



## บันทึกข้อความ

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เรื่อง นักศึกษาขออนุมัติไปนำเสนอผลงานวิชาการ ณ ต่างประเทศ

เรียน อธิการบดี (ผ่านผู้อำนวยการกองกลาง)

ด้วย นางชนัญชิตา ทิพย์ญาณ และ นายชนะบุรณ์ อินทรพันธ์ นักศึกษาหลักสูตรปริญญา ดุษฎีบัณฑิต สาขาวิชาพัฒนศาสตร์ คณะมนุษยศาสตร์และสังคมศาสตร์ ได้รับการตอบรับให้เข้าร่วมนำเสนอ ผลงานวิชาการ เรื่อง Dynamics Livelihood Strategies of Fishery Communities In Ban Don Bay Suratthani Province in Thailand และเรื่อง The Process of Community Health Policy Formulation in Community, Thailand ตามลำดับ ในการประชุมวิชาการนานาชาติ International Conference on Business Strategy and Social Sciences ณ กรุงกัวลาลัมเปอร์ ประเทศมาเลเซีย ใน ระหว่างวันที่ 16 - 17 สิงหาคม 2557

คณะฯ ได้พิจารณาแล้วเห็นว่าการไปราชการครั้งนี้ จะเป็นประโยชน์อย่างยิ่งต่อการยกระดับ ผลงานวิชาการของนักศึกษา จึงใคร่ขออนุมัติให้ นางชนัญชิตา ทิพย์ญาณ และ นายชนะบุรณ์ อินทรพันธ์ ไป นำเสนอผลงานวิชาการ ณ ประเทศมาเลเซีย มีกำหนด 4 วัน ในระหว่างวันที่ 15 - 18 สิงหาคม 2557 โดย เบิกค่าใช้จ่ายจากงบประมาณเงินรายได้ประจำปี 2557 แผนงาน ผู้สำเร็จการศึกษาสาขามนุษยศาสตร์และ สังคมศาสตร์ งาน/โครงการ จัดการศึกษาสาขามนุษยศาสตร์และสังคมศาสตร์ รหัส 0214 งบสนับสนุนทั่วไป โครงการบริหารจัดการหลักสูตร รหัสโครงการ 051-01 จำนวน 40,000 บาท พร้อมนี้ได้แนบสำเนาหนังสือ ตอบรับและผลงานวิชาการมาเพื่อประกอบการพิจารณา

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25 ก.ค. 2557

25 ก.ค. 2557

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แจ้งเจ้าตัวและผู้ที่เกี่ยวข้องทราบ

มหาวิทยาลัยขอนแก่น  
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ดำเนินการตามเสนอ

(อาจารย์สุชน วสุนธราโสภิต)

รองคณบดีฝ่ายบริหาร ปฏิบัติราชการแทน  
คณบดีคณะมนุษยศาสตร์และสังคมศาสตร์



International Conference on Business Strategy and Social Sciences  
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We are pleased to inform you that your paper entitled "Dynamics Livelihood Strategies of Fishery Communities In Ban Don Bay Suratthani Province in Thailand" is accepted for oral presentation in *International Conference on Business Strategy and Social Sciences, 16-17 August, 2014, Kuala Lumpur Malaysia*. Your paper was evaluated in a double-blind review process. We invite you to present your full research paper at the conference.

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# **Dynamics Livelihood Strategies of fishery communities**

**In Ban Don Bay Suratthani Province in Thailand**

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## **Abstract**

The purpose of this research study is to study the livelihoods of traditional fishery around Ban Don Bay in Suratthani province , Thailand. This study applied the qualitative approach to collect data by interviewing key informants in the study area. The participants of the study were traditional fishermen and their household. It aims to use the sustainable livelihoods framework in data analysis. It is found that the traditional fishery tend to be a vulnerable group due to rapid changes in the environmental degradation affected by governmental policies, capitalization and natural disaster. However, they are able to cope with such severe situations by utilizing their various livelihood strategies: human capital, natural capital and social capital. They could particularly apply their social capital with their local wisdom and knowledge gained from conducting their local research to deal with various problems. For example, local fisheries could find their own ways to adapt their traditional strategies in running their daily life to accommodate such changes. Future fishery communities need to develop suitable strategies in order to deal with more complicated situation. In addition, they will also need to share with neighboring communities the new solution they have gradually gained.

**Key words : livelihoods ,Traditional Fishery**

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## 1. INTRODUCTION

Ban Don is an important and fertilized bay, which is situated on the Gulf of Thailand. Local people around the bay are traditional fishermen, and they depend on natural resources and environment for a long time. Not only various ecology systems are found in Ban Don Bay, but it also is an important fishery. Besides, there is a high growth of economic gradually. There are housing settlement, facility buildings, shrimp farms, ports and resorts in the area of Ban Don Bay. Most marine area is used mainly for fisheries such as farms of shrimps, scallops, oysters, groupers and sea bass. According to the Department of Fisheries, the survey indicated that total 96,754.28 acres of coastal areas are covered with aquaculture farms consisting of 66,023.26 acres of shell farms, 30,726.80 acres of shrimp farms, and 4.22 acres of fish farms. Consequently, there is a change in the land use causing various effects on Ban Don Bay due to coastal aquaculture farms, fisheries, agriculture, industrial factories, community expansion and tourism (Walailak University:2008)

Besides, many problems have been attacking Ban Don Bay upsetting the balance of nature. Coastal ecosystems are destroyed constantly, which cause a crisis lost of aquatic animals. This affects the fishermen on their income significantly because Ban Don Bay is the main source of livelihood for many people in Surattani Province and the neighborhood. Since the government has established a Sea Food Bank project to help local people to earn more income, they extremely do unfriendly fisheries, so the environment was devastated. The project also impacted people, who live in Ban Don Bay, on their ways of life from simple livelihood existing together with natural resource. Then, the development came to decrease a poverty problem of fishermen, who are the poorest among people (Bene, 2006). However, the fishermen are a group which has the most noticeable characteristics comparing with other groups in rural and coastal areas. This can be explained that the fishermen live under uncertainty, which relate to various fields, such as a risk of natural disasters in working, the fight with variation economic in increasing price of gas, decreasing price of products and fluctuating of income in accordance with the seasons. Due to a natural disaster, people cannot be out to do fishing. This kind of uncertainty leads to a complexion life of traditional fishermen (Bene, 2006).

According to a survey in economic and socials household situations in 2011, it was indicated that fishermen had the lowest income comparing to others. They had 13,081 baht as an average income, while they had debts of quintuple income (Bank of Kingdom of Thailand, 2012). In the past, fishermen used simple tools combining with their wisdom to fish easily. Their tools were classified to suit kinds of fish and aquatic animals. Various tools also were categorized according to seasons. The fishermen existed happily with the sea. Nowadays, many industries are being developed. The ways of life and livelihood of local fishermen in Ban Don Bay have been changed rapidly responding to a main production of economic. An invasive of mangrove forests spreads gradually in Ban Don Bay to do natural shrimp farming. Rice farms were exchanged to shrimp ponds, which destroyed the mangrove habitats and lost a fish nursery. Additionally, the government seemed to publicize the policy to assist poor fishermen to own marine areas for aquacultures, but they didn't have money or capital to do it. Consequently, they transferred their ownership to capitalists, who hired some of them to work in cockle stalls. This is a starting point to be claimed that Ban Don Bay doesn't belong to the public anymore. When people realized about it, most areas in Ban Don Bay had been owned by the capitalism. Also, there is an expansion of farming into a marine area because of a lack of a serious attention of the government. Even the navigation channel is narrow down because the law states that fishing net boats are wrong when they are doing fishing in the sea. This is an example to show that there is a hole in the law, which leads benefits to capitalists.

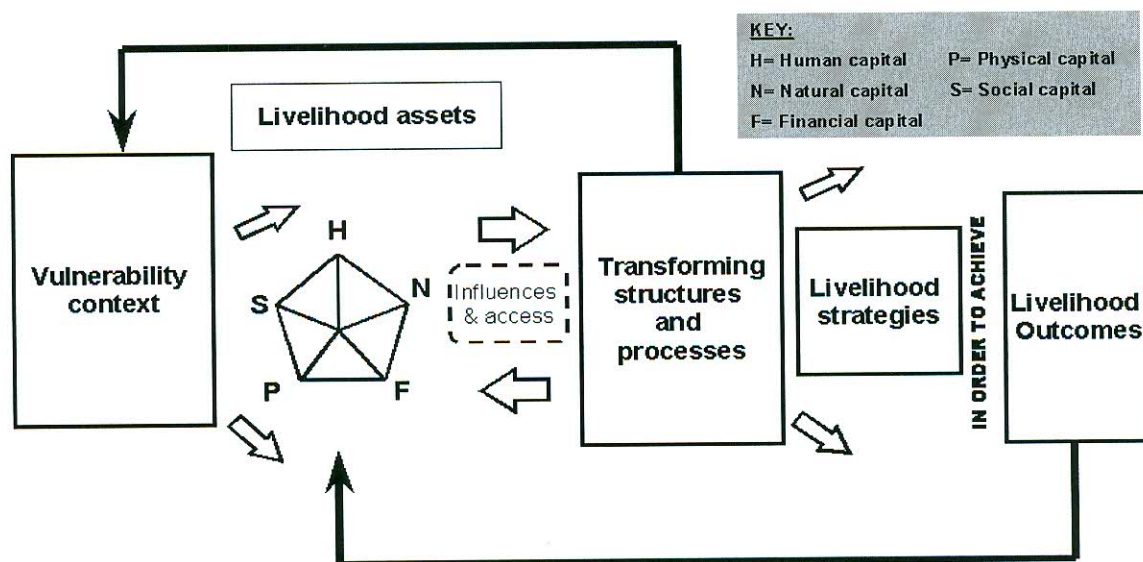


Hence, small fishing equipment and fishermen wisdom cannot compete with commercial fishing vessels with full of fishing tools. This kind of large boats can bundle all of shrimps, shells, crabs and fish in the sea. These vessels also destroy local fishermen' fishing tools, as well as ruin coastal resources terribly overnight.

Although many crises were found in Ban Don Bay, there still are interesting issues to study in this research. That is to study how traditional fishermen exist and survive under diverse and complicated problems. The empirical reflection of their ways of life consists of creative and various adaption capacities, no abandon of their identities, no ignorance of natural resources and environment as their prestigious life and job capital. Despite traditional fishermen is a group, which is vulnerable in social and ecology, and is under uncertainty of jobs relying on the weather, the researcher is aware how traditional fishermen adapt themselves to sustainable living.

## 2. METODOLOGY

This study applied the qualitative approach to collect data by interviewing key informants in the study area. The participants of the study were traditional fishermen and their household.

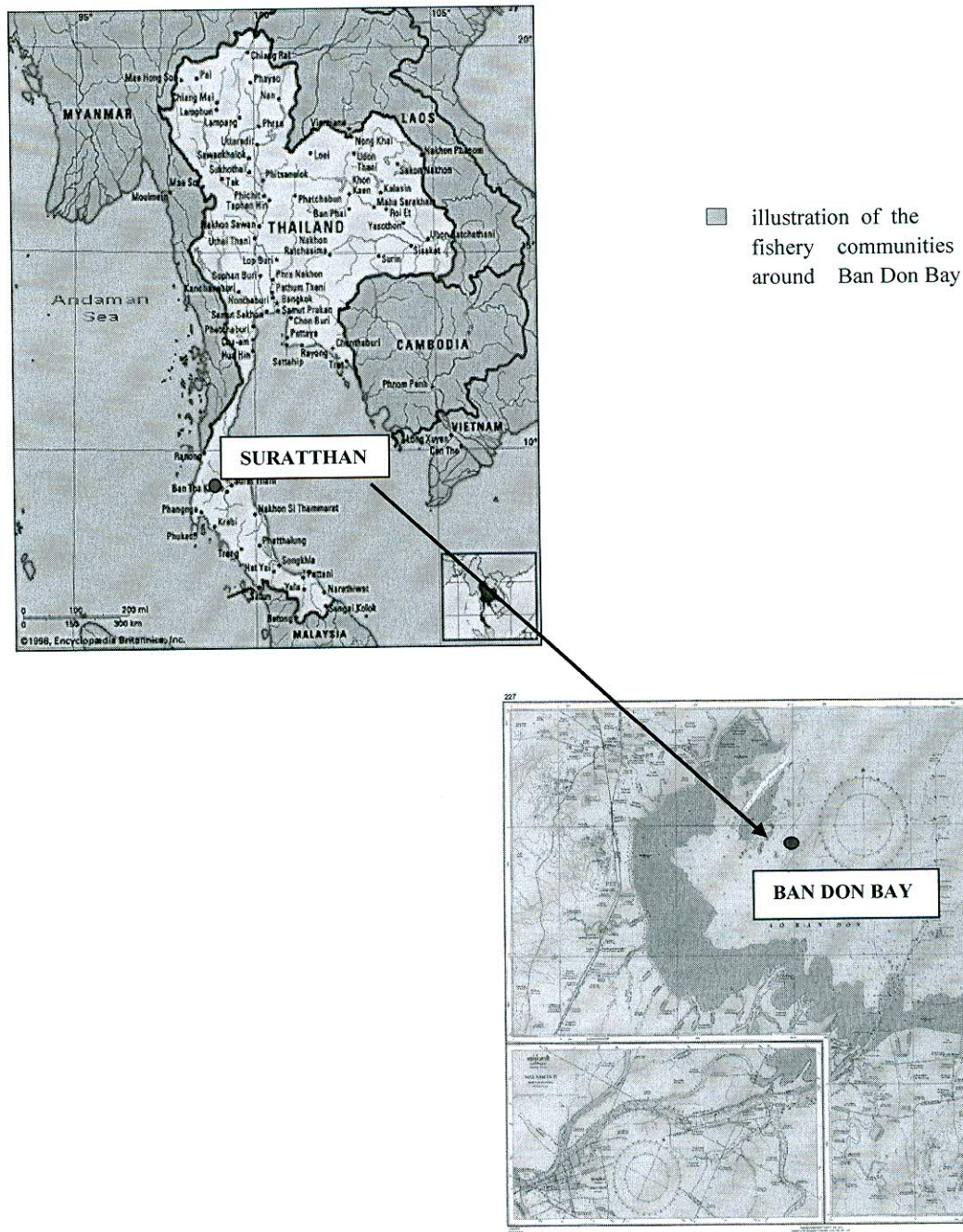


**Figure 1. The sustainable livelihoods framework (source: DFID, 1999)**

The sustainable livelihood is a significant concept with its purpose to decrease the poverty and vulnerability of small aquaculture communities and traditional fisheries (Edwards et al., 2002; Neiland and Bene, 2004). This framework was used in development organizations and GNOs in order to better understand a system of natural resource management (Allison and Horemans, 2006). Livelihood tried to improve policies in community development and practices, which emphasize on seasons and a cycle of complex strategies for living. (Carney, 2002; Allison and Ellis, 2001). It was combined with a large process for people life by having a wide vision to do activities providing income with people participation (Chambers and Conway, 1992; Farrington et al., 1999; Shankland, 2000).



The areas were studied consisting of Ban Don Bay in Suratthani province covering 7 districts; Tha Chana, Chaiya, Thachang, Phunphin, Muang, Karnchanadit and Donsak. There were only 27 villages of traditional fisheries.



**Figure 2 Map of a Study Area: Ban Don Bay, Suratthani Province, Upper South of Thailand**



### 3. RESULT

The results of this study were presented in 2 parts. The first parts described contexts of Ban Don Bay. Another explained patterns of livelihoods of traditional fishermen around Ban Don Bay, Suratthani Province, and upper South of Thailand. The results were shown as following.

#### 3.1 Community Contexts

Ban Don Bay is an international wetland, where is geographically situated in Surattani Province, extending in Tha Chana District in the north to Phunphin District in the south, and to Kirirattanikon District in the west. Ban Don Bay encloses the 7 districts of Suratthani Province; Tha Chana, Chaiya, Thachang, Phunphin, Muang, Karnchanadit and Donsak. There are 27 villages around the bay. People of Ban Don Bay rely their livelihood on fisheries, which show the relationship between their ways of live and the sea as their workplace (Walialak University, 2008). Traditional fisherman livelihood has been modified from an original way, which work and earn income for sustaining their life, to a new development in marine resource utilization. The government has been publicizing the policies to support the economic growth, and then marine resources have been shifted from food and sustenance to more economic value causing terrible natural resource destruction (Lertchai Sirichai: 2003). Coastlines and the sea zone of traditional fisheries deteriorated rapidly because of a use of fishing tools in mass destruction, including the impact from a Sea Food Bank project in 2004, which required people to exchange their assets to the capital, in order to solve poverty problems and set up a seafood production base. It was believed that this project could be replaced a traditional way to do fishery, and it would establish a production process with a safety standard without any effects on the environment. Consequently, those assets were become to a specific owner group. The sea doesn't belong to the public, but it is owned by the individuals. In addition, changes in economic, social, cultures, politics, natural resources and environment affect local people on their traditional fisheries directly and indirectly. Hence, traditional fishermen need to adapt their livelihood in order to survive and exist in new contexts. They turn to use their wisdom transferred from their ancestor, and they put more capability to employ their livelihood assets and the capital in the community to become strategies cleverly. This relates to words said by the ancestor that "the sea is a grandfather, and a rice cooker t is the sea" This wording reminds the traditional fishermen recognizing the value of the sea, where they can gain many benefits and maintain the land for their livelihood. As a result, there was a life adaption of fishermen to do various activities to continue their career lives. For instance, they run a small coastal aquaculture. Some of them do extra jobs such as food processing, and ecotourism to lean fishermen's ways of life. They also span their network to restore the natural resource conservation. In terms of the society in Ban Don Bay community, it was revealed that the cultural legend of traditional fisheries was retold recently, which was called "the mountain buddy and the sea buddy". This culture represents a happy reliance between people and the nature. In terms of economic dimension, fishery is a main occupation of local people in Ban Don Bay.



### 3.2 Living Development of Traditional Fishermen in Ban Don Bay

Traditional fishermen live their lives based on choice seeking by using their capacity to reach property and capital wisely. Once they faced problems caused by economy, society, politics, environment and climate change, they are able to survive and live on their own ways by passing on and accumulating knowledge from their ancestors. Traditional fishermen also are capable to manage the assets and capital in the community, such as natural resource, human resource and social resource, in order to adapt their ways of life variously.

In this study, living development of fishermen was divided into 3 session, which were 1) pre-SEA FOOD BANK project, while- SEA FOOD BANK project, and post- SEA FOOD BANK project. The study found that before SEA FOOD BANK was established, fishermen mainly relied on natural marine resource as a source of livelihood. They had simply ways of life, and they helped each other. Fishery was a main career without any part-time jobs. Although they were not rich, they were happy. Additionally, there was no any destruction of natural resource. There was a plenty of aquaculture and resources for needs of all people. As a result, local fishermen satisfied their rich resources of surrounding neighborhood. It was also found that during SEA FOOD BANK has been managing; there was a division of coastal zones for poverty deduction of local fishermen in Ban Don Bay. Since there was limitation in cost of fishing, majority of local fishermen sold their own divided sea area to capitalists. Then, they moved to other area to do their own fishery. Increasing a number of capitalists in Ban Don Bay caused many problems. For instance, there were many farming areas of shellfish cages and other types of marine animals, which trespassed on the sea area. Consequently, local fishermen had to go to other area, which is far, but not over 3,000 meters in accordance with the law, to do their fishery for their lives. Moreover, mangrove was destroyed rapidly around there. This affected severely on the ecosystem. It was obviously seen that a number of meder's mangrove crabs has been increasing. Meder's mangrove crabs are a huge income of fishermen there. Besides, they were employed by capitalists from Mahachai to collect meder's mangrove crabs, which they could gain a good wage. When the areas were limited, fishermen initially began fishing illegally such as fish and shrimp poisoning. Later, there was an increase crisis of traditional fishery. A community organization was founded in order to fight with the capitalists, who trespassed on the sea to do shell farming, to get their own coastal zone back. This was a clear fighting of social participation of local people. Also, Ban Don Bay Conservation Group was started to work with a government section and private sectors.



According to the study, it was revealed that after SEA FOOD BANK has been operated, there was a group of local people gathering together to conserve Ban Don Bay. There were various conservative activities such as meder's mangrove crab farming, mangrove planting and ecotourism promoting. All activities were done in accordance with the idea that there should provide benefit to all parts in the community, and local people could gain income to live happily. Further, traditional fishermen developed and improved themselves and their human resource by learning from conducting the research to create the knowledge how to work sustainably in their community in corporation with the government and private sections, as well as local people. As a result, local people were able to develop human resource in the community, and they clearly understood their ways of live and ways of an ecological community integrally. They sought alternative occupations. For instance, they conserve the mangrove forest to increase a number of meder's mangrove crabs, or kingfisher crabs. Some of them have been working as a part time job in ecotourism fields while others have been doing other jobs to support their family. It can be seen that traditional fishermen have adapted themselves resulting in income increment, well-being, vulnerability decreasing, food security increasing and sustainable resource using. Considering closely, fisherman livelihood can be divided into 5 forms: 1) traditional fishery and coastal farming, 2) traditional fishery and ecotourism in ways of traditional fisherman lives, 3) traditional fishery and rehabilitation and conservation of meder's mangrove crabs, 4) traditional fishery and general working for wages, and 5) traditional fishery and working as an employee in industrial factories. Some people gave up traditional fishery, but they were able to adapt their lives to survive in their community.

It can be obviously seen that diversity of livelihood forms of local fishermen reflects ways of lives in the community that they tried to work to support themselves and survive using their own strategies based on remained resources. They also are flexible to adapt themselves to uncertain situations in their livelihood (Salmi, 2005, Allison and Ellis, 2001).

### **3.3 Resources of Traditional Fishermen Livelihood**

According to the concept and the theories of sustainable livelihoods, resources play an important role in living such as human resource, physical resource, financial resource, social resource and natural resource. Fishermen in Ban Don Bay tried to reach and use those mentioned resources to respond their needs and preference described as follows.



### 3.3.1 Human Resources

Human resources are very important in fisherman livelihood. Significantly, family member force is a main mechanism in production process and up-to-date development. Advanced technology and techniques were utilized in a production process, and they led the members in the family to develop their skills. Due to a modern educational system, people of working age were motivated to leave fishery. They thought that it is not necessary to do fishery if they are high educated. They can have other more secure and stable occupations. The findings from the interview showed that there are many children in each family, labor force is still needed. There are only old people doing fishery in the family. Some family can modulate their livelihood strategies to do other jobs, which caused a decrease of a number of labor force continually.

### 5.3.2 Natural Resources

Natural resources have a great impact on livelihood of people in Ban Don Bay. Generally, people there relied on a circulation of natural resources and services (lands, water, forests, air quality, a rate of biodiversity, and so on). It was known that people used natural resources called Common Pool resource. In a case of fishermen in Ban Don Bay, they were obstructed to reach natural resources adequately. Most of them are poor, and they use only local tools to do fishery. Thus, natural resources are a major source of livelihood and vulnerable circumstance of traditional fishermen. It can be said that general natural resources help and support natural human because people can get food there, and those resources also can enhance people health. Considering characteristics of Ban Don Bay, it was found that it is a big and fertilized bay. It is 120 kilometers wide of the costal line. It covers 477 square kilometers. The bay is a main resource for local people who do traditional fishery. There are 3 reasons as discussed as follows ( Taweesak, 2551)

1) It is a luxuriant brackish water source, where important rivers flow into. Those rivers have borne out abundance of forest areas such leaves, humus, microorganism and planktons into Ban Don Bay. These are very advantageous for the growth of the larvae of aquatic animals.

2) It is a habitat of various planktons such as oysters and cockles which are very famous and delicious in the country.





3) It is a main source of important aquatic animals. There are 6 groups; bivalves, shrimps, benthic fish, carnivorous fish, ground fish, and crabs.

According to the study of Ananya et al., it was found that abundance of Ban Don Bay reflects from a large quantity of fishing catchment in 2011 as shown in Table 1.



**Table 1 Timetable of Fishing Days in 2011**

Aquaculture	Month										
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov
Bivalves											
Shrimps											
Benthic fish											
Carnivorous fish											
Ground fish											
Crabs											
Swimming crabs											
Benthic crabs											

**Notes:**  < 50 kgs.  50-100 kgs.  >100 kgs.  None of catchment

**Source:** Ananya et al (2555)

### 5.3.3 Social Resources

Social resources are very important to fishermen in their livelihood. They are proud of their own unique, cultures and ways of life, which represents strength of the fishery community. They are aware that benefit of the public is primary. They cooperate to solve problems in the community by using social resources linking to other resources in accordance with sustainable livelihood. Due to characteristics of community social as relatives, there is still more cooperative relationship among them. This leads to motivation, which raises the level of their livelihood of fishery. It is related to the findings of this study showing that a network of Ban Don Conservation group drives the community to have sustainable livelihood.

In summary, all types of resources are important for living resulting in well-being. Local people have alternative ways to adapt their lives to suit their livelihood. They are also able to live in the community without severe obstacles. There is a relation among all types of resources, which traditional fishermen can reach and use their advantages for their living. This is good that people haven't gotten across modern technology seriously, yet. However, they try to employ and integrate their own stuff to create their livelihood sustainably.



#### 5.4 Factors Causing Vulnerability

When vulnerability happens in fishery community, it affects on assets and ways of live directly. For instance, shocks affects badly on livelihood, especially the component of assets such as natural disaster, lack of money, social conflicts, health problems, humans, plants, animals and trends. Also, movement trends give a great impact on livelihood such as population, resources, economy, government, policies, technology and seasonality. This also includes circulations such as costs of products, health and an employment opportunity. According to the study, it was found that there were 3 factors affecting vulnerability as described below.

1. A decrease of resources and conflicts influence local fishermen on reaching the resources. The study showed that there was high vulnerability among fishermen in natural resources was in Donsak district, Kanthulee Sub district in Thachana, Thatong Sub district and Kanchanadit district respectively (Walailak University,2550). This vulnerability of natural resources impacts livelihood of traditional fishermen. Although traditional fishermen live in a vulnerability area, they are able to adapt their lives to suit it effectively.

2. Self-reliance is one of factors. Most of fishermen do fishery since their ancestor age. Consequently, they don't have any lands to agriculture. There should be alternative livelihood to secure their lives. Fishermen should be trained and supported to be skillful.

3. Another factor is a limitation of using natural resources. The sea and its coast are common pool resource. There are many people tend to use those resources. It is very difficult to obstruct others to share them. Also, there was no a balancing right between fishermen, the government and capitalists to use the sea. This caused vulnerability. Further, SEA FOOD BANK is one of vulnerability creator, which encourages fishermen to get income without realization of sharing natural resources. Hence, the sea becomes a product, which purchasable in the form of document.

#### 5.5 Livelihood Strategies of Fishermen

There is a quick change in livelihood of fishermen caused by advanced technology. Traditional fisherman family faced many problems in their living and careers, so they need to adapt themselves to suit their circumstance. There are 3 adaptation strategies of fishermen in Ban Don Bay as follows.

- (1) Grouping and networking

- (2) Alternative livelihood

- (3) Self-development in conducting research in sustainable natural resource enhancement



## **SUMMARY AND DISCUSSION**

The dynamics of traditional fishermen in ban Don Bay support their livelihood by using resources in the community such as humans, social and culture as a base of their living. The fishermen are able to adapt their lives to suit to their environment in order to survive. Also, the fishermen mainly rely on themselves, and they have their own strategies to work with the government sections and other organizations in their area, as well as private organization, to support sustainable livelihood. Fishermen are able to use capital resources in the community resulting in having advantages for all. They are also able to create various activities, which is necessary for their livelihood (Scoones, 1998). Sustainable livelihood will happen when traditional fishermen can cope with vulnerability and uncertainty (DFID, 1999), as well as increment of adaptation development and capacity of using capital resources in the community in the present and the future to reach the goal following the concept of Ian Scoones (Scoones, 1998). These are a poverty decrease, well-being, livelihood adaptation, vulnerability and flexibility decrease and sustainable development of natural resources.

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# The Process of Community Health Policy Formulation in Community, Thailand\*

Chanaboon Intharaphan<sup>1</sup>DusadeeAyuwat, Ph.D<sup>2</sup>WongsaLaohasiriwong, Ph.D<sup>3</sup>

## ABSTRACT

This research aimed to examine the process of community health policy formulation in rural, Thailand. The study was conducted by the qualitative approach, in a rural village, UbonRatchathani province, Thailand where the community health policy formulation was done. The 25 key informants were sub-district health promotion hospital officers, sub-district municipality officers, community leaders, senior citizens, community organizational leaders, health volunteers and villagers who had participated in the community health policy formulation. Data were collected by in-depth interviews with interview guideline and non-participatory observation during February – April, 2014. Content analysis was employed for data analysis. Descriptive analytic method was used for result presentation.

Results showed that: The key operational principle of the process of community health policy formulation was the participation and consultation among community members. It consists of these three major procedures 1) Identifying health problem issuesby health community forum 2) Preparing a policy proposal by village health volunteers meeting and 3) Arranging health community forum to accepted community health policy together. The results have led to the establishment of problem managementproject with chronic diseases in the village and the declaration of village announcement to create healthy environment.

**Key words:** Health Policy Formulation, Community, Policy Process

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## Introduction

In the 1980s, a paradigm of health has significantly been changed when the World Health Organization (WHO) released the “Ottawa Charter” in 1986. This was when the idea of health promotion has first become a key concept in public health development. Health promotion is a process to increase the ability of human to control and develop their health (WHO, 1986), aiming to make the community an important operational base to promote health promotion movement initiated and controlled by people in the community through the process of healthy public policy formulation.

In Thailand, from the 1940s onwards, healthy public policy has been formulated by Ministry of Public Health which is a central organization and it has been implemented by organizations in provincial and district levels and health stations in various sub-districts. A top-down approach has obviously been used. Later in the 1990s, after the Plans and Process for Decentralization to Local Government Organizations Act of B.E. 2542 (1999) was enacted, health management power was decentralized to local administration which allowed them to formulate their own local health policy. However, in reality, the local administration’s health policy formulation still conformed to the national health policy formulated by the central organization. The Aligning Care and Prevention of AIDS project, the Water Resource Development project and the Mother and Child Sanitation project were some examples (Health Systems Research Institute, 2012). A top-down approach was still used with these projects even though they meant to improve health of people in the community. This was the reason that caused previous health policies of local administration to fail to precisely solve health problems of people in the community and fail to improve their health.

However, recently, there were cooperation network between people, groups and community organizations in some rural communities in Thailand to formulate community health policy in order to solve their own health problems. The result of this policy has led to the solutions to health problems and the creation of environment that facilitated health promotion in their community. For that reason, in this research, the researchers are interested in studying the process of health policy formulation in a rural community which has an experience in community health policy formulation by using Anderson’s public policy making concept (Anderson, 2006) which explained that the national public policy making consists of three most important processes. They are 1) identifying the policy problems 2) making a policy proposal and 3) making a decision to formulate the policy to study. The results of this research will lead to guidelines to develop the process of community health public policy for other communities.

## Research Objective

This research has an objective to examine the process of community health policy formulation in a community in Thailand.

## Research Methodology

The qualitative approach was employed in this research. The unit of analysis was a rural village where people have had an experience and had been successful in community health policy formulation. A village located in UbonRatchathani Province in the Northeast of Thailand called Nadi Village (The real name would not be used in this research) was chosen. In the past, the villagers had experienced health problems, especially the illness caused by chronic diseases and they had been working together to find the solutions through the process of community health policy formulation which had led to other projects and activities to prevent illness in the village level.



The researchers used the interview guideline and collected information for this research by conducting in-depth interviews (Marshall & Rossman, 2006) with 25 key informants. They were deliberately chosen. The criteria for selecting key informants were that the persons must have a role in community health policy formulation. The key informants in this research are administrators and officers in sub-district health promotion hospital whose roles are to introduce and operate the health management village, village health volunteers who are the important work force in every process of community health policy formulation, the village chief who coordinates between groups to encourage participation in the policy formulation process, and community organizational leaders and villagers who participate in the health community forum to present their opinions and to vote for the process. In addition, the researchers also used non-participatory observation to collect information in the community context.

The assessment and data analysis began with validating received information every day to review the omitted points and add them as necessary. Then the information was classified into three categories based on the designed concept which are identifying community health problems, preparing the proposal of health policy for the community and formulating the community health policy. Data analysis and data collection for this research had been done at the same time (while the information was collected during the interviews and after the interviews) to validate the information received and interpret it. Then, content analysis was done to explain activity details for each process of community health policy formulation (Neuman, 2004). The descriptive analysis was used to present the information.

## Research Results

This research will be presented in two parts; an explanation of the community context which is the study area and the three step process of community health policy formulation.

### 1. Community Context

The study revealed that the target community in this study exhibits characteristics of community context that encourage villagers' participation to push forward the successful health policy formulation process. These characteristics of community context can be described in four sections below.

First, Nadi Village is a rural village situated 30 km to the north of Ubon Ratchathani city. Some villagers in the community could not access medical services in any big hospital because transportation to city is going to cost them a lot of money. In the past, when villagers suffered from an illness, the folk medicine healers would use their accumulated wisdom and treated patients with herbal medicine. For this reason, the community has initiated a concept of self-reliance for their health care for a long time. The concept nowadays has been developed into a collaboration that produces health care and illness prevention guideline for people in the community.

Second, Nadi Village is an old community built in 1771. It still preserves the quality of rural society. Most villagers are relatives and have close relationship with their next-door neighbors as the families have known each other for many generations. As a result, they trust their neighbors, live together in harmony and help each other out. Whenever the community organizes Buddhist activities or traditional activities, all villagers will participate and will use their ability to assist until their tasks are completed. These characteristics had resulted in their success in the process of community health policy formulation with villagers' participation.

Third, the village has the administrative structure with a village chief and village committee. The village's administrative structure consists of five divisions. Each division has selected a leader to coordinate between the village chief and villagers by giving them the updating messages. Therefore, they can effectively inform the public about health community to formulate community health policy. Besides, the village has community organizations such as village fund, savings group, senior citizen club, woman development committee and



village health volunteer group and these organizations have continuously been arranging group activities. For this reason, villagers are familiar with group works, so they are not afraid to present their opinions and listen to what other people say when they are in health community.

Forth, after the health aspect in community context has been studied, it revealed that the community's health management has been progressively developed as a result of health policy from the central organization. It can be divided into three periods. The first period was the traditional health management (before 1988). During this period, there was no health services organization in this community. Villagers managed their own health care by using traditional methods given by folk medicine healers who primarily used their accumulated local wisdom. The second period was the health management by primary health care (1989-1998). The arrival of health station in 1989 was a significant change in the village. This included the formation of village health volunteer group allowing villagers to get better access to health services. Villagers have received health education and have their medical check-up done and received basic medications throughout. The third period was the health management with the participation of people in the community (1999-present). The important change was the decentralization of power to the Sub-district Administrative Organization (SAO) which caused villagers to participate more in the health policy formulation process. Moreover, after the sub-district health security fund was found in 2007, villagers were able to gather into a group and propose a health project to get budget support. In 2012, the health management village was operated in the community. In this project, villagers would work together to announce their health problems that need to be resolved. Then they would draw up a plan or measure to solve the problems together and would follow that plan. According to the development of community health management in the past which was mentioned above, since the arrival of primary health care and the decentralization of power to local administration, especially, people in the community has been very interested in health management. As a result of that the villagers today want to be actively involved in the community health policy formulation process.

## **2.The Process of Community Health Policy Formulation**

Study results found that the process of community health policy formulation is part of the health management village operation. The finding will be presented in two parts: the preparation to operate health management village and the process of community health policy formulation.

### **2.1 Preparation to operate health management village**

The results revealed that in the past the community did not have the process that villagers could visibly participate in health policy formulation. The organization which formulated health policy for the community was the sub-district administrative organization. The sub-district administrative organization then used the village community to create annual development plans. In a community meeting, the villagers would be able to present their problems and health needs but to a limited degree only because normally the agenda was already set in advance. The villagers could only express their opinion within the existing framework. So, this did not actually allow villagers to participate in decision making in health policy.

The change did happen in 2011 when the provincial health office wanted to implement "health management village" policy. Technically, this policy aimed to encourage participation of people in the community/village to make a health plan together. A budget has been allocated for health development. Health activities have been organized and the health assessment has been done. It was expected to be applied to every sub-district in the province. As a result, the director of sub-district health promotion hospital who was responsible for the area, has called the village chief and village health volunteers for a meeting. All of them agreed to operate health management village because nowadays the community has faced



health problems and the chronic illness in the community tended to increase due to behavior changes similar to people in the urban community. The operation of health management village would encourage villagers to involve finding health solutions through the process of community health policy formulation.

In the beginning, there was a village announcement to appoint health management village committee. The committee members included the village chief, members of sub-district administrative organization who was living in the village, leaders of various community organizations and village health volunteers. The reasons for making the village announcement were to conform to the guideline of health management village policy and to make the committee realize their roles and duties. However, it was discovered that in practice all the 14 village health volunteers has played a significant role as a working group. In the preparation process, before starting the operation, the sub-district health promotion hospital has arranged a training session to give knowledge about the operational process of health management village to all village health volunteers. This included educating them about team spirit so that they would be the most important group to work on the project.

In conclusion, the process of community health policy formulation was a result of the implementation of health management village policy. However, the process emphasized the involvement of people in the community who will push forward health issues to formulate their own policy in the bottom-up approach.

## **2.2 Process of health policy formulation in the community**

This process was part of health management village operation. It can be explained by using Anderson's public policy making concept (Anderson, 2006) comprising three main steps.

### **1) Problem identification**

This step is to identify community health issues which need to be resolved by sticking to community involvement. It consists of three minor activities.

#### **(1) Preparation for community health condition information**

The working group prepared this activity by coordinating with the sub-district health promotion hospital to collect medical exam data of people in the community between the year 2010 and 2011. They also had informal conversation with villagers to find out about their health problems and needs. As the villagers trusted the working group who has been working as village health volunteers for a long time and these people were also relatives, they were willing to give their health information to the team. They did not feel shy to talk about their health. After the information was collected, the team concluded that the community was now facing the problem of chronic diseases, especially high blood pressure and diabetes which the number of patients has increased. The community walking map showing physical description, resources and patients' households was also made. It would educate the working group on community analysis and development very well as the map showed a brief overview of community with a lot of information in the shortest time. This would make them understand the social meaning and social function of physical space. It is the first tool that will introduce them to an understanding of the community which is easy and takes a little time (Chungsathiansap, 2008).

#### **(2) Preparation for health community forum**

The working group had introduced the importance of health management village operation and invited the villagers to join the health community forum. They also invited people in the network, such as members of sub-district administrative office, teachers, monks and sub-district health promotion hospital officers, to participate as community health policy formulation needed multilateral cooperation. These people would be advisors and resource providers for the operation (Ayuwat, 2007). Besides, the working group has prepared a location and facilities for village health community forum.

#### **(3) Health community operation**



In February 2012, the working group held a meeting with ongoing activities. First, they presented prepared health data of villagers indicating that there were more patients in the village who have been suffering from chronic diseases such as diabetes and high blood pressure, in particular, and the number of patients tended to increase in the next year. The data indicated that changing consumption behavior, such as consuming convenience food, coffee and tea, and deep-fried or grilled food which is high in fat more often, was the primary cause of the situation.

Next, people who joined community issued the health problems. There were nine problems that villagers want them to be resolved. They were: lack of exercise, kids addicted to games, garbage management, increasing number of patients with chronic diseases, inequitable distribution of disability welfare, youth drinking and smoking, underage sex, selling cigarette to persons under 18 years of age and the dengue fever control. From the issues presented it was obvious that villagers have thought about health in all aspects including the community environment that affected their health. This corresponded to the concept of public problem identification which needs to be considered in the broad scope of effects. The problems should also have an effect on other people who are not relevant or the problems may lead to new public problems (Anderson, 2006).

In the last activities in this stage, the community arranged the problems by using the order of importance to decide on the most critical problem that the community agreed to begin with first. There were four criteria for consideration: problem size, problem severity, problem solving difficulty and involvement. Participants would score each criterion on a scale of 1-4 (from least to most). From the order of importance, it showed that four problems that the participants wanted to be resolved were 1) chronic illness 2) garbage management 3) dengue fever control and 4) lack of exercise. The reasons the villagers chose these four were that they were public problems affecting everybody in the community, while other problems left behind could be resolved by themselves or by their family. This corresponded to DusadeeAyuwat's study result (Ayuwat, 2007) which indicated that the high developed community will realize that the problems which need to be resolved by making a development plan are the public problems only. Family problems cannot be solved by a community development plan.

Another issue to be discussed is the process of community health problem identification which has a concept corresponding to the process of national public policy formulation. Generally public policy is formed when there are public problems (Anderson, 2006; Dunn, 2009). When the community health problems were identified in four aspects; chronic illness, garbage management and dengue fever control, they had the characteristics of public problems. They are community problems, not personal problems. When the problems occur, the community will be generally affected. People in the community agreed to find the solutions to these problems by voting to arrange them in order of importance. In addition, community health problem identification via village community could raise the status of the problem to agenda setting (Kraft & Furlong, 2009; Birkland, 2010). People in the community would then be acknowledged of the problems. They would accept them and agree that policymaking is needed to resolve these health problems.

## **2) Community health policy formulation**

It is a development of an operational guideline to resolve community health problem. There were three minor activities as follows.

### **(1) Working group meeting to conclude information**

The meeting aimed to consider the four selected issues and solutions. Based on the meeting, it can be concluded that there were going to be two solutions. 1) The first solution is the problems that need budget support from other organizations. For example, the problem of patients with chronic diseases required some help from other professions and the operation would cost money. For this reason, the budget was needed. 2) The second solution



is the problems that people in the community can work out by themselves without any budget (e.g., garbage management, dengue fever control, and lack of exercise). These are behavior problems of people in the community and they can be resolved by changing behavior. The operations do not require any budget.

(2) Consultation between the working group and outsiders

The working group invited administrators and officers of sub-district health promotion hospital and officers of sub-district administrative office to discuss about an outline proposal for the community health policy formulation. This included listening to new detailed information about the content or suitable details of the proposal for health policy.

(3) Working group made an outline for health policy

After taking all additional information from related persons, the working group arranged another meeting to make health policy proposal. Members of the working group were divided into four small groups; each was responsible for the outline proposal of one problem. The leader of each group would organize a meeting to get the ideas from their team about guidelines, activities or regulations that should be set up to solve the assigned problem. Everyone can express their opinion freely. When the conclusion was made, each group made a record of their proposal to present to the working group in the meeting to improve the detail of their outline policy. In this activity, advice would be given directly by administrators and officers of sub-district health promotion hospital. As a result, the community health policy proposal covering the following four areas has been created.

(a) Outline project for chronic illness problem: The project needs to ask for support budget from sub-district health fund because the main points are to educate patients with chronic diseases and the risk group and to organize a health buddy activity for the risk group to care for each other.

(b) Outline regulations to prevent dengue fever: The main idea is to enforce regulations for every household to search for and get rid of *Aedes aegypti* mosquito larvae in their house every week. Village health volunteers will inspect *Aedes aegypti* mosquito larvae in their responsible area every Friday. Anyone who fails to comply will be instructed, receive admonitions or will be fined.

(c) Outline village announcement of exercise promotion: The key objective is to provide a guideline to promote exercise in the village. For example, local broadcast tower will play music for exercise every day so that the village's youth can enjoy group exercise at the community sports field.

(d) Outline village announcement of community garbage management: The main idea is to provide a guideline for community garbage management. This includes recommending each household to find adequate garbage bins and to separate their garbage and collecting garbage disposal fee of 10 baht/month for each household.

From the process of making village health policy proposal, it showed that "the proposal for public policy in the community level" may be presented in different forms, either in the form of a project to resolve health problem or in the form of village announcement to set the social standard for villagers to comply. No matter what form it is, it matches with national public policy proposal which has clear objectives covering the problems and has procedures that lead to success based on the objectives of the policy (Wu et al, 2010; Kraft & Furlong, 2009; Birkland, 2010)

### 3) Health policy adoption for the community

It was a process of making community health policy legitimate and being accepted. The working group again organized village community. As this was an important issue, a consensus needed to be achieved before community health policy is formed. Therefore, leaders from every division in the village were asked to invite villagers to participate all together. However, to make a compromise, each household must send at least one member to participate in health community. There were three minor activities as follows.



(1) The working group presented four areas of the outline policy to community in details.

(2) Villagers who participate in community were encouraged to express their view on these four areas in order to adjust them to suit their needs. In this activity, the important subjects that villagers had their opinions on were the village announcement of dengue fever control and garbage management which are social sanctions they will have to obey and those who fail to do so may be liable for a fine. During the meeting, the villagers had asked about who will be a person responsible for collecting fines. After getting the answers from the village chief and the working group that the village chief and village health volunteers would collect the fines, they were acknowledged and accepted it.

(3) Villagers who participate in community voted for community health policy adoption. They showed their agreement by a show of hands in all four health issues of the policy, one issue at a time. Final decisions have been made by voting with a majority. The results were that all issues were accepted and community health policy was declared.

After community has made decisions to adopt community health policy together, the village chief and the working group made billboards to advertise three village announcements at the community hall so that villagers would be informed and the announcements would be put into action. For health policy in the form of a project to resolve the chronic illness problem, the working group would present the project to the sub-district health security fund for the support budget.

There were two reasons the community had achieved consensus on the four areas and had adopted community health policy without any conflict, although some aspects of it have put more of the burden on them. The first reason was that the working group or village health volunteers usually have other leading positions in the community such as the village chief, the assistant of the chief, the leaders of divisions and the directors of community organizations. As a result, villagers accepted them, trusted them and they were willing to follow their guideline. The second reason was that the village still has the context of rural community. People have cultivated tight relationships and harmony and they have the same values. As a result, they can make decisions about the policy together without conflict. This corresponded with many other studies which indicated that the community contexts such as norms, values (Kegler, Rigler & Honeycutt, 2011) relationships between neighbors (Wakefield & Poland, 2005) and political participation (Poortinga, 2011) are factors affecting health development plan in the community level

In addition, when community health policy were considered in the aspects of reducing the number of chronic diseases patients, exercise promotion, Aedes aegypti mosquito larvae control to prevent dengue fever and community garbage management, it was founded that the policy covers the prevention of diseases, the promotion of strong community activity and the creation of healthy environment which is corresponded to WHO's Ottawa Charter health promotion (WHO, 1986). This also matches with other academic works which pointed out that health policy or health plan in the community level can have a broad scope and all factors relating to public health should be considered (Pearson, 2003; France, 2004; Allender et al, 2009; McKenzie, 2012).

## Conclusions and Recommendations

It can be concluded that the health policy formulation process can be occurred in the community level as part of health management village operation. It consists of three main steps which are to identify health problems of the community, to make community health proposal and to formulate community health policy. These steps are derived from two conditions. The first condition includes the community context of kinship, social harmony and groups of strong community leaders. It is a solid foundation for pushing ahead with other steps to formulate health policy successfully. The second condition is the roles of multilateral



cooperation, for example, health promotion hospital and sub-district administrative organization who have participated as advisors and resource supporters in the policymaking process. It can be actually said that community health policy could not be achieved by people in the community alone. It is usually combined with supporting roles from related multilateral agents.

According to the research results, in order to improve the process of health policy formulation for other communities, the researchers suggest that potentialities of the community should be put to push forward the process. The main working group to formulate policy should come from the community because these people will play a significant role during the operation. All decisions made during the process should be based on the agreement of people in the community. Besides, mechanisms for an effective collaboration between the main working group and outside organizations that support the process should be developed. The outside organizations should only provide academic support or resources for the operation. They should not give instructions for every operation in the community. Moreover, they should understand regulations, rules and common practices of the community in order to play a suitable support role in the community.

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