



Participatory Action Research:
An Experience in Mukdahan, Thailand

May 12-20, 2010



Apart from the scenic view of the friendship bridge that connects the province of Mukdahan (Thailand) and province of Savannakhet (Laos), above are the most obvious spots that characterize the province --- better roads and vast agricultural lands.

Training of Trainers



On May 12-13, I joined the PAR TOT facilitated by Ms Berengere de Negri. Participants included staff of Thailand's MOH and Kenan Institute Asia.



Provincial Staff Training



On May 15-16, together with other trainers, apart from serving as an observer, I provided oversight and guidance to one of the groups during workshops.

Meeting with the district health staff



We joined Pook and the local consultant to discuss with the district health officer the plan for the PAR in indentified villages.

The four PAR teams in group photo.

On the first day, four PAR teams were organized at the None Kor temple, each team to be deployed in their assigned villages.





“ I joined the PAR team of Moo (*moo means village*) #16. Six men and six women worked together to draw the map of their village. It was interesting to see how they agree on what images should represent their village.





“ Other members of our PAR team were two provincial health department staff who served as one note taker and one observer.”

The villagers showed important landmarks of their village in the map --- the temple, school, water tank, rice fields, cassava plantation, and houses of the village chief, deputy village chief and health volunteer.



“This is our village.”





“We planned our transect walk at the house of the deputy village chief where the public address (PA) system is located. The PA is frequently used to announce important information that concerns the village. (Pointed by the arrow, speakers of the PA are hidden by the tree at the background.) We enjoyed our lunch boxes with the villagers.”





Public telephone booths which are not often accessed are found along the road. Majority of the villagers have mobile phones.



Across the road, fronting the house of the deputy village chief is a primary school.

We traversed one kilometer away from the center of the village and we reached the temple.





The water tank is the main source of water for more than 200 households. They claimed that water is not enough to meet household consumption. In every house, water containers are made of clay or cemented receptacles. They treat the water to kill mosquito larvae.





Other types of wells in the village as sources of water.



Planting cassava is one major source of income. Produce is supplied to a nearby flour mill.



Progressive farmers plant long-term crops like rubber.



Few households raise backyard chicken for home consumption. They grow tropical fruits like jackfruits, bananas and tamarind. They also gather mushrooms from the forest and dry them.





People gather forest products.



Farm animals are in the field at day time.
These are kept under the house at night.



These are typical convenience or retail stores.





Ambulant vendors from neighboring villages do business like selling locally made ice cream and ice pops. I had the taste of durian flavored ice cream.



“At the end of the first day, the members of our team compared notes about our observations after the transect walk.

We validated with the deputy village chief and village health volunteer what we heard and what we saw. ”

On the second day, we conducted an FGD with 10 women of reproductive age, 22 to 45.

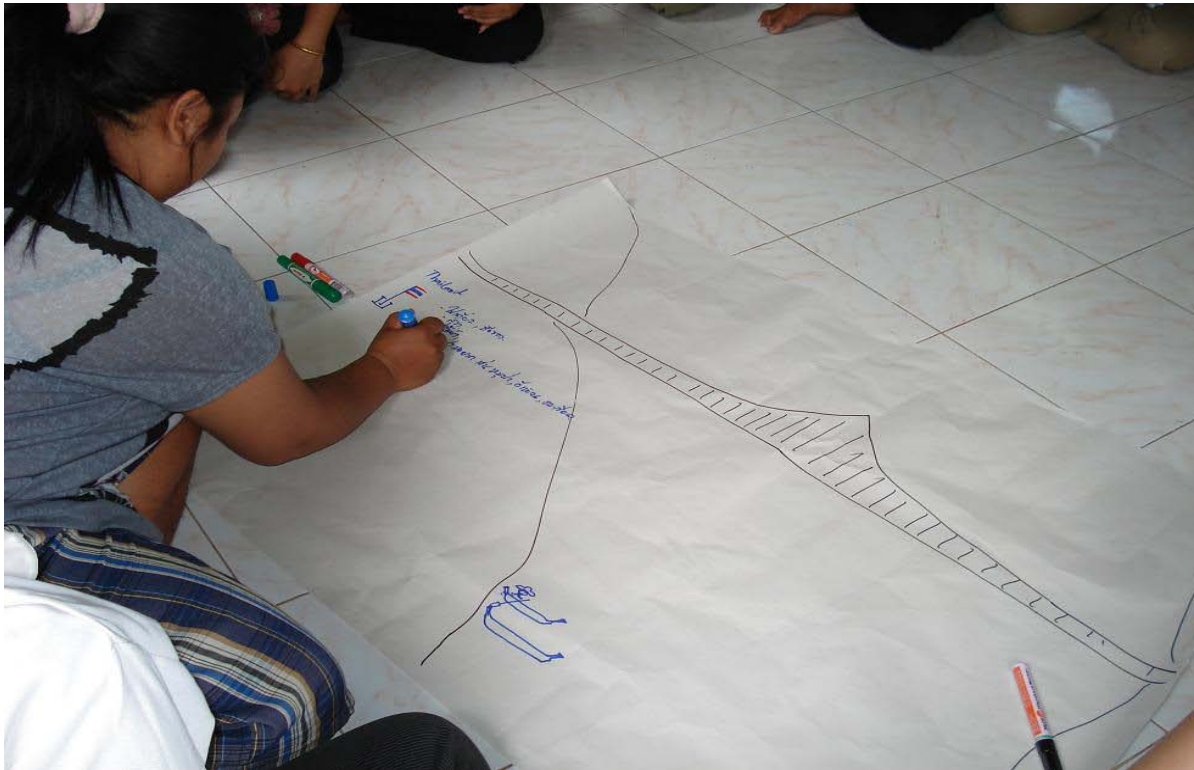




Using a matrix, the women drafted their daily schedule. From 5 in the morning, they will cook breakfast; then go to the forest and gather mushrooms; come back home to prepare children for school; feed their animals like pigs and chicken. ..

They used the seasonal calendar to plot the most important events that affect their lives such as new year, Buddhist day, planting season for rice and mushrooms, opening of schools, and the period when most people get sick.





They perceived the friendship bridge as useful. Some of them cross the bridge to buy commodities in Savannakhet. One woman said, it made my life easier to visit my relatives more often in Savannakhet .



Using the flowchart –
“If someone is sick in the family like having a high fever, we give the sick child a sponge bath and Paracetamol. If the child does not get better after one day, we bring her to the provincial hospital.”

The bean quantification showed income, water, garbage and health as their pressing problems. Among health issues dengue, is most serious followed by hypertension and flu.





The most preferred communication channels are village meeting, public address system and health volunteer.



The force field analysis showed that their problem with availability of water is connected with their practice to avoid dengue. Every Friday, the government urges them to throw away water in containers to get rid of mosquito larvae, however, water is precious to them – thus they don't do it.



We are glad that we were part of the exercise.





The wife of the village chief and some of the women prepared our lunch.



On the third day, we had FGD among 10 men of reproductive age, 25 to 45.





Using the matrix, the men listed their daily activities from early morning, late morning, mid afternoon, and late afternoon.

“Our main concern is earn a living and look for food for the family. When we are not in the farm, we provide labor in the neighborhood and in other villages.”





The seasonal calendar showed the period when they are busy in the farm - planting rice, planting other cash crops like cassava, and gathering and drying of mushrooms.



How does the friendship bridge affect your life?

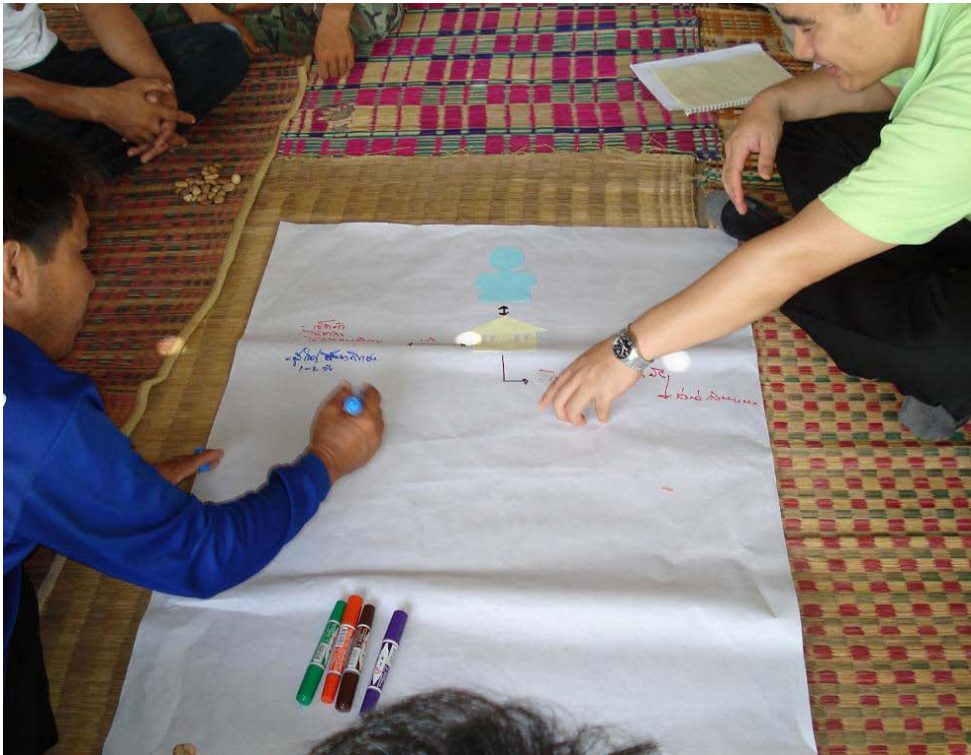


“Since the bridge became operational, we noticed that prices of commodities like rice became higher. People living near the bridge started bringing in animals from Savannakhet to be slaughtered in the market. These animals may also bring diseases.”



“Income and livelihood are our main problems in the community. Health is also a problem.”

Using the chapatti pie, the men showed that dengue is most serious among other health issues.



On gender role, the men also recognized that women assume more responsibilities in home care and treatment.

In a flow chart, the men described how they seek for treatment when someone in their family is sick. Having high fever is a symptom of a serious disease. As a practice, they first take care of the sick at home; give him Paracetamol, about 1-2 days. If he does not get better then they go to the hospital in Mukdahan.



Preferred ranking showed that village meetings, the public address system, and the health volunteer are important sources/ channels of information.



Finally, the Moo #16 PAR team did an in-depth interview with 4 village volunteers.

What are the key health issues that you need to stay informed about?
How do you keep yourself informed and up-to-date on key health issues?

What information do people in this community really need? What are they most concerned about?

Have you attended any training related to your work as a village health volunteer?



“I found the PAR a self-reflective and systematic approach to enquiry by participants in a social situation. In the process, participants are able to identify issues worthy of investigation to bring about changes in practice. Thanks to Berengere’s mentoring. ”

- *Cecile*