 percent). The few who said they were not capable (1.4 percent) gave their reason as not having enough time. The method of dissemination/communication favored by most of the trainees was to

explain and give information to people surrounding them (66.6 percent). This was followed by teaching and convincing people to change their ideas or attitudes (13.8 percent); integrating/incorporating the concept into their existing work (11.1 percent); giving advice, suggestions, or encouragement (6.1 percent); and organizing activities or exhibitions (3.1 percent). The target groups identified were mostly parents or cousins, colleagues, or neighbors/community people at the almost similar proportions of 18.1 percent, 17.1 percent, and 17.0 percent respectively. Other target groups were the general public (14.9 percent), subordinates or staff (10.4 percent), students or youth (6.5 percent), and supervisors (2.5 percent).

Table 30. Relationship between trainees' occupation and their capability to transmit knowledge to other people

Capability to transmit knowledge

Occupation	Capable		Incapable		Total	
	No	%	No	%	No	%
Student	29	96.7	1	3.3	30	3.7
Laborer/farmer/ self-employed	8	88.9	1	11.1	9	1.1
Business/private firm employee	112	99.1	1	0.9	113	13.9
Government/state enterprise staff	496	99.0	5	1.0	501	61.8
Housewife	2	100.0	-	-	2	0.2
Unemployed	-	-	-	-	-	-
Monk	153	98.1	3	1.9	156	19.2
Elderly	-	-	-	-	-	-
Total	800	98.6	11	1.4	811	100.0

It is evident from **Table 30** that trainees of all occupations mostly answered that they were capable of transmitting information/knowledge they had gained to other people. Only a few said they were incapable and most of their reason was lack of time.

Table 31 below shows the relationship between trainees' occupation and their readiness to become volunteers. Again, people of all occupations expressed that they were ready to become volunteers (56.1 percent), while 5.7 percent said they were not ready. At the same time, there were those who felt uncertain about whether they could become volunteers or not (38.2 percent). This group will in future join either the ready or unready group, which means they should be given special attention and continuous follow up.

Table 31. Relationship between trainees' occupations and their readiness to become volunteers

Readiness to become volunteers

Occupation	Ready		Not Ready		Not Sure		Total	
	N	%	No	%	No	%	No	%
Student	40	50.6	6	7.6	33	41.8	79	7.1
Laborer/farmer self-employed	63	78.8	3	3.8	14	17.5	80	7.2
Business/private firm staff	119	61.3	12	6.2	63	32.5	194	17.5
Government/ state enter-prise staff	291	53.8	28	5.2	222	41.0	541	48.7
Housewife	38	80.9	2	4.3	7	14.9	47	4.2
Unemployed	2	66.7	-	-	1	33.3	3	0.3
Monk	66	40.7	12	7.4	84	54.9	162	14.6
Elderly	4	100.0	-	-	-	-	4	0.4
Total	623	56.1	63	5.7	424	38.2	1110	100.0

Table 32 on the following page deals with the relationship between the trainees' occupation and their attitudes towards the concept of living with AIDS. Trainees of all occupational groups tended to agree with the concept. The group which absolutely agreed was highest (77.7 percent), followed by those who agreed/somewhat agreed, There were some participants who disagreed (2.4 percent) and absolutely disagreed (0.4 percent), and still a few others who were not sure or had no idea (7.7 percent).

Table 32. Relationship between participants' occupations and attitudes towards living in a society with AIDS

Occupation	Attitude towards concept of living with AIDS											
	1		**2**		**3**		**4**		**5**		**Total**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
student/university student	20	71.4	5	17.9	-	-	1	3.6	2	7.1	28	3.5
laborer/farmer/self-employed	5	50.0	3	30.0	1	10.0	-	-	1	10.0	10	1.3
business/private sector	85	75.2	22	19.5	1	0.9	-	-	5	4.4	113	14.2
gov't/state enterprise staff	354	72.0	85	17.3	11	2.2	1	0.2	41	8.3	492	61.8
housewife	-	-	2	100.0	-	-	-	-	-	-	2	0.3
unemployed	-	-	-	-	-	-	-	-	-	-	-	-
monk	107	70.9	25	16.6	6	4.0	1	0.7	12	7.9	151	19.0
elderly	-	-	-	-	-	-	-	-	-	-	-	-
Total	571	71.7	142	17.8	19	2.4	3	0.4	61	7.7	796	100.0

Notes: (1) 1 = Absolutely agreed   2 = Agreed/somewhat agreed   3 = Disagreed
4 = Absolutely disagreed   5 = Not sure/no idea
(2) Unemployed and elderly were excluded from this table.

Table 33. Relationship between trainees' reasons for participating in training and readiness to become volunteers

Readiness to become volunteers

Reason for participating	Ready		Not ready		Not sure		Total	
	No	%	No	%	No	%	No	%
Was requested	26	56.5	3	6.5	17	37.0	46	4.2
Interested	518	59.3	51	5.8	304	34.8	873	80.5
Represented organization	60	36.4	10	6.1	95	57.6	165	15.2
Total	604	55.7	64	5.9	416	38.4	1084	100.0

Table 33 shows trainees, classified according to their reasons for participating in the training, to be mostly ready (55.7 percent). The rest were not ready (5.9 percent) or not sure about becoming volunteers (38.4 percent). In particular, among those who participated as representatives of organizations, 57.6 percent said they were unsure while 36.4 percent said they were ready to become volunteers - the lowest ratio of readiness compared to the other groups (those who were requested and those who were interested). The implication here is that while co-organizing training with various organizations is one method that might rapidly disseminate the concept of living with AIDS as well as gain access to different target population groups, the channel as such can be weak if the organizations do not select personnel who are truly interested but rather those who join for some other reason.

3.3 Types and Models of Volunteer Network

To determine types and models of volunteer network, analysis is made on the basis of information from people and organizations that participated in the training sessions and attended project activities. Some of these training classes and activities were coordinated with other organizations in order to disseminate the idea of volunteer networking in these organizations. It was found that a rapid way to create or expand the network is through organizations and agencies; government, non-government, state enterprises, the business sector, academic institutions, religious institutions, community organizations, as well as

crowded public places. It was particularly effective when organizations requested the project to co-organize training on AIDS; they cooperated well with the project because they believed it would benefit their organization as well as society as a whole. In contrast to this was the informal expansion of the volunteer network, which involved "graduate volunteers" trying to reach people close to them such as parents, cousins, friends, peers, neighbors, social groups, etc. This approach was found to be rather slow due to several reasons. The main reason was the fact that most of the graduate volunteers originated from the provinces and therefore their respective "networks" were also in the provinces. This was contrary to the main goal of the graduate volunteers which was to disseminate the project and create a volunteer network focused in Bangkok and its outlying areas. (The project was after all supported by the BMA's AIDS Center.)

For this reason it was thought necessary to revise the project methodology to explore other methods and channels to expand the volunteer network. The project considered networking and expansion through key institutions and organizations as having a lot of potential. Indeed it is a channel that could create more and faster positive results, although the weaknesses mentioned in section 3.2 should also be noted.

As such, the project proceeded to include various key organizations, and these included academic institutions such as various schools in Bangkok and the suburbs; religious institutes, which included Buddhist, Christian, and Islamic; and the army. The Royal Thai Army was selected as having the contacts; it could be expected to expand the network rapidly through its AIDS Control Committee. This implies the Army's concern with the problem and its great interest in the project concept. The Royal Thai Army is considered a potential organization that will be able to implement the project concept on an ongoing basis.

In the case of business linkages, the project coordinated with the "AIDS Protection Network of Thai Businesses" and received good responses from various business organizations and companies, resulting in rapid network building in this sector. The AIDS Protection Network of Thai Businesses (or known as "Thailand Business Coalition on AIDS") comprises of 130 business organizations, which are interested in the concept of living with PWAs and continuous implementation of relevant activities. (More details of the qualitative results of in-depth interviews with various persons and organizations may be found in section 3.4.2.)

It may be concluded that the network types that were created came in two stages or two models, as follows.

Stage 1 or model 1: the informal channel. In the first stage of the project, for approximately four months, the project focused on the informal channel. A network was created through "graduate volunteers" who invited or persuaded their peer groups or people close to them to be trained. Various activities were, in turn, organized with the trained people to create further awareness and expand the network to the trainees' residential areas or communities, villages, and working places. This informal channel of informal expansion of the volunteer network is depicted in the following chart.
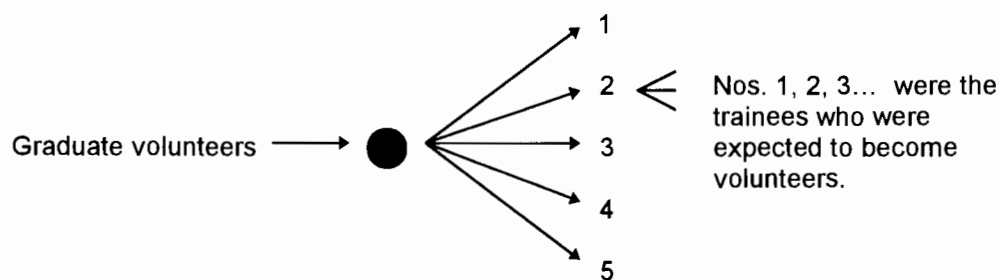
As shown in the chart, the idea was for each graduate volunteer to convince members of his/her peer group to come to the training with the expectation that each one who joined (though graduate volunteers were not required to bring in the same number of people, most of them brought in from one to five persons) - 1 , 2, 3, 4, or 5 - would be able to disseminate the project concept to at least one to ten more persons each time. However, in practical terms, there were a number of participants who could not do this due to factors of age, time, and attitude towards AIDS. This also included those who did not agree with the project concept or needed more time to consider the project concept.

Due to the time constraint, and the slow manner of networking described above, it soon became apparent that the project goal could not be met. The project therefore had to revise its strategy for expanding the network, hence leading to stage 2 or model 2 described as follows.

Stage 2 or model 2: the formal channel. The idea was to select potential organizations, agencies, and institutions, made up of

large numbers of people, to be able to disseminate the project concept to people of different age groups, occupations, and socio-economic status. As such, the project chose to work with the following types of organizations: -

- religious institutions
- educational institutions
- army organization
- state enterprises
- business organizations.

Through this strategy, the project has been able to reach more people. The expansion of the network proceeded in two stages.
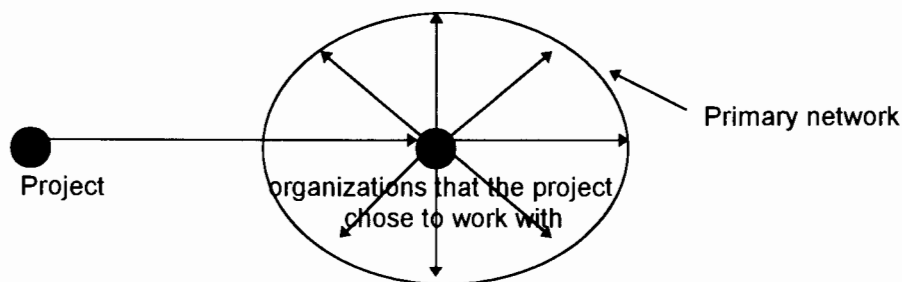
Stage 1 primary network refers to those persons who were members of selected organizations/agencies/institutes who gained knowledge/understanding on the concept and details of the project.

Stage 2 refers to members of the primary network who further disseminated the project concept to people who learned about/accepted it and then disseminated the same to more people.
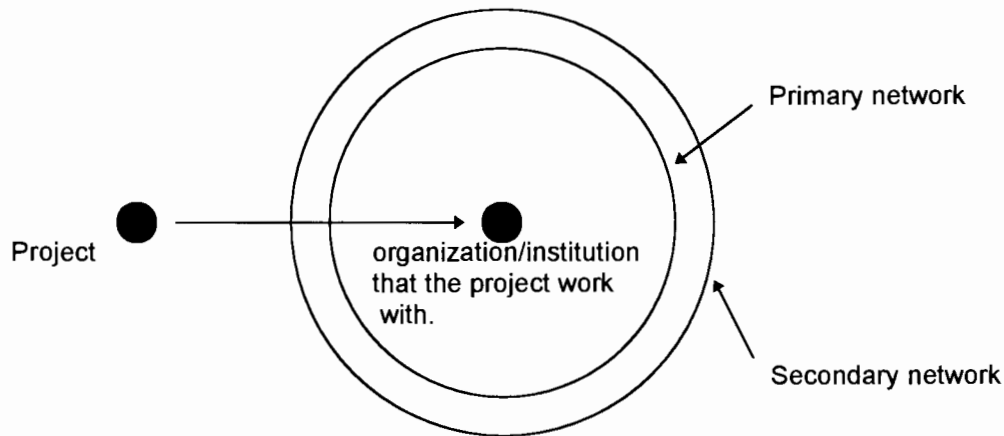
In conclusion, the work of the project to expand the concept of preparing to live with PWAs used both informal and formal channels, through peer groups and organizations/agencies respectively.

It was found that the approach of talking to or disseminating various ideas and knowledge (not only those on the subject of preparing to live with PWAs) to surrounding people (parents, cousins, friends, neighbors, colleagues, and others) could easily be done. This fact was confirmed by project personnel at all levels as well as those who got involved with the project in different ways, e.g., as attendees at project activities and participants at training sessions.

Hence, the model using the informal or "natural" channel provides good opportunity for the general public to learn about the project concept. It can be used all the time. This same model could also be used by persons within the organizations/agencies/institutions or the formal channels. This means that accessing various populations or occupation groups through these formal channels results in further dissemination of the project concept to other target groups through the informal channel.

Results of work through the formal and informal channels were certainly related and also contributed to each other.

3.4 Monitoring of the Work to Disseminate the Project Concept

3.4.1 Information on Volunteers

<u>Topic 1.</u>   General Information on Volunteers

Table 34 below presents general information on the VOLUNTEERS or the group of people who were trained and answered that they were capable and ready to spread the project concept on "preparation to live with PWAs" among people within their own network. There were altogether 569 people in this group, although only 545 persons, or about 95.8 percent of the total, were willing to provide information on themselves.

Sex. It is noticeable that within this volunteer network of 545 persons, half were male (51.4 percent). In counting the monks the figure rose to 70 percent male and the rest, or 30 percent, female.

Age. It has been found that the largest group (28.4 percent) comprised those 21 to 25 years old, followed by the 26 to 35 age group (24.6 percent). Moreover, the group aged 50 to 80 years who were considered elderly was also rather high at 13.6 percent. In brief, most of the volunteers were young people and middle-age level (between 21 and 40 years old); this group altogether made up 65 percent of all volunteers.

Marital Status. There was not much difference between the single and married groups (48.2 percent and 47.3 percent, respectively), while the group of widowed/divorced/separated made up only 4.5 percent.

Educational Attainment. Most of the volunteers (29.4 percent) finished secondary school, grades 10-12, followed by those who finished primary school and bachelor degree (25.5 percent and 26.2 percent, respectively). No one had a doctoral degree and only 1.5 percent (eight persons) had master degrees. In looking at the whole group that was trained by the project, we found that 0.2 percent were in the doctoral level (two persons) and 1.0 percent had master degrees (eleven persons).

Occupation. The occupations of the volunteers were varied. The largest group was made up of government officials and state enterprise employees (44.1 percent), or almost half of the total number of volunteers. This was because the project received cooperation from government agencies, e.g., the Royal Army Department, and state enterprises, e.g., the State Enterprise Labor Confederation. Moreover, the group of those in the business sector or were employees of companies/banks/hotels was also rather high at 11.6 percent (63 persons), or up to 18 percent when including those people having their own private business. The group of volunteer monks was also high at 18.5 percent (101 monks). It is noteworthy that two politicians also joined the project.

Table 34. Information on Volunteers

Information	Number	Percentage
Sex		
Male	280	51.4
Female	164	30.1
Monks	101	18.5
Total	545	100.0
Age		
14-20	40	7.3
21-25	155	28.4
26-30	78	14.3
31-35	56	10.3
36-40	65	11.9
41-45	29	5.3
46-50	48	8.8
51-80	74	13.6
Total	545	100.0
Marital status		
Single	214	48.2
Married	210	47.3
Widowed/divorced/separated	20	4.5
Total	444*	100.0
*Note: Does not include 101 monks.		
Educational attainment		
No education	2	0.4
Primary school	139	25.5
Secondary school (Grades 7-9)	27	5.0
Secondary school (Grades 10-12)	160	29.4
Bachelor degree	143	26.2
Master degree	8	1.5
N.A.	66	22.0
Total	545	100.0

Information	Number	Percentage
Occupation		
Agriculture/Fishery	1	0.2
Wage earner/laborer/maid	8	1.5
Company/bank/hotel employee/private teacher	63	11.6
Self-employed, retail shop	16	2.9
Unemployed	8	1.5
Government official	165	30.3
Own private business	30	5.5
State enterprise employee	77	14.1
Not working: studying	25	4.6
Housewife	20	3.7
NGO worker	16	2.9
Musician/singer	2	0.4
Politician	2	0.4
Government or state enterprise (temporary)	4	0.7
Retired government official/elderly	7	1.3
Monk	101	18.5
Total	545	100.0
Income (per month per person)		
No income	92	16.9
150 - 5,000	166	30.5
5,160 - 10,000	132	24.2
10,080 - 15,000	70	12.8
15,540 - 25,000	55	10.1
26,000 - 35,000	18	3.3
40,000 - 100,000	12	2.2
Total	545	100.0
Place of Origin		
Bangkok	144	26.4
Central region	41	7.5
Eastern region	27	5.0
Northeastern region	175	32.1
Northern region	59	10.8
Western region	49	9.0
Southern region	47	8.6
Laos	3	0.6
Total	545	100.0
Current Residence		
Bangkok	493	90.5
Areas surrounding Bangkok	23	4.2
Central region	1	0.2
Eastern region	17	3.1
Northeastern region	4	0.7
Western region	2	0.4
Southern region	4	0.7
N.A.	1	0.2
Total	545	100.0

Income. The largest income group was that having no more than Baht 5,000 per month (30.5 percent), followed by those whose incomes ranged from Baht 5,001 to Baht 10,000 (24.2 percent). However, it was also found that the groups in the middle to high-income range (around Baht 10,080 to Baht 25,000) was high at 23 percent, or around one-fourth of the total. Majority of the volunteers were on the lower- to middle-level income ranges

Current Residence. Most of the volunteers (516 persons or 94.7 percent) lived in Bangkok and surrounding areas. Only 5 percent lived in the provinces (different regions of Thailand). These were people contacted by the project to participate in the training. Some went back to the provinces, and still others were relatives of graduate volunteers in the provinces who themselves were interested in becoming volunteers.

Topic 2. Ideas, attitudes and treatment to AIDS/HIV Patients (after receiving training).

The project wanted to know whether, after training, the volunteers had met, known, or contacted any PWAs and, if they did, who they were and/or how many they were. The project wanted to estimate how much opportunity to contact AIDS/HIV patients the volunteers had, and how certain they were that those were indeed PWAs. Volunteers responses are shown in **Table 35** below.

Of those who had contact with PWAs, the ones who were sure they did have AIDS were higher in number than those who said they were not sure (94:79). However, most of the respondents said they never saw or knew anyone who had AIDS/HIV.

With regards to relationships of those who had met or known PWAs, it was found that 16.9 percent (91 persons) were other persons, who may be spouse, child, parent, friend, etc. (More details on the relationship of these people with the volunteers may be found in the next table.) However, the largest group was made up of those who said they never met/did not know/ were not sure (82.7 percent) which, interestingly enough, was a higher percentage than was found earlier. Hence, it was supposed that the excess number were people close to the volunteers, who did not want to disclose this fact. It should be noted that three

persons (0.6 percent) of those who were trained and later became volunteers were persons with AIDS/HIV themselves.

Table 35. Experience with PWAs

Experience	Number	Percentage
Met/knew PWAs		
Never seen/known/contacted	366	67.2
Met 1 person	42	7.7
Met 2 persons	19	3.5
Met 3 persons	7	1.3
Met 4 persons	3	0.6
Met 5 persons	3	0.6
Met 6 persons	4	0.7
Met 7 persons	1	0.2
Met 10 persons	2	0.4
Met 20 persons	3	0.6
Met 40 persons	1	0.2
Did not tell number	9	1.7
Did not know/not sure they had AIDS as...		
■ could not tell	79	14.5
■ having risky behavior/drugs/prostitutes	3	0.6
■ did not tell reasons	3	0.6
Total	545	100.0
Relation with PWAs		
Never met/did not know/not sure/ did not tell relationship	451	82.8
Other person (not themselves; may be wife, husband, or people who were close)	91	16.7
Participants themselves	3	0.6
Total	545	100.0

Table 36 on the following page presents information on treatment to PWAs whom the volunteers had seen/known/contacted, classified by their relationship to them.

Most of the 99 people who had ever had contact with PWAS had this encounter at Prabatnampu Temple and hospitals (30 persons or 30.3 percent). This was because after the training the volunteers went to see and talk to the patients at these places.

Table 36. Treatment to PWAs after training

Relationship	1 No.	1 %	2 No.	2 %	3 No.	3 %	4 No.	4 %	5 No.	5 %	6 No.	6 %	Total No.	Total %
spouse/child	-	-	3	100.0	-	-	-	-	-	-	-	-	3	3.0
parent/relative	1	16.7	4	66.7	-	-	-	-	1	16.7	-	-	6	6.1
girl/boyfriend, fiance, lover	-	-	-	-	-	-	-	-	-	-	-	-	-	-
close friend/friend	2	33.3	3	50.0	-	-	1	16.7	-	-	-	-	6	6.1
neighbor/community member	2	9.5	9	42.8	-	-	1	4.8	9	42.9	-	-	21	21.2
friend at work/school	2	40.0	2	40.0	-	-	-	-	1	20.0	-	-	5	5.1
supervisor/boss	-	-	-	-	-	-	-	-	-	-	-	-	-	-
subordinate/employee	1	11.1	3	33.3	4	44.4	-	-	-	-	1	11.4	9	9.0
acquaintance	4	28.6	4	28.6	-	-	2	14.3	4	28.6	-	-	14	14.1
PWA at temple, hospital	8	26.7	16	53.3	1	3.3	1	3.3	4	13.3	-	-	30	30.3
monk's relative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
monk/temple youth	-	-	1	100.0	-	-	-	-	-	-	-	-	1	1.0
monk's student	1	100.0	-	-	-	-	-	-	-	-	-	-	1	1.0
people near temple	-	-	-	-	-	-	-	-	1	33.3	-	-	3	3.0
TOTAL	21	21.2	46	46.4	5	5.0	5	5.0	20	20.2	1	1.0	99	100.0

Notes: 1 = Act/talk normally   2 = Encourage/advise to keep good health   3 = Take for blood test, see doctor
4 = Talk about treatment   5 = Not do anything   6 = Bring to training

There were 21 PWAs who were neighbors or members of the communities of the volunteers (21.2 percent), and this made up the second largest group. The third and fourth groups were some known/familiar people and subordinates/employees of the volunteers (14 persons or 14.1 percent, and nine persons or 9.0 percent, respectively).

In addition to these were close friends/friends or peers (at work and school) of the volunteers. Regarding the monk volunteers, we noticed that we got information on other monks and temple youth who had AIDS. Note also that three persons, or 3.0 percent, were the volunteers' own spouse or child.

However, it was found that 20 people, or 20.2 percent, did not do or help in any way that was expected, did not want to help or suggest anything, or it was possible the PWAs were people not close to them. It was noted that one person was a parent or relative of a volunteer of the project.

Overall the project was rather satisfied with the treatment of volunteers towards PWAs, whatever their status or relationship to the volunteer. There were 79 persons, or about 80 percent of the total, who met/knew/contacted AIDS/HIV patients who, after receiving the training, provided knowledge and practices learned from the project in a positive manner.

Topic 3. Preparation to Face the AIDS Problem

Table 37 below deals with the question of how the volunteers trained by the project would act if they found they had a PWA in their home (or in the temple, in the case of monk volunteers). Most of them (53.7 percent) said they would encourage the PWAs, or give them various advice, or live with them normally. This was followed by those who would bring them to the hospital or medical center (26 percent). There were 10 percent of respondents who said they would keep the PWAs at home and separate their goods/rooms, while another 1.5 percent said they would send them to Prabatnampu Temple. Overall, most of the volunteers would try to use various methods so that the PWAs could help themselves, and not many of them would give the burden to others or send the PWAs to another place. If in actual practice

these volunteers would indeed do as they say, then it would do a lot to
ease the social burden.

Table 37. How to act when there are PWAs

How to act	Number	Percentage
1. Live together normally and encourage/take care, give advice on food/health care, keep good health.	293	53.7
2. Live together normally at first stage of disease and send them to medical center for last stage.	16	2.8
3. Bring them to hospital/medical center, consult with doctor and take care/encourage.	141	25.9
4. Keep them at home and separate goods/rooms	55	10.1
5. Do nothing.	2	0.4
6. Provide knowledge as learned from training and suggest that they practice meditation.	11	2.0
7. Talk to them not to be desperate enough to spread AIDS infection further.	6	1.1
8. Consult with various organizations working on AIDS.	7	1.3
9. Use herbal treatment.	1	0.2
10. Send them to Prabatnampu Temple.	8	1.5
11. Send them away from the temple; ask them to leave monkhood.	2	0.4
12. Respondent has AIDS.	2	0.4
13. No answer.	1	0.2
Total	545	100.0

Table 38. Readiness of family/temple members in mind, knowledge, etc. to help PWAs

Readiness	Number	Percentage
1. Not ready.	80	14.6
2. Ready in every way, unconditional and no obstacles.	264	48.4
3. Ready in some way, have some conditions and obstacles.	196	36.0
4. The respondent has AIDS.	2	0.4
5. No answer.	3	0.6
Total	545	100.0

Table 38 tabulates the volunteers' responses to the question how ready they were to take care or help an AIDS/HIV patient. Many of their answers seem to give details of reasons for readiness or unreadiness. The largest group (almost 50 percent) who said they were ready, without conditions or obstacles whatsoever, gave the following reasons.

(1) The PWAs were family members or relatives who needed help/care, cheering up and not hatred.
(2) They correctly understand that the AIDS disease is not highly infectious.
(3) They are ready in every way - attitude, knowledge, and the economics to help and give care.
(4) PWAs are the same as other normal people.
(5) Human beings should help as much as they can to ease social problems.

The second largest group (36 percent), who were ready but with some conditions and obstacles, gave the following reasons:

(1) No time to talk with PWAs as they had no time to stay at home; small house, no place for a sick patient.
(2) The respondent was ready, but others may not agree.
(3) Ready only in attitude and about places to take PWAs, but knowledge still inadequate.
(4) Ready to take care of those who still have not shown symptoms of AIDS, but would send to a medical place when PWA is in the last stage.
(5) Afraid that family members, people around them would hate the AIDS patient.

The group who said they were not ready gave the following reasons:

(1) Small house, too many people, place is not ready.
(2) The abbot and community members may not accept the PWA, depends on the abbot.
(3) Unable to accept persons with AIDS/HIV.
(4) Afraid of people's gossip, hatred for PWAs.
(5) Others still understand AIDS to be a terrible disease; not happened to them, cannot tell.

From the above information, it seems we need to accept the fact that there are a number of people in our society who could not accept the idea of living with PWAs; these people would become a burden to society.

Table 39. Do the volunteers have the AIDS infection?

Do you have AIDS?	Number	Percentage
1. Sure about NOT having AIDS.	462	84.8
2. Not sure.	77	14.1
3. Have AIDS infection.	2	0.4
4. No answer.	4	0.7
Total	545	100.0

Note: Details about the life of two volunteers can be found in shaded box below.

The project wanted to know how sure the volunteers were of their safety from AIDs as some still indulged in risky behavior and some female respondents said their husbands used to go or liked going to see prostitutes. Results are shown in **Table 39** above.

Life of Volunteers with AIDS

Two of the volunteers had AIDS/HIV and they said life and work is different now compared to the time when they were "normal." One of them had to live away from home because their family members were ashamed. They were not accepted at jobs they applied for. They were estranged from friends. Health problems had created tension and suffering, both physical and mental.

The organizations or agencies providing assistance to them were Niranam Clinic, WE TRAIN, AIDS CARE, and Wednesday Friends Club. Help came in the forms of medicine, vaccines (tests), working place, grant, and technical support.

Regarding their health, they were very careful to take care of themselves. They did not drink or smoke, and they went to the hospital regularly.

These volunteers who had AIDS received treatments from people as follows:

(1) Family members were very understanding and treated them normally.
(2) Some community members did not know of their condition; those who did know kept asking questions and seemed to be annoyed or irritated.
(3) Some friends/close friends told other people, which made them feel disappointed.
(4) Some colleagues did not know; some others knew but were understanding.
   The participants/mass media were very understanding. Whenever they have a chance to be a resource person they are proud and value themselves better.

Topic 4. Dissemination of the Project Concept and Existing Network.

To follow up on the volunteers, the project again asked about their attitudes towards the concept of "living with PWAs" in order to review if there were any changes and how many of the volunteers confirmed this idea. From the results, as shown in **Table 40** below, we could see changes leading in a better direction. The number of volunteers who absolutely agreed with the idea was higher (74.7 percent) compared to only 71.7 percent who answered the same at the time of the training. At that time there were some people who absolutely disagreed (three persons or 0.4 percent), but this time around there was no one who absolutely disagreed. There was still a group, however, that was not sure or had no idea.

**Table 40.   Volunteers' attitudes towards the concept of living with PWAs
or the need for families/communities and various institutes in society
to accept the idea that this is an issue of mutual responsibility
for all parties.**

Volunteer's Attitude	Number	Percentage
1. Absolutely agreed	407	74.7
2. Agreed/somewhat agreed	108	19.8
3. Unsure/no idea	16	2.9
4. Disagreed	9	1.7
5. Absolutely disagreed	0	0.0
6. Others (both agreed and disagreed)	5	0.9
Total	545	100.0

In comparing these answers, it was found that changes for the better could be classified according to their reasons, prioritized by importance as follows:

1. Those who definitely agreed (75 percent) gave their reasons as:
      1.2 All parties should show mutual responsibility by giving help.
      1.3 AIDS is not highly infectious; we can live together.
      1.4 PWAs need support, understanding, love, compassion.
      1.5 PWAs can still benefit society; in the first stage of AIDS/HIV can still live together with normal people.
      1.6 Respondent knows how to prevent AIDS, live with PWAs.

2. Those who agreed/somewhat agreed (19.8 percent) reasoned that:
    2.1 All parties should create understanding about living with PWAs and giving them encouragement.
    2.2 We could live together, accept; not easily infected.
    2.3 We could live together only when PWAs are at stages one or two (no clear symptoms on the skin yet).
    2.4 Everyone should help and treat AIDS like any other disease.
    2.5 PWAs should have a right to stay in society; it is their human right.

3. Those who were not sure or had no idea (2.9 percent) said this was because:
    3.1 Some might accept, but some others just could not.
    3.2 AIDS/HIV can go on and infect others.

4. Those who disagreed (1.7 percent) gave their reasons as:
    4.1 Being afraid of infection if they stay too close.
    4.2 It is a disease that is unacceptable to society/relatives/PWAs should be within their own society and it is the main responsibility of the Ministry of Public Health and other particular agencies.
    4.3 PWAs may live in society when they are at the early stage, but they should be under medical care when they are at the later stage.

Thus we could see that even among those who were trained and had shown willingness to cooperate in disseminating the project concept, when their attitudes and ideas were re-examined it was found that some of them still disagreed or were unsure about the concept. A number (though only 2.9 percent) was still afraid of AIDS/HIV and how PWAs might further infect others. This perception is assumed to come from newspapers, television and other media that portray PWAs as infecting others through the use of needles, etc.

Table 41. Dissemination of the concept of living with AIDS
(May give more than one answer)

Work to disseminate concept	Number	Percentage
1. Ongoing work		
1.2 introduce, integrate as opportunity arises	15	48.4
1.3 organize training and talks on AIDS situation, how to live together, AIDS prevention	9	29.0
1.4 Give advice, care, encouragement	7	22.6
Total	31	100.0
2. Work done		
2.1 Gave talk about AIDS, its prevention, how it is spread, how to live with AIDS patient	167	51.2
2.2 Talked to create understanding, no hate towards PWAs	93	28.5
2.3 Incorporated in existing work, teaching, consultation as resource person	36	11.0
2.4 Distributed documents from training, sent staff to training, put up poster at workplace	21	6.5
2.5 Talked to group with risky behavior	8	2.5
2.6 Showed video of the project	1	0.3
Total	326	100.0
3. Did not disseminate concept, but disseminated information on...		
3.1 AIDS prevention/situation, causes of infection	121	89.0
3.2 Good, warm, loving relationship in family	5	3.7
3.3 Urge to get training, talk about project	5	3.7
3.4 Incorporate/teach about Buddhist 5 Dhamma	3	2.2
3.5 Drugs and health care	2	1.5
Total	136	100.0
4. Planned or planning to do the following:		
4.1 Try to incorporate AIDS issues in meetings/classes	5	27.8
4.2 Bring documents for dissemination	3	16.7
4.3 Invite resource persons to give information	2	11.1
4.4 Build a volunteer network in community	2	11.1
4.5 Seek funds to assist those with AIDS/HIV	1	5.6
4.6 Talk with colleagues on how to live with AIDS	1	5.6
4.7 Look for appropriate medium to disseminate	1	5.6
4.8 Build medical place for AIDS/HIV	1	5.6
4.9 Cooperate with business sector and mass media	1	5.6
4.10 Provide information on AIDS to colleagues	1	5.6
Total	18	100.0

Work to disseminate concept	Number	Percentage
5. Did not disseminate concept due to...		
5.1 No time/had to work/no chance	44	83.0
5.2 Others already knew about it	4	7.5
5.3 Have inadequate information	2	3.8
5.4 Afraid of neighbors knowing about child with AIDS		
5.5 Public health officer already gave information	2	3.8
Total	1	1.9
	53	100.0

From **Table 41** we can see that most of the volunteers (326 persons, or 60 percent of the total) followed up by the project did carry out various activities to disseminate the project concept to different people. Details of content and types of action are given.

However, there were some volunteers who did not disseminate the concept. Among them, the largest group still talked about AIDS (121 persons) but focused on prevention and the AIDS situation rather than the concept of living with AIDS.

Other points they tried to get across were that it would benefit livelihood, others should also be trained and become volunteers (in which case it was expected that they might also talk about the focus of the project).

It was also found that the number of volunteers who had not yet disseminated the concept was as high as 53 persons, or 9.7 percent. Most of their answers were that they had no time or were busy with their workload, and had no chance to do it. Others perceived that most people already knew or understood the concept, and still others felt that they did not have enough knowledge. A few were afraid that by talking about it, other people may suspect them of having AIDS.

To follow up on the volunteers, the project emphasized the channels used for extension, the types of target groups chosen and for what reason. **Table 42** on the following pages presents these in two parts - sub-table 42.1 gives information on the people volunteers and sub-table 42.2 gives information on monk volunteers. Information given in both sub-tables include types of network and reasons for working and creating understanding of the project concept among people of different status and relationships with the volunteers.

Table 42. Reasons of people volunteers for dissemination of concept to different target groups

Target groups	1		2		3		4		5		6		7		8		9		10		11		12		13		14		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
42.1 People volunteers																														
1) Spouse/child	13	10.7	7	5.8	30	24.8	10	8.3	2	1.7	12	9.9	44	36.4							3	2.5							121	13.4
2) Parent/relative	12	8.2	8	5.4	41	27.9	15	10.2	1	.7	7	4.8	57	38.8							6	4.1							147	16.3
3) Boy/girlfriend, fiancee	1	5.6	1	5.6	3	16.7					4	22.2	8	44.4							1	5.6							18	2.0
4) Close friend/friend	12	7.0	9	5.3	35	20.5	55	32.2	2	1.2	6	3.5	42	24.6							9	5.3	1	.6					171	19.0
5) Neighbor/community member	5	5.4	10	10.8	28	30.1	15	16.1	3	3.2	7	7.5	21	22.6	3	3.2					1	1.1							93	10.3
6) Colleague	11	6.4	18	10.5	34	19.8	42	24.4	3	1.7	9	5.2	43	25.0	8	4.7	1	.6			2	1.2	1	.6					172	19.1
7) Supervisor/boss	1	4.3	3	13.0	4	17.4	2	8.7					3	13.0	10	43.5													23	2.5
8) Subordinate/ employee/staff	1	1.6	3	4.9	11	18.0	29	47.5			2	3.3	13	21.3	2	3.3													61	6.8
9) Peer/contact person	6	12.8	4	8.5	10	21.3	13	27.7	1	2.1			11	23.4			2	4.3											47	5.2
10) Others	5	10.9	6	13.0	11	23.9	10	21.7	1	2.2	2	4.3	7	15.2	1	2.2					1	2.2			1	2.2	1	2.2	46	5.1
	67	7.4	69	7.7	207	23.0	191	21.2	13	1.4	49	5.4	249	27.7	24	2.7	3	.3			23	2.6	2	.2	1	.1	1	.1	899	100

Table 42. (Continued)

Target groups	1		2		3		4		5		6		7		8		9		10		11		12		13		14		รวม	
	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%	น	%
42.2 Monk Volunteers																														
1) Relatives	2	6.9		10.3		20.7		3.4		10.3	6	20.7		3.4									1	3.4					29	23.6
2) Other monk/temple boy	2	5.6	1	2.8	8	22.2	6	16.7			5	13.9	10	27.8	1	2.8					2	5.6	1	2.8					36	29.2
3) Student/novice					3	13.0	3	13.0			2	8.7	12	52.2											3	13.0			23	18.7
4) People living near temple			1	14.3			3	42.9			2	28.6					1			14.3									7	5.7
5) People coming to temple			2	28.6	2	28.6					2	28.6	3	14.3	1	14.3													7	5.7
6) Others			2	9.5	1	4.8	8	38.1	1	4.8	3	14.3											2	9.5	1	4.8			21	17.0
Total	4	3.2	9	7.3	20	16.2	26	21.1	2	1.6	17	13.8	31	25.2	3	2.4	1		1	.8	2	1.6	4	3.2	4	3.25			123	100

Notes:

1 = Talked normally, talked about general topics.

2 = Wanted to campaign, disseminate information on AIDS

3 = Wanted to know about AIDS, how to with AIDS

4 = Risky behavior/risky group/risky age

5 = Group unaccepting of AIDS/not understand AIDS/afraid of infection

6 = Wanted people to understand, not to hate PAWs

7 = wanted to know about protection, prevention

8 = Assigned by organization/staff on duty

9 = Wanted others to know about medical are for AIDS/its situation

10 = Took good care of own health

11 = Worried about close people

12 = Exchanged information

13= Children/youth would listen, be easy to convince

14 = Invited as resource person

It can be clearly seen that the ratio of volunteers who disseminated the concept (or created better understanding on the concept of living with AIDS) to their colleagues and those who did so to their friends/close friends were just slightly different (19.1 percent and 19.0 percent, respectively). These two target groups together made up about half of all types of volunteer networks, followed by parents/relatives (16.3 percent), and spouse/child as well as neighbors and community members. The reasons for selecting these target groups were varied. The main reason was to prevent these people from being infected with AIDS (27.6 percent), followed by wanting them to have information about AIDS and how to live with AIDS. It is worth noting that as high as 21.2 percent thought their target group had high-risk behavior, while only 7.6 percent (or 69 persons) said they wanted to campaign or provide knowledge on AIDS, and some 5.4 percent (or 49 persons) said they wanted their targets to understand PWAs and not to hate them.

It should also be noted that about 13 persons, or 1.4 percent, wanted to disseminate the information to a group that was hateful towards or misunderstood the AIDS disease. Their reason for selecting this group was because they wanted these people to take good care of their own health, which probably indicated that these people had AIDS/HIV.

Table 42.2, regarding the monk volunteers, shows that most of those who received information from the monks were other monks and temple boys as they lived closest to them (29.2 percent), followed by relatives (23.5 percent), and then students/novices.

It was found that the reasons given by monks were no different from those of the other volunteers. Most of them gave the reason of wanting target people to protect themselves (25.2 percent), followed by their having risky behavior or at a risky age (21.1 percent) in the case of relatives and students. Another reason was they wanted them to get the correct information on AIDS and ideas on living with PWAs. It is interesting to note that a relative and a person living near the temple that monks had the opportunity to talk to (two persons) were two types of people - one had AIDS/HIV and the other had a hateful attitude towards PWAs.

From the above information, we can conclude that both people and monk volunteers talk/teach about AIDS although they may not

clearly address the concept of living with AIDS. Their actions still do contribute to dissemination of the concept. In reviewing the reasons given, we can confirm that the method of developing people volunteers or giving people the opportunity to participate in problem solving are steps in the right direction. People and monk volunteers are concerned with social problems and they would spread the concept to members of their respective networks, doing so with love and care.

Table 43. Number of people becoming part of volunteer network

People in volunteer network	Number	Percentage
1. No network	64	11.7
2. Network with 1 to 5 persons	254	46.6
3. Network with 6 to 13 persons	98	18.0
4. Remember them but could not tell number	47	8.6
5. Could not estimate the number (large number)	23	4.2
6. Could not remember (having a network)	59	10.8
Total	545	100.0

In addition, the project reviewed the number of people in the volunteers' network to see how many were reached. **Table 43** shows that almost 50 percent had their own network or was able to disseminate the project concept to between one to five persons, followed by those who did so to around six to 13 persons (18.0 percent). The number of volunteers who had no network at all was rather high at 11.7 percent (64 persons), representing those who were trained but did not disseminate the concept anywhere. Some (10.8 percent) could not remember the number of people within their own network, a group understood either to have talked to a number of people but were not interested to remember or might not intend to talk about AIDS issues at all. The same assumptions may also be true of the group that "remembered but could not tell the number."

Table 44. Relationship with the network
(Persons in the networks created by the volunteers)

First person's relationship to volunteer	Number	Percentage
1. Colleague/schoolmate	69	18.6
2. Husband/wife	36	9.7
3. Child	21	5.7
4. Parent	19	5.1
5. Cousin/relative	19	5.1
6. Brother/sister/immediate relative	25	6.7
7. Lover/fiancee	2	0.5
8. Friend/close friend	102	27.5
9. Neighbor/community member	12	3.2
10. Supervisor/boss/commander	3	0.8
11. Subordinate/staff/employee	12	3.2
12. Peer/contact person	7	1.9
13. Student/instructor	13	3.5
14. Training/meeting participant	11	3.0
15. Abbot	3	0.8
16. Temple boy	9	2.4
17. Monk in the same temple	3	0.8
18. Monk's relative	4	1.1
19. People living in the temple	1	0.3
Total	371	100.0

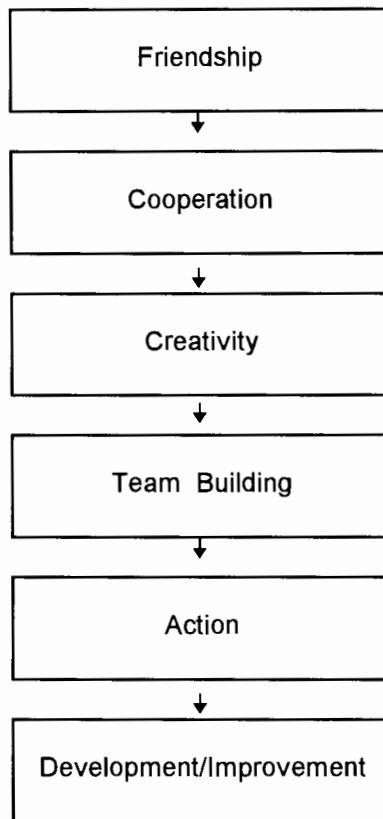**Notes:**

1) Remember, but could not tell   47 persons (8.6%)
    Did not know relationship   3 persons (0.6%)
    Could not remember   97 persons (10.8%)
    No answer   65 persons (11.9%)

2) This table identified particular types of relationship with the volunteers' networks or the very first person who received information from the volunteers.

Table 44 identified the relationships of the very first persons who received the project concept from the volunteers in order to determined who were the most important persons in the volunteers' networks. The most important seems to be friend or close friend (102 persons or 27.5 percent), followed by colleague/schoolmate (69 persons or 18.6 percent). The first persons who were spouses and immediate relatives were 9.7 percent and 6.7 percent, respectively.

These findings show that the friendship status (either friend/close friend or colleague/schoolmate) evoke the feelings of closeness and trust. Being of the same status, ready to listen to different information, knowledge and ideas, and ready to cooperate in any activities beneficial to self and the network, is consistent with the theory of development,

particularly the development that comes from friendship as shown in the following diagram:

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┌─────────────────────────────┐
│         Friendship          │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│        Cooperation          │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│         Creativity          │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│        Team  Building       │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│           Action            │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│   Development/Improvement    │
└─────────────────────────────┘
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Thus, various projects should be promoted through friendship networks or through friendship building, be they with friends, close friends, neighbors, colleagues or schoolmates. These social networks are very important and the development of a large number of them would help ease social pressures.

Topic 5: Major Problems or Obstacles to Disseminating the Concept of Living with AIDS

In trying to disseminate the project concept, most of the volunteers (386 persons or 70.8 percent) did not face any problems or obstacles. The persons who did have problems came to about 92, or 16.8 percent, while those who did not disseminate at all were 67 persons, or 12.3

percent (their stated reason was time constraint or lack of confidence in the inadequacy of their information). The problems were prioritized as follows:
   1. People did not accept/did not want to listen/did not believe.
   2. People felt that the issue was too remote from themselves.
   3. Family members/people close by did not accept AIDS/HIV.

Solutions to the problems or obstacles

Out of 92 persons who said they faced problems, 72 or 78.2 percent said they tried to solve the problems, while 16 persons or 17.4 percent said they did not try. Four persons, or 4.3 percent, gave no answer.

The main reasons given by those faced with problems but did not do anything were as follows:

   1. The target group might get bored with the subject.
   2. The relationship with other community members was not that close; can let them think but must keep one's distance.

The volunteers faced with problems indicated that their methods for problem resolution were:

   1. Raised awareness of people to cooperate in building knowledge and understanding in order to be able to live together with AIDS/HIV (up to some level).
   2. Tried to build closer relations and looked for opportunities to talk about it.
   3. Reviewed all materials and visuals/pictures, asked friends, read more books if they felt they had inadequate knowledge.

Other recommendations by volunteers to the project

The volunteers recommended the following to the project:

   1. Training should be expanded to include different communities/provinces/organizations/academic institutions.
   2. A follow up of the volunteers should be undertaken through a forum to be coordinated by the project.
   3. More pictorial documents should be distributed.

Topic 6: Ideas and Other Information Significant to this Type of Project.

Table 45. Ideas on appropriate places for last-stage AIDS patients

Appropriate places	Number	Percentage
1. At home	110	20.5
2. General hospitals	50	9.3
3. Temples	16	3.0
4. Special medical places for last-stage AIDS patients	331	61.6
5. Other places; e.g., welfare/charity places	30	5.6
Total	537	100.0

Table 45 shows that the largest group of volunteers felt that finally, when PWAs get to the last stage of the disease, they should stay at a special place for AIDS patients. It is estimated that a similar proportion of people in society think the same way; hence, medical places for AIDS patients at the last stage need to be built.

Reasons for selecting these various places are given below.

1. At home.

1.1 PWAs need encouragement from everyone to ease their fear of getting abandoned.
1.2 They would be taken care of by family members; not become a burden to others.
1.3 AIDS is not infectious when you know the means of prevention.

2. At general hospitals.

2.1 They have more doctors, nurses, medicine, equipment.
2.2 The family could not take care of PWAs in the last stage.
2.3 PWAs would not be burdened with having to travel too often to visit doctor; living with other patients would make them less lonely.

3. At the temples.

3.1 PWAs would be able to meditate.
3.2 Ready in every way.
3.3 Center of herbal medicine, private place out of town, taken care of by monks.

4. At special place for last-stage AIDS patients.

4.1 Perfect place with doctor, equipment, helpers.
4.2 Place with same types of patients would have mutual understanding, encouragement; place to better accept and understand the situation.
4.3 Families would have difficulty caring for the patient at the last stage/could not accept/a burden to the family.

5. At other places such as special temple for PWAs, welfare institution, hospital for PWAs or special hut.

5.1 The place would have doctors, nurses, and full equipment.
5.2 Did not specify place; depends on patient and doctor.
5.3 It would be mentally better for patients than other places.

Table 46. Attitudes towards concept of living with AIDS through volunteer system

Attitudes	Number	Percentage
1. Absolutely agreed	390	71.7
2. Agreed/mostly agreed	113	20.8
3. Disagreed	24	4.4
4. Absolutely disagreed	7	1.3
5. Not sure/no idea	3	0.6
6. Others	7	1.3
Total	544	100.0

Note: One person gave no answer.

It is shown in **Table 46** that most of the volunteers (71.7 percent) absolutely agreed with the volunteer system as an effective way to disseminate the concept of living with AIDS, while those who disagreed or absolutely disagreed were only 4.4 percent and 1.3 percent,

respectively. Various reasons for each of these answers were given as follows:

1. Absolutely agreed

1.1 Volunteers were willing to contribute to social work.
1.2 It was the best approach to access public support.
1.3 Volunteers were ready to sacrifice work.

2. Agreed/mostly agreed

2.1 Volunteers would help to disseminate concept to different groups, love to volunteer, kind, help in financial savings.
2.2 It was a work of sacrifice.
2.3 Volunteers were a group of intellectuals.

3. Disagreed

3.1 People needed to work for their daily needs.
3.2 Giving allowance/honorarium would enable more contribution to voluntary work.
3.3 There is a small number of volunteers who do not think of themselves.

4. Absolutely disagreed

4.1 People need cash for survival/honorarium should be provided.
4.2 Rather difficult as people need money for their daily needs.

5. Not sure/no idea

5.1 Good part of volunteer system is to have access to the public, but cannot continue indefinitely.
5.2 Some "volunteers" might do nothing.

6. Others

6.1 Volunteers must be wealthy, sacrificing people.
6.2 Idea is agreeable but would not work because ordinary people are not trusted like doctors or officers directly responsible.

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From the above reasons, it can be seen that those who absolutely agreed tended to work with their heart, and the voluteer system would be most appropriate for this type of people. On the other hand, those who absolutely disagreed tended to give economic reasons, citing their need to cover daily needs. Thus, to use a volunteer system to implement any project various factors such as economic status, personal sense of sacrifice, and continuity should be taken into consideration. The best persons to contribute as volunteers would not be those who still need cash for their daily living and since not everyone who can be good volunteers are necessarily wealthy, various types of honoraria should be provided.

Table 47. Time available to work as volunteers

Time available	Number	Percentage
1. Occasionally	458	84.3
2. Full time/all the time	58	10.7
3. Could not volunteer	13	2.4
4. Not sure	12	2.2
5. No idea	2	0.4
Total	543	100.0

Note: Two persons gave no answers.

Table 47 present information on how much time respondents would work as volunteers. It could be seen that majority (84.3 percent) would work occasionally, while only 5 percent could not work or were not sure/had no idea. About 10 percent said they would work all the time or full time, with their reasons being they had no other tasks or their existing work was as a teacher-volunteer or they wanted everyone to have the correct understanding. The issues regarding time availability and people 's reasons for them should be understood well to benefit future designs of projects of this type. It is unrealistic to expect 100 percent outcomes in terms of people's participation. The reasons for the volunteers' time availability were given as follows:

1. Occasionally

1.1 Personal workload/duties/family tasks/studying/looking after grandchildren/uncertain work/uncertain time but can give full time when free.

1.2 AIDS not an issue to be talked about all the time; would talk when the opportunity is right.

1.3 No chance to meet with others, only people in the same profession.

2. Full-time work/full commitment/can work all the time

2.1 Want other people to gain correct knowledge and understanding/benefit to society.

2.2 Current work, e.g., as a teacher, in the public health volunteer project, committee member of the community.

2.3 No other work/have free time.

3. Could not work

3.1 Studying full time/working

3.2 Having AIDS child/self, afraid to let other people know.

3.3 Would talk only with friends, not other people.

4. Not sure

4.1 Have to study/no time

4.2 No chance to meet other people/friends already know/no chance to talk.

5. No idea

5.1 Have other responsibilities/no time.

5.2 Inadequate knowledge.

Table 48. How society should prepare to face the problem of AIDS

Ways to prepare	Number	Percentage
1. Prevent rapid spread of the disease.	110	20.2
2. Disseminate knowledge and understanding.	315	57.9
3. Prepare for medical treatment.	117	21.5
4. No need to prepare; maintain normal life.	2	0.4
Total	544	100.0

Note: One person gave no answer.

Table 48 presents the volunteers' ideas and recommendations on how society in general should prepare to face the presence of AIDS/HIV sufferers in their midst. The result is positive in that most of them have thought about different ways of dealing with the situation - prevention of the disease's wide spread, increased provision of information, and even preparing for medical treatment. Only 0.4 percent (two persons) felt there was no need to prepare for anything or to keep to a normal life. Different methods of social preparation were given by the volunteers as follows:

1. Prevent spread of disease

1.1 Self/family members protection from AIDS.
1.2 Use religious principles for moral teaching/five dhamma principles.
1.3 Control nightclubs and other such night places.

2. Disseminate knowledge and understanding

2.1 Provide information on AIDS to more people/more public campaigns.
2.2 Create better understanding on living with AIDS/accepting PWAs.
2.3 Incorporate issues into the school curriculum

3. Prepare for medical treatment

3.1 Promote serious tasks of organizations/agencies working on AIDS to control the disease; e.g., shelter for PWAs, employment.
3.2 Prepare special places, with special doctors and staff, to take care of AIDS patients.
3.3 Government should provide more budget to fight AIDS.

3.4.2 Information from in-depth interviews with key persons and organizations within the volunteer network.

Direction/potential to maintain and to extend the volunteer network in order to support PWAs.

The project organized different activities and training programs in order to create better understanding about the life of PWAs, to prepare families and communities to face and accept mutual responsibility for AIDS problems, and for them to have love and compassion and acceptance of the concept of "living with AIDS." Main target groups were religious institutes, academic institutes, government organizations, state enterprises, and non-government organizations. The anticipated goal of the project was the creation of a people's volunteer network and the ability to maintain and extend this network was to be a measure of the project's success. The implication was that the target groups themselves would maintain it as well as extend it further. The more they did so, the more understanding the general public would have about AIDS/HIV and the problems arising from the negative feelings of and towards PWAs, e.g., suicides and social misunderstanding/neglect/abandonment would decrease. Thus to reach this goal - network maintenance and extension - meant a satisfactory level of success of the project. On the contrary, if the network could not be expanded or even became diminished, then the project would have been a failure.

Hence, it was important to gather additional information to review the directions and potential for maintaining and extending volunteer networks within the different participating organizations. The framework or indicators for gauging the potential of organizations or persons in the network were identified as follows: (1) continuing AIDS-related activities by the network, (2) their ideas tended towards the concept of "living with AIDS," (3) dissemination of the concept of living with AIDS, (4) readiness to become network members, and (5) future plans to disseminate the concept of living with AIDS. As the status of participation in project activities and training were both personal and organizational, these were subdivided into groups according to their different characteristics - (1) religious organizations, (2) state enterprises, (3) government organizations, (4) business sector, (5) academic institutions, (6) public/private amusement parks, (7) mass media/artists, and (8) slum communities.

Conclusions on Qualitative Results

These are classified according to types of organization as follows:

Religious Organizations

1.   Buddhist

As a result of project follow-up, representatives of Buddhist organizations felt that religious organizations have potential to maintain as well as extend the people's volunteer network. Buddhist organizations, be they temples or religious academic institutes, realize that while AIDS is very harmful to humans and should be eradicated, those who made a mistake or had been infected should not be hated by those around them but should be given compassion. The monks realize that they can play a role in solving the problem. They say their key role is to present the Buddha's teachings to motivate society to be more serious about the five "dharma", which could help people to realize happiness in their lives. One cause of AIDS is that people violate the third dhamma, which prohibits sexual relationships. Besides, the teaching to give compassion to suffering people includes those with AIDS/HIV; society should give as much compassion, caring, and help as they can to these people. They should not be afraid because it is not that easy to get infected with AIDS.

The Buddhist representatives learned about the concept of living with PWAs by participating in the ACVN project and through various mass media. They felt that in the early period of the spread of AIDS, the government policy to solve the problem made a mistake in scaring the public and creating misunderstanding about AIDS/HIV infection. Public relations at a later stage was difficult to do because of erroneous beliefs sown in the earlier stage.

These participants intended to carry out various activities, but there were still no clear plans as to what they would be.

2.   Christian

The Christian representatives also felt that religious organizations have potential to maintain and extend the people's volunteer network by applying God's teaching to give compassion to all people, regardless of

their nationality or religious affiliation. A cause of the AIDS problem is people's violation of God's teachings regarding sexual relationships. Some felt that the disease resulted from the promiscuous lifestyle of some people and it was unfair that there were others who got infected by accident, such as babies born with HIV. As such, putting all blame on those with AIDS/HIV is not right. The best solution is to raise public awareness for the need to give understanding, compassion, and support to PWAs who, after all, do not have a long time to live.

These participants thought that to disseminate the concept could be done through various ways such as giving religious instructions, praying in church, and talking to other people about preparation to live with PWAs in the future. In particular, they could give compassion or pray for AIDS/HIV patients to be happy and encourage them to fight against this illness. These are ways to help PWAs to face their serious problems. In addition, dissemination of these ideas could also be done through various Christian journals and publications.

3.   Islamic

The Islamic representatives felt that the project concept was right; they agreed with it as AIDS is not easily spread except through sexual relations and blood transfusions. Their religious teaching also prohibits wrongful sexual conduct, which is considered a terrible sin. AIDS/HIV patients were seen as misbehaving, sinful people, who would become hated or bring a bad reputation to the family as indulging in drugs and sexual misconduct are punishable according to Islamic teachings. These teachings emphasize the happy family life as resulting from the presence of warmth and forgiveness in the house, and parents are expected to help the child from getting into vice, such as drugs, and should be able to live with the child with AIDS/HIV.

The best solution is to behave according to the religious teachings and to emphasize a warm family environment, where everyone is ready to help family members in everything. Dissemination of the project concept should be carried out, although this should be done in a way that does not conflict with religious teachings. For example, Islam forbids the use of condoms as they could contribute to immoral behavior. Dissemination channels would include teaching prior to the Friday worship ceremony at the mosque and attending seminars as resource persons.

State Agencies

1.   Labor Confederation of State Enterprise Employees

The Confederation showed potential to maintain and extend the people volunteer network.   That they agreed with the project concept was demonstrated through their own project to assist young women in the northern region from becoming prostitutes through education grants. This was understood as another way of decreasing the AIDS problem. In general, members of the Confederation understood about AIDS and felt that it was not a hateful disease. This was due to the fact that they had received appropriate information and some of them had participated in training with other organizations such as the Ministry of Public Health or the BMA.   After such training, the participants had to report on their experience at Confederation meetings and thus other members were able to receive the same information.

Regarding attitudes towards AIDS/HIV patients, so far none of the members had hateful feelings of being unable to work with them.   There was some gossip, however, about some people who had died of AIDS. At one point there was discussion of making blood checks a prerequisite for all job applications, but this was stopped with due consideration to human rights.   As for channels for dissemination, these could include articles in the Confederation journal besides forums at various levels, Board meetings, annual general meetings, and others.

2.   Public Relations Division, State Railways of Thailand

The Public Relations Division of the State Railways of Thailand (SRT) was ready to become part of the volunteer network depending on certain considerations, such was whether it would disturb or annoy SRT passengers or whether it would have a negative impact on the business. The project saw that an appropriate unit in the SRT to disseminate the concept of "living with PWAs" was the Makkasan Railway Station Hospital, now renamed the Boonranachat Hospital, which can have a direct role in disseminating information to SRT staff.

Due to various negative beliefs and attitudes regarding AIDS and the feeling of dread by the public towards PWAs, the Public Relations Division felt ready to disseminate the concept through the SRT journal

and to permit use of their premises on activities in cooperation with the ACVN project.

3.   Hualampong Railway Station and Wongwienyai Railway Station.

The railway station officers received information on the concept of "living with PWAs" from the ACVN project. They accepted that the concept was right according to medical and human rights principles, but they hardly accepted it in a practical way and tried to avoid it as much as they could. In case of meeting PWAs, their advice would be to go to the doctor rather than stay at home. They also thought that those who did not get enough detailed information would hate AIDS/HIV patients. However, the officers were ready to disseminate the concept through their only channel which was the dissemination center.

4.   The Bangkok Mass Transit Authority (BMTA)

The concept of "living with PWAs" was seen as impractical in relation to the nature of work of BMTA staff. They have to wake up very early in the morning and come home late at night; the work is considered too hard for any staff having HIV. Besides, the main task of the BMTA is to provide service to the general public and this means meeting a large number of people. For the safety and comfort of passengers, the BMTA representatives felt that anyone with AIDS/HIV should not be working on the buses but rather shift to another post such as working at the bus park. However, BMTA work rules and regulations are very strict and they could not be met by someone missing work on a regular basis. Through the personnel selection process, having AIDS/HIV would be considered as unhealthy and inappropriate for this type of work, which is thus a measure by which people with AIDS/HIV automatically get screened out.

The BMTA's Medical Office and Social Welfare Unit are responsible for providing information on AIDS to staff by distributing printed materials, brochures, pamphlets, and even giving away condoms free of charge. Another duty is to do blood tests for AIDS/HIV and providing consultations and sending patients to Bamraj Naradoon Hospital. Information on AIDS/HIV patients are kept confidential.

With regards to the AIDS problem, the BMTA would rather put emphasis on prevention, i.e., by building quality of life training centers at

every transit area to teach staff to quit all temptations which might lead to AIDS and other problems that can cause suffering in life. One way to disseminate information on AIDS to staff would be to write articles in the *Lormon* journal, which is distributed at all transit areas. The journal reports on news within the BMTA, and AIDS issues could be incorporated into its content.

Police/Army Organizations

1. Metropolitan Police School

The Metropolitan Police School representatives received the concept of living with PWAs from the ACVN project and other related information from the Ministry of Public Health. The medical work unit of the school is responsible for dissemination of this knowledge. They had two ideas regarding this concept . First, they agreed with the concept as AIDS was not easily passed on and to be hateful of PWAs would result in conflict in society. Secondly, AIDS/HIV was something that had to be disclosed in order not to become widespread. Some people may not realize that they have become infected, while others may know but not want to tell others about it. As such, prevention is very important. The School regularly provides information by incorporating it in moral studies. Disseminating knowledge to other police officers could be done by writing articles in the police journal or providing information to representatives of police schools from all over the country when they attend their annual meetings.

2. The Royal Thai Army (RTA)

The Royal Thai Army has been interested in the AIDS problem since the first report on AIDS/HIV appeared in 1974 and they paid even more attention after finding out the incidence of AIDS/HIV among soldiers in 1978. The measure at that time was to discharge those found with the disease. That same year the RTA assigned the Medical Department with responsibility to build up AIDS Centers to provide advice and consultancy at all 37 hospitals of the RTA. Five large hospitals - Phra Mongkut Hospital, Ananda Mahidol Hospital, Suranaree Soldier Camp, Somdej Phra Naresuan Camp, and Vachiravudh Camp - were assigned to become full-fledged AIDS consultation and treatment centers in 1979. The Medical Department provides resource persons to disseminate knowledge to soldiers at all levels. Later, in 1984, the RTA

set up the Committee to Prevent and Control AIDS under the Royal Thai Army, chaired by the Deputy Chief of Staff for Personnel Affairs. The Committee approved the Medical Department to undertake the AIDS campaign program consisting of three master plans and 29 projects in 1996.

It could be clearly seen that the RTA has tried to solve the AIDS problem through a proactive approach to prevent soldiers from AIDS infection. A long-term plan to train soldier volunteers at all levels on AIDS is the focus of the RTA project on "Training Resource Persons to Plan for AIDS Prevention through Behavior and Society."

The RTA agreed with the concept of living with PWAs and their response to it is to not discharge soldiers with AIDS/HIV, but rather to provide them consultation services and find tasks appropriate to them. In case of death, the notification they give is "death while on duty," which means they receive more benefits than if the notification were "death by AIDS."

Business Sector

The business sector was very interested in the AIDS problem as it was potential cause for loss of scarce personnel, such as engineers, if the problem continued to increase. Business managers or CEOs perceived it to be an urgent task, hence their joining together in the Business Group to Fight Against AIDS. A Committee on AIDS was set up and a policy on AIDS/HIV included the development of an annual plan with activities to campaign on AIDS/HIV as its working direction.

The concept of living with PWAs was received through participation in the ACVN project and from CARE International, a non-government organization which provided training to the group. Earlier training sessions given to employees focused mainly on prevention. In 1996, as the group saw the number of PWAs increase to some 800,000 persons, training to staff started to focus on living with PWAs in addition to prevention of the disease.

Academic Institutions

1.   Rajabhat Institute

The Institutes show potential to maintain and extend the volunteer network as their students could disseminate knowledge to their school students as well as people in surrounding communities. They learned the concept of living with PWAs from the ACVN project as well as various mass media, e.g., television.

Channels for concept dissemination could be existing resources through the various clubs within the institutes. Each of these clubs have large memberships. Information could also be disseminated to alumni through articles in the Institute publications, i.e., the *Pikunchan Journal* or the *Research Center Journal*. Meanwhile, instructors could incorporate the concept in the content of their teaching materials.

2.   Secondary Schools

Secondary schools likewise have potential to maintain and extend the volunteer network. The schools' administrative teams were interested in the AIDS problem since they have heard about its wide spread in Thailand. The School Principal assigned teachers to receive training on "The Core Teacher for AIDS Prevention" organized in Pattaya by the Ministry of Education. After that, the trained teachers set up the AIDS Center in the school as a source of information to students. A Friends for Friends Center to train volunteer students was also set up. With the supervision of the core teacher, volunteer students became consulting friends to other students in dealing with different problems, with emphasis on the problems of AIDS and drugs. This resulted in an effective drugs and AIDS prevention project in school.

The concept of living with PWAs was received from the ACVN project and various mass media that focused on accepting AIDS/HIV patients and encouraging them to fight the disease. In 1993, a team of leader students of the Friends for Friends Center visited an AIDS Project in Chiangmai, resulting in better understanding about AIDS/HIV. The school also planned to bring student volunteers of the Friends for Friends Center on a study visit to Prabatnampu Temple. This was expected to give them even more understanding about PWAs. The core teachers had the opportunity to visit a project of an AIDS patients

community in Chiangrai and they agreed that to have this experience was a real benefit to them.

3. Vocational School (diploma level)

The schools were very interested in the AIDS problem as they perceived it to be serious to the point of death. The schools' students were teenagers, a risky age during which they wanted to know and try everything. Thus the schools organized various activities for the students to learn and be able to protect themselves. These included exhibition boards, training (part of ACVN project), speech on World AIDS Day, and public relations activities including distribution of printed materials and posters received from the Office of the Prime Minister. The overall contents of these materials related to prevention and giving compassion to AIDS/HIV patients, which were consistent with the concept of living with PWAs.

Public Parks/Private Amusement Park

1. Public Park

1.1 City Zoo

As the ACVN project organized activities at Dusit Zoo, staff of the zoo had a chance to receive printed materials and participate in the activities. Most of the staff received information on AIDS from the project targeted to staff of all zoos in the country. However, most of the content was focused on prevention only.

The concept of living with PWAs was consistent with the organization's policy to be always ready to face any situation. They felt that AIDS was not harmful if one knew how to protect oneself against it. In case of staff having AIDS/HIV, appropriate posts would be considered so as not to overwork them and to be very careful about infection as well. The organization was pleased to cooperate with the BMA further and to provide the zoo area for use in future activities.

1.2 Public Zoo Division, BMA

The concept of living with PWAs was a good idea, but it was considered too difficult to put into actual practice. The

campaign was an attempt at problem solution at the end of the causes; it would be better for students to prevent risky behavior. In case of having colleagues or family members having AIDS/HIV, the informants were not sure how much they could be accepting of them. The only support they could give to disseminating the concept was to provide their areas for public relations activities.

2.   Private Amusement Park

The private amusement park has cooperated with various government organizations by providing public areas for organizing activities, including those of the ACVN project. Aside from the ACVN project, the company's employees received information from government organizations such as the Ministry of Public Health, which provided an exhibition board at the clock area. The overall content emphasized prevention, avoiding unsafe sexual relationships, and building up love within the family.

The company agreed with the concept of living with AIDS, but awareness of prevention should be the main thing. The problem of hateful feelings towards PWAs arose from the wrong public relations programs of the government in the past. However, the company would be pleased to cooperate in information dissemination activities on a case by case basis, depending on the potential impact of such activities on the business.

Media/Artists (Actors/Singers)

1.   Newspapers

The newspapers agreed with the concept of living with PWAs as, indeed, this was an issue addressed by various media at this time. Where human rights is concerned, the lives of PWAs would not be long and people should help by encouraging them and making their lives valuable to family, society, and nation. The mass media as a part of society should play their part in solving this problem through public relations. However, the constraint of this dissemination channel is that target groups of each media could be different; e.g., media for the business group would have a largely business news content and issues such as AIDS would therefore have much lesser focus.

2.   Actors/Singers

They agreed with the idea of living with PWAs, which they learned about by participating in the ACVN project. They felt sympathy for AIDS/HIV patients and realized that they needed encouragement particularly as their physical health deteriorated. Only their mind could be made stronger. Regarding the potential for disseminating the concept, they thought this was still limited only to friends and family members. Talking about this issue should be done in an appropriate situation as it had potential for affecting their careers.

Slum Communities

Participants agreed with the project. They learned about it from participating in the ACVN project and the World Vision Foundation, whose target areas also were slum communities. The Foundation played a crucial role in referring cases of AIDS/HIV to external organizations. The ACVN brought resource persons to talk about the subject in public, resulting in better understanding by community members about AIDS/HIV.

Dissemination of the concept was done through the news centers within the communities. Aside from providing information, there was also a hot line service which was used by many people. Condoms were also given away for free together with suggestions on protection and correct usage. In this connection, the project made it clear that the aim was not to encourage promiscuous sexual behavior but rather to give people protection against AIDS infection.

Major Findings from the Qualitative Study

These findings were obtained from in-depth interviews with key persons and organizations within the network:-

1. Most of the above organizations or their representatives agreed with the concept of living with AIDS and getting ready to accept a social life with PWAs. Only a few were not sure if they could accept this in actual practice, and others believed that the campaign should be towards prevention of AIDS rather than accepting the idea of AIDS.

2. Most of these organizations had tools/means to disseminate or channel information to their network members and these same tools could be utilized to disseminate the concept of living with PWAs.

3. Some of these organizations are disseminating the concept of living with PWAs on an ongoing basis, e.g., the Royal Thai Army and the business sector.

4. The above organizations or agencies were willing to cooperate with the BMA through the use of their areas for dissemination or campaigns on different occasions. An exception may be some places like private amusement parks due to possible negative impact towards their business.

5. Religious organizations have a lot of potential and they can play an important role in the campaign by incorporating the concept with their religious teachings. However, all religious representatives interviewed felt that a better role for them was in the matter of prevention rather the concept of living with AIDS.

Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 Discussion and Conclusions

The action research on "AIDS Care Volunteer Network" or ACVN, under the auspices of the Bangkok Metropolitan Authority, was undertaken with the underlying principles of people's participation and cooperation through the so-called "volunteer system" model or method.

In general, the concept of people's participation and the volunteer system would be used to prevent and solve various social problems, particularly those related to health care and rural development. Examples are village volunteers in rural areas or health care volunteers involved in different health care projects in urban areas. Such people may be called different names such as *Thai Arsa*, referring to those who volunteer in times of public disasters or accidents. All these are carried out under the same principle of people's participation for the prevention and solution of social problems and in the fundamental belief that the "power and consciousness of the people" is the main thrust necessary to solve or to alleviate the severity of problems suffered by society.

This project has been implemented under the same principle and belief as these other projects with the difference, perhaps, on its focus on the parallel efforts of action and research. While the research has synthesized the results in the form of knowledge, an experiment to put the concept into practical action was also ongoing for a period of one year. Moreover, the project also had a clearly defined output - at least 20 training classes for at least 50 to 60 participants from various occupational backgrounds, which meant that the project concept was to be disseminated to at least 1,000 to 2,000 persons throughout the life of the project.

In addition to this, quantitative outputs included over 100 activities organized with volunteers. This meant organizing at least one training session per month in order to meet the required output activities, which came to about eight to nine activities of various types and using various methods every month. To implement all these there were approximately 25 project personnel, most of whom (20 persons) were responsible for actually disseminating the project concept of "living and preparing to live

with PWAs." The project called these personnel, who were to act as important reporters on the project, the "graduate volunteers."

Strictly speaking, this group of graduate volunteers were not really "volunteers" because

(1) they received honoraria, and
(2) they did not apply to work voluntarily but for the incentive of payment.

In addition, the project had to spend part of the time (approximately two weeks) to train and to create excellent understanding among these graduate volunteers. This was considered a big burden to the main project personnel (three IPSR staff). However, the training was necessary to give basic knowledge about the project and clearly define the mission and duties of the graduate volunteers. These people's basic knowledge and backgrounds were very different from one another, and very few of them had some experience working with AIDS. This made the process of qualification and selection a serious task that required quite some time to do. For such a short project, preparation for and doing the selection process was also short, resulting in a number of unqualified graduate volunteers. An additional limitation was the project contract which did not allow for revision or flexibility. This was the main constraint to the project's ability to change project personnel as the contract defined that the 20 graduate volunteers must be employed throughout the life of the project.

The SWOT analysis (analysis of strengths, weaknesses, opportunities, and threats) was used to review and assess the project. Next, the project was evaluated against its five objectives or expectations. Objectives 1 to 4, as discussed in topic 1.2 of Chapter 1, constituted the ultimate goal of the project, though this was difficult to measure within the short period of one year. Regarding the quantitative outcomes in terms of the project beneficiaries, it can be said that the project was able to meet objectives 3 and 4 to campaign and create the feeling of responsibility and acceptance of the burden of the AIDS problem.

SWOT Analysis of the Project

4.1.1 The project's strengths could be identified as follows:

2. The project objectives or expectations were clear and aimed at learning, analysis, and research, including a follow up of results of the project. This was particularly crucial as the main objective of the project to involve people's participation, through a volunteer system, in solving the problems of AIDS discrimination and to create understanding in the application of this concept into action was not an easy task. Thus the learning objective was important and a strength to the project.

3. The project believed in the concept and principles of people's participation and trusted "people's empowerment."

4. The project was undertaken by an academic institute that was interested in practical as well as technical outcomes, and implemented it on the principle of "learning by doing." The project thus gave equal emphases to the results as well as the *process*, of research and development or action for wisdom and knowledge.

5. The project received support and cooperation from a large number of social organizations, agencies, institutes, and prominent individuals from various sectors, which helped to disseminate the project concept rapidly and widely.

6. The project produced various types of materials - brochure on the project, volunteers' manual, a set of slides, an exhibition set, a slide multivision presentation called " Unity of the Whole World," a cassette on the monk volunteers. These were distributed to the various organizations, agencies, and institutes within the project network. In addition, the project also used other media such as publications, television, radio broadcasting. The latter two in particular were constantly used throughout the project.

7. The project received the full cooperation and support of *Tan Alonkot*, the abbot of Wat Prabatnampu, and *Tan Panuwangsu Bhikku*, who had knowledge and experience working with AIDS.

They were able to raise the awareness of training participants on living with PWAs and the use of religious teachings to help solve the problem.

8. Two of the graduate volunteers who were Roman Catholic were able to help create a network and disseminate the project concept rapidly to a large number of the Christian population. This made possible a comparison of the ideas of this group with those of the Buddhist population. From the findings, the project believes that religious teachings should be adopted in the effort to prepare people to live with AIDS and therefore ease the social pressure on PWAs.

4.1.2 The project's weaknesses were as follows:

1. The project period was too short, only one year in which too many objectives and expectations had to met. More time (at least two years) was needed to satisfactorily complete them.

2. The contract or the terms of reference between the BMA and the ISPR, particularly the quantitative outcomes of 20 training classes for at least 1,000 participants, and at least 100 activities resulting in 100 networks, expected within a one-year period created much tension among the project team. The project outcomes were inappropriate to the time duration given.

3. The project had to be carried out under various conditions inappropriate to the framework of a social project. (The contract was one normally used for construction projects.) A social project requires more flexible and reversible components in order to respond to the changing situation. Besides, the budget request procedure was an inconvenience to the IPSR. At times the Institute needed to obtain cash advances and therefore had to pay bank interest on those advances.

4. Due to the time constraint, it was not possible to select high quality personnel. It was difficult for the project to receive personnel with good qualifications or working experience as most of those who showed interest were young graduates who just finished school and were looking for jobs. Thus, the readiness of these graduate volunteers or project personnel

was not satisfactory. Time to prepare and introduce the project was also necessary. Nevertheless, a number of graduate volunteers expressed strong effort and intention to carry out the aims of the project. It is believed that if the project had enough time to do the selection process, the number of qualified graduate volunteers produced by the project would have been higher.

Hence, the matter of an appropriate time frame for project implementation, whatever type of project it might be, is a crucial issue and should be a priority consideration by project implementors, designers and initiators. This is particularly so where a project involves innovation and people's participation.

4.1.3 The opportunities that can be seen from the project are:

1. In fact, this project was initiated by a political government official (BMA Governor Mr. Krisada Arunwongse's Secretary), who expressed his personal interest in the concept of people's participation to tackle various social problems. Besides, he also wanted to see a change or revision of the government's orientation towards social work by building up cooperation with various academic institutes and other partners and he hoped for the BMA to undertake various projects that integrated technical and action research. If this idea was to be carried out in a systematic way and with clear direction, it was hoped to result in the reinvention of a government agency such as the BMA.

2. Furthermore, the political government official perceived the AIDS problem as one leading to more serious crises in society and thus requiring the raising of mutual awareness by civil society. It was possible to carry this out successfully if re-invention or innovative systems were adopted; however, to do so within the reality of the existing system would be doubtful. How will it be possible for government officials to initiate the concept of people's participation playing a role in development work and in dealing with social problems?

3. As such, the move to revise the system and work of government organizations by political government officials would contribute

to this type of project. Thus, whether this project is able to further promote such a move is a crucial issue that should be followed up. On one hand, this initiative by political government officials can be seen as a opportunity to develop mutual cooperation types of project. On the other hand, the other side of the coin is that such an "opportunity" could also become a threat towards the progress of the project.

4. Opportunity of the project is, in another sense, the extent to which "progress and extension of the project concept" is carried out by the participating agencies, including the trained volunteers identified through a follow up of the work of the network. This could be considered to be greatly satisfactory, in particular those among the monks network, the Royal Army Department, the Labor Confederation of State Enterprises, various academic institutes, and some entities in the business sector as they are continuously trying to prepare and distribute relevant information to members of their respective networks. If these individual people, organizations, and agencies could set up efficient systems of disseminating information and the concept of living with PWAs in the long term, then the burden on the BMA's AIDS Center can certainly be eased and the problem of social discrimination on those with AIDS can be diminished.

5. However, it is very important for these organizations and agencies to receive communications and information, particularly those of a technical nature, from the AIDS Center on a regular basis.

4.1.4 The threats can be described as follows:

As mentioned earlier, the fact that initiative for the project came from a political government official can become either an "opportunity" or a "threat" because the Thai political situation at every level, whether national or local, is insecure and changes very rapidly. Changes in the administrative team are reflected in changes in policy, which can result in discontinuity of certain projects or approaches. In such a situation, the new administrative team should provide opportunity to involve academicians or academic institutions as project implementors to explain

the project background and expectations, which a BMA government official may not be able to clarify as effectively.

Quantitative Outcomes of the Project

1. The project gave training to disseminate the project concept to a total of 1,561 persons from various occupational backgrounds. Of these, 1,088 or 69.7 percent were male and 473 or 30.3 percent, were female.

2. 131 activities to disseminate the project concept using different types and methods were undertaken, e.g., small group discussions, booths set up at different public places, movie presentations on "living with AIDS." These activities reached a total of 18,000 persons of different ages, occupations and economic status.

3. A large network, involving organizations, agencies, and individual people, has been created and has become the focal point for the extension of the project concept.

Qualitative Outcomes of the Project

1. The project has obtained various knowledge and understanding regarding network building using both formal and informal channels. However, it was found that the use of informal channels to extend the network through a large number of network members within organizations resulted in both positive and negative impacts. The positive impact was that it was able to rapidly disseminate the project concept to a large number of people at low (administrative) cost. However, it could not be concluded that all those who participated or were trained through the formal channel would be willing to become project volunteers as they came for training as requested or assigned by their organizations rather than out of their own interest. This can be seen from information gathered from the questionnaire in relation to readiness to become project volunteers. The reason of the group that was least ready to become volunteers (36.4 percent) was because they came for training as

representatives of organizations. Comparing the group that had come by asking graduate volunteers or project personnel with the group that came because of their own interest showed a difference as high as 60 percent for becoming project volunteers. As much as 57.6 percent of those who were organizational representatives said they were "uncertain" about becoming project volunteers.

Thus this type of project needs to be more focused in the process of participant selection as the quality of participants has a lot of influence on project success or effectiveness. This also means definition of a time frame which fits the project's objectives and effectiveness.

2. Aside from knowledge gained on network extension through formal and informal channels, the project also received ideas and attitudes, including the potential and constraints of organizations/agencies and various institutes involved in the network. These covered monks and academic institutes, government and state enterprise agencies, business sector, low-income communities, the mass media, artists, and others.

As such, giving importance to "empowerment" of the people and appreciation of their value and role would help improve Thai society in every way, and not just in relation to AIDS issues. All government organizations, not just the BMA's AIDS Center, should realize this and change their working direction to one of partnership among the GOs-private sector-people's organizations, which have each their own unique resources to contribute. The integration of various resources - personnel, knowledge, budget, equipment, etc. - from the partners would lead to "tremendous empowerment" to solve various problems within our society.

This project was only a "pilot project;" thus, to carry it forward on a continuing basis would be necessary.

4.2   Recommendations

4.2.1 Recommendations to the BMA AIDS Center

- Information and findings of this action research should be seriously studied in order to create better understanding of the different ideas, attitudes, and feelings of people, and to further utilize them for future work and planning.

- The BMA should regularly follow up on the work of network members as well as provide them with up to date information/data and facilitate exchange of information or two-way communication among them.

- If possible, the BMA's AIDS Center should continue to disseminate the project concept within its umbrella organizations, e.g., the BMA's health centers in Bangkok, as these centers work with grassroots people and migrants, who still lack access to information.

- Although the campaign is aimed at acceptance of AIDS/HIV patients within their families and communities, findings show that most people still want those PWAs in the last stages of the disease to stay at medical places which have full equipment. The deeper reason really is that most of them cannot accept the terrible appearance of last-stage PWAs. Thus the AIDS Center should consider this fact and it may be unavoidable for them to set up more such medical places.

4.2.2 Recommendations to other organizations/agencies interested in the concept of people's participation and the volunteer model of implementing projects.

Thai society is facing more and more problems which need the cooperation of all sectors and partners in order for these problems to be solved or alleviated. We are going through a path of exploration for cooperation rather than conflict; otherwise, our society cannot be sustained or might have to suffer a "meltdown."

The approach of multi-sectoral cooperation should become one of the main directions of Thai society. Various organizations/agencies

involved with the AIDS problem as well as other problems should adopt this approach and apply it in the way they work.

The project team anticipates that the information and findings obtained through this action research would benefit the planning and design processes of the organizations. They should take time to review various issues in more detail, as appropriate. With the availability of adequate resources, this type of action research should be used as it would help to correctly assess relevant and related circumstances and therefore be able to provide effective control of the situation as well as effective planning for change.

Social empowerment
to
solve various social problems
either through the form of
"volunteer or others"
is truly an
"indicator of growth of society"