Community Empowerment and Health Promotion: A Case Study of Phongsathue Community in Thailand

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ABSTRACT

This article aims to study the promotion of health through the process of community empowerment – the healthy community project operated by the Thai Health Promotion Foundation. The qualitative research methodology is utilized through the process of conducting a case study of Phongsathue, a community in Thailand with data collection methods of observation, documentary study, in-depth interview and focus group discussion. The research findings confirmed Glenn Laverack's approach that the community empowerment consists of nine components of participation, leaderships, organizational structure, problem assessments, activities of study groups, resource mobilization, linkages with networks, practitioners' positive manner of power-over, and community self-management. The community empowerment in Phongsathue is a process operating concurrently with the activities of health promotion that include chemical termination for commercial agriculture, organic vegetable gardening for safety consumption, waste management for getting rid of flies, and exercise activity. Conducting the community empowerment project through the health promotion activity for six years has made the community stronger and villagers healthier. The research confirms the importance the collective empowerment process as the key driver for strengthening community development. The study serves as a valuable insight into the challenges and potential benefits of community empowerment in Thailand.

1. INTRODUCTION

In the past, people thought that a healthy body was linked with no sickness. As a result, the work of public health only emphasized treatment and rehabilitation. However, focusing on medical treatment caused the Public Health Ministry to spend a lot of money. Consequently, the government agencies have changed their policy to support the new public health approach/policy that emphasizes promotion and prevention more than remedy and health restoration. The new public health approach/policy follows the Ottawa Charter that focuses on building public policy for healthiness, creating supportive environment, strengthening community action, developing personal skills, and reorienting healthy services [1] The Thai government agencies have followed this new public health system for more than 15 years.

The new health promotion can cause reduction of government expenditure through the use of 'the principle of community empowerment' as a key machine for creating a strong community with active participation, members' sense of involvement and belonging, increase of self-management capacity and control of determinants of health. The community members use their own capacities and resources to initiate development and to support each other. The process of community empowerment enables its members to access necessary information, opportunity, networks and funds for support of health promotion work.

In Thailand, since 2019 the Thai Health Promotion Foundation has operated the Healthy Community Project in accordance with the concept of community empowerment for health promotion. Its target areas cover 379 communities around the country. The Foundation has sent its staff to each community for consulting villagers in organizing the community leader council to advise villagers on how to organize the community leader council whose members include leaders from a variety of groups in the community. The council has worked as the key instrument for operating health through community empowerment.

According to the 2021 Annual Report of the Thai Health Promotion Foundation Office [2], there are 274 communities - about 72.30 percent of the total target areas – achieving the goal of strengthening their community leadership councils in the self-management of their health promotion. These incudes, reducing agricultural chemicals,

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increasing villagers' income, setting up groups for elderly and youth, reducing household waste, reducing risks at danger points, systematic management of community resources, preparation for disaster response, reducing smoking and drinking and supporting exercise activities, The Report also shows 11 communities to be conducting best practice in terms of their ability to solve their own problems according to their annual community plans. The practice of these communities is exemplary for neighboring communities.

Phongsathue community in Uttaradit Province is an example of best practice in conducting the Healthy Community Project. The Phongsathue community leadership council is highly successful solving key problems in the community and promoting good health for its villager. These incudes withdrawing use of chemicals in commercial agriculture, organic vegetable gardening for safety food production and consumption, waste management for pest control, and exercise activities. As a result, about 25 neighboring communities that do not participate in the project come to learn from the experiences of Phongsathue and apply for their own health promotion activities.

The objective of this article is to study the community empowerment leading to health promotion. A case study of Phongsathue Community is selected as an exemplar of academic usefulness of lesson learnt.

2. MATERIALS AND METHODS

In order to study a case of a community intensively and extensively, the qualitative research methodology is used for the research. The Phongsathue community in Uttaradit Province, Thailand is purposively selected as a case study in accordance with the research question and objectives of the study [3]. Phongsathue is a successful case in terms of both the community empowerment process and health promotion results under the healthy community project operated by the Thai Health Promotion Foundation, so the study of this case is expected to contribute to the test of the related theory [4].

The methods of data collection used for this study are in-depth interviews, observation, focus group discussions, and documentary research. The phase of collecting primary data took place between October and December 2020, when the researcher conducted informal interviews and focus groups with key stakeholders in order to understand the process of community empowerment for the practice of health promotion. Two focus group discussions – one with five members of the community leadership council and the other with community members - were held at a separate time and venue. Discussions were facilitated by the researcher with the help of a discussion guide, while a tape recorder was used to capture the discussions verbatim. According to Monkgogi Lenao [5], the advantage of using a recorder is to free the researcher from too much writing, thus allowing her to engage with the interviewees by asking appropriate follow up questions. Furthermore, it helped with reducing the length of the interviews since there was no concern about waiting for the recorder during the discussions.

In-depth interviews of 20 key informants included the Director of the Health Opportunity Promotion Section of the Thai Health Promotion Foundation, two key a member of staffs responsible for overseeing the Health Community Project, the president of the community leadership council, six members of the community leadership council, seven community members, the external practitioner from the Thai Health Promotion Foundation and two members of local government staff. In-depth interviews ranged from 40 to 90 minutes in length.

All of the primary data is transcribed and coded, first to identify common themes between the responses and the existing literature, and second to identify similarities and differences between respondents. The researches have paid attention to the validity of the research through consideration of four criteria for qualitative research; especially credibility, transferability, dependability and confirm ability. [6] The researcher recognizes that bias could occur during the interview phase, and therefore, cases should be taken in the examination of data. The triangulation of multiple sources of data has been employed with the intention of maximizing the validity of the data.

3. RELATED THEORIES

The directly useful theories for this study are the approach to community empowerment, health promotion, social determinants of health, and relationship between community empowerment and health promotion.

3.1 Community Empowerment

Paulo Freire found that the marginalized are generally dominated by a culture of silence as a result of lack of self-confidence, passive behavior, hopelessness, fear of freedom, external locus of control and powerlessness. Freire proposed that community empowerment will occur under conditions of change in the educational system from the 'banking concept' that focuses on teaching and memorizing to the 'problem-posing concept of education' that emphasizes support of students' creative thinking and the equal exchange of ideas through activities of a cultural circle. Under this new condition of the educational approach, according to Freire, there is no teacher who knows more than others. Everyone is equal and learns together. Learning in the cultural circle focuses on praxis consisting of reflection and action. Long-term praxis will lead to the development of students' conscientization as their critical consciousness, systematic understanding of their community, and active demands of change for better lives are developed [7], [8].

Another interesting thinker is Saul D. Alinsky who proposes that the community members' differences in terms of ethnics, religions, occupations, generations, and genders are the obstacles for them to organize. As a result, it is necessary to have external professional organizers to help them empower themselves and move together. The professional organizers have to invite various groups of villagers to join for an exchange of ideas about their shared problems. As a result, the community members will realize their collective interests through the activities of joint dialogue and, after that, they will move together to change the situation that facilitates the improvement of their rights and human dignity [9],[10].

The last thinker is Glenn Laverack who is interested in community empowerment for health promotion. He proposes that community members should form groups and act together for improvement of their health promotion. Discussion between members within their group helps them to know the key determinants of health that are obstacles for their health promotion, and they will realize how to overcome those problems. However, the issue of health promotion is related to abstract and academic issues, so it is better to have outside practitioners help villagers at the beginning stage of the whole process. The key point is that these practitioners should use the positive manner of power-over in forms of stimulating community members to take part in exchange of ideas and solve collective problems by themselves instead of domination of the villagers by outside agents. In the long term the practitioners should reduce their influence in order that the villagers can empower themselves and increase their roles. This step will lead to shared power between the two parties. Finally, the villagers can operate the health promotion project by themselves after the practitioners withdraw [11], [12].

3.2 Health Promotion

Health promotion means any action aiming to improve health – including physical, mental, social and intellectual states – for promotion of wellbeing. The elements of wellbeing are a strong body, a perfect mind, longevity and a good quality of life (The Thai Health Promotion Foundation, 2001). People who join the health promotion project can specify and change their behaviors and environments for themselves and their community [11]. Health promotion is a concept in the Ottawa Charter covering five issues [13]. Firstly, health should be put on the agenda of policy-makers in all sectors and at all levels. Secondly, people cannot be separated from their environment, so it is necessary to take care of each other. Thirdly, health promotion works through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. Fourthly, a health promotion project supports personal and community development through providing information, education for health and enhancing life skills, so that people can exercise more control over their own health and over their environments. Finally, the responsibility for health promotion is shared among individuals, community, health professionals and government sector [1].

In conclusion, health promotion based on the new public health system tries to change from remedy and rehabilitation to promotion and prevention. It also changes from the sole responsibility of the government sector to the cooperation of every sector in civil society with regard to taking care of personal and community health.

3.3 Social Determinants of Health

Social Determinants of Health is a relatively new term in health care. As defined by the World Health Organization [14], 'social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.' They affect a wide range of health, well-being, and quality of life.

Social determinants of health can be separated into five types-- economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. For the sake of health promotion, there are two types of social determinants of health: firstly, social determinants that the community can control and manage – for example, education, income, social status, social support networks, etc. and secondly, social determinants that the community cannot control – that is, gender, age, gene, public health services, etc. [15].

3.4 Relations between Community Empowerment and Health Promotion

In conclusion, it is necessary to create the capacity of community and its members to control social determinants of health through change of behavior and environment that affects good health of its members in order that the work of health promotion can be achieved. That creation of the community capacity can be conducted through the work of community empowerment. However, operating at the initial step of the health promotion program in a community with a lack of necessary knowledge and capacity must be supported by external specialists. These specialists will stimulate individuals and community to utilize their skills, potentials and capacity in promoting better health. A weak community has to depend on external organizations for financial support, knowledge and skills of community empowerment for promoting health. The process of community empowerment aims to strengthen the community in order to increase the capacity of self-management and control of their own problems. Because of the useful approach to community empowerment, a

large number of academicians and community developers are interested in this concept as an approach to change the roles of government agencies from top-down developers to bottom-up facilitators and stimulation of the community members to develop their own capacity for solving their problems in accordance with their expectation.

In this article the authors aim to study the empowerment process for strengthening community in order to be a key mechanism for health promotion. Based on his intensive and extensive study, Glenn Laverack --an important health promotion specialist - proposes that the community empowerment process consists of nine components: participation, local leadership, organizational structures, assessment of problems, operation of study groups for asking why, resource mobilization, linkage with other people and organization, roles of outside agents, and program management

4. RESULTS AND DISCUSSION

4.1 Analysis of the Health Promotion Project in Phongsathue

Phongsathue is a community of an ethnic group who immigrated from Laos about 100 years ago. Today the community consists of 191 households with 606 members. Its villagers' way of life is based on kinship, simplicity and reciprocity. The village's leader – namely, the village headman – is a highly experienced man whom the villagers have highly accepted and respected. Since the decade of 1990s the community has been changed from self-sufficiency economy to monoculture farming for commercial purposes. Their main crops are rice, maize, cassava, sugarcane, shallot, garlic, green beans, etc.

Before Phongsathue joined the Healthy Community Project in 2015, the villagers faced with two important problems--severe indebtedness and poor health--because the villagers had to pay a high cost for their monocrop of agriculture but received a low price of their products. Nearly all villagers had used a high rate of agricultural chemicals with wrong methods and caused some of them cancer. Additionally, their unhealthiness came from non-communicative diseases – especially, high blood pressure, diabetes mellitus, etc.

The Healthy Community Project was initiated at Phongsathue in 2015 as a practitioner was sent to the community for stimulating community leaders and villagers to join a meeting and organize a community leader council. The council had about 50 members for the first year. The project used community participation as a key driver for all of its activities both formally and informally through exchange of idea and formulation of the self-reliance community plan. The process of planning consisted of the following steps: searching for community problems, analyzing the problems, searching for solutions, taking action together, monitoring and evaluating the project, and studying feedbacks and lessons learnt for improving their next circle of operation. The whole circles of their project are the process of problem solving of their community conducting concomitantly with the process of community empowerment through capacity building and community strengthening. The practitioner - a staff of the Thai Health Promotion Foundation – worked as a consultant to the community leader council. The practitioner stimulated villagers to think, make decisions, take action until success was achieved. The community became healthy and changed their behavior and the household-level and community-level environment that led to the creation of a healthy community.

Because of the important problems facing them at that time, the community leader council started their project with the campaign for reduction of agricultural chemicals. The committees went to visit the villagers' houses and set up several meetings in order to tell them about the danger of the chemicals they were using. The project was able to convince about 115 villager households to greatly reduce their use of chemicals. The success in the first year of the project led the villagers to recognize the importance of their organizing in the form of a community leader council, and, as a result, their members increased significantly.

In the second year of 2016, the community leader council found that the extensive practice of monocrop farming for commercial purposes caused the villagers to buy foods from the market instead of using vegetables grown by themselves. Additionally, vegetables from the market were expensive and contained chemical residues that were not safe for villagers. As a result, the community leader council made a decision to conduct a project to support the villagers who wanted to grow organic vegetables at their houses for their own safe consumption and for saving money. Consequently, 72 percent of the households joining the project increased the consumption of safe organic vegetables. After that, the council initiated an establishment of the 'vegetable growing funds' for producing seeds and distributing them to the villagers free of charge instead of buying from outside. Moreover, the council started the 'group of fertilizer' and the 'group of effective microorganisms using of local resources as raw materials.' Ten groups of organic vegetable planting demonstration were set up that year.

In 2017 the community leader council faced with the problem of fly disturbance. The council found that the problem of the rapid increase of flies was the result of nearly all households' incorrect method of garbage management, incorrect waste disposal in 13 public areas, pig farming and cattle raising of nine households, and five chicken farms in the community. The council made a decision to solve the problem through correcting the method of waste disposal at all the households, farms, and public areas. The council invited villagers and the owners of the farms to join a study visit to other communities

where their waste management was successful and where there were not a lot of flies. Additionally, a biological insect repellent was sprayed around the community. The council monitored their solving of the problem and organized a monthly meeting for discussing the result of their actions. At the end of the project the council found that 80 percent of all villagers cooperated and did in accordance with the agreement. About 118 households met the criteria of a clean household. Five animal farms were successful in improving their waste disposal management. As a result, the number of flies in their community was reduced satisfactorily.

In 2019 The council found that non-communicative diseases were a major problem for many villagers and became an obstacle for community healthiness, so they considered solving the problem through formulating an exercise promotion project that was appropriate for the local ways of life. The project included doing exercise activities, learning about the usefulness of exercise, checking the value of body mass index (BMI) and meeting regularly for monitoring the progress of the project. As a result, three exercise promotion groups were organized with the total of 518 members – about 83.54 percent of the whole villagers - who were doing regular exercises at least 150 minutes a week. Consequently, the weight of 17 members was reduced, the heartbeat of three members was improved, the value of fasting blood sugar (FBS) of five members was reduced, and the rate of blood pressure of two members was improved. Generally, a large number of villagers followed the agreement of regular and continuous exercise, and their health were improved.

In conclusion, the implementation of the self-reliant community plan under the healthy community project of the Thai Health Promotion Foundation in the Phongsathue community was successful. The project led by the community leader council in formulating and implementing the plan from 2015 to 2019 consisted of four prominent projects: the reduction of agricultural chemicals for monocrop plantings, growing and consumption of organic vegetables, waste disposal and elimination/ extermination of flies, and promotion of regular exercise for prevention of non-communicable diseases. The success of their projects were the results of their participation and cooperation in thinking, doing, monitoring and evaluating continuously.

4.2 Analysis of Community Empowerment

As the health promotion under the Healthy Community Project in Phongsathue was successful, the process of community empowerment will be analyzed through using Glenn Laverack's approach to nine components-- participation, local leadership, organizational structure, problem assessments, study group for asking why, resource mobilization, linkage with other organizations, self-management of their own community, and roles of outside agents -- as a theoretical framework. The result of the study in the case of Phongsathue can be shown as follows.

The key driver to empowering the community is villagers' participation which the council of community leaders emphasized from the initial stage to the final stage. The consultants from the Thai health Promotion Foundation who worked as practitioners tried to invite community leaders and villagers to join the project. Frequent and regular communication was an important mechanism leading to villagers' understanding the project and taking part in meetings for an exchange of ideas, cooperating in data collection and analysis, joining in the decision-making process, and taking action together. The consultants started their work in the community with an exploratory study in order to know the general characteristics and preliminary structure of the whole community. After that they told the leaders and some villagers about the objectives and usefulness of the health promotion of the Healthy Community Project.

Before starting the project, the Phongsathue village headman was widely accepted by the community members. Additionally, the villagers were organized into a variety of small groups according to gender, generation, shared interests, etc., -- such as, a women's group, an elderly group, a youth group, a savings group, community enterprise groups, etc. All of the leaders of each small group, the village headman, some villagers, and local government officials were coordinated to set up the community leader council. The council for the first year was composed of 50 committees. After setting up the council, the committees formulated an 'organizational structure' by separating into five divisions, and each division was led by its head under the coordination of the chairman. Generally, the committees were cooperated with each other and worked together as a team of 'collective leaders' who supported each other and exchanged ideas together frequently, closely, openly and equally. Their important tasks for the project were to specify community problems, collect and analyze data, prioritize the problems and search for guidelines to solve them. 'Problem assessment' was the key activity in formulating the yearly self-reliant community plan. Their work usually emphasized the villagers' participation in the planning process so that everyone involved and felt a part and ownership. This process led to active participation in the operation of the plan.

In addition to the strong team of collective leaders, the council could implement their plan efficiently and effectively as they had the capacity of 'resource mobilization' both internally and externally. Mobilizing resources from their own community was effective as their own community possessed high social capital, human capital and financial capital. Moreover, the council had to make 'linkage with other organizations' in order that resource mobilization from outside could be possible.

During the time of operating different parts of their project, the council organized a study group for exchange of ideas and analyses of their community structure, social determinants of health, and general problems occurring in their community. The study group set up meetings regularly and continuously for operating their activities through 'asking why' in order that its members can take part in dialogues with each other. Generally, the study group was small, informal, and amiable. In 2016 the study groups were organized in the women's group, youth group and community enterprise group. These activities contributed to conscientization that encouraged their members to actively concentrate and take part in the collective problem solving and support shared interests. The members' consciousness reflected their commitment to the common well-being of their community. Because they joined in the activities of the study group for years, their skills and knowledge of community analysis increased systematically and sophisticatedly. As a result, the study groups were part of the learning process that could accumulate valuable human capital for health promotion and development in the future.

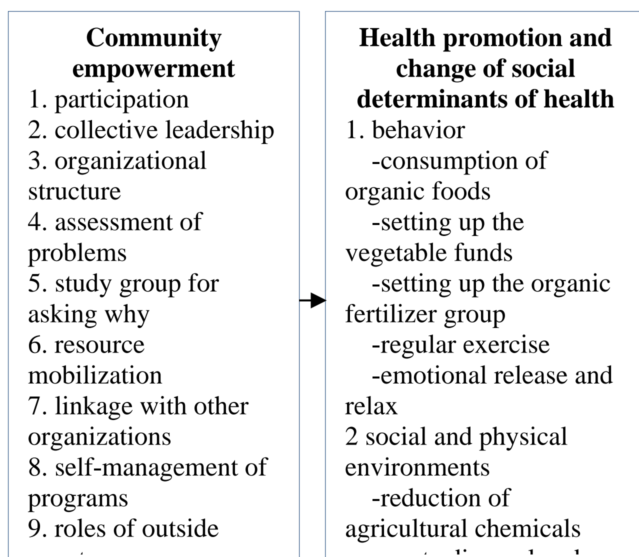

Fig.1. Community Empowerment for Health Promotion and Change of Social Determinants of Health in Phongsathue Village, Uttaradit Province.

The success of the healthy community project in Phongsathue showed that the contribution of the Thai Health Promotion Foundation was very important since the Foundation's staff members came to work with villagers for organizing the community leader council and advising them on their operation. The practitioners from the Foundation were "outside agents" who occupied power-over, but instead of using a negative manner, they used a positive style of power-over by encouraging the council members and villagers to participate in thinking, exchanging of ideas, operating their own activities, reflecting on the results, and improving the projects. Consequently, the power-from-within of the council and villagers increased, and they were able to develop the ability to equally work and share power with the practitioners. The positive manner of power-over used by the practitioners helped to strengthen the community as the council increased the ability of 'program management' by themselves. It was evident that after the termination of the healthy community program and withdrawal of the practitioners from the community, the council was able to continue to work and manage the health promotion plan by themselves.

5. CONCLUSIONS

General speaking, community empowerment is a necessary condition for development in every dimension, including the health promotion project, because empowerment is a process of strengthening a community. A strong community is generally active, and its capacity is high for developing themselves and resolving their own problems. This study confirms Glenn Laverack's approach to community empowerment as a cyclical process of nine components [11], [12] that leads to the output of a strong community of self–management, community immunity, and resilience.

The process of community empowerment starts with villagers' participation and stimulation of villagers to join community problem assessments and to set up their own organizations in order to create collective consciousness, develop team-style leadership, formulate organizational structure, improve resource mobilization capacity, expand network linkages, organize study groups for systematic and continuous exchange of ideas, and learn together through praxis of reflections and actions. This study confirms the theories of Saul Alinsky [9], [10] and Glenn Laverack [11], [12] that the roles of outside practitioners for initiating and leading in the early stage of the community empowerment process are critical. Alinsky emphasizes the crucial roles of professional activists in organizing villagers' consciousness and formulating their own organization through stimulating various groups of them to join the exchange of ideas until finding of shared interests and specifying their obstacles and problems, formulating their organization as well as changing their own community so that everyone can have a better life. Similarly, Laverack focuses on the roles of an outside practitioner who brings a health promotion project into the community and initiates as well as leads the empowering process. The focal point of Laverack is that the practitioner has to exert the positive manner of power-over through stimulating villagers to be the key agency for solving their own problems and developing their own community. Although he does not emphasize the importance of the outside activists, Paolo Freire [7], [8] proposes the concept of praxis – an external agent can join as equally as other members - through the

activities of cultural circle comprising of reflection and action systematically and continuously, resulting in the formulation of strong community in the long run as the villagers can solve their own problems, even though the outside practitioners have already withdrawn from the community.

This study finds that community empowerment is a process that can operate parallel with the health promotion projects – that is, organizing and empowering of the community through the activities of health promotion. This study confirms Benjamaporn Huajeam [16] [8] that continuous empowerment has resulted in higher organizational capacity for systematically moving health-related activities because the villagers will cooperate and take part in the change for a healthy community.

For the issue of organization, the study found that in Phongsathue there were a variety of small groups organizing according to their collective interests - such as, an age group, a women's group, an occupational group, a savings group, a child and youth group, etc. These groups are affiliated with and work closely with the community leader council. In fact, the council can mobilize its members through the leaders of these small groups. Interestingly, each of these small groups and the council set up and operate a study group in order to continuously and regularly conduct praxis of reflections and actions by themselves. Each group formulates a yearly plan, implements its projects, follows up, evaluates, and improves its coming-year plan. The long-term results of the study group operation led to learning, developing the members' skills of systematic and profound analyses, and formulating conscientization of being active in joining the community activities because of their recognition of the common interests, mutual trust in each other, and commitment to the community [17], [18]. The study confirms Freire's concept of 'cultural circle' [7], [8] and Laverack's thinking of 'asking why' [11], [12] through the praxis of the study groups in order that the members' common problems of unhealthy behaviors and the social determinants of health can be analyzed and solved.

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