ABSTRACT:

A cross-sectional study on participation in HIV/AIDS prevention and control activities among the VHVs in rural Chiang Mai was conducted during April 2001. The general objective of this study was to identify the participation of VHV in the HIV/AIDS prevention and control programme. The specific objectives of this study were to identify the socio-demographic, psychosocial and enabling factors of VHV, to assess the current participation of VHV in the HIV/AIDS programme and to examine the relationship between independent variables (socio-demographic, psychosocial and enabling factors of VHV) and dependent variable (participation of VHV in programme).

San Sai, Sanpatong Districts and Chiang Mai province were purposively selected and simple random sampling method was used to determine 206 VHVs for the sample. Data were collected using self-administered questionnaires and then analyzed. The participation of VHV was divided into three levels based on the 25th and 75th percentiles of total scores of participation. Nearly one fifth (19.5%) of the VHV was highly active in HIV/AIDS activities, 56.1% of them were moderately active and 24.4% of them were not very active. Out of 206 VHVs, 77.7% were in the middle age group (31 to 40 years) and the male to female ratio was about 1:1.6. A majority (90.8%) of the VHV was already trained for HIV/AIDS prevention and control activities. Chi-square tests were performed to identify the association between independent and dependent variables.

There was no association between the socio-demographic factors and participation level of VHV. The period of volunteer service was found to be significantly related to the three VHV’s participation level (highly active, moderately active, not active). VHV’s cited two main factors that discouraged them from participating in the HIV/AIDS programme: (1) preoccupied with own personal work and (2) villagers were too busy with work to cooperate in activities.

Among several kinds of incentives, self-satisfaction was found to be the most significantly related to the participation levels. It was also found that the VHV’s level of participation corresponded with the number of PHA the VHV was responsible for, and the type of relationship between the VHV and PHA. The levels of knowledge on HIV/AIDS were also significantly associated with the levels of participation in HIV/AIDS prevention and control programme, while the levels of perception on HIV/AIDS were not found to be significantly related. To achieve the goals of the HIV/AIDS prevention and control programme, it is recommended that two kinds of
community participation programs, VHV system and HIV/AIDS prevention and control activities, be continued and maintained.