

PARTICIPATION TO FIGHT IN THE COVID-19 CRISIS OF THAILAND

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ABSTRACT

The objectives of this research are to study the state of participation, factors that affect, and approaches to participate in the COVID-19 crisis of Thailand. This is the qualitative research using the in-depth interview with a group of 19 key informants. The data was analyzed by using content analysis method. The research results revealed that the participation in planning was with the gathering of various departments involving in planning, managing and protecting the community from COVID-19. In decision-making aspect, before any COVID-19 prevention measures and guidelines were issued or announced, the community would have the dialogue and exchange of information with representatives of all sectors of the community. In the operational aspect, everyone in the community must conform the practices to reduce the risk of epidemic and infection of disease in the community. In receiving benefits, it was found that the community had distributed essential things to the community members to prevent the epidemic and unite the community in various helpful activities. In monitoring and evaluation of results, the community would be stimulated and strengthened for people to help one another to monitor and surveillance for the community regularly.

Keywords: Participation, COVID-19, Thailand

INTRODUCTION

The prevention on the first wave of COVID-19 epidemic in Thailand was successfully achieved thanks to the cooperation of people and the conscience of everyone with responsibility to the public in not taking themselves to risk or get the infection. This indirectly affected the medical and public health systems of the area to be able to take care and treat patients to get well soon. The stress of medical personnel could be reduced. There was a possibility to expand the results up or down. When considering various factors that are unique to the community, the majority of population in each area has access to services for daily living including using the least, most helpful and easy to maintain resources. Even after the end of the first outbreak from the beginning of the year to the end of the year, Thailand would continue to prepare for the new epidemic and become more prepared in many areas including resources, experience and knowledge about the disease.

After the first case of person infected with COVID-19 in the new outbreak in Thailand was found on 17th December, the outbreak was rapid. The “new wave” or “second wave” of the COVID-19 outbreak was a new infection from another group of migrant workers (foreign workers) which were not linked to the first wave of COVID-19 outbreaks at boxing stadiums and pubs in Thonglor ended in May 2020. Therefore, the case of the shrimp raft was called the new outbreak which created widespread fear in economic dimension, politic security, and society. It was expected that in 2021 the government of General Prayut Chan-o-cha encountered a new wave of COVID-19 for at least three to six months before the first “COVID” vaccine was injected to Thai people. If compared with the first outbreak, the trend from now on would be the second wave of COVID-19 outbreak which was an epidemic situation expanding to other provinces nationwide covering 58 provinces. The Center for COVID-19 Situation Administration (CCSA) announced the situation of the epidemic of 10,053 cases. No additional death was found. In total, 67 people died, 5,546 patients were recovered, 291 cases were recovered more, 4,440 remained in hospitals. 212 new cases were divided into 187 domestic

infections, a group of 6 migrant workers, and 14 overseas arrivals in the state quarantine facilities (as of 9th January, 2021).

The Center for COVID-19 Situation Administration (CCSA) tried to solve the problem of COVID-19 outbreak seriously with the highest controlled of 5 provinces and 28 other high-level control provinces which were promising to predict the COVID-19 situation. This round would expand more widely. This was due to the development of viral strains that may be more severe. This was because, according to the second epidemic statistics of 75 countries, 90% were found to be the case. The maximum number of cases per day increased five times and required 2 times longer to control outbreaks. For the causes of the exacerbation of the spread of COVID-19, there were several factors from slow decision-making to problems such as slow lockdowns including ineffective proactive screening systems as there were many people who did not show symptoms. The examination only on those who showed symptoms would not keep up with the widespread epidemic. Since the government of General Prayut declared a state of emergency throughout the Kingdom to lock down the country from 25th March, 2020, effective from 26th March, 2020, the power of the announcement of Emergency Decree had been expanded for 8 times and the Emergency Decree was “renewed” for the “9th time” until 28th February, 2021.

“Asia” is considered to be the region with the best economic prospects this year (2021) compared to Western countries. This is due to better control of the virus. However, some Asian countries have started a new round of coronavirus outbreaks that makes fear that the economy will decline. Although most countries in Asia which was the first region to be attacked with the virus today have much lower number of infection than Europe and the United States, now some Asian countries are battling a new coronavirus outbreak that is worse than the first. Even countries that have been successful in virus control, such as Thailand, are included.

The COVID-19 outbreak in Thailand since early 2020 and late 2021 until now (9th January, 2021), the number of cases is still increasing every day. Although the number of infected is still lower than any country in the world, the Thai government does not trust in this new wave of outbreaks. The government issues the measures to help controlling the outbreak. One of the important factors is the participation of public and community in epidemic prevention and control in order to use the knowledge gained from the study as a guideline for the prevention and control of epidemic that may continue without knowing the time period of ending and being under human control.

RESEARCH OBJECTIVE

1. To study the state of participation to fight in the COVID-19 crisis of Thailand.
2. To study the factors affecting the participation to fight in the COVID-19 crisis of Thailand.
3. To study the approaches of participation to fight in the COVID-19 crisis of Thailand.

RESEARCH METHODOLOGY

This is the qualitative research conducted by using in-depth interview method. The researcher used a structured interview which is the flexible and open-minded research method that allows respondents to respond to the interview based on practical facts in terms of depth and breadth of key informants. The purposive random sampling was conducted on 19 people from the samples selected by the researcher from the knowledgeable people who were expertise and related to the studied subject well.

Data Collection

The researcher performed the data collection, checked the accuracy of the information, and took the information that has been verified for completeness and accuracy. The tools used for data collection in this study were structured interviews.

Data Verification

For checking the accuracy of information, the data triangulation method was employed to seek the reliability of data from different sources (Supang Chantawanich, 2014). The researcher used the triangulation including data, theory, and researcher.

Data Analysis

After the information had been collected, the researcher used the data obtained from the key informants to analyze according to the qualitative research model. The qualitative content analysis was used to describe in detail, interpret, find the meaning, and describe the synthesis of data that was comparable to the research context. The key material from the interview of the target audience was summarized and the point and opinion was brought to summarize the significance of contents.

RESEARCH RESULTS

For the participation in planning, there was the integration of various departments related to planning including village headman, village director, village committee, village volunteers, sub-district health promoting hospital, private sector, monks, people, etc. They came altogether to talk to manage and plan to protect the community from COVID-19 epidemic. An ad hoc working group was established to drive various functions in achieving the determined objectives and goals. This working group consisted of relevant departments in various sectors of the community. In the planning process, communities have similar view that the Health Statute should be used as a tool for setting health care guidelines that are relevant to the context of the area. It appropriately agrees with the interviewees.

"... In planning, the monitoring center for the COVID-19 virus outbreak is established ... This will serve as a center for planning and monitoring the outbreak, making an action plan, using public relations media to campaign ..." (9th Interviewee)

"... The preparation is planned for both disease prevention and restoration of quality of life. In this planning, it is important to focus on self-reliance so that the community members can survive and not to suffer from the crisis of this disease outbreak ..." (19th Interviewer)

For the participation in terms of decision making, before any community's COVID-19 prevention measures and guidelines are issued or announced, the community will discuss and exchange information with representatives of all sectors of the community. Then, public relations will be conducted to clarify details about the received measures and guidelines to the people in the community to know allowing them to express their opinions and suggestions on the matters. This is to improve and develop according to the needs of all sectors correctly and appropriately such as organizing a public hearing forum. There will be a referendum vote to ask for opinions from various sectors whether to give approval from all sectors or not. This is correspondent with the interviewees.

"...The process should be organized for opening up areas for people in the community to jointly create proposals, approaches, measures and then crystallize into consensus for direction, development and design of problem management. People can determine whether to join 'doing' or not 'doing' altogether in various matters which gives the community a feeling of participation in making decisions ..." (11th Interviewee)

"...Various sectors in the community and villagers talked about the situation that happened. They thought and decided altogether how to keep themselves safe from the COVID-19 epidemic by exchanging various information for decision making in setting guidelines ..." (13th Interviewee)

For the participation in terms of Implementation, screening and searching for people at high risk, such as locking the community, conducting a quarantine of infected people and close individuals for 14 days in accordance with the prevention and control of disease, performing

cleaning and disinfection in public areas, entering the area, knocking the doors of each house to educate, screen, help vulnerable groups, such as bed-bound patients, the elderly, the disabled, etc., in the community such as to visit, to bring drugs, to deliver the bags for living, etc. The sufferance can be alleviated and the public relations are made to publicize knowledge and understanding in the community's measures, rules and agreements in preventing such diseases, keeping social distance, wearing a surgical mask when leaving home, washing hands, etc., Everyone in the community must do to reduce the risks of epidemic and infectious disease in the community. This is in accordance with the interviewees.

"...The multidisciplinary mobilization is made between community leaders and local volunteers in the screening area to continuously scan the surrounding area to deter and prevent outbreaks. Cleaning and spraying with disinfectants can extract germs at various risk points where people gather, such as fresh markets, temples, schools, small child centers ..." (8th Interviewee)

"... The community plays a very important role in the prevention of COVID-19 as an intermediary to provide assistance in various fields whether they are the guidelines, measures, equipment, disease prevention, necessary drugs and medical supplies. These include the subsidy as well as preparing and publishing manuals or knowledge on how to protect yourself from COVID ..." (16th Interviewee)

For the participation in terms of benefits, it was found that most of the community will have the cooperation of the community and related agencies in making masks and alcohol gels by themselves to be distributed to people in the community to prevent the spread of the disease. In addition, there is also the unification of the community in various activities. The benefits include (1) health promotion activities such as organizing exercise activities in the community and accepting donations to take care of the elderly, sick people, the distressed and children, (2) career promotion activities such as herbal compress, training of design and packaging, (3) food and nutrition related activities such as integrated farming, organic farming, etc., (4) activities for public benefits such as community mangrove forest conservation and rehabilitation, etc., This is correspondent with the interviewees.

"... People who are physically healthy join in and do benefits to create community power that can help others, such as working altogether to make cloth masks, make an alcohol gel for own use in the community including voluntary spirit to produce masks and distribute to people in the community ..." (3rd Interviewee)

"... The beauty of community power comes from the cooperation in the public, private and people sectors to create the society of sharing and helping one another. The new leaders of the community can create volunteerism in the community. The participation of the youth and the people in the community yield the understanding, love, care for themselves, their families and the community ..." (15th Interviewee)

For the participation in terms of monitoring and evaluation, the community will be stimulated and encouraged to help one another in surveillance in the community. This includes monitoring for non-compliance with the practice of maintaining social distance among the people in the community and various merchant businesses. The responsible agencies were notified to oversee the wearing of masks of people in the community. At the same time, various related departments or who have been assigned to perform duties should have the control, supervision, monitoring and evaluation of the implementation and self-defense against COVID-19. It includes monitoring of the symptoms of risk groups and detainees of volunteers and relevant agencies in the community. The team visit the community members to assess the detainee's stress symptoms monitoring the situation and surveillance of people traveling into the community from vulnerable areas to screen for infection. Visiting and following up is made to the operators of various shops in the community to check that they are in compliance with the communicable disease committee notification. This agrees with the interviewees.

"... People are stimulated to help monitoring, observing, and continuing to intensify self-care measures. This includes wearing masks, washing hand, eating hot meals, using personal spoons on a regular basis in the long run ..." (1st Interviewee)

“... The people in the community and various sectors help monitoring the non-compliance of the practice of maintaining social distance in the community including non-conforming shops informed to the responsible agencies...” (Interviewee)

DISCUSSION

For the participation in planning, the working group is established consisting of departments involved in various sectors of the community to engage in planning, including village headman, village director, village committee, village volunteers, sub-district health promoting hospital, private sector, monks, people, etc. They came altogether to talk to manage and plan to protect the community from COVID-19 epidemic. The set objectives and goals are achieved. The Health Statute shall be used as a tool for determining guidelines for health care in accordance with the context of the area appropriately. Planning is an important first step in getting all stakeholders to brainstorm the work. Robbins, DeCenzo & Coulter (2011) defined that planning is to set the goal, strategy formulation, and sub-plan for development to coordinate in the activities. This is the same as Gulick & Urwick (1936) defining that planning, setting goals and operating policies. This is consistent with the research of Maniprasert (2017) finding that people participate in the prevention and control of dengue fever at every step since the planning process, implementation of the plan, and jointly responsible for the assigned mission.

For the participation in Decision Making, the community will have a meeting to discuss and exchange information with representatives of all sectors of the community. After that, the public will be promoted to clarify details about the COVID-19 prevention measures and guidelines before it is announced. People should be allowed to express opinions and suggestions to improve and develop according to the needs of all sectors correctly and appropriately, such as organizing a public hearing forum. Then, there will be a referendum vote seeking opinions from various sectors whether to approve or not. Similarly, Barnard (1938) defined the decision making as a technique for considering options leaving only one option left. There are three steps in making the decision; 1) consider multiple alternative behaviors, 2) anticipate the outcome of those options, 3) evaluate the effects of each option in terms of the satisfaction, benefit, and welfare that are addressed, and 4) make choices that are assessed as the best, rational decision-making. It is consistent with the research of Guunya-Gumoh, et al., (2016) finding that the community was involved in every step of the way with people at various levels participating. There is a joint community forum to analyze and find common ways to prevent and control dengue fever. They work altogether to find problems that are important to take corrective action altogether with solutions to problems. There is a plan for the prevention and control of dengue fever. In the development plan, the representatives from all sectors took part to achieve cooperation and hands on sustainability. There is a workshop to receive opinions from all parties in the prevention and control of dengue fever.

For the participation of community in Implementation, people at high risk were screened and searched for such as locking the community, conducting a quarantine of infected people and close individuals for 14 days in accordance with the prevention and control of disease, performing cleaning and disinfection in public areas, entering the area, knocking the doors of each house to educate, screen, help vulnerable groups, such as bed-bound patients, the elderly, the disabled, etc., in the community such as to visit, to bring drugs, to deliver the bags for living, etc. The sufferance can be alleviated and the public relations are made to publicize knowledge and understanding in the community's measures, rules and agreements in preventing such diseases, keeping social distance, wearing a surgical mask when leaving home, washing hands, etc. Everyone in the community must do to reduce the risks of epidemic and infectious disease in the community. Cohen & Uphoff (1977) explained that the participation was divided into 4 patterns; 1) Decision Making, 2) Implementation, 3) Benefits, and Evaluation related to the control and inspection of all activities. This agrees with the research of Klomjai (2020) finding that the self-defense behaviors from 2019 coronavirus infection in the overall picture was at a high level. Poonphol, et al., (2017) found that people were involved in the prevention and

control of dengue fever and had continual practice. Therefore, the index of the abundance of *Aedes aegypti* larvae decreased after operation to no problem in the dengue epidemic. Dengue patients in all 4 villages were not found.

For the participation in receiving benefits, it was found that the community will have cooperation from related agencies in making cloth masks and alcohol gel to be used by themselves and distributed to people in the community to prevent the spread of disease. In addition, there is also the unification of the community in various activities. The benefits include (1) health promotion activities such as organizing exercise activities in the community and accepting donations to take care of the elderly, sick people, the distressed and children, (2) career promotion activities such as herbal compress, training of design and packaging, (3) food and nutrition related activities such as integrated farming, organic farming, etc., (4) activities for public benefits such as community mangrove forest conservation and rehabilitation, etc.,

According to the meaning of the public participation provided by Kasperson & Breitbank (1974), the people act as the creators of the activities in the development process which is to be fruitful and able to play constructive roles. The results of the activities must be reversed on their own. In accordance with the meaning of the United Nations Research Institute of Social Development (UNRISD) (2010), it is an activity involving citizens in decision-making, participating in activities and fair benefits arising from such activities. It is in agreement with the research of Worayut-Nakai (2020) finding that the Samakkhi Platform Elderly Club was able to produce more than 500 masks in a 2-week period and published the self-defense message and various information For senior club members for more than 50 messages. The masks were distributed 2 pieces of each club member and also distributed to community members 2 pieces per household.

For the participation in monitoring and evaluation, the community will be stimulated and encouraged to help one another in surveillance in the community. This includes monitoring for non-compliance with the practice of maintaining social distance among the people in the community and various merchant businesses. The responsible agencies were notified to oversee the wearing of masks of people in the community. At the same time, various related departments or who have been assigned to perform duties should have the control, supervision, monitoring and evaluation of the implementation and self-defense against COVID-19. It includes monitoring of the symptoms of risk groups and detainees of volunteers and relevant agencies in the community. The team visit the community members to assess the detainee's stress symptoms monitoring the situation and surveillance of people traveling into the community from vulnerable areas to screen for infection. Visiting and following up is made to the operators of various shops in the community to check that they are in compliance with the communicable disease committee notification.

Goodenough (1966) stated that participation by citizens occurs when they learn the benefits they receive from getting involved. This is due to the exchange between the participants or the assistance of other participants. According to Delbecq & Andrew (1971), there are 5 forms of public participation 1) gathering detailed information of projects, 2) analyzing or summarizing problems, 3) prioritizing problems, 4) implementing problem solving, and 5) monitoring and evaluating project success to lead to the develop and improvement on the operations to be more efficient. This is consistent with the research of Thappa & Ditcharoen (2013) finding that the people participated in the monitoring and evaluation of disease prevention and control for Dengue fever in the community after the operation and before the operation.

According to the result of this study, the factors leading to the success of Thailand's participation in the COVID 19 crisis can be summarized in Figure 1 as follows:

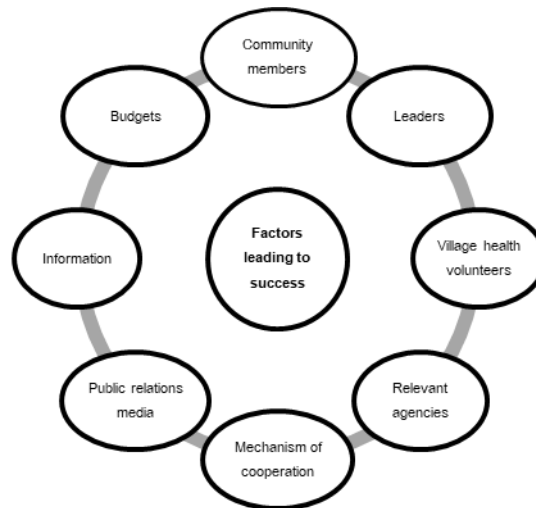


FIGURE 1
THE FACTORS THAT LEAD TO THE SUCCESS OF THAILAND'S PARTICIPATION
IN THE COVID-19 CRISIS

The factors that lead to the success of Thailand's participation in the COVID-19 crisis include (1) people in the community who must be aware of the problem and cooperate in defense, (2) leaders who play an important role in raising awareness, cooperating, and driving various plans in dealing with COVID-19, (3) village health volunteers who care for the people intensely both going into the area to give advice and visiting the community members, (4) various agencies relevant both inside and outside the community to cooperate in planning and driving various plans, (5) mechanisms for working together such as the Health Statute, Mechanism of the working group for the development of quality of life at the district level, 6) public relations media especially the community communication tools such as the sound of publication, publicity signs, village boards, etc. to create awareness and knowledge for people in the community to protect themselves, (7) data because each community will collect information on the number and characteristics of all the population in the household, (8) budget is received as support for the operation and provision of protective equipment such as face masks, alcohol, hand sanitizer, thermometer, etc.

REFERENCES

- Chester, I. (1938). *The function of an executive*. Cambridge: Harvard University Press.
- Cohen, J., & Uphoff, N. (1977). Rural participation: Concepts and measures for project design, implementation and evaluation. In *Rural Development Monograph No. 2 The Rural Development Committee Center for International Studies*, Cornell University, January.
- Delbecq, A., & Andrew, H. (1971). A group process model for problem identification and program planning. *Applied Behavioral Sciences*, 7(10), 466-492.
- Goodenough, N.H. (1966). *Cooperation in change part I*. New York: John Wiley & Son Inc.
- Gulick, L., & Urwick, L. (1936). *Papers on the science of administration*. New York: Institute of Public Administration Columbia University.
- Kasperson, J., & Breitbart, M. (1974). Participation, decentralization and advocacy planning. *Resource paper No. 25, Washington D.C. Association of American Geographer*.
- Klomjai, T. (2020). Knowledge and behavior of people on how to protect themselves from infection of COVID-19. *Journal of Nursing, public health and education*, 21 (2), 29-38.
- Maniprasert, S. (2017). Development of dengue prevention and control model with public participation in samut sakhon province. *Journal of Public Health*, 26 (2), 309-317.
- Nakai, W. (2020). Participation process in the prevention of COVID-19: A case study of the elderly of Nong Tako community. *Academic Development Group, Sirindhorn College of Public Health, Chonburi Province*.
- Poonphol, W. (2017). Model of community participation in dengue control and prevention in recurring epidemic areas. *Ubon Ratchathani: Office of disease prevention and control 7, department of disease control, ministry of public health*.

- Razzaq, A., Sharif, A., Aziz, N., Irfan, M., & Jermisittiparsert, K. (2020). asymmetric link between environmental pollution and covid-19 in the top ten affected states of US: A novel estimations from quantile-on-quantile approach. *Environmental Research*, 191, 110189.
- Robbins, S., & Coulter, M. (2011). *Management, (11th edition)*. New Jersey: *Pearson Education Limited*.
- Thappa, J., & Ditcharoen, D. (2013). Development of a community participation model in the prevention and control of denke disease: A case study of ban tha pho community, village no. 8, chom thong sub-district, mueang district, phitsanulok province. Phitsanulok: office of disease prevention and control 2, phitsanulok province.
- United Nations Research Institute for Social Development (UNRISD). (2010). UNRISD Flagship Report 2011, *Combating Poverty and Inequality: Structural Change, Social Policy and Politics*. Geneva: UNRISD.