

**WOMEN SELF-EMPOWERMENT PROCESS: CASE STUDY OF  
WOMEN LIVING WITH HIV/AIDS**



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entitle

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WOMEN LIVING WITH HIV/AIDS**

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Kanokporn Jaroenrith

**WOMEN SELF-EMPOWERMENT PROCESS: CASE STUDY OF WOMEN LIVING WITH HIV/AIDS**

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**ABSTRACT**

This study aims to investigate the self-empowerment process of women living with HIV/AIDS and the related factors which affect that process. The research design is a qualitative study to investigate the self-empowerment process of six women living with HIV/AIDS for more than 15 years and the related factors which have affected that process. There were two types of key informants: primary key informants were six women living with HIV/AIDS and the secondary key informants were three NGO staff members who worked with them. Research methods included in-depth interviews and the narrative technique, so the key informants can control the direction of their stories. The narrative technique is an effective way to empower people to learn from experiences. Therefore, the methods of this study included not only collecting data from the key informants, but also empowering them to learn from their experiences.

The self-empowerment process of women living with HIV/AIDS is composed of three internal processes: 1) the development of consciousness of self; 2) the reduction of shame and self-blame; and 3) personal responsibility for change. Internal and external factors affect this process. The internal factors that arose during the research included 1) changes in their mindset, beliefs, and faith; 2) their life experiences; and 3) the ways to confront and figure out their problems or crises. The three external factors which relate to the women's self empowerment process are the resources, agencies, and sources of power and socio-economic contexts that influence their lives.

In conclusion, the self-empowerment process of women living with HIV/AIDS is a non-linear process and emerges step by step, but there are internal processes in each stage in dynamic and complex patterns. Although some may pass one stage, they could regress to the same stage when they face the crisis again. The recommendations from this research should emphasize to the public that empowerment of these women can provide them good a chance to work and strengthen their self-esteem.

**KEY WORDS: WOMEN LIVING WITH HIV/AIDS / SELF-EMPOWERMENT PROCESS**

165 pages

กระบวนการเสริมสร้างพลังอำนาจด้วยตนเองของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี

(WOMEN SELF-EMPOWERMENT PROCESS: CASE STUDY OF WOMEN LIVING WITH HIV/AIDS)

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#### บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษากระบวนการเสริมสร้างพลังอำนาจด้วยตนเองของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี และปัจจัยเงื่อนไขที่มีผลต่อกระบวนการเสริมสร้างพลังอำนาจด้วยตนเอง วิธีการวิจัยเป็นการวิจัยเชิงคุณภาพ โดยศึกษากระบวนการเสริมสร้างพลังอำนาจด้วยตนเองของผู้หญิงผ่านประสบการณ์ในอดีต ที่ผ่านมา โดยผู้ให้ข้อมูลหลัก มี 2 ระดับ คือ ผู้ให้ข้อมูลปฐมภูมิ ได้แก่ ผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี จำนวน 6 คน ส่วนผู้ให้ข้อมูลทุติยภูมิ คือ เจ้าหน้าที่องค์กรพัฒนาเอกชนที่ทำงานในประเด็นการเสริมสร้างพลังอำนาจกับผู้หญิงที่อยู่ร่วมกับเอชไอวี จำนวน 3 คน ทำการศึกษาโดยการสัมภาษณ์เชิงลึกจากแนวคำถามที่เป็นคำถามปลายเปิด รวมทั้งการถ่ายทอดประสบการณ์ในการเสริมสร้างพลังอำนาจด้วยตนเองผ่านการเล่าเรื่องราว โดยมีผู้ให้ ข้อมูลหลัก เป็นผู้กำหนดทิศทางในการเล่าเรื่องด้วยตนเอง วิธีการวิจัยในลักษณะนี้ไม่เพียงแต่เป็นการเก็บรวบรวมข้อมูลเท่านั้น แต่ยังเป็นการคืนพลังอำนาจให้กับผู้ให้ข้อมูลไปพร้อมกันด้วย

ผลการศึกษา พบว่า กระบวนการเสริมสร้างพลังอำนาจด้วยตนเองของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี ประกอบด้วย 3 กระบวนการย่อย คือ 1) กระบวนการพัฒนาผู้หญิงให้มีความตระหนักรู้หรือรู้จักตัวตนของตนเองมากขึ้น 2) กระบวนการลดความอับอายและความรู้สึกตำหนิตัวตนเอง และ 3) กระบวนการพัฒนาให้เกิดความรู้สึกรับผิดชอบต่อเปลี่ยนแปลงตนเอง

สำหรับปัจจัยเงื่อนไขที่มีผลต่อกระบวนการเสริมสร้างพลังอำนาจ จำแนกได้เป็น ปัจจัยภายในตัวของผู้หญิงเอง ได้แก่ การเปลี่ยนแปลงกระบวนการทางความคิด ความเชื่อ และความศรัทธา ประสบการณ์ส่วนตัวที่ผ่านมามีในอดีต และวิธีการเผชิญปัญหาและจัดการแก้ไขปัญหา ส่วนปัจจัยภายนอก ได้แก่ ทรัพยากร แหล่งอำนาจหรือตัวแทนของอำนาจ และบริบททางเศรษฐกิจ สังคม วัฒนธรรม

สรุปได้ว่ากระบวนการเสริมสร้างพลังอำนาจด้วยตนเองของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวีนั้นไม่ได้เป็นกระบวนการที่เกิดขึ้นอย่างเป็นขั้นตอนแบบเส้นตรง แต่เป็นกระบวนการย่อยที่มีระยะต่าง ๆ เกิดขึ้นในลักษณะที่เป็นพลวัต และถึงแม้สามารถผ่านระยะนี้ไปแล้วก็อาจกลับมาสู่ระยะเดิมได้อีก หากต้องเผชิญกับปัญหาหรือสภาวะวิกฤตอีกครั้งหนึ่ง ขึ้นอยู่กับปัจจัยภายในและปัจจัยภายนอกที่เป็นเงื่อนไขให้ผู้หญิงเหล่านี้สามารถเสริมสร้างพลังอำนาจกลับคืนมาสู่สภาวะปกติได้ ดังนั้นการได้รับโอกาสให้ทำงานเพื่อช่วยเหลือและเสริมสร้างศักยภาพของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวีในหลากหลายบทบาทหน้าที่และความรับผิดชอบ ทำให้ผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวีเกิดความมั่นใจและเห็นคุณค่าในตนเอง สามารถยืนหยัดอยู่ในสังคมอย่างมีศักดิ์ศรีความเป็นมนุษย์ และประกอบอาชีพเพื่อหาเลี้ยงตนเองและครอบครัวได้ต่อไป

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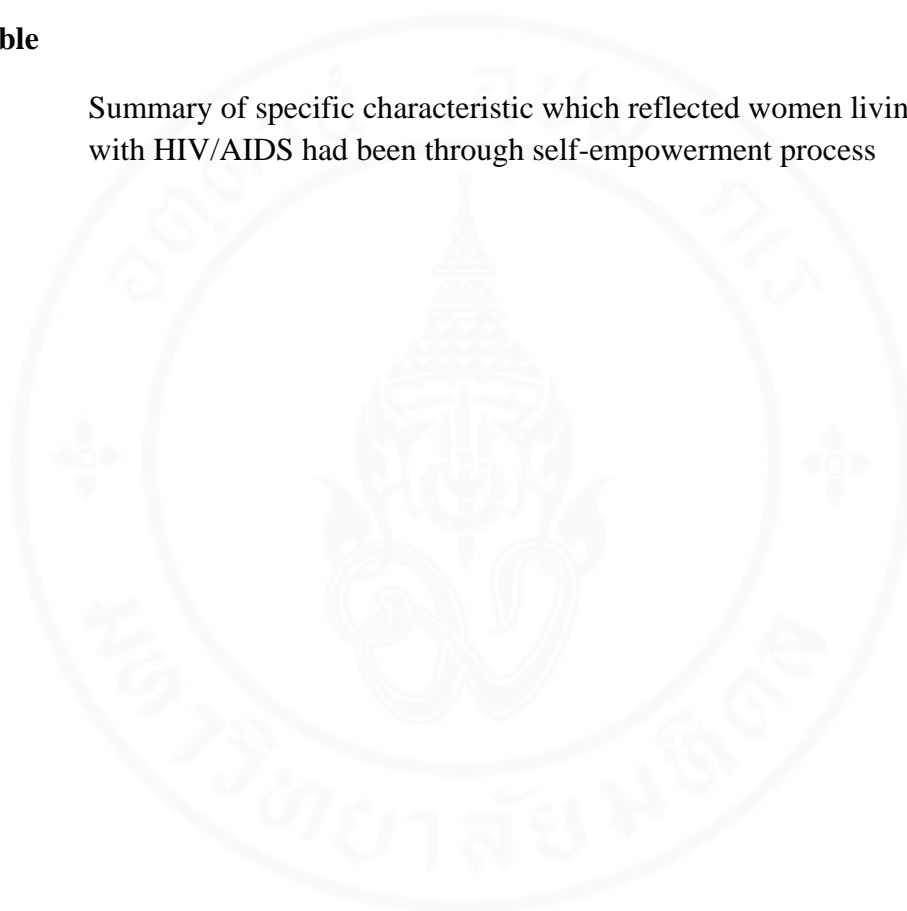
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## **CHAPTER I**

### **INTRODUCTION**

#### **1.1 Rationale**

The AIDS situation in Thailand, from the report of the Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, indicated that the number of AIDS patients and those infected with symptoms since 1984 until 31 March, 2012 both from the service facilities of the government and public sector, were at the total number of 372,874 persons. In these number, comprised of the women at the number of 118,729 persons which deemed to be 31.8% from the entire infected person (Bureau of Epidemiology, Ministry of Public Health, 2012). Even though the campaign for AIDS prevention in Thailand had decreased the rate of new HIV infected persons, due to the incubation period of AIDS, from the infection until the appearance of symptoms took many years which made the disease still being dispersed. The estimated number of HIV infected person in Thailand was over one million, deemed as 1.9% of the total population which the rates were varies depending upon the area.

AIDS is deemed to be the important public issues which effect to the population development in Thailand, especially for the female population because the women are vulnerable, both in physically and sociality. Women have the highest risk of getting HIV infection and effect from AIDS. That is to say, the physical risk, especially the women's bodies which are more sensitive to receiving the virus. This factor relates to the economical and social status because it is the social risk occurred from poverty and lack of economic opportunity which effect to the migration for work or do the work they did not want (Virada Somswasdi, 2005: 24). It was the case that the men migrate to work in foreign country or town and have new sexual affairs which gave them the risk to be infected and can spread the disease to their wives when they get. Their wives did not have negotiation power to ask their husband for using condoms when they have sexual intercourse due to the husbands have more economic power in supporting the family. Most of the infected women got infected from having

sexual intercourse with their husband but the understanding of most people thought that AIDS is the disease of promiscuous person, whether the man or woman.

The problems which occurred to women living with HIV/AIDS can be separated into 3 phases, as followed;

### **1. The initial phase, knowing of infected HIV by blood testing**

Most women has known that they infected HIV/AIDS at the prenatal care which was very hard situation in facing with many problems at the same time, whether the physical changes during the pregnancy, care of their pregnancy, to make the decision in a short period whether to continue their pregnancy or not and how to make their pregnancy safe, whether they attended the medication and it effected to their children (Ouyporn Khuankaew, 2008: 14).

The infections have brought the inequality and discrimination to women. After the success of decreasing down the children infection rate in Thailand to be 5.6% in 2008 from 30% in 1997, from the Ministry of Public Health's success in taking the blood test in pregnant women who came for prenatal care at the hospital at the ratio of 99.7% from the total number of women who came for prenatal care at the public hospital. Therefore, they were able to give the medicine to prevent the infection from mother to child of 93.8% of the infected women (Department of Health, Ministry of Public Health, 2010). This problem has been superimposed with the problem that the women were stigmatized by the assumption of the people who believe that the infected persons are the ones who have inappropriate sexual behavior. The infected women have become invisible in their identity and body; the people only see "HIV disease" within them (Marasi Wongklom, 2006: 18).

### **2. The intermediate phase: facing with the many problems**

The infected women have to face with many problems and bear the burdens more than men, whether the attitude and the expectation of the society and people, especially concerning the family, partner, sexual intercourse, pregnancy and having children which make the infected women could not make decision and choose their own lives.

For the women whose first pregnancies were not infected, they have been neglected and did not receive sufficient information about HIV prevention and found out the infection in the next pregnancy. Whilst the spouse of those women mostly did not have any involvement in the risk evaluation, blood testing or the accepting their blood test result. Resulting from those reasons, telling the blood testing result to the husband was hard. From the experiences of many women shared in the infected women's network, they said that when they told their husband of the blood result, they were rejected from their husband and family; some were blamed of bringing the disease to the family, some were beaten or expelled from home (Thailand Women Living with HIV/AIDS Network, 2010). When they returned to the hospital, they were usually asked whether they have told the blood result to their husband. If not, The emotional problem of the women, who had faced with problems, have not been taken into account or cured at the same standard with using medicine to cure the physical's problems. For the prevention from mother to child, many women did not know what they are taking.

### **3. The recovering phase: return to the social life**

For the infected women who are taking medication, it was discovered that they did not have the power to negotiate the use of condoms with their old or new partners. Same as most women which have less negotiating power in sexual issue, leading to unsafe sex and increasing of the infection, then to the unplanned pregnancy. While many women living in the society are unable to assess their risk in order to enter the voluntary counseling and blood testing. The concerns of the Ministry of Public Health in decreasing the rate of the child's infection have been focusing of the infected woman who is receiving medication at present. Many of the infected women have experienced the persuasion to sterilize and strictly encouraged to use the condom while not receiving other safe and effective birth control method. Also, no strict measure, in the same pattern, has been made to men as much as to women.

The perspective to the women's body after infected with HIV disease are the area of medical operation in containing the disease and control the sexual behavior of the women. This issue is not only the medical perspective, but also the perspective set by the society regarding the value of women sexuality. Therefore, AIDS is not only

the health issue anymore, but also the social issue. When mentioned to health, there was the expression through the body which is very complicated social issue. It can say that the discourse regarding the health and disease which the symptoms expressed through body were deemed as the serious problem that harm to others and. Men and women infected with the disease have received the different explanation and consideration. The body is the main carrier in the disease operation. While AIDS still have no medication to cure, the body which is the trace of the disease was even more disgusted and if the patient is a woman, the treatment would be more unequally. (Virada Somswasdi, 2005: 42)

The goal of capacity development in women living with HIV/AIDS is to strengthen the power within in order to enable those women to live in the society, same as before. The self-empowerment process of women living with HIV/AIDS in Thailand started with the movements of the women organization and feminist in the early times, in expanding the notion of women's rights and focusing on the gender equality, including conducting the activities to develop and strengthen the power to women in every level, from the roots to middle class, in order to be part of the assistance to the specific group of women who are facing with various problems which was enable the women to have the access to the chance in life and public services.

When the infection is to a woman, she has received severe pressure on the structural violence, especially from the belief that the infection would be to the promiscuous person having sexual affairs with various men whilst in fact most of the infected women received the disease from their husband by having sex without protection due to the trust in their husband. The explanation regarding HIV/AIDS would help correcting the wrong believes in the society (Ouyporn Khuankaew, 2008: 52) and assisted those women living with HIV/AIDS to have the space in the society same as other chronic disease patient. Also, it helped restoring and empowering the women living with HIV/AIDS to work and live in the society peacefully.

The empowerment concept has been applied widely and variously whether in social work, psychology, education, medication. Therefore, empowerment concept has been branching out into many ways depending on the usage of each science. The concept of empowerment can separate in two meanings which are the empowerment as a goal and the empowerment as process or approach, depending on the condition

and context of the usage. In addition, the international organization, having the movements on women right, had an important joint meeting in 1995 at Beijing, China. In this meeting, the concept of empowerment had become the important strategy in the potential development of women all over the world. As been announced in “Beijing Declaration: Section 13” that “Women empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace”.

From the research of Kathy (2001), regarding to the perspective of women in living with the HIV/AIDS, found that the women living with HIV/AIDS explained the changes in their lives after being infected, in positive and negative ways, the study group explained that HIV had changed their lives in the negative way at first. This study had analyzed that the main process which makes the women living with HIV/AIDS to change their perspective with AIDS and consider changes in their lives from negative to positive from having improvements is the empowerment process which enabled these women to change their perspective or thinking method to look at themselves and the infection of HIV in the positive way.

For the concept of the empowerment process is to develop the potential in women living with HIV/AIDS, has started since the initial period that the women knew their blood results which the women would be using a lot of power in fighting with their own thoughts and feeling. The repeated thinking is the common reflect. After passed the problem solving for a certain period, there were the turning point in their mind and feelings. The infected women who have passed the self understanding process by realizing the change within them which is the realization both in mind and feeling. This period is deemed as the most important period because the women were turning into self-empowerment by adjusting the structure and meaning of the past experiences with the present experience, including being able to discover the source of actual problem by exploring their own feeling and questioning themselves in order to challenge their own thinking and resolve the problem, then thoroughly revolved in order to find conclusion to manage with the crisis. These analytical thinking process leads to the conclusion of thoughts, deemed as the acceptance of thinking and emotional level that the problem really exists.

Therefore, the important principle of self-empowerment process of women is that, the women have the ability to think and make their own decision; including have freedom in living the lives in the path they have chosen. These abilities resulted from the inner changing process after been through the self-empowerment for certain period. Before getting to understand those changing process, it is necessary to understand the structure of society which taught the women to be inside the boundary of rules, value, customs and tradition set by each community because the society structure is the major obstacle to the women who face with the problem, lost the power in order to restore and increase their power.

At present, the non-governmental organizations, which supported the women with this problem, have had major roles in the change and women capacity development in order to resolve the problems by themselves. Although the works of Women Development Organization in the early days were only the social services assistance, by helping solely would not help resolving the problem to those women permanently. The empowerment to the women who were facing with the problem and coming for services is in accordance with the format that service providers have the major roles in empowering the women in crisis. Moreover, from works in the past regarding gender inequality between men and women, the problem of women is “inequality” with men, so the elimination of differences and inequality with men is the main target. The building of equality between men and women were set in the wide level, focusing on the amendment of laws and forcing more on the policy (TDRI, 2000: 16).

Thai National Coalition on AIDS - TNCA is the main organization in coordinating with the network of organization specialized in AIDS development area. They were also working together with the government sector in resolving AIDS problem, including connecting to the cooperation in the macro-policy of the whole country (Thai National Coalition on AIDS, 2010: 8). In addition, there is Raks Thai Foundation which supported the project to work with women and children who living with HIV/AIDS, in the southern and eastern region by using the concept of reflecting the needs of infected women to improve as the pattern and way to restore the power of women.

The International Women's Partnership for Peace and Justice is one of the organizations which conduct the activities in accordance with the Buddhist feminism or the feminist in the Buddhism way. It is one of the patterns using in the working process of empowerment for women by having 3 principles comprises with the first basis of peaceful means, both in the way of living the life and work, in order to resolving the problems, conflict and violence which the person is facing or have passed. The second basis is Feminism or the understanding regarding the power in order to work and resist the oppression, change the tradition of using more power to overcome. Feminist in this sense means to bring out the knowledge, experience and problem of women whom have been oppressed by the society to hear and analyze that the society structure is the real reason that the women are oppressed. The women need to develop and empower themselves first by doing the prayers, self-loving, support by telling themselves that they are good, valuable, talented and self acceptance without condition, then they would be able to handle the oppression outside. And the third basis is the spiritual development by pointing that everyone is able to practice the dharma without having to leave the mundane life, especially for women. Therefore, the spiritual development emphasized on having the consciousness with every normal activity that they do. (Ouyporn Khuankaew, 2009: 36)

In addition, there is the operation of Women living with HIV/AIDS network which was the group of women assembled to do many activities to empower the infected women. At present, this network has strongly assembled as the group of infected women all over the country which created the safety area and driven the policy along with the Thai National Coalition on AIDS in order to help the infected women to have more choice in living their lives (Women living with HIV/AIDS Network, 2010: 4)

The self-empowerment process has both complexity and dynamic which is hard to understand. Also, there were some conditions which affect to the process on each woman differently. Although the change to self-empowerment in women living with HIV/AIDS is the process that could happen slowly and take long time or happen suddenly, but both ways would not happen easily. In the past, many of women living with HIV/AIDS were able to change to the empowerment. However, the knowledge is not sufficient to explain how women could pass the self-empowerment process and regain their power. Due to the method which each of women living with HIV/AIDS

used to regain the power differently, some were empowered by the outside factor but some could be empowered by themselves or, in fact, the outside and inner factor could not be separated. Therefore, there was the study of how these women living with HIV/AIDS could change themselves to be the person with power and maintain power and related factors which effected to the self-empowerment process.

From the above reasons, it makes the researcher interested in the study of the self-empowerment process of women living with HIV/AIDS in order to be the way to improve the self empowerment process of the women living with HIV/AIDS, who are deemed as the fringe of the society, to be able to live peacefully in the society.

## **1.2 Research questions**

What is the self-empowerment process of the women living with HIV/AIDS and under which conditions and related factors would they occurred and how they were happened.

## **1.3 Research objectives**

1.3.1 To investigate the self-empowerment process of women living with HIV/AIDS in Thai society

1.3.2 To explore the related factors that effected to the self-empowerment process of women living with HIV/AIDS in the Thai society

## **1.4 Scope of the research**

1.4.1 The content area is to investigate the self-empowerment process of women living with HIV/AIDS from;

1.4.1.1 Basic Information of the women i.e. age, number of children, infection period, attitude in self's review and educational background;

1.4.1.2 The stages of self-empowerment process, starting from the loss of power when knowing about the infection. And what factors created the change until regain the power to the normal stage;

1.4.1.3 Related factors which supporting and facilitating the self-empowerment process.

1.4.2 The scope of this study, explored in the individuals which are six women living with HIV/AIDS who have gone through the self-empowerment process until be able to live in the society and 3 staffs who are working with women living with HIV/AIDS.

## **1.5 Definition of technical terms**

**Self-empowerment process** means that women living with HIV/AIDS is able to restore her mind and body, be able to live their lives by learning of the self-empowerment process, have the change by their own inner power after losing the power when knowing about their infection and become the strong person who is able to make a living on their own and take care of the family, which can separated into 3 stages as followed;

1. Development of self-consciousness
2. Reduction of shame and self-blame
3. Personal responsibility for change

**Women living with HIV/AIDS** mean the women who knew the blood testing result that they infected by HIV/AIDS and have the ability to control and manage with the problems. They have the satisfaction in their ability and see their own value. Moreover, they have the goal in life and see the meaning of life and develop themselves to reach the goals.

## **1.6 Research benefits**

1.6.1 Learned the self-empowerment process of women living with HIV/AIDS

1.6.2 Found the related factors which affected the self-empowerment process of women living with HIV/AIDS in Thai society

## **CHAPTER II**

### **LITERATURE REVIEW**

In this research on the self-empowerment process of women living with HIV/AIDS, the researcher has reviewed the theoretical concepts and relevant research papers, of which ideas are presented in five main subjects as followed:

- 2.1 Empowerment concept
- 2.2 Feminism
- 2.3 Women empowerment approach
- 2.4 Relevant research studies
- 2.5 Conceptual framework

#### **2.1 Empowerment concept**

The concept of power is a topic which has been of the interest of sociologists and anthropologists due to its significance to the understanding of human society system and its mechanism. Academics, at the same time, project different views on this; making it vital to be explored and interpreted for the purpose of building a mutual understanding and analyzing the social phenomenon which is the most relevant to the study topic. In order to visualize the power of each subject or individual, it is necessary to learn from the experience and research works related to power and empowerment concept which are demonstrated in this review.

Friedman (1995: 15-16) categorized the characteristics of power into three types; 1) social power, referring to information, skills and knowledge, and financial ability 2) political power, referring to participation in political activity or rights to vote, and 3) psychological power, referring to self-confidence derived from socio-political power. Development, thus, requires a complete empowerment from families under house rules. "Power" in the mentioned context is considered the "Power over" which means the power that controls reaction, acceptance, resistance,

or influence. In gender analysis, for instance, the “Power Over” is portrayed by male domination over women. In other forms of social divide, this means the political, socio-economic dominance or the power over other cultures. Power in this sense is determined as “Where there are people with more power, there are people with less power”. This is where the limitation of power and dominance theory is drawn. Having power over others by empowerment means sharing to others under the decision-making power by giving more participation opportunities in decision-making, emphasizing on politics, economy, and customary society. Empowerment in this sense can come into existence only when new opportunities are created for individuals without coercion. This idea is further developed into the concept of powerlessness particularly in women who are considered the second-class citizen due to the participation in the decision-making. The process that shapes the way people think and make decision needs to be scrutinized as, in theory. Empowerment is related to the ability and competency of individuals.

Empowerment signifies building the capacity in accessing the resources or increasing the competency to perform of the ‘receiver’ by the ‘giver’, and enhancing the capacity in completing an activity by relying on the competency of the giver and the receiver. The people’s mechanism in the act of creating something should be done by supporting, not by controlling. However, it is often inevitable but may differ in different scenarios. The power which emerges from empowerment therefore needs to allow the self-control ability. It is the utilization of power in creating social relations, resulting in the management of power or competency, and builds opportunities as well as change in status due to the sense of responsibility. The power also relates to the act of balancing the social conditions without any influence which brings about the participation without prejudice.

The concept related to empowerment is divided into three streams as followed:

1. Empowerment of disadvantaged and oppressed groups in the society, i.e. Feminism. This group views that human beings can reflect on their own and that everyone deserve the response the basic needs to act independently. Social institutions are required to empower this group of people.

2. Organization and management: This group views power in the form of movement and management in terms of positions within the organization. Power is granted to each level of the organization, aiming at its efficiency and productivity. This concept does not take into account the quality and ability of individuals but emphasizes on the organizational structure which attracts motivation and dedication to the entity. The critical element is leadership and efficient organizational movement.

3. Socio-psychological stream, looking at human beings as individuals. Empowerment is considered individuals' growth and development. The first group of academics viewed that empowerment has interactive relation with the environment and the ability to participate in the society without the presence of fights, shares, controlling, or influence. It is indeed and self-learning and self-development incurred from personal motivation and dedication, targeting at a self-manageable community.

The empowerment concept has been widely applied in social work, psychology, pedagogy, medical science, and etc. As a consequence, the empowerment concept has been branched out into different definitions. Empowerment serves both as a goal and as a process or an approach, depending on the conditions and context to which it is applied to (Tengland, 2007: 25).

Goal, as empowerment, could refer to various perspectives. For instance, it refers to the ability to control one's own quality of life in six areas namely 1) health 2) lodging 3) occupation 4) interaction with intimates 5) leisure 6) self-esteem. Moreover, it also means being able to make decision independently, being knowledgeable and skillful, aware of improving oneself constantly, having self-esteem, competency and self-confidence.

In terms of empowerment as a process or an approach, it refers empowerment as a process of acknowledging, admiring, promoting, and enhancing the ability of individuals in responding the one's own needs and concerns. This includes the ability to utilize resources for the attainment of power and self-confidence and being able to take control of own lifestyles. It is also a process where one discovers that they are knowledgeable and retain a strong will to live, that they are valuable and able to pull out the energy and competency within themselves, that they are able to make analysis and find solutions which are appropriate to their society, that they are able to resist influence from cultural conflict, inequality, disadvantage, and that they

can add options in the management of individuals and community to achieve their objectives. Empowerment is the ability of individuals which are reflected when promoted and given opportunity, as well as a process of change and improvement of participatory skills, ability to handle with surrounding circumstances independently, focusing on solutions rather than the issues. (Tengland, 2007: 26)

The literature review has lead to the conclusion on the empowerment as a process as followed (Tengland, 2007: 26).

### **1. Empowerment as a capacity-building process of individuals**

According to Rodwell (1996: 15), empowerment means enhancing the capacity of individuals to the point that they are able to recognize their strength, ability, power in oneself to exercise power with others, respect to oneself and to others, as parts of the process. Empowerment process therefore is comparable to the process of increasing one's experience by circulating resources and creatively improving oneself. When empowered, one feels alert and rising hope. In addition, looked at the perspective of participation by empowerment as a capacity building process by accumulating resources, ability, competency and that empowerment emerges from interaction such as counseling.

### **2. Empowerment as a process of partnership and recognition of individual's value**

This perspective of empowerment prioritizes the ability of inter-personal synergy. It is the inter-relationship structure defined by the relations of mutual power utilization which is based on the mutual respect, reliance, and equality.

### **3. Empowerment as a process of change**

Kabeer (2001: 11) indicated that empowerment is a process of change which brings about new ways of life to the experience of individuals who are a part of the society. Change is made from the relations and connectivity among people in the community. This process includes the act of healing and assistance in intrinsically renewable activities, which was generated and enlarged up to the point where reliance is formed. Significant characteristics which create a friendly healing environment are

the recognition of individuals as they are, being aware of other people's value, mutual respect, humbleness, direct communication, and openness. These are vital contributions to the formation of real empowerment process.

#### **4. Empowerment as the process of increasing power**

Most research studies refer to empowerment as a creation of opportunity, development or enhancement of individuals' capacity, particularly the ability to live a quality life. In order to achieve this, individuals need to obtain an increase in power until they acknowledge themselves, satisfied with their actions, and feel the freedom to live as they wish.

#### **5. Empowerment as a participatory process**

Communal psychology emphasizes on the participatory process which is linked to power sharing. Individuals feel the level of power they receive and change upon the access to power and support. The participative ownership process is an example of empowerment which drives the improvement of outcome assessment, is appropriate and relevant to the studied context.

#### **2.1.1 Characteristics of empowerment**

The review of relevant literatures revealed that empowerment has two main characteristics (Gibson, 1998: 27).

2.1.1.1 Empowerment from external factor, referring to the event where individuals, groups, units, or agencies which have more power grant their power to those at inferior position, through processes and methods which stimulates these people to recognize their ability and power.

2.1.1.2 Empowerment from within oneself, referring to the ability of individuals in create power and improve oneself with different methods until they are able to monitor and manage the obstacles in their life until the point where power is attained.

According to Gibson, empowerment is an individual process which allows creation and development of efficiency, as well as ability to control and manage problem or crisis which occur to one, having satisfaction with one's own ability,

developing oneself to the targeted states, having self-esteem, being able to utilize the possessed resources for self-development until power is gained.

The study of Gibson (1991: 25) revealed that empowerment, despite the possibility to be both a process and an objective, has interactions with the environment surrounding the respective persons, not only with the persons per se; as empowerment also aims at solution to the problem rather than the state of the problem. Those who are encountering the problems were strengthened to reflect and have progressive vision rather being obsessed with the problem. Empowerment is also a dynamic conception as the power within individuals is not in the steady state but is convertible or transferrable in other words.

When empowerment concept is applied as a process, the empowerment process as self-emerged action is widely spread among sociologists and health scientist. The reason is due to the fact that self-empowerment starts from self-awareness, recognition of self-efficacy, and having a positive self-concept. This would result in the self-esteem and self-proud feelings which also means the re-attainment of power.

To compare the mentioned concept to the problem statement of this research study, the empowerment process of women living with HIV/AIDS can be explained by steps. Women who have to encounter challenges and crisis long to overcome the difficulty in their lives; and their self-empowerment process could not happen only from the internal factors of them each but also from the external factors which are sought in their outreach such as knowledge on healthcare, friends who share similar concerns, advice from parents, relatives, or even colleges.

### **2.1.2 Self-empowerment process**

As described by Gibson (1995: 45), self-empowerment process can take place successively. Nevertheless, the actual conditions of life challenges do not occur in sequential order as external factors usually intervene at certain point. The increasing power in oneself could turn into another loss of power. The study on self-empowerment should therefore take into account the complex of each step in the empowerment process and pay attention to its dynamics from the first to the last stage

Gibson's approach explains the self-empowerment process by four principal stages.

### 2.1.2.1 Discovering Reality

This is the first stage of self-empowerment process. When individuals encounter challenges, they have three different forms of reaction. They could happen altogether at once or happen following one another.

1) Emotional Response: When a person is aware of the problem and become confused, uncertain, resistant, worried, paranoid, scared, angry, these happens because they are unable to accept the reality as it is. Gibson illustrated an example of mothers who realized that their children had certain abnormalities. When the chronic illness was analyzed by medical methods, mothers feel shocked, frightened, resistant, and tended not to believe in the accuracy of the medical analysis. At the same time, they would search for other methods which could possibly cure their children.

They had to endure the pain occurred from the lack of understanding in the conditions and complications of the problem, the lack of ability to predict the consequences and the lack of knowledge to continue the care work which needed to be carried on. If they could adjust their attitude and way of thinking towards the problem, they would have been able to find the actual cause of the problem.

2) Cognitive Response: When individuals feel the loss of power, ability, or self-confidence, they tend to seek assistance from other people and their surroundings. For instance, they search for the largest extent of knowledge as possible, either from reading, inquiring from those who share similar experience, in order to fully understand the ongoing incident. Referring to the example of mothers whose children were found with chronic disease, their target was to find the cure. Although they could not accept the medical examination result, they started to search for information and knowledge which were related to the disease their children had. The sources were physicians, nurse caregivers, and mothers of other children with the same disease. These mothers felt more relieved when they received an accurate information and knowledge about the disease.

3) Behavioral Response: individuals acknowledge the problem from the attempt to look at the positive side of the incident until they realize what the problem is and what actually cause it. They understand and aware of themselves by applying past problem-solving experience in the new situation.

### 2.1.2.2 Critical Reflection

Once problems are discovered and uncomfortable feelings rise, individuals are developed as they spend time to reflect, assess, and analyze the ongoing situation from a holistic point of view. This leads to explicit understand to solve the problem as well as to change for the better. At this stage, the persons start to have the sense of personal control, enabling them to shift from the idea that they are unable to solve the problem on their own to the ability to choose the best solution out of various options available.

After a thorough analysis, individuals achieve certain level of self-development and self- confidence, until the point that they are able to choose for the right action to solve the problem and feel the power within them. Following this stage, individuals can feel a higher degree of strength and power. The study of Gibson found that the uncomfortable feeling of the mothers with children who had chronic disease changed their view about the disease. They viewed that it was a prime opportunity for them to take an intimate care of their children, which was better compared to the situation where their children fell ill and passed away. This change in attitude occurred after the mothers trained themselves to have a positive, creative, and optimistic view. The discovery and analysis of direct experiences strengthened women to have more efficient reflection.

### 2.1.2.3 Taking charge

Following the two stages mentioned above, individuals decided to choose the solution which is the most suitable for their circumstance. These decisions are made under the conditions of 1) being able to answer to their problem 2) conforming to the actual problem 3) being able to respond to the needs in their lives, and 4) being a method which brings about acceptance and opened for other people to apply it fulfill their goals.

The sample from Gibson's study indicated that, after the first two stages, the mothers became stronger, more confident in their knowledge and ready to provide care to their children in the event that had chronic disease and needed homecare. An obvious change at this stage was how they started to look at their own ability and used it to solve the problem; instead of relying on medical personnel.

This reflects that the power within which these mothers lost when they learned about their children's sickness had returned. They could choose the most appropriate care method, and took action by themselves, only with advice provided by medical personnel.

#### 2.1.2.4 Holding on

This is the last stage of self-empowerment process. When the decision to take action becomes efficient or successful, individuals feel the confidence, power, and are able to maintain the regained power. The mothers in Gibson's study who were able to choose methods to take care of their children on their own became confident and strong enough to handle the problem as well as discovering their self-efficacy. More importantly, they became a part of the chronic illness treatment of their children rather than depending solely on medical decision. The mothers themselves felt empowered in the decision making and the treatment of their children at this stage.

There could be times when the conditions of their children worsened. Some mothers blamed it on themselves, resulting in the feeling of loss of power, which was at the second stage of this process. They went back to the analyzing and reflecting stage. Nevertheless, the time consumed in the return to the fourth stage would not take as long as the first time when they went through that experience earlier.

## 2.2 Feminism

The development of feminism is divided into three main timelines, (Warunee, 2002: 12-15)

### 1. The first wave (1700s-1960s)

The mainstream in this period was the importance of male and female values, the male rationale which does not exist in women, claims for equal rights of women and men, as well as freedom of women (especially the middle and high class). Feminists in this period still accepted the division of society into two parts namely public and private sphere. The solution proposed was to let women into the public sphere (work outside their house) in order to be equal to men, and to hire help for

domestic work. Domestic work was still viewed as women's responsibility. The obstacle which impeded women from stepping out to the public sphere was therefore domestic work.

## **2. The second wave (1960s – 1980s)**

This was rooted from the thought of women's role in the society as "the others" or "the outsiders". During those times, there was an attempt to explain the disadvantaged position of women and its rationale. Different schools of feminism emerged including liberal feminism, Marxist feminism, socialist feminism, radical feminism and psycho-analysis feminism. Despite different reasoning which these schools had in the explanation about women's inferior position in the society and the approach to eliminate this, their mutual standpoint was the claim for equal rights of women and men, as well as the belief in the universality of the concern and women's way out.

In conclusion, the core concept of second wave feminism was the issue of reproductive rights. This included the fight against gender-based violence and domestic violence. This right was considerably influential to the state of gender identity.

Another outstanding feature of second wave feminism was the affirmation that public policy could be constructed from private experience such as sexuality of each person, each group, and each gender. This point was unique characteristic of the second wave feminism, as it challenged customary political vision by linking private issue to public issue.

## **3. The third wave (end of 1980s - present)**

Posed questions to the proposal (hypothesis) of different feminist approaches which are planted within the universality, cross-thinking system, belief in the knowledge obtained from scientific methods. This approach gives importance to the concept of embodiment. It views that the different bodies which women and men have leads to different experience. It denies the separation of sex and gender. It also pays attention to particularity, multiplicity and difference of women, conflicts

including women's identity and the state of being "the outsides", influenced by Post-Modernism.

Certain groups of feminist somehow claimed that, third wave feminism has emerged since the end of 1970s until early 1980; but this was disagreed by other groups. At the same time, some do not agree with the division of feminism into these waves as they consider this an ethnocentric way of thinking, basing on the western or the white women concept. This debate has led to the later feminism development called the Third World Feminism and Post-colonial feminism.

### **2.2.1 Post Feminism**

The definition of Post feminism applied today is diversified and inconceivably different. One of the reasons is how the term "post" is being connected to its usage in Post-modernism, Post-structuralism, Post-colonialism. The term "post" in these terminologies conveys different concepts. However, feminists who classify themselves under this category clarified that Post Feminism shares a part of the Post Modernist debate. Both aims at destabilizing the absolute definition of gender and at the same time deconstructing the powerful statements which are being used.

The Post-feminist group which emerged from the "Po et psyche" group in France has the following features.

2.2.1.1 Rejecting the process of women's fight for equality

2.2.1.2 Insisting that the concept of equality between women and men is binary, that it is incorrect

2.2.1.3 Gender, apart from not being fixed, it has fluidity and is diverse

2.2.1.4 That subject or subjectivity of the actor/agency is plural and can be change

2.2.1.5 Theory used to explain above mentioned points are taken from psychoanalysis theory, not from liberalism

The mentioned group and the groups which share the view as above could be named French Feminists, rooted from the 'Po et psyche' group in France. They attempted to link Post Feminism and the theory. British and American feminists in later generations found it troublesome. They criticized the current form of feminism

that it is not enough to debate or share the concern and experience of women today for advocacy and solution. This was the conditional context which explains the building of the “Post feminism” term, and could be considered the true meaning of Post feminism as well.

The overall standpoint of this group is to support agencies which are individualist and liberal, rather than a common concern. This has been strongly criticized by other groups of feminists who claim that they are like non-significant pawns to the conservative back-lash who needs to frame the success and expansion of feminism. (Gamble, 2001 cited by Chaladchai Ramitanon, 2003)

Hook was a major theorist of black feminism who insisted that feminism in America and Europe rose from the oppressed experience of white middle-class women; Feminism for black women was therefore needed. Sandra Harding, in “The Science Question in Feminism” (1986: 44), presented the same argument that feminism cannot maintain its diversity and criticality while being united in the attempt to abolish the mechanism of oppression. Feminism should be united in the quest to end women’s oppression but is not an excuse to destroy the cultural and ideological difference.

### **2.2.2 Feminist Theory**

The first wave approach has brought about the organization of women activists in many counties in early 2000s. The common goal at that time was to claim for women’s voting rights and was successful in the end. Although the movement at later stages do not share common political goal, it has raised higher awareness about women right. The issues claimed were various. There was also a demand to develop a more systematic explanation of women’s inferior position.

A theory, thus, needed to be built to explain this phenomenon in order that strategies for women’s liberation can be developed efficiently. Without a holistic theoretical development, the movement against women’s inferiority could have merely been a symbolic statement, instead of the management at the root-cause level (Jugger & Rothenberg, 1993 cited by Warunee Phusinsit, 2003).

According, the feminist theory is distinct from other theories for the following reasons.

1. Feminist theory does not only explain the phenomenon but also aims at changing them. It intends to build a deeper understanding about women's situation than the other existing theories. In other words, its objective is not only academic-wise but also political-wise as it leads to the understanding of social conditions which makes women's position lower than men's, envisioning the possibility at social and political change.

2. Their fundamental goal is to analyze gender relations to understand the difference of power between women and men, men's dominating power, women's oppression situation and the reasons for all of these, in order to abolish this oppression.

3. Feminist theory emphasizes the importance of women's life experience as a critical element in the theoretical development. To understand the structure of gender relations in the society and culture, women's life experience is needed in the analysis to link with the common experience of the society as a whole. The idea to include such personal experience of women derived from the fact that the definition about femininity, gender relations, and others, were all presented by male thinker and were always putting women in an inferior position.

As a consequence, women's liberation is to give importance to the experience and perception of women. It is somehow to be remarked that their experience did not take place on its own but was built by the social relations and the customs of a patriarchal culture.

All feminism camps and feminist theories aim at women's liberation; but are diverse in terms of priorities, methods, strategies according to the following ideas (Warunee Phusinsit, 2002: 58).

#### 2.2.2.1 Liberal feminism

1) Their fundamental belief is that human beings are distinct from other beings in the sense that they have a sensibility ability and individualism which is rational and yield personal conflict. State, therefore, needs to establish rules or law for the sphere of individuals.

2) Believes in gender similarity base on the same ground as human beings.

3) Believes in gender equality and justice, by demanding for an equal competition within the societal system, particularly in public arena.

4) Freeing women from the oppressed roles set up by the society i.e. women as caretakers household and children, and men as breadwinners.

5) Believes that the change at the consciousness of individuals is crucial to the elimination of women's oppression.

6) Feminists in this school emphasize on fighting through legal amendment and change resulted from legal and social reform, rather than a structural change of the whole societal system.

#### 2.2.2.2 Marxist Feminism

1) Views issue related to capitalism women's oppression derived from the economy in general, not from a power relations between women and men (focuses stronger on capitalism than on men)

2) Views that the exploitation of women shares no difference from the exploitation of men who have no productive capacity influenced by Marx's proposal that objective conditions of human's life, especially economic concerns, set other perspectives of human relations.

3) Pays attention to the analysis of women's work both in domestic and professional (unpaid or underpaid), which set women's inferiority.

4) Liberation can take place after the abolishment of capitalism which will eliminate the capitalist productive relations, resulting in the change of reproductive relations. On the other hand, women should be a part of public production. Domestic work should be taken care by the state under social work programs. In spite of women's participation in the public labour force, there is still a classification of types of work for women, which has an affronting and devaluing sense, resulting in a lower pay.

5) Proposes that women's domestic work should be compensated by state and employers (in the form of welfare)

### 2.2.2.3 Radical Feminism

1) Women's oppression occurs from femininity and women's embodiment. Radical Feminism derives from the idea of making change from the root cause level.

2) Radical change does not mean the structural change of the society but is an understanding and fight within women's self, avoiding political advocacy and refrain from the attempt to be a part of the patriarch society.

3) Views that women's oppression is an effect of patriarchy. This system makes women's inferiority in gender relations a natural and customary issue, building acceptance towards gender inequality through socialization.

4) Gender difference is routed from cultural factors rather than biological factors.

5) Reproductive functions cause an unbalance power structure. They propose to have reproduction controlled by technology and the society in charge of childcare. Motherhood is an illusion concept. (Women want to be mothers, women have maternal instincts, and every child needs a mother)

6) Motherhood becomes an institution, as well as libido, for men's benefit. Things that do not follow this institution become a threat. (Homosexuality, abortion, unplanned pregnancy)

7) Love is a belief and motto in reproduction which sets the roles of women and men.

### Cultural Feminism

- Views as a consequent concept of radical feminism, which is not realistic in terms of practicality. They propose another possibility which is to pray attention to women , and try to change them rather than the existence of women's culture (good values of women)

- Demand to maintain gender difference and reconstruct the disadvantaged characteristics into a better one

- Believes in the true identity of women which is unique and universal

### Eco-feminism

- Eco-feminism is a branch of radical feminism.
- Believes that women are different from men and are better

by nature. The biological factors (i.e. child born related) link women to the nature and the world. It rejects the belief of women and nature as inferior element and rationality and culture as superior element.

Therefore, they believe that we should be blessed and reject technologies that can destroy nature. This lead to the restoration of knowledge about ancient ritual beliefs for The Godmother, the moon, animals and women's reproductive system. However, this is viewed as a step backward to the acceptance of the men versus women idea rooted from men's oppression.

### 2.2.2.4 Socialist Feminism

1) Emphasizes the understanding of private sphere, power relations between women and men, (patriarchy) including women's childcare duty which result in oppression.

2) Similar to radical feminism but rejects the radical biological issues because they overlook other factors.

3) Similar to Marxist Feminism, meaning believing in the similarity of women and men, division of public and private sphere, and consideration of women's private sphere in the public sphere (but still debate that this division is liberalist who reject the rules) and pay attention to how female labour is exploited in the society.

The two above mentioned ideas should be combined to understand the power which emerges from patriarch capitalism (class structure and gender disparity structure) and must destroy the structure of gender disparity, races and classes, which are partly solved by the division of labour.

4) Participation in production is the first condition of women's liberation but division of work sometimes oppress women or put them in an inferior position.

5) Stop looking at biological reproduction, childcare, and domestic work as a natural practice since they are created by culture and women's

oppression history. Libidos need to be separated from reproduction because women are compared as sexual objects (i.e. in queer theory, women are separated from their bodies, do everything for men and materialistic capitalism) by making love, libido, and marriage. The same topic involved by law and institutions which is another factor of oppression.

6) Socialization focuses on women more than men. It is linked to reproduction (libidos). Change therefore needs to be done widely with institutions and the familiarity embedded in women and men.

#### 2.2.2.5 Psychoanalytic Feminism

In the first stage, children do not have a state of gender difference and the libidos are not related to power. Power intervenes in gender difference in terms of culture and from this difference, gender disparity take place. This concept is divided into two sub-concepts.

##### Freudian psychoanalytic Feminism

Pay attention to the formation of gender-specific characteristics in the patriarchal frame. Other words, "Father" is a cultural symbol of absolute power views that women's inclusion is good because it allows them to have alternative psychological orders and good characteristic.

##### Lacan's Psychoanalytic Feminism

1) Explains the development of gender identity in terms of linguistics or symbolic culture more than biological perspective like Freud.

2) Pays attention to the meanings of symbolic culture which is encoded in the language because it is considered the root of culture which influences children in the first step in to the culture.

3) No identity, womanhood or manhood is natural. They are created by the society through the language which is regulated under patriarchal standard.

Nevertheless, identity can change to demand the needs for distinction and specific symbolic features.

#### 2.2.2.6 Post Modern Feminism

1) Believes that the world is not united but divided into parts. Each part is consisted different nationalities, races, classes, gender dimensions, and gender diversity. Accordingly, explaining an incident from a generic point of view is an impossible thing to do.

2) Foucault is the principal thinker of this feminism school. He proposed that gender discourse is the core of power control and mentioned the power relations which affect society, not sexual behavior nor its history. A woman's identity does not comprise only of femininity but also from ethnics a not races, etc. women, therefore, do not share similarities. Attention should be paid to local perspective, historical content, particularity, rather than universality. Instead of finding the core femininity, attention should be paid to how womanhood and patriarchal system are constructed in each society. (Natrudee Denduang, 2009: 45)

3) Derrida is another critical thinker of this school. He presented that language is a symbolic order of which meaning is created by the process of high-low power difference, since the current language was set from a loco centric concept and is centered from masculinity and binary positions. Therefore, women need to be liberated by rejecting and undoing the belief in the sole core truth by means of deconstructing old concepts or cultural beliefs and fixed language which is an inevitable form of power.

4) This feminism school attempted to build new bodies of knowledge and resist scientific knowledge which is dominant in the world by posing questions to all of them and emphasizes on the importance of language, symbols, power, discourse variety and definition. It is believed that knowledge is deeply embedded in the language. But the language does not reflect reality, but built and reproduce the same beliefs.

5) Moreover, it denies the definition of woman, womanhood, or biological features of women such as motherhood and female sexuality, as these are given by men. They should not be defined in order to eliminate or reduce the patriarchal power in the language.

### **2.3 Women empowerment approach**

Women empowerment approach was widely accepted in 1985 and the psycho-social analytical theories related to women empowerment were applied worldwide. It was utilized in the movement process against social injustice of women in Latin America and The Caribbean; as it focuses on the understanding of “power” in different forms, both the visible and those hidden in culture, traditions, beliefs, preaching, etc. It also allows women to establish self-esteem and self-confidence, as well as freedom to live a life of their own choice. When a certain level of power has compiled within themselves, they are able to rise up to change the unbalanced gender relations in the aspects of economics, politics, law, society and culture.

In addition, a historic international conference on women rights movement was held in Beijing, China, in 1995. In this conference, women empowerment approach was used as a significant strategy for the development of women’s efficiency worldwide as announced in Beijing Declaration that “women empowerment and participation which based on equality at all social levels, including the participation in decision making and access to power as basic concepts for women to achieve equality, development, and peace” (Commission on Women and Development, 2007: 45)

The women empowerment approach had been widely utilized by Western Feminists who viewed those women need to be empowered and have self-confidence in order to step across the traditional frame in the patriarchal social structure. Accordingly, it is necessary to be clear about different types of empowerment indicators to understand the self-empowerment process of women. Power, from the feminist perspective, is divided into four categories including 1) Power Over, referring to the control of power over others in terms of consensus, objection or convince. 2) Power to, referring to the establishment of new power without any influence. 3) Power with, referring to the organization to build power, which is believed to be more effective than individualistic action. 4) Power within, referring to the strength of individuals which emerges from the acceptance and self-confidence which brings about the view of equality of all people.

### **2.3.1 Level of women empowerment**

The core concept of women's self-empowerment is the ability to choose, make decision and have freedom to live the life of their choices. This ability emerges from the change within them after a certain period of empowerment process. However, before understanding these changes, it is important to understand the social structure which frames women within the regulations, values and customs which were defined by the society because this social structure is a major obstacle which impedes women from restoring their power. The self-empowerment process of women can be divided into three steps as followed: (Kabeer, 2001: 22)

2.3.1.1 Immediate level: change at this level is easily noted and explicit because it is made at the individual and the collective level. Women can change their identity ways of thinking, lifestyles, and how to endure troublesome living conditions, and hoe to step over them. When changes are made within themselves, they may organize among themselves to make change at group level.

2.3.1.2 Intermediate level: change at this level happens with the institutions and resource supports. This change affected relations between individuals and the society, as well as the economy.

2.3.1.3 Deeper level: it is a change at the level of societal structure which impedes women's power restoration by means of class, gender equality, socio-economic disparity, politics, and education. Women's self-empowerment will be more effective on the conditions that these factors are changed.

### **2.3.2 Definition of women empowerment concept**

Women self-empowerment is the key word of women development or the assistance provided to those who undergo violence in order that can restore themselves to the state in which they can make decision as usual, the way it is done before the violence takes place. This could happen to people with all identities regardless of sex or race. Its basic belief is that everyone has the power within. In the case of women who are found with HIV, the power within is reduced after being informed about it. The main reason of this decrease of power within is due to the existing stigmatization towards women thing with HIV/AIDs, both directly and indirectly (Ouyporn Khuankaew, 2008: 33)

Apart from the HIV infection, women's power is reduced at various steps. For instance, upcountry women from middle-class, who are generally not facilitated by the social system due to discrimination, are hardly employed. If they find themselves in a relationship with an irresponsible husband who beat them, or if they grow up in a family which does not cultivate the idea of power within, the power within these women will be gradually reduced. Power within exists in everyone; but without cultivation, it cannot grow into a large body of power which enhance women's ability and courage to choose their own lives i.e. choice of marriage, work, or solution to the reduced. Some of them become a single parent because the husband died from HIV/AIDS or because they are divorced. Women have to shoulder the care work of the family, including children and parents. The multi-social system does not facilitate the windows with HIV/AIDS in their household care. We therefore believe that these women have the power within but they need to be restored because the external factor do not allow these women to live a normal live. (Ouyporn Khuankaew, 2008: 35)

Thus, power within refers to the capacity which everyone has but does not receive an equal opportunity to cultivate them. The factors range from sex, ethnics to class. Even though people do not have the same level of this power cultivation, women tend to pull out the power within which they have cultivated when they encounter crisis. There are various examples of this in the case of women who become HIV/AIDS infected persons. They choose not to commit suicide or hurt themselves, mostly because of the main reasons that they want to live for their children. When they think of their children, they will feel automatically empowered. Some have to take care of their parents. Some have the chance to help others and feel the value in themselves in spite of their conditions. Some do not give up or surrender to the problem. It can be noticed that everyone has the power within. When these are external factors to compare with, people who are in worse conditions for example, the reduced power can be restored and maintained (Ouyporn Khuankaew, 2008: 35).

### **2.3.3 Women self-empowerment process**

The women self-empowerment process in the perspective of feminists refers to the process or steps which could develop power within them; aiming, believing and viewing women's self-reflection which does not depress or oppress women in such a

way that they are unable to make choices for their lives, in the level of community, society and culture. These steps include the following (Linnea, 2003: 22)

#### 2.3.3.1 Development of consciousness of self

The process of self-consciousness development contributes to the consciousness rising in women. Once they are supported, women opened up themselves and share the experience of oppression by the patriarchal society. These women would feel relieved and free from pressure until the point that they become self-conscious. Moreover, supporting women to have self-consciousness also depends on the personal experience of each individual. Therefore, it is necessary to understand the background and development of their identities, as well.

#### 2.3.3.2 Reduction of shame and self-blame

Being considered sexual objects and origins of sin, most women feel shameful. The society also tries to teach women to blame themselves for reasons of duties and responsibilities they carry for their families, parents, and children. The process of self-consciousness raising in women needs to understand the conditions which the society is obliging women to accept and surrender to live in the patriarchal society, making women feel inferior, valueless, and unable to live without men. However, when women frequently and continuously suffer from unjust situations, women could feel distressed which may lead to changes in the society.

#### 2.3.3.3 Personal responsibility for change

For women, in order to restore their power within, it is highly significant to understand their self-vision so that they can change themselves into the target. Women want to change the way they are valuable after having sought for the knowledge which they would like to have and start to believe that they are valuable, good, strong, intelligent and powerful enough to live a life of their own choice. The learning process is the key of about new things as a lifelong process, living with the value of self-respect as a woman, able to do what they love to, as well as acting for the benefit of the society, being loved and appreciated by others. These positive changes

could make women feel less tensed and they no longer have to live in an uncomfortable situation.

Women self-empowerment process, according to Chawla (2009: 80), is a process in when the control of human beings' resources and intellectual properties, i.e. knowledge, information, financial resources, access to capital, control over decisions made within household, community, society, and the nation, is shared to women. This reflects the power with the women. It can be concluded that the women self-empowerment process means the ability of women to shift themselves from the state of powerlessness to the one with power, by mean of internal and external factors which contribute to such change within themselves when they have to encounter crisis in their lives.

The good of women self-empowerment to have the power returned to women so that they are able to have control over their lives and choose their own life paths rather than being controlled by the conditions of the society, economy, and politics. The important component is who will empower them and how. Possibly no one can empower others, and self-empowerment is the best method to do so.

Since the 1990s, women and gender equality has become the key to sustainable development. Women empowerment needs attention and new patterns to make it more sustainable. In addition, a critical point of concern in women self-empowerment is the ability to choose and decide to do what they want. If women can do this, self-empowerment process could bring about change (Kabeer, 2001: 12)

The understanding about choice is significant to the decision to choose the appropriate thing for themselves. As one must be able to prioritize the choices before being able to choose the right thing. Women must learn about the benefits and the difference of each choice in order to be able to tell which one runs first or the following in terms of priority. Usually the top priorities are those which matters in life i.e. where to live, whether to get married, with whom to get married, whether to have children, if so how many, or free to travel to different places. These choices will allow women to set the frame to put other choices in a lower priority level.

Kabeer (2001: 22-23) explained that there are external factors which affect the ability to seek for different choices in the restoration of the lost power. These included the following factors;

1. Resources: this could be materials, society or human. The human resources possess knowledge, skills, creativity, and imagination. At the same time, social resources emerge from claims, coercion, and expectation among one another in relations or network. Which is explicit whether human can live in different atmosphere and to what extent they receive the opportunity allow self-change to happen.

2. Agency: it can refer to agency of individuals, organizations, or units which use power to motivate and set target for activities. It can also have positive and negative meaning. The positive side is that individuals can have the same level of power as its sources. Women can have freedom to choose activities by which they could achieve their target. On the negative side, agency usually exercise the power over by convincing, leading, or coercing individuals to do what is assumed to be appropriate, or make individuals fell into a situation where they cannot make own decision.

3. Achievements: in this case it in class mistakes and failure as they are key factors which leads to achievements when the failure is improved and used as lessons to avoid recurring mistakes. Achievements of individuals happen from what the person is undergoing or actually doing. It happens naturally and happens by learning from mistakes in the past which is turned into achievement at present.

Self-empowerment is a process which is initialed by women themselves. Women who have been through this process usually have four distinctive characters as following;

1. Ability to control or manage the situation, referring to the situation where women are aware of their efficiency and capacity in the confrontation with problem and its solution, as well as being able to achieve their target throughout the crisis happening their lives by learning from the troublesome situation and apply this with the existing experience for a positive change of the situation.

2. Satisfaction in the ability and efficiency of oneself, referring to the situation where women feel good about themselves and see their self-value, feeling that they are able to act in contribution of others, having confidence and inspiration to live and achieve the goals they set for themselves.

3. Self-development, referring to the situation where women acknowledge the improvement and change towards the target they wish for. This allows women to have more confidence in themselves and to perceive the power restored.

4. Having life goals and recognizing the meaning of their lives, referring to the feelings that occur within themselves about self-respect, self-esteem, what their lives mean, having self-confidence, life goals and self-pride.

Apart from understanding how women who lose power within can make their own choices until the power is restored, these women need to understand certain conditions by which their power is lost. Linnea (2003: 45) described this as following.

### **1. Alienation from the Self**

When women encounter life crisis, they have a natural ability or instinct to perceive their own feelings by releasing, letting go, or separating the self from their beings. This is the strategy used to confront the ongoing problem, called by feminists as alienation from the self, usually found with women who encounter problem or pain which lasts for long time. The feeling happens from three factors as followed.

#### **1.1 Stereotyping**

Belief, social system, and value, promote men's power over women, and make women believe they are inferior or weaker than men. Both feelings are obstructive to the development of women's self-identity. It also enforces women to accept the role of a perfect mother and sexual object. The expectation set by the society creates conflict within the self of certain women who wish to live up to the stereotypical "good women" defined by the society.

#### **1.2 Cultural domination**

Culture has a critical role in setting the thinking pattern, beliefs, and ways of life of women. In particular, the patriarchal culture has dominated all scale of society, resulting in the state in which women have to surrender to men's power over. Moreover, it defines women's identity as an agent of less power and less life choices, making women feel less comfortable than they should. Accordingly, cultural feminism which focuses on the existence of women's culture proposed that

women have different identities from men and these good characteristics should be praised. If any characteristics are distinct from the value of the good characteristics previously set, they are considered inferior or negative.

### **1.3 Sexual Objectification**

A number of women have faced harassment in their daily lives, by words and by actions. Harassment takes place everywhere such as public transportation, work places, or public spaces. This obviously reflects that women are portrayed as sexual objects which have to please men's sexual desire. Women who encounter this situation may feel that their identity is destroyed and their value as a human being is involuntarily destroyed.

### **2. The double-blind situation of women**

All women usually have to face a double-blind situation in the same time when they have to make an important decision for their lives. In such situation, they have to deeply explore their identities and meanings. People in general say that women are also human beings who want to have opportunities and choices in life. However, the society worldwide has constructed women to have the same identity. A critical point regarding this situation is when women are forced to choose between the desire of their own and the desire of the others. (family, husband, children, parents, etc.) Therefore, in the attempt to be themselves or choose to do what they wish to, they have to face the conflict with the desire to be a good mother or a good wife at the same time. Meanwhile, such situation makes women feel extremely uncomfortable to make decisions. An important thing that could help women understand the conditions of the situations is to clearly understand about their own identities.

The forms of identity are constructed within the culture by three sociological concepts including 1) Personal or self identity, defined by feminists and viewing that they are capable and be a part of the community or process a unique identity of human being 2) Corrective identity, which means the personal and the societal identity is shared, and 3) identity, looking at the individual's linkage with the status, occupation, religion, for instance (Virada Somswasdi, 2005: 26).

Thus, the understanding of identity is significant to the self-empowerment of women, especially. Those living with HIV/AIDS who have to endure the difficult-situations due to the following reasons (Ouyporn Khuankaew, 2008: 48).

Firstly, HIV infection has become one of women's identities which are different from those of other infection as the society has stigmatized and oppressed HIV infection particularly both in individual and structural level.

Secondly, infected persons have women's identities resulting in greater level of oppression which are not faced person. HIV-infected women's ethic is from the tribes, they may face even more obstacles from their ethnicity. The reason is because the ethics' identity is marginalized and represented as minority in Thai society. Public Health and social welfare system tend to oppress the identity of tribal women more than urban or Thai-ethnic women. In the event that they are poor, widow or have low-education, these identities could bring about problem and obstacles in more complex level, including dishonor, sexual harassment and indirect oppression such as low wage and lack of access to bank loan, for example.

In the process of self-empowering and self-efficiency recovering of women living with HIV/AIDS, it is important to take into account the identities which each women has, which one contributes to higher bargaining power, efficiency or rights, which one contributes to the powerlessness, exploitation, lack of access to social services and rights which the state provides. The understanding about each woman's identity allows the working process to be more sensitive as each infected woman encounters and is challenged by different problem. The methods they use to handle or respond to the challenge or oppression are therefore different (Ouyporn Khuankaew, 2008: 50)

### **3. Institutional and Structural Sexism**

The patriarchal social institution is dominated by men and uses the system of gender-value which gives importance to men. The examples are how men take control of power and take the role of leader, while women are discriminately placed away of sources of power, no matter in law, economy of social status. The social institution system attempts to put women in silence and without role in institutions.

The oppression on HIV-infected women rises from the prejudice of individuals, groups or institutions which blame them for being promiscuous, poor, uneducated, disgusting, scary, valueless for the society as they died in short period of time. Due to the violence in the structure, represented by systematic oppression in different social institutions as well as thoughts and beliefs of those who act against the powerless people or people who do not participate in the establishment of standards, value, or social regulations which directly or indirectly affect the life of infected persons, the rights, liberal, and deserved benefits are curtailed. They are exploited by groups of people with more power. Prejudice in this sense refers to negative beliefs, thoughts or attitude against others without evidence-based fact, for instance, the prejudice against women about being a weak gender. The prejudice which individuals, groups, or institutions have against infected persons comes from a misinformation and misunderstanding about HIV/AIDS resulted from the first state's campaigns against HIV/AIDS which aimed at making the public scared of it so that they do not have behaviors which contain risk to be infected.

This oppression can occur both through a direct and indirect way by individuals, groups, or institutions which utilize the power over which they possess. This usage of power over is explained by the situation where individuals or groups with the power sources use that power to take advantage, exploit, control, make decision for, or interpret the experience on behalf of individuals or groups who have less power. For example, public health units and the governments control and decide on the welfare and healthcare system of HIV-infected women without the participation of its clients. The decision-making on law and policies about HIV-infected persons which are not conducted under the participation of the beneficiaries defined and judged the experience of infected women in a negative way (Virada Somswasdi, 2005: 22).

In conclusion, understanding about structural evidence which happens particularly to HIV-infected women allows the society to understand that HIV-infected women and men are discriminated and face inequality in a different degree. Women are oppressed under a double layer, one as an infected person and the other as a woman. Thus, the process to empower HIV-infected women need to pay higher

amount of attention to the details of gender perspective and reflect on the difference of impacts on women and men, as well.

## **2.4 Relevant research studies**

### **2.4.1 Effect on women living with HIV/AIDS**

#### **2.4.1.1 Effect on physical health**

HIV infection leads to the malfunction of human body's immune system. The body becomes weak and easy to catch other diseases and opportunistic infections i.e. meningitis, chronic sinusitis, tuberculosis, and pneumonia. Some may suffer from anemia, thrombocytopenia, and leukopenia. For women's reproductive system, there could be vaginal candidiasis, pelvic inflammatory disease, abnormal bleeding, gangrene, cervical cancer, and easily exposed to other sexually transmitted infection (Pandemic Information Center, 2011)

The medical care and treatment for women living with HIV/AIDS covers both opportunistic infections and anti-viral medication. However, services in clinics are found to be embedded by traditional prejudice. It was found that HIV-infected women under medication at present have problem with negotiating with old and new partner to use condom, the same as women in general which have low bargaining power in terms of sexual relations, leading to unsafe sex, more infection and unprepared pregnancy. While a large number of women are living in the society without being able to assess their risks in order to start the treatment voluntary, the concern of the Ministry of Public Health to reduce the rate of infection in child has resulted in the focus on infected women who are under the medication. Many HIV-infected women were convinced to have sterilization without being inform about self's birth-control options (Virada Somswasdi, 2005: 34)

Another pregnancy of infected women is called "added pregnancy". It felt that women are irresponsible, do not care about the society, children, Even their own health, and are considered burden to the budget of the Ministry of Public Health; although there is no separation among the pregnant women whether the pregnancy is unprepared, happens because of the other's need, or is

wanted truly. This demonstrates that family planning, effective birth-control services, and safe-pregnancy assessment cannot access infected and non-infected women. The government is still unable to help women who are not ready for pregnancy to access the pregnancy-termination service which is safe for infected women, if they want to end the pregnancy. The condition is that they need to be sterilized in spite of their young age. The future which is yet to come is already set by the attitude that controls women's bodies, piled over by the prejudice against HIV/infected persons (Women living with HIV/AIDS Network, 2011: 5).

Although the traditional attitude of medical personnel, which views the treatment of women living with HIV/AIDS a waste of resources and unworthy to do, has disappeared after an effective treatment of anti-viral medication, the problem which affects the treatment process turns out to be the expectation of medical personnel which takes the behaviors of their patients seriously, especially the self-discipline to take medication and living in the society. This attitude is therefore not a problem of lack in knowledge but is the expedition of service provider which affects the attitude towards women and the effectiveness of medical treatment. However, the service at present should be friendlier. In other words, to be a one-stop-service and promotes other services apart family. (Women living with HIV/AIDS Network, 2011: 4)

For the knowledge which is friendly and takes into account the humane perspective, the information on the result of infection transmission under the Highly Active Antiretroviral Therapy (HAART) by The Swiss Declaration reveals that the infection transmission between partners is very low in three cases including:

1. The infection persons are under antiviral drugs and are fully disciplined in taking the drugs.
2. The virus is not found in blood flow (<40 copies per ML) continuously for more than six months.
3. No sexually-transmitted disease is found in one partner.

The mentioned information conveyed that women living with HIV/AIDS can live almost a normal life compared to others. Co-living with them is not an issue as it does not cause transmission in any cases. The knowledge however brings about questions on whether women living with HIV/AIDS still need to use

condoms if they fall under the three conditions. As a consequence, The Swiss Declaration has become a debate between physicians which could not reach an agreement. It is undeniable, however, that this body of knowledge makes women who have problem with using condom with their partners feel more relieved. In any cases, the Swiss Declaration sets example for knowledge creation which is human-friendly and recognizes the human beings' ways of life. The principle of knowledge building is reflected among physicians, their treatment approach would change into the one that related more to the lifestyles of the infected persons. The knowledge which could change the process as such is a challenge for physicians who have to find solutions to the care and treatment which do not yield results due to the irrelevance of antiviral medication and living behaviors. (Department of Health, 2011: 15)

#### 2.4.1.2 Effect on mental health

Most women are not aware of their risky to be infected with HIV/AIDS. They assume that it is beyond their concern because they do not have risky behaviors. Once they realized that they are infected, they feel shocked, confused, puzzled and refuse to admit it. Some of them feel desperate, hopeless and blame themselves. Those who realize about this during their pregnancy have to make a big decision on whether to carry on or to terminate the pregnancy. No matter what decision is made, it is a painful experience for women in any case. (Seri Pongpit, 1997: 22)

Apart from this, women living with HIV/AIDS have to face changes in the family due to their infection. The root cause of the problem is usually complex since HIV/AIDS problem come from both societal structure, including poverty and lack of state welfare for the family, and the concern from having HIV/AIDS, for instance, learning about their infection, rejection of the community, discrimination, lack of rights to employment, the confrontation with their chronic illness. These conditions block women's need from being responded emotionally and mentally, hurting their mental state.

A part of mental effect links to the image of HIV/AIDS which is stigmatized as a disgusting and incurable disease. In comparison with other severe chronic illness such as cancer, women with other disease are not found to be

stigmatized like HIV-positive women. They are able to live a normal life especially in terms of having partners. When women living with HIV/AIDS wish to have new partners, they are blamed by the society for being too ambitious and are going to spread the disease to others. In fact, infected women have sexual desire and want to have partners like other women. They can have sexual intercourse by using protective methods and are able to bear a child under the advice and care of physicians. Giving facts on HIV/AIDS and the infected persons can fix the myths of people in the society. It allowed women living with HIV/AIDS to have a room in the society the same as patients of other chronic illness. It also restored the power within of these women, empowering them to work and live happily in the society (Ouyporn Khuankaew, 2008: 49).

To dissolve the adverse effect on the mental being of women living with HIV/AIDS, counseling is provided both in the form of clinic counseling and an informal counseling through conversations and questioning on daily life. The fact is that it is impossible to clearly separate the relations between physical and mental health. There is only a thin line between these two. It depends on which is affected more at each certain point. If the emotions and feelings are affected, the mental state is affected. However, this does not mean that the physical concerns are not related to the mind. Some physical health issues have a mental effect also (Department of Health, 2011: 12).

#### 2.4.1.3 Effect on the social life

In general, although women living with HIV/AIDS have sickness, they still hold the responsibilities to take care of the sick husband or children, as expected by the society. If the husband is severely ill, women have to carry the burden of income generation for the family and childcare expenses, which are of high importance to their lives.

Due to the effectiveness of antiretroviral drugs, women living with HIV/AIDS are living a longer life. These women have to face problems and shoulder responsibilities in a greater amount than men in terms of attitude and expectation from the society and people around them, particularly the issues of having a family, a mate, sexual relations, pregnancy, and child bearing. The result is that the

infected women do not have freedom to make decision and live up to their own will. Pregnant women who are not infected sometimes are disregarded and are not well informed regarding the infection prevention. They may be found with the infection their following pregnancy. At the same time, husbands do not usually take part in the risk assessment, blood testing, or hearing the blood testing result, making it very difficult for these women to tell their results to their husbands, experiences shared by a number of women in the network of HIV-positive indicated that women are rejected by husbands and families when they tell them about the infection. Some were blamed for bringing the disease to the family. Some were beaten or expelled from the family (Thailand Women living with HIV/AIDS Network, 2010: 13).

When these women return to the clinics, they are questioned whether they have informed their husbands about the blood results and/or why they did not do. The problem occurred with the emotions and feelings of women who have to encounter problem is not paid attention to in the same level as the medical treatment which can respond only to physical conditions of mother-to-child transmission prevention. Lots of women take medication without knowing the type and effect of the medicine. This was reflected in a research result which indicated that an amount of women do not react to the medicine and are allergy to Nevirapine which is the formula used by the Ministry of Public Health to prevent mother-to-child transmission. The issue of lacking in information and moral support to mothers results in another problem when the mothers who have not received the antiviral drugs are not found easily. This is a major issue as of the present, resulting in an exclusion of these women in the healthcare process. They return to the process only when they fall ill.

The co-living of infected women with others people in the society has a linkage with other institutions in the society. If the members of the society know that particular women are HIV-positive, they usually view the women with a disgusted perspective and call them promiscuous bad women, even if they married and receive the infection from their husband. If they are not married, the negative view could be far worse. HIV/AIDS is not only a physical illness anymore but it has become a social illness. HIV body, as an individual, has become domain where different groups of people in the society operate on. State, private agencies communities, families, or the infected women can take control, take care, manage, and

drive certain things away (Pimpawun Boonmongkon, 2002: 35). Such sphere and domain is transformed in to a social body. The body of infected women is no longer theirs but is viewed as a social body where various group of stakeholders become involved and create their social arena at the same time (Virada Somswasdi, 2005: 45).

Although community organizations have better understandings about HIV/AIDS, it is irrelevant to the co-living of infected women and community members. The reason comes from the fact that people in the community have not stepped over an important stage which is to have a true understanding about HIV/AIDS problem. Therefore, it is hard for them to accept that women living with HIV/AIDS can live with other people in the community since the infection cannot be easily transmitted through conversation or co-living in the community. Women living with HIV/AIDS have to endure living in the community which discriminates, feels disgusted, or isolates them from the society. This results in the lack of opportunities of these women in many different ways, i.e. vocational education and training which could generate income for themselves and families. Some of them are dismissed from work due to their poor health conditions, but they still have other occupations to take care of their families. They also lack access to the resources of the community. Some women have low level of education and have to take care of severely ill husband or children. The social impacts also affect the lives of women living with HIV/AIDS in other dimensions as well (Virada Somswasdi, 2005: 48).

#### **2.4.2 Procedures of empowering women living with HIV/AIDS**

At present, there are an increasing number of organizations which are involved and give attention to the problem of the infected women's needs, including those from the government sector, private sector, civil society, and non-governmental organizations. The public social services provided to the HIV-infected persons, AIDS patients, and families by the Department of Social development and welfare Ministry of Social Development and Human Security are categorized into four types of service as follow (Ministry of Social Development and Human Security, 2010: 14-15)

1. Occupational allowance up to 5,000 Baht are provided to women who are infected with HIV or have AIDS symptoms, to female of households with infected persons, and to infected hill tribe people.

2. Allowance for infected persons and families up to 2,000 baht is provided to those living in Bangkok (maximum three payments per year), 1,000 baht for infected hill tribe people (maximum three times per year) and monthly living allowance of 500 baht to all.

3. Allowance for children in the family with parents who are infected or are ill from AIDS, under the regulations of the Department of Public Welfare of children, 1986 and the amended version in 1994, gave assistance in forms of cash and items amount to 1,000-2,000 baht for family with one child and up to 3,000 baht for families with more than one child, upon their necessity and appropriateness.

4. Patronage of infected children, orphanage, or abandoned children whose parents die or are ill in four welfare home namely Vieng Ping Home for Infants, Chiang Mai, Phayathai Home for Infants, Udonthani, Home for Girls and Southern Home for Children, Songkla

Apart from those activities in the form of organization, there is also a building and development of HIV/AIDS network. Non-governmental organizations which are interested in the issue had a seminar and after words establish Thai NGO Coalition of AIDS (TNCA) to particularly collaborate the work between on-governmental organizations which work in the area of HIV/AIDS. There are eighteen founding members and working committee who takes two-year term on a circular basis (Benjamas Siriphat & Surapol Mulada, 2002: 33). TNCA is the organization which coordinates the work of all NGOS which work in the area of HIV/AIDS, to prevent and find solutions. About 155 organizations are member of this group. Another crucial role of apart from the movement from the civil society is to also work with the government and link the work of organizations nationwide in the macro level.

The organizations working towards the self-empowerment of women living with HIV/AIDS are mainly divided into two categories.

### **1. Organizations working with women living with HIV/AIDS**

Under the concept of self-empowerment, organizations such as Risk Thai Foundation and International Women's Partnership for Peace and Justice (IWP), are carrying out self-empowerment projects with women living with HIV/AIDS of which detailed are elaborated below.

1.1 Raks Thai Foundation is working to help women and girls in the AIDS-affected area in the Eastern and Southern regions of Thailand. The core concept derives from the reflected needs of HIV-positive women which are collected and developed into the approach to restore and empower the power within of women living with HIV/AIDS when have two characteristics as follow (Department of Disease Control, Ministry of Public Health, 2009: 32).

1.1.1 Direct rehabilitation and empowerment of the power within of women living with HIV/AIDS through the projects' activities including giving information on reproductive healthcare, capacity building in counseling services for newly-infected persons, organization of infected women in the community based on the belief that organization is an empowering method which opens opportunities for infected women to return to the society, as well as building occupational skills and financial support for stable employment, and leadership and teamwork a building activities since their leadership in individual level is not strong enough to handle and manage the structural problem which is violent and oppression for women skills to work as a team therefore needs to be developed in line with leadership skills. An effective problem-solving is not only letting infected women fix their problem at individual level but needs to be done as a group under a network of cooperation to build bargaining power which can lead to a change in policy.

1.1.2 Indirect empowerment of women living with HIV/AIDS is done through the adjustment of understanding attitude of involve agencies in public, private sector and local administration unit which provide services to women living with HIV/AIDS, together being a media to communicate the information the needs of women infected women in the community with policymakers.

The result of the demonstrated that infected women who participated in their activities can continue living in the community by forming themselves into business groups producing ornaments, paper notebook, or other products which could be made from the comment resources. The projects also developed their counseling skills in order that they can volunteer to produce counseling to newly-infected persons at the hospitals.

1.2 International Women's Partnership for Peace and Justice (IWP) is conducting activities based on the Buddhist feminist approach which is another pattern of self-empowerment process for women living with HIV/AIDS, through three bases. The first is peace, both in life and work, which can solve the conflict and evidence which they are confronting or have passed. The second is feminism or the understanding about power to work against the oppression, change, and culture to use power over. Feminism, in this sense, refers to the analysis of knowledge, experience and intelligence which are shared by women who suffer from the society; which the social structure for such condition of women. The women are told that they need to develop and build the power within so that they can handle the oppression from the outside. Praying, loving themselves, telling them they are good people, valuable, capable and unconditionally love are a part of this process. The third is spiritual development by pointing that everyone can practice the dharma without having to separate themselves from the normal life. Dharma practice which is appropriate for women is praying under the state of consciousness in order to be self-aware at all time. All daily life activities are Dharma practice and praying. Women's life pattern do not allow them to abandon family or daily life for long time; therefore, the spiritual development for women is emphasized at now they are conscious and aware of each daily actually they do (Ouyporn Khuankaew, 2009: 12-14)

The self-empowerment in this form aims at understanding gender patterns which is connected to peace and justice, for a change in itself and in the society. It is a learning process to understand different dimensions and concepts of life as well as learners society through a participatory process which targets principally at the self change of learners.

The result showed that the women living with HIV/AIDS who participated in this activity has regained the power within and learned how to take care of their physical and mental health through a natural method. They shared experiences pain and sufferings to friends, until at certain point; they become confident and have the power to move on with their lives.

## **2. Women living with HIV/AIDS network**

The network of women living with HIV/AIDS conducting activities to empower themselves was started under the cooperation called “Power of Life” group they form themselves to fix their own problem and used to a part of the research under the project title voice and choice of HIV-positive women phase in 1999. The study revealed that most infected women have problem with reproductive health and choices. Their rights were violated during the treatment process. They lack negotiation skills to use with their partners. They lack information on healthcare including sexual health and access to treatment which offers alternative treatment options.

As a consequence, the voice and choice project phase II was started to respond to this situation. Activities were organized continuously under different forms. Most aimed at solving the problem of infected women by building the capacity of the women and promoting the coordination among the government, private sector and leaders of the infected women’s group. The coordination center of the positive women’s network were established in line with the Voice and Choice Project Phase III which have resulted in solid groupings of infected women over the country to ensure a safe space for them as well as building their self-confidence to speak up to the public about the cooperation to drive for the wider choices in the lives of women living with HIV/AIDS.

The objectives of the network are:

1. To compile concerns of women living with HIV/AIDS and have their voice reflected to policy level, and build guidelines to promote choices for them
2. To advocate on the gender attitude and prejudice which the society has against women living with HIV/AIDS
3. To raise awareness about infected women among the infected persons network
4. To promote approaches for working with men on the issues of gender and sexuality.
5. To build confidence and self-value in the infected women’s group, by increasing their information, knowledge, and skills.

The network has a coordination center in Bangkok, but has a regional working committee for each region which is listed below:

1. Taskforce of infected women of the North
2. Voice and choice Network of Women living with HIV/AIDS of the Northeastern Region
3. Network of Women living with HIV/AIDS of the Eastern Region
4. Network of Women living with HIV/AIDS of the Western Region
5. Voice and choice Network of Women living with HIV/AIDS of the Southern Region

### **2.4.3 Relevant research studies**

The research studies related to the self-empowerment process of women and women living with HIV/AIDS explored in this dissertation can be categorized by the topics and findings which are diversities according to the target group and the research contest. These can be summarized into three directions.

2.4.3.1 Study of methodology, approach and process of empowerment for vulnerable population such as women who suffered from domestic violence and sex workers are researches aiming at exploring the way aid agencies or units are supporting and empowering the women who living with HIV/AIDS. For example;

1) Self-empowerment of women under domestic violence: Case study of women's rights protection center, Friends for Women Foundation (Kitwipa Suwannarat, 2002).

2) Women's empowerment process: Case study of Tarncheevit Center, Pattaya (Jiamjit Thammaphichai, 2006).

3) The attainment of women's power: The study of women's leading role in development and communicating strategy in community development (Jutapan Padungchewit, 2003)

4) An analysis of the concept of empowerment (Rodwell, 1996).

5) Self-definition and empowerment: An analysis from the perspective of feminism and disability (Joey & Jeanne, 2000).

6) The Self-Empowerment Process of Primary Caregivers: A Study of Caring for Elderly with Dementia (Che, 2006).

2.4.3.2 Study of factors contributing to empowerment aims at exploring the factors, conditions and inter-relations between the individuals' conditions which contribute to empowerment. For example;

1) The relations between personal factors, gender characters: empowerment from instructors and leadership for change of nursing students of Ministry of Public Health. (Suparadee Munyeun, 1998)

2.4.3.3 Study of needs, lifestyles and quality of life of women living with HIV/AIDS in Thailand and overseas aims at exploring the quality of life, perspective and attitude towards oneself, way of life needs, health care of self and family members, and social support which allow women living with HIV/AIDS to live happily. For example;

1) Meeting the Needs of Women Living with HIV. (Kelly, 1998)

2) The study of self-change process of women in the demand for healthcare system titled from silence to practice: Experience of women living with HIV/AIDS. (Rosanna, 1998)

3) The study of women's perspective on living with HIV/AIDS. (Kathy, 2001)

4) Self-care of pregnant women with HIV through the learning theory of Rosenbaum. (Charuspan Boonpongmanee, 2002)

5) New Zealand women living with HIV/AIDS: A Feminist Perspective. (Jill, 2007)

6) The result of buddy system in the adjustment of self-care behaviors of women living with HIV/AIDS in Botswana. (Johanna, 2008)

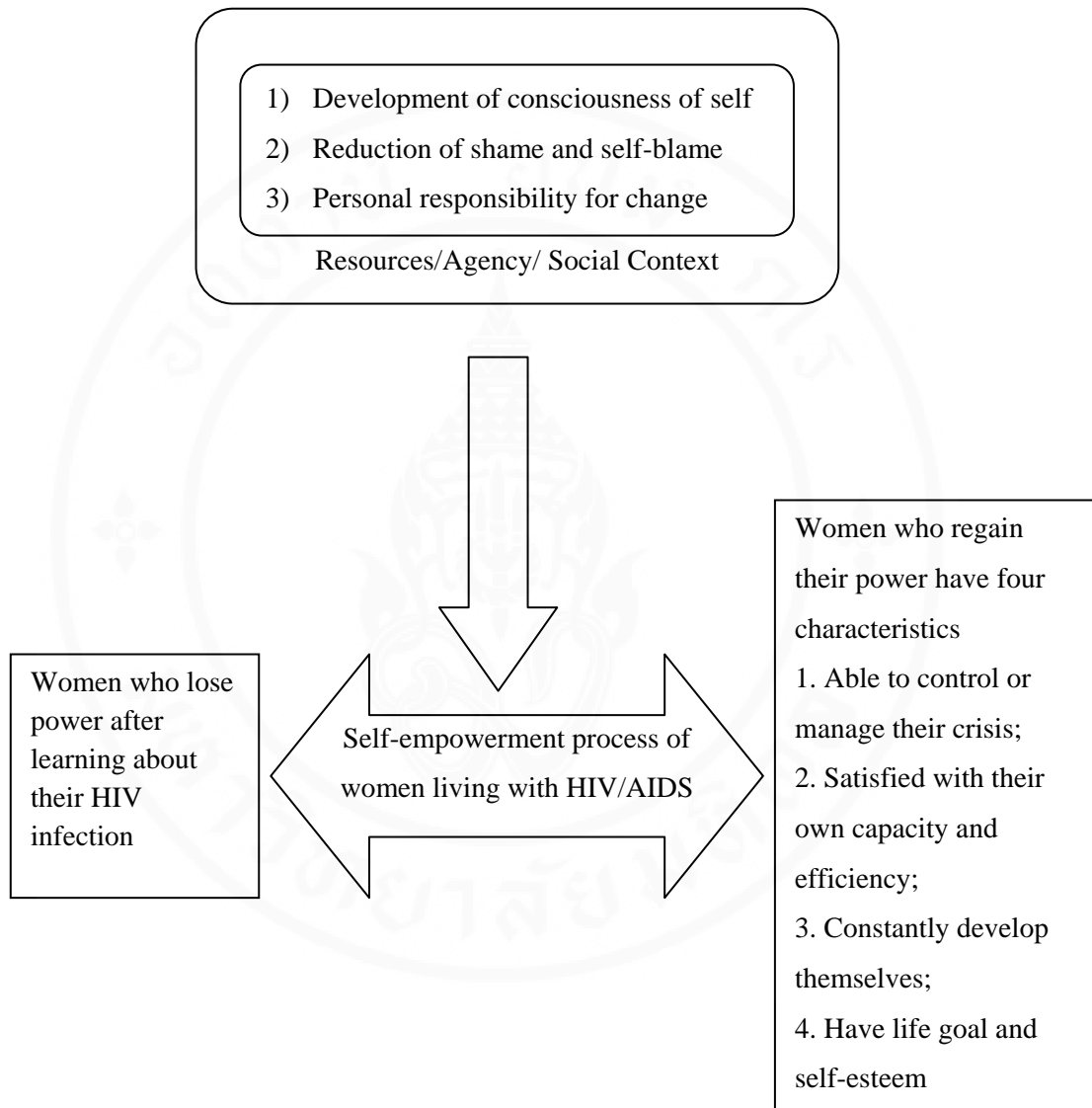
7) Sexuality of HIV-positive women: Case study of women leaders in the People Living with HIV/AIDS Network in Thailand. (Marasri Wongklom, 2006)

In addition, the feminist males of empowerment when are the development of positive self-esteem, self-efficacy, awareness of socio-political context. The self-empowerment has core concepts which are to give knowledge which empowers them, support them to see the relations between themselves and the environment and to believe that they can bring about change to themselves and their groups.

The learning starts the analysis of personal experience which is linked to their concerns. They consequently understand the situation and find solutions as well as adjust their behaviors to be more appropriate for the society. Group learning is how individuals exchange their knowledge. Though, experiences among one another and then create true new knowledge as well as teamwork skills. This makes individuals feel empowered enough to support the work they do together and to solve the problem which could happen inside and outside their groups. Individuals truly participate at all steps, starting from choosing to topic activity planning, participating in the conversation, activity organization and self-assessment. All of these lead to change in knowledge, attitude and skills, which could take place instantly or after the activities are completed. This learning is a continuing process which is not limited only in class as individual can learn from actual experience and practice.

However, the study of women's self-empowerment process allow women living with HIV/AIDS to find the root cause of the problem, solve the problem by themselves, and able to freely make decisions and chose to live as they wish this happens because they are always aware that they are capable to learn and create new thing. They have pride from solving their own problem, which positively affect the efficient problem saluting, they also feel empowered and valued, contributing to group forming for higher bargaining power to set the objectives of resources of resources utilization, work operations planning and mutual target. The feeling of group-belonging leads to the improvement of life quality women living with HIV/AIDS, and the acceptance of people in the society.

## 2.5 Conceptual framework



## **CHAPTER III**

### **RESEARCH METHODOLOGY**

For the research design in order to achieve the research results, the researcher has selected the qualitative method because the research objectives have been set to investigate the self-empowerment process of the women living with HIV/AIDS and related factors which caused this process, by studying the self-empowerment process from the life experiences of these women to acquire the answers of the research. The interview of the life experiences can reflect how these women overcame the obstacles and empowered themselves by the self empowerment process when they faced the crisis situation.

In addition, the research design is appropriate to express the importance of life experiences of women living with HIV/AIDS which is equivalent to the reflection in the women's perspective as the owner of experience. Also, a good opportunity for these women giving information to be able to learn and reflect their valuable lesson learned, including analyzed experiences together.

### **3.1 Research participants**

The research participants of this research were divided into two types as followed;

3.1.1 Primary key informants are six women who infected and living with HIV/AIDS. The inclusion criteria for selecting are as shown;

3.1.1.1 Capable to figure out the life crisis by themselves

3.1.1.2 Satisfy in self-confident and self-esteem

3.1.1.3 Having the goals of life and can achieve their lives' goal

3.1.1.4 Have development capacity in order to change themselves to reach their goals

3.1.1.5 Able to provide many kinds of support to other women living with HIV/AIDS i.e. counseling, career training, advice in health care

3.1.2 Secondary key informants are three staffs who worked in the Non-Governmental Organization related with women living with HIV/AIDS.

For the selection process of the research participants, the researcher has held the consultation meeting with the experts who are the academic background in this research topic in order to develop the inclusion criteria and select the research participants especially the primary key informants with the above mentioned qualifications. To access the primary key informants, the researcher was able to access the group of women infected with HIV/AIDS by requesting the primary information from the organization working with the women in this group such as women living with HIV/AIDS network where they have provided many activities with these women closely. Due to the researcher had worked with the Non-Governmental Organization about AIDS and already had the network to link the key informants both primary and secondary, the researcher was able to directly contact the primary key informants and the secondary key informants.

After selected the research participants, the researcher approached them by joining in the activities and making the informal conversation, in order to build the trust and good relationship before data collection process.

The scope to collect the information are women living with HIV/AIDS network in the central region, eastern region and western region, by selecting two representatives from each region which collectively aggregated of six persons. The representatives of each region who were the research participants are the leaders and vice-leaders of the three regions.

### **3.2 Preparation phase before data collection**

The researcher had set the consultation meeting with the experts about the selection of the research participants with the qualifications as above mentioned in article 3.1, in order to acquiring them. When access the selected research participants, and then the researcher accessed them by joining in the activities or making informal

conversation, in order to build trust and good relationship before collecting the data.

At the same time, the researcher had created the interview guideline to use in the in-depth interview. The narrative method, observation and field-note are the open ended questions to be in accordance with the research framework.

After that, the researcher went to seek for advice from the advisor and experts again, and tested the interview guidelines whether these are direct to the focusing point and able to communicate with the key informants to have the same understanding. How the respondent understand the question. How consistent the questions are and how did the respondents answer it. Then, the researcher respectively amended and adjusted the interview guidelines more complete and appropriate, used as them to collect the data in the study area by being flexible and appropriate to the situation. After the researcher has entered the study area and used the interview guidelines to collect the data, the researcher analyzed the qualitative data by using the content analysis techniques.

The most important tool in this research is the researcher, who is prepared in being discipline and the essential skills for data collection. Moreover, the researcher has prepared the interview guidelines and dialogue in advance to be the reminder during the application of each tool. The interview guidelines are flexible which directed the data collection extensively and right to the point.

### **3.3 Data collection methods**

The methods which applied in the field for data collection were flexible and adaptive during the data collection process. The narrative method and in-depth interview had the important role in data collection but it was also necessary to use the participatory observation and voice record in order to acquiring through and complete the data collection according to the objectives and the research questions.

#### **3.3.1 In-depth interview**

The in-depth interview is the main method of the qualitative research and suitable for this study because the researcher and research participants must build

the trust, faith and respect with each other more than the study in other matters. The context of using this method is to be the knot to connect this kind of relationship. It made the researcher confident that the research participants conveyed the truth and able to understand the life experiences of the research participants deeply and the researcher also understand their life experiences which varied or different from the social norms. In order to have the research participants sharing the life experience as the research materials, the schedule to have the conversation and interview must be set very well.

The open-ended guidelines were asked in order to be certain that the research was extensive but it was flexible, sensitive and careful because the researcher had to make the key informants able to share and exchange their life experiences.

The quality and accuracy of the data and profundity of the story of the time when the research participants overcame the crisis which acknowledged through the in-depth interview method. It also depended on the trust and confident relations between the researcher and the research participants. Many of the research participants have known the researcher before four years as a colleague or the person working in HIV/AIDS network. The researcher had the experiences in working with Non-Governmental Organization about AIDS for more than 5 years which was the benefit in collecting the data and saved time to access them. Most of the research participants trusted and had the confident in the researcher regarding the confidentiality, but some of the research participants have no relations with the researcher before. Therefore, in many meetings and interview processes with the same questions, the researcher had received different answers or experiences in each interview. It was not the inaccuracy in data collection process but the researcher got deeper information and reflected the limited conditions. This process was required continuously and the data analyses with the various experiences need to be done thoroughly.

The duration of each interview were different, based on the readiness and convenience of each research participant, average around 60-90 minutes. In some cases, the additional meeting for conversation was requested in order to acquire full and complete information. Therefore, it depended on the life experiences

of the key informants given to the researcher. The researcher completed all interviews and did not lead the research participants, whether directly or indirectly, to answer in the way that the researcher wanted.

### **3.3.2 Narrative method**

The narrative is another data collection method such as specific narration by the person in way similar to the conversation in other qualitative method such as in-depth interviews, focus group or narration of the autobiography. There was the tendency to develop to the narration. Sometimes, the narration or life history happened unexpectedly in the informal conversation of the researcher which enabled the researcher to learn new issues of the research participants or expand the details of the research. The researcher has received the details about the context, situation and meaning related to the experiences of the life experiences. (Tan, 2005 cited by Pimpawun Boonmomgkon, 2008)

The narrative method is different from the interview which is the interview using the interview guidelines or specific sensitive issues. The narrative method has the pattern of being likely the conversation partner than the research participants. The atmosphere was about the story telling and reflected the life experiences at the time that they overcame the crisis, including the self-empowerment that occurred and still maintained within themselves. The direction of the conversation was set by the research participants as the ways they wanted to tell in their own vision, perspective and standing points.

In this research, the narration was applied as the important tool. The narrative method was the most efficient way to increase the power to the research participants because the research participants were the one who controlled the directions or the agenda of all stories which used to be hidden and kept in silence. The stories have shown in the research which was the most powerful information because they are the study results with powerful voice and story having the context about the women who are the story owners.

### **3.3.3 Observation and field-note**

The observation is the one method of data collection of the research regarding anthropology and sociology because this method collected various behavior patterns extensively. For being the part of the research participants' life activities, the researcher observed the dimensions of social interaction and learned the rules or social standard surrounding the research participants.

The observation is the method that the researcher get involve and interact directly to the person among research participants. The researcher must be intimate enough to build the trust as the participants are the part of the informant. The objective of the observation is the ability to access the quality in-depth data in order to profoundly understand the condition leading to the self empowerment.

The observation gave the opportunity to the researcher to be able to feel the circumstance directly and see the real occurrence. Also, there was an opportunity to learn how the occurrence and behavior of the person committed such occurrence effect to the researcher. Moreover, the field-note is very important which did immediately after the observation.

## **3.4 Data collection tools**

Tools are applied in this research comprises of various tools, targeting to collect the information according to the objectives of the research and suitable with situation. In this research, there are many tools as followed;

3.4.1 Voice recording device. In the case having the conversation, whether formal or semi-formal such as in-depth interview. In every record, the researcher needed to get permission from the research participants.

3.4.2 Interview Guidelines which used in the in-depth interview need to be verified by the experts before using in data collection process.

3.4.3 Notebook, used to record the agenda and main points of the real situation.

### **3.5 Data analysis**

The research method and data analysis have done periodically. Every interviews of each main interviewee, the researcher transcribed the voice file and wrote down the details of the interview, then used it as the direction to choose the next interviewee. The researcher has read to understand and analyze all data of the story was conveying and which matter has taken into consideration by using theoretical sensitivity way from the experiences in the study and related research of the researcher.

The data analysis process started when the researcher was able to categorize the qualitative data. The received data had spread all over in each category which leads to the final edition of the categories. After the data had been collected, the researcher has analyzing the data, according to the procedure as followed;

3.5.1 Systematized the data learned from the real occurrence in the research area by interviewing and transcribing the voice files, then typed the information into the computer by using the program MS-Word

3.5.2 Opened coding and categorized the data

3.5.3 Categorized all information and interpreted the meaning of the data, then wrote the explanation about the conditions, context, relations and procedure of the occurrence by using the theoretical sensitivity from the experiences in the study, concept, theory and the related research documents.

3.5.4 Built the theoretical coding to connect the information with the concept and theory by using interpretation method

3.5.5 Debated the research findings and results, then summarized.

### **3.6 Ethical consideration**

The researcher has designed this study for the protection of the research participants and the protection of the benefits of the person and community in the study as followed;

### **3.6.1 Informed consent**

This study gave the importance to the consent of women living with HIV/AIDS in participating with this research. The researcher had explained the objectives of the research and the questions to be used in the first meeting for collecting the data. After that, the researcher had asked the willingness one more time, and also opened the opportunity to ask in any unclear or doubted matter. If the research participants agreed to provide the information, they must sign in the consent forms. During the data collection, if the research participants were frustrated or uncomfortable to give the sensitive data, they were free to withdraw from the participation at any time. Also, they needed to know the researcher's name and contact details in case they had any questions or problem or concern.

### **3.6.2 Un-disclosure of personnel data**

In this research, there were no record of real name and surname of the key informants in order to avoiding any effect or damage, either directly or indirectly. During the interview by using the voice recorder, the researcher has asked for permission from the research participants every time. After completed the voice transcription, the researcher deleted all of the voice files as another way to maintain the secrecy.

### **3.6.3 Privacy and confidential keeping**

During the data collection, the researcher had to give importance to the privacy and keep the confidential of the research participants, from scheduling date, time and place for meeting, the research participants were the person to set, in order to comply with their schedule for work or daily life. If some questions were foreseen that they affected to their feeling, the researcher prior asked for suggesting or informed the interview questions in advance. In case the research participants did not want to answer that question, they had a right to refuse to answer and skip to other questions. During the interview, if there was any third party involving with the interview without prior noticed, the researcher has stopped the interview immediately and changed the subject to general topic.

### **3.6.4 Benefits to the research participants**

The benefits that the research participants have received are like the untouchable abstract for the past experiences of the women. These life story narrating process enabled the women to review and analyze their past experiences and able to bring valuable experiences to empower themselves to live with value and meaningful.



## **CHAPTER IV**

### **RESULTS**

The researcher has presented these research results as the following topics;

- 4.1 Background information and characteristic of women living with HIV/AIDS who has been through the self-empowerment process
- 4.2 Process of women self-empowerment (from powerlessness to regain the power)
- 4.3 The related factors which effected to the self-empowerment process of women living with HIV/AIDS in the context of Thai society

#### **4.1 Background information and characteristic of women living with HIV/AIDS who has been through the self-empowerment process**

The women empowerment process is the process that women have shared the power to control the environments, human, intellectual property, whether the knowledge, data or financial resources, the ability to access the resources and control judgments in the house, community, society and the country. These factors reflect that women could be really powerful. In summary, the women empowerment means that the women have moved the status from powerlessness to power.

When speaking of women empowerment, the goal is to regain the power back to women by letting them control their own lives, rather than to let the control to the conditions regarding the society, economic, politics. However, the important matter is that women are able to have self-empowerment by any method. In idealism, there is no one who could empower anyone better than the one itself (Self-empowerment).

There are four characteristics which reflect women living with HIV/AIDS, who have joined this research and has been through the self-empowerment process, as follows;

1. The ability to control or manage the crisis, meaning that the women have the ability to recognize their capability and ability when facing with problem and resolve it, including the ability to reach their goal in life among all the crisis by using the knowledge learned from the problem and develop knowledge to accomplish the better improvement.

2. Satisfaction in their own capability and ability, meaning that when the women feel good and realized the value of themselves, they felt that they were capable to serve others. Also, they are confident and courageous to continue living their lives in order to accomplish their goal.

3. More self development, meaning that the time when women sense the improvement and develop themselves to be the person they wanted to be which help them to have self confidence in their ability and regain the power within themselves.

4. Have the target and see the meaning of life, meaning the feeling which rises within them regarding self respect. To see the value and the meaning of life, to have self confidence and the goal in life to accomplish, and be proud of themselves.

Therefore, the researcher has gathered these four characteristics to explain about the success in retrieving the power of the women living with HIV/AIDS who has been through self-empowerment process. Moreover, the background information of the research participants is deemed to be the important factor to support the women to retrieve their power again, as shown in table 4.1.

**Table 4.1** Summary of specific characteristics which reflect the persons have been through the self-empowerment process

<b>Fictitious name / Age</b>	<b>Background Information</b>	<b>Characteristics which reflect the persons have been through the self-empowerment process</b>	<b>Current Role</b>
1. Wilai* Age 45 years - Knew the blood result since 1996 - Graduated Bachelor Degree - She has a son	- A person with good mood, cheerful and have good health. - At present, have a partner but living separately. See each other once a month - Started working at NGO AIDS since 2004	1. Have the ability to control and manage the problem by herself. 2. Have self satisfaction in her ability and see her own value. 3. Have goal in life and see the meaning of life. 4. Have constant self development to improve herself in order to reach her goal in life.	- Field officer of Non-Governmental Organization (NGO) - Regional leader of women living with HIV/AIDS network - Work in the matters regarding AIDS, Sexual and Reproductive Health and Right of women living with HIV/AIDS - Staff of the women living with HIV network (Thailand)
2. Jittra* Age 39 years - Knew the blood result since 2002 - No child	- Straightforward, energetic, very strong - Now living with her 2 <sup>nd</sup> boyfriend at her own orchard	Have all of the 4 above characteristics.	- Was the regional working team of the women living with HIV/AIDS network - At present, works as a freelance (orchard) but joins the network's activity from time to time.

\* Fictitious name

**Table 4.1** Summary of specific characteristics which reflect the persons have been through the self-empowerment process (cont.)

<b>Fictitious name / Age</b>	<b>Background Information</b>	<b>Characteristics which reflect the persons have been through the self-empowerment process</b>	<b>Current Role</b>
3. Ratreer* Age 44 years - Knew the blood result since 1995 - She has a daughter	- Speaks politely, smiles easily - Now she has the new partner but did not tell the blood result - Start working at NGO AIDS since 1998	Have all of the four characteristics	- Activity campaign staff of the network - She was regional leader of Women living with HIV network - Works in the matters regarding human rights, sexual rights, Rights related to AIDS and fertility hygiene, including the treatment by anti-virus medication.
4. Darin* Age 43 years - Knew blood result since 1994 - High vocational graduates - Married with solider at age 25 - Has 2 sons	- White skin, beautiful, quiet personality - Her husband's relative filed a lawsuit for the assets and her children's custody - Went back to her native hometown for treatment since 2001	Have all of the four characteristics	- Built self confidence which made her stronger until she can support herself without the help of her husband. - Now working as group leader helping the infected person

\* Fictitious name

**Table 4.1** Summary of specific characteristics which reflect the persons have been through the self-empowerment process (cont.)

<b>Fictitious name / Age</b>	<b>Background Information</b>	<b>Characteristics which reflect the persons have been through the self- empowerment process</b>	<b>Current Role</b>
5. Malai* Age 45 years - Knew blood result since 1993, at the time of pre-natal care of her 2 <sup>nd</sup> child - Married to husband and left the job to raise the 1 <sup>st</sup> child - one son	- A shy person due to being a housewife and did not go to work - Joined working with the group since 1998 after her husband died - Single but her son visits her every month	Have all of the four characteristics	- Co-founder of the Women living with HIV/AIDS network (Thailand) - Was the regional leader of Women living with HIV/AIDS network - Now works as NGO officer
6. Thida Age 35 years - Knew blood result since 1996 -Bachelor degree graduates, working in Human Resource Department at foreign company when married to her husband	- earnest person - believed in monogamy, trust her husband - attempted to commit suicide after her husband but her mother stopped and encouraged her to be strong again - Started working with the network since 1996	Have all of the 4 characteristics	- Now is the deputy leader of the network and working as permanent employee of an agency - Works to help the infected person who came for help at the network, both old and new. Also, gives advises, house visits and hold group activities

\* Fictitious name

#### **4.1.1 Wilai\***

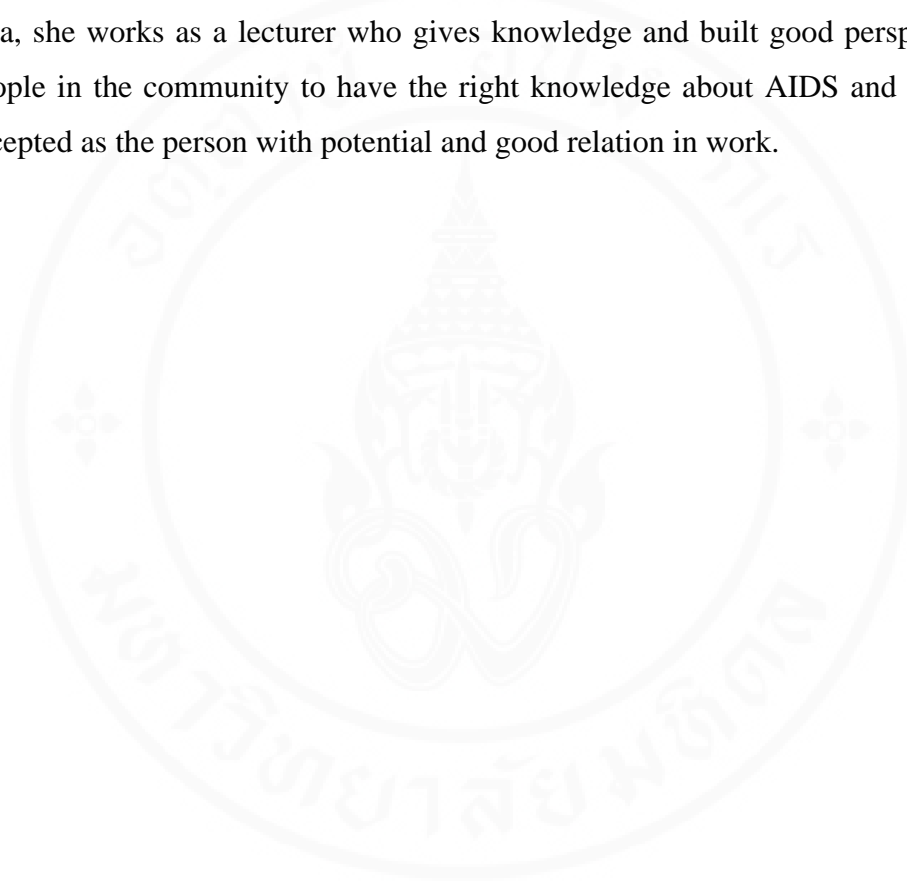
Wilai is woman of 45 years old, having small built, skinny, healthy and cheerful. She works as the field officer in one of the non-governmental organization (NGO), for the period of 8 years until present. Her present boyfriend is her third one (with normal blood result) and is now working in the different province so they only get to see each other approximately once a month which her boyfriend came to her.

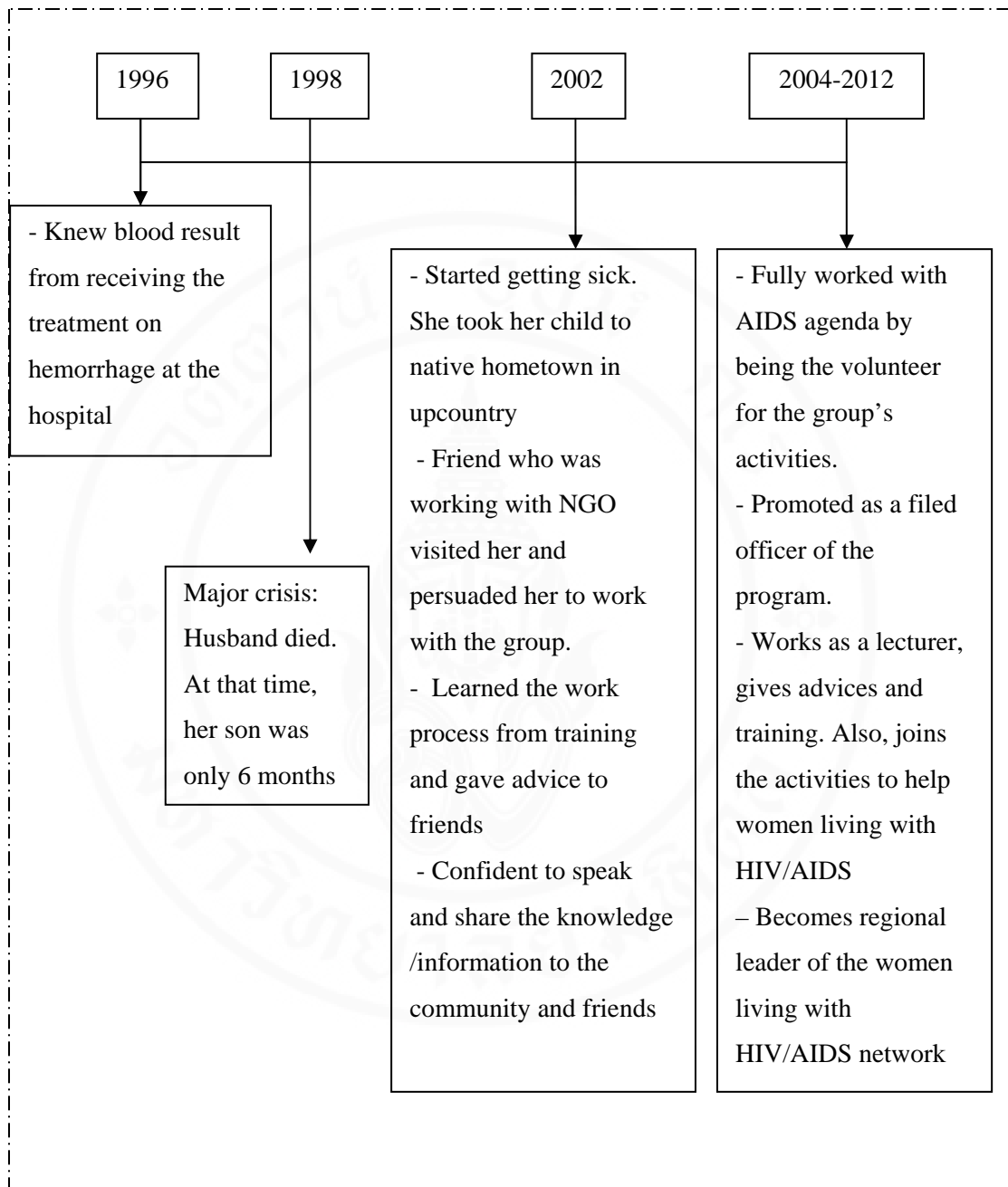
In 1996, at the age of 28 years, she knew her blood result during receiving the treatment on hemorrhage (miscarriage). The doctor took the blood test before performing the uterus curettage. She knew the result from the doctor who came to her bed and informed her while having other patients in other beds. At that time, she was the assistant manager at the convenient store in Ramintra area. Around a year after knowing her blood result, her husband died and her son was only 6 months old at that time.

In 2002, the chance for Wilai to learn about life had come. When she started to get sick, she took her child to live with her parents in the upcountry. In that province, there started to have the group activities, subvention. A friend from “Doctors Without Borders” organization came to give her a supporting visit. Since then, she started to work with the activity groups which improved her health. She gave advices and also shared the knowledge about anti-virus medication. At first, she was not having enough courage but when she joined the training about giving advices, it helped increasing her confidence more. From her having the basic knowledge and able to deliver the information correctly, combining with the fact that she used to take psychology class, so the work became easier.

In 2003, she had a chance to work with the AIDS agenda seriously by becoming the volunteer of the campaign. After one year passed, she was promoted to be the field officer. Eventually, comprising with her own ability and the opportunity to learn, Wilai has started to work as the permanent officer in one AIDS non-governmental organization. It deemed that she has the stable career and able to help many other women living with HIV/AIDS to stand up and fight with the problems which makes her proud and see her own value.

**The characteristic which reflects that the person have gone through the self empowerment process** includes that she has self confidence, has free minds, speaks distinctively, able to make their own decision, sees her own value, even though having to live with HIV disease. At present, she works as field officer of Non-governmental organization and is the regional leader of the networks. In the local area, she works as a lecturer who gives knowledge and built good perspective to the people in the community to have the right knowledge about AIDS and she has been accepted as the person with potential and good relation in work.





**Figure 4.1** Background information and life experience of Wilai\*

#### **4.1.2 Jittra\***

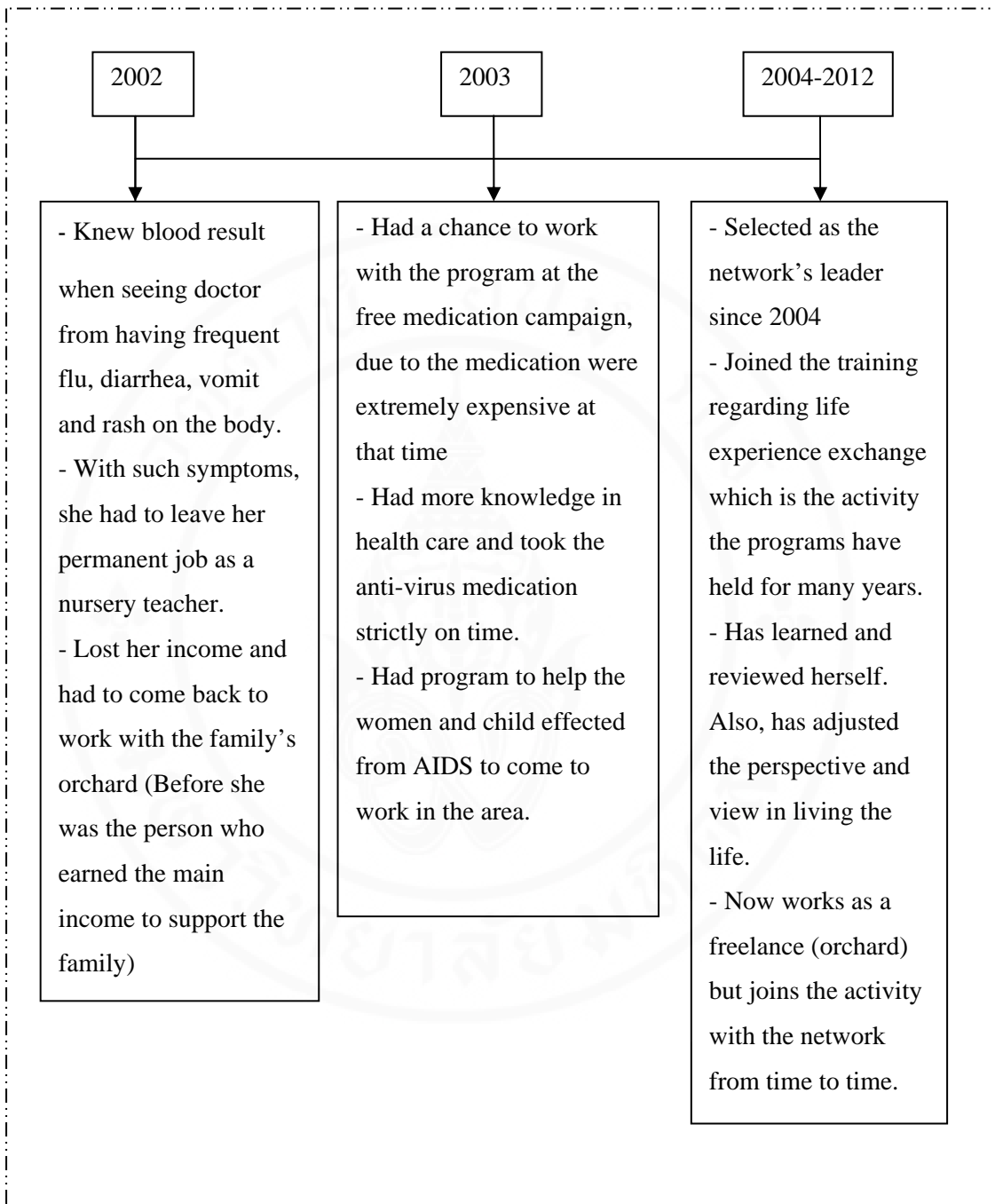
Jittra is a woman of 39 years old, having tall built and dark skin. She has the energetic personality and very strong because she works at the orchard. She's the person with sense of humor and laughs easily. She used to be the nursery teacher. Now she is living with second boyfriend (came to live with Jittra, Northern province native – normal blood status). In 2002, she knew her blood result at the time she had the body examination at the hospital due to such period she had frequent flu, vomit, diarrhea and rashes over her body. The doctor advised her to take the blood test and hear the result in two weeks after, and the blood result was positive. The doctor gave her guidance of personal care. Before she was the head of the family because she's the main person finding income to support the family, but when she got very sick, she had to quit her regular job and came to stay with the family at the orchard. Her parents and relatives were not repulse of her because there were many families in the community who have the infected person, including Jittra's sister.

In 2003, she had the opportunity to work with the group and was selected to be the head of the group in 2004 and the working team of the women living with HIV/AIDS regional network. At that time, the anti-virus medication was expensive and the government had the campaign to give free medication but on the condition that the person have to join the group's meetings and have self evaluation in order to take care of themselves because the medication have a lot side effect. The infected person had to take care of themselves very well and take the medicine strictly on time and regularly. Jittra also decided to join the program in order to receive the free anti-virus medication.

In the same year, there was a program of NGO working jointly with the local hospital in the province that Jittra was living. The program was working on the care of mother and child's health and monitoring on receipt of the anti-virus medication, including building the strength of the member in the group in order to give the skills in living the lives, giving advice, house visits, health care in sexuality and fertility hygiene. Also, they have continuously supported the fund for the group activities. From joining the training, exchanged the life experience with friends in the group and other groups, Jittra learned that she did not get it all in life. The thought of getting it all, made the life miserable. Therefore, the adjustment of perspective and

view happened after she received the opportunity and self training to say “whatever” and that was the change to the true and happy life.

**The characteristic which reflects that the person have gone through the self empowerment process** includes that she has self confidence, open minded and speaks distinctly, able to make her own decision, sees her own value, although having to live with HIV disease. At present, she did not work as a volunteer in the group but still is a lecturer to give the knowledge to the community about AIDS. Also, she has earned the income from doing the orchard. As a person who loves freedom, she thinks that being a freelance by doing the orchard could make a living without depending on others.



**Figure 4.2** Background information and life experience of Jittra\*

### 4.1.3 Rtree\*

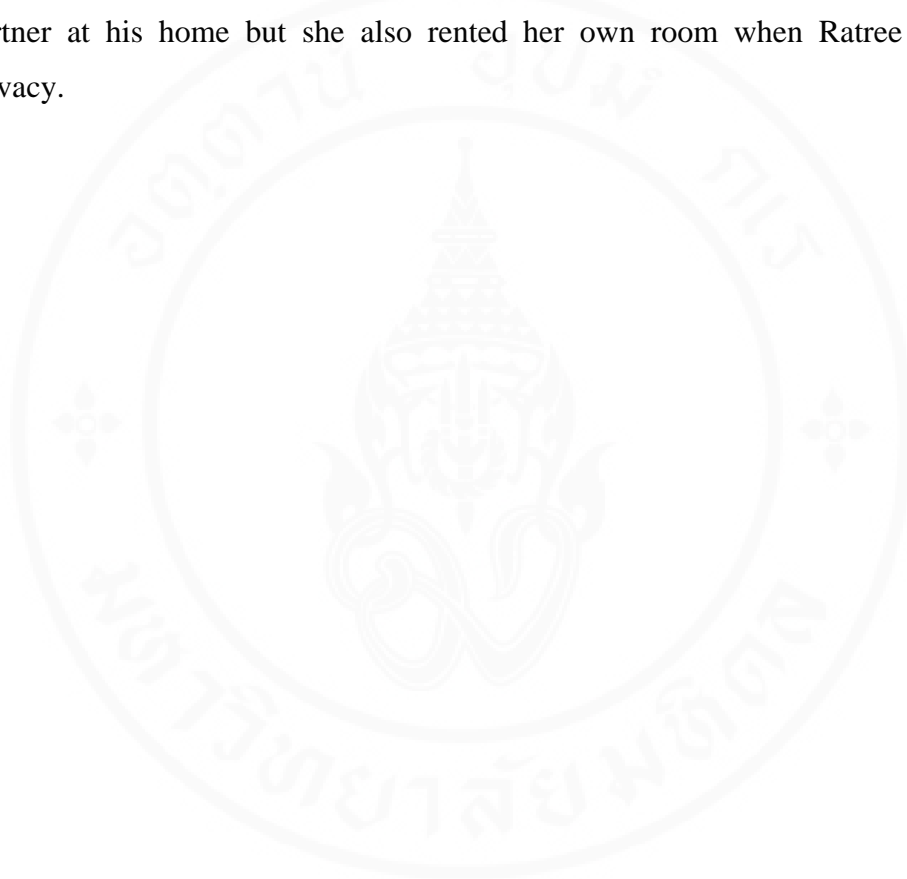
Rtree is a woman of 44 years old. Having a well built with beautiful face, white skin. She smiles easily, is cheerful but takes life seriously. Before knowing the blood result, she was the dressmaker in one province. She was married since 1995. Her first boyfriend was her husband (married at the age of 28 years old) and then she got pregnant. At the end of the same year, she knew her blood result when she went for pre-natal care. At that time, she thought that her life was ruined and thought of abortion but she did not know where to do it so she decided to keep the baby and gave birth. After that, her husband died. When her baby was one year and three months old, she brought the baby to her husband's parents to foster.

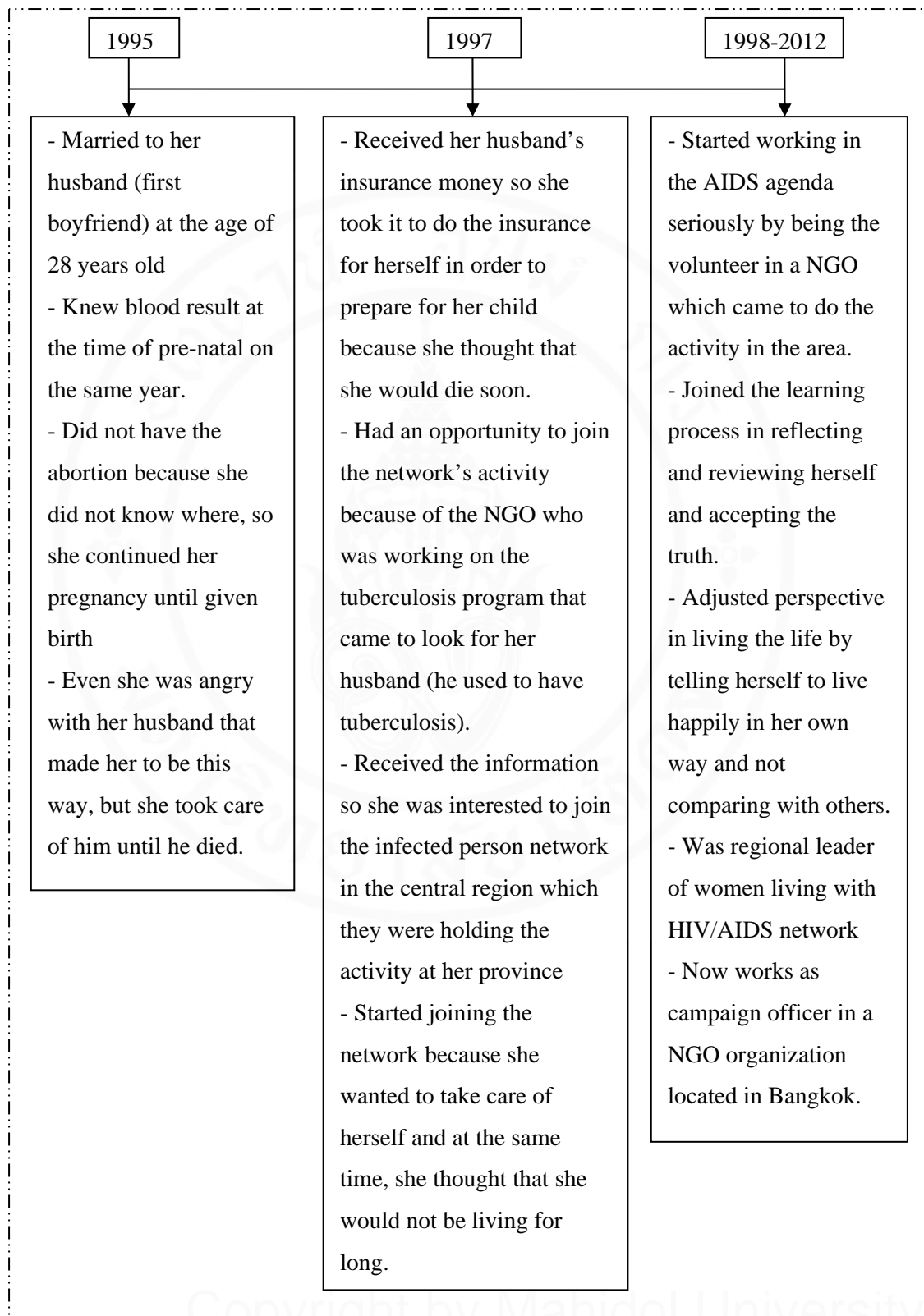
In 1997, she had a chance to join activity with the network in the central region where they held the assembly meeting and shared knowledge on the herbal medicine, and then she had met many new friends. As for the anti-virus medication, she thought she would not be able to afford it because it was very expensive. The reason she joined the group because she wanted to take care of herself, and at the same time, she thought that she would not be living for long. From this point, it was the opportunity to come working with the AIDS agenda by started as the volunteer in a non-governmental organization in her province.

Having a chance to join in the activity or the learning process with women work group in the AIDS work, enabled her to know more about the rights in sexuality and fertility hygiene. She knew how to know herself, her rights which effected to her thought and working style. It also enabled her to plan her life effectively and could apply to use in everyday life.

Now, Rtree is the campaign officer of the infected person network which is working in the human rights on sexuality and AIDS, including the right to access to the treatment and fertility hygiene of the women living with HIV/AIDS. Rtree has a wealthy and older partner, but she is not sure about the reaction of her partner when knowing her blood result and whether there would be any more changes in life.

**The characteristic which reflects that the person have gone through the self-empowerment process** includes that she has self confidence. She earns the money herself and be responsible for her own life. She has the solid standpoint and courage to communicate with people surroundings so they could know her desire. She has able to make her own decision and sees her own value. Now she lives with her partner at his home but she also rented her own room when Ratee wants some privacy.





**Figure 4.3** Background information and life experience of Ratree\*

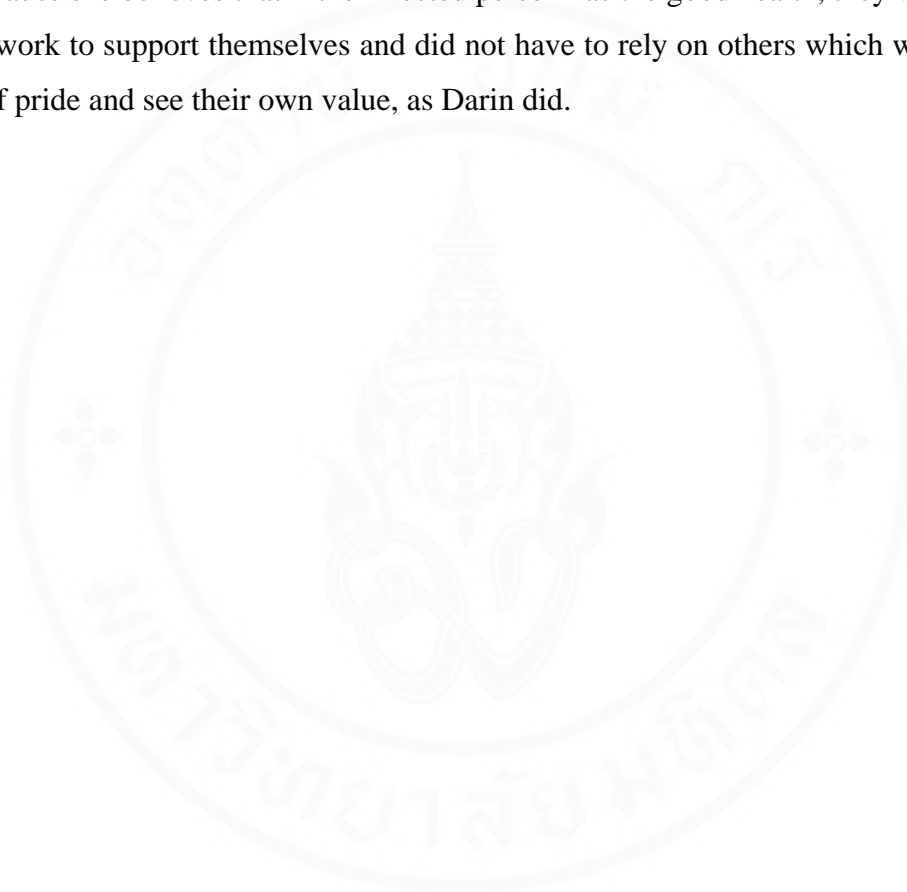
#### **4.1.4 Darin\***

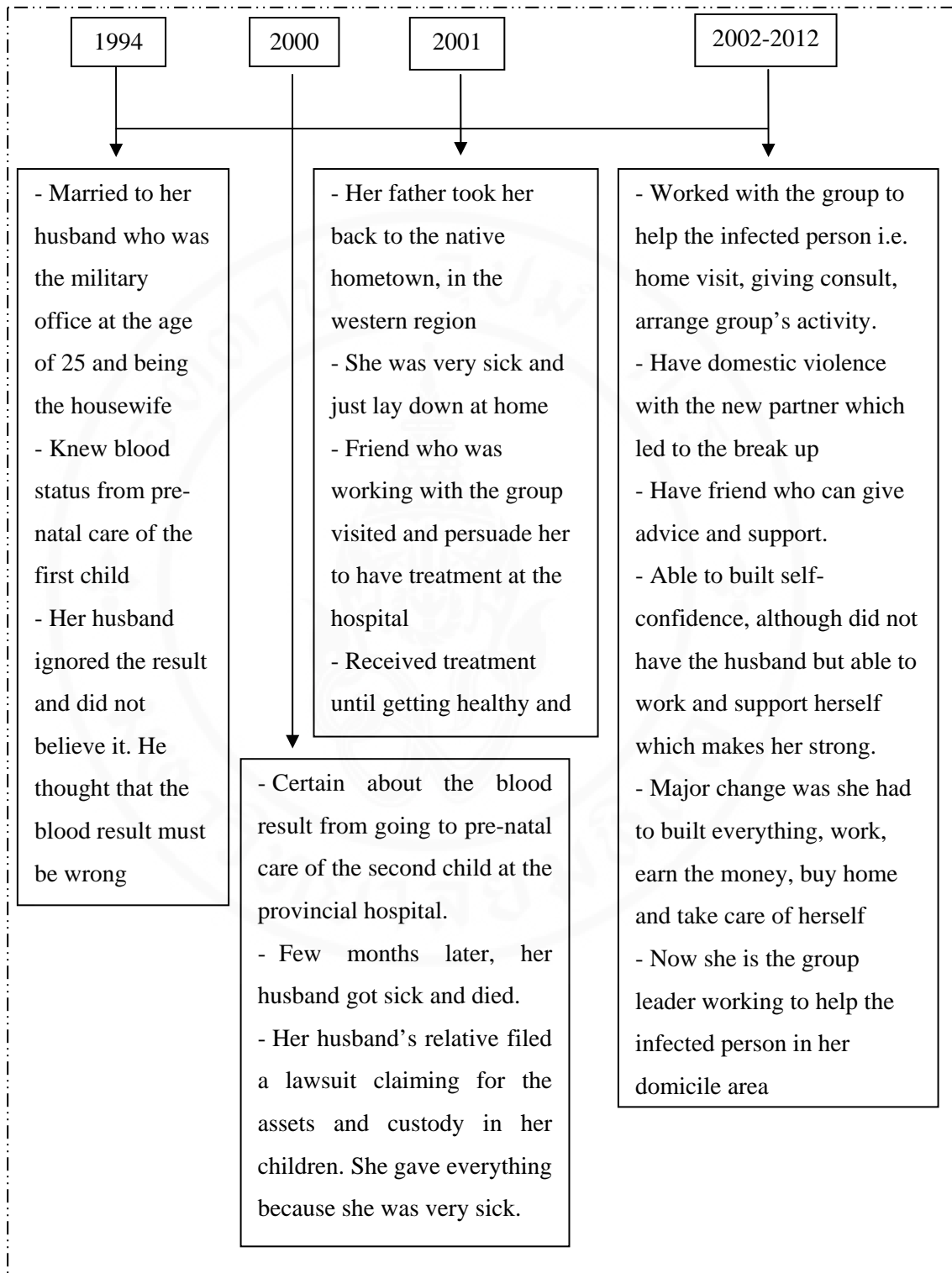
Darin is a woman of 43 years old, having a tall built, white skin and beautiful face. She has a quiet personality, speaks less and takes the work seriously. Her native hometown was in the western region. Before she knew her blood result, she has married to the military officer at the age of 25 years old and then moved to live with her husband, being a housewife.

In 1994, she knew her blood result when she went for pre-natal care of her first child at the provincial hospital. When she came back home to tell her husband, her husband did not believe her and claimed that the blood result must be wrong. She was certain about the blood result six years afterwards, when she went for the pre-natal care of her second child and took the blood test and the result came out positive. She joined the program with the hospital to reduce the chance of infection from mother to child which she received the anti-virus medication during her pregnancy until given birth. From this second time blood test, her husband could not refuse. Then, her husband got sick and died when her second child was few months old. Her husband's relative filed a lawsuit against her claiming for the possession of the assets and the custody of her children. Darin was very sick and thought that she would definitely died soon so she gave everything to her husband's relative, including the custody of her children.

When she was very sick, her father took her back to her native hometown in 2001. When she was at home, a friend who was already working with the group came to visit her and brought her to the group which gave her a chance of getting the treatment since then. Darin was able to go through her sickness by getting the information from friends and doctors which makes her now strong enough to work as the leader. If she did not have a friend to give her advice or consultation, she would not have passed this point. Although she did not have her husband now, but she has able to support herself this makes her strong and deemed it as the major point of life changing.

**The characteristic which reflects that the person have gone through the self empowerment process** includes that Darin is a person with self confidence. She has freed minds and able to make decisions by herself and see her own value. Now she is the group leader working to help the infected person in her domicile because she believes that if the infected person has the good health, they would be able to work to support themselves and did not have to rely on others which will create the self pride and see their own value, as Darin did.





**Figure 4.4** Background information and life experience of Darin\*

#### **4.1.5 Malai\***

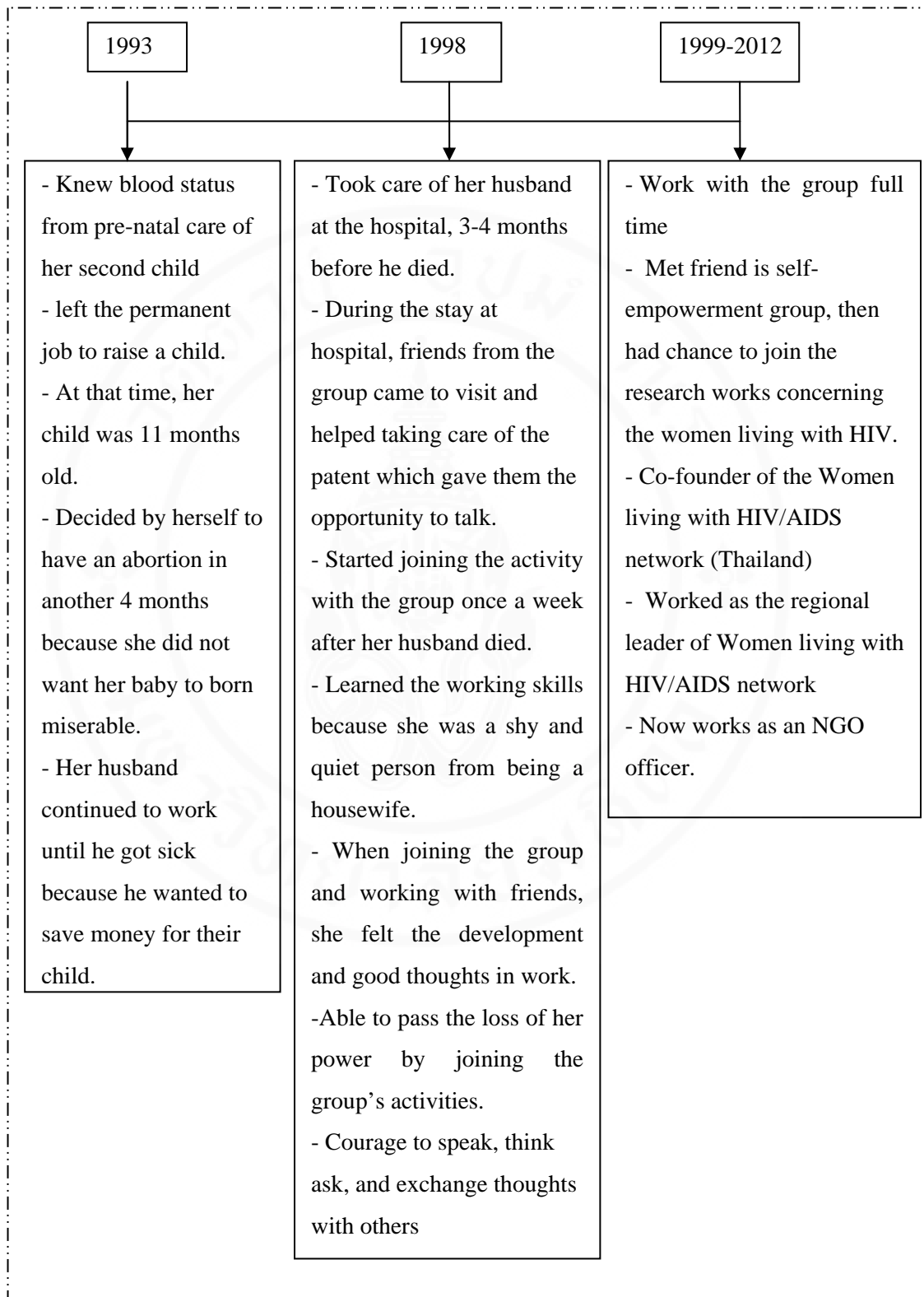
Malai is the woman of 45 years old, having tall built and quite chubby. She is cheerful, funny and laughs easily. She married to her husband at the age of 23 years old. At that time, she still worked as a clerk in the exporting company. She resigned when she was pregnant with her first child which her husband wanted her to come out to raise the child. As for her husband, he was working with the company until he was sick and died. She knew her blood result since 1993 at the time she went for pre-natal care of her second child which she had to do the health check and blood test. After knowing the blood result positive, the doctor informed her that if she wanted abortion, she could come back to the hospital. She decided by herself to have the abortion because her eldest child was still very young (around 11 months old). If she continued her pregnancy, the second child might have been infected as well, combining with the doctor informing her that she would be able to live for only another 3 years. Therefore, she decided to cease her pregnancy according to the doctor's recommendation because she thought it was the best option at that time.

As for her husband, after he knew the blood result, he thought of making a lot of money for their children because he was very good at work. Malai's duty was only taking care of her child, raising, bringing and picking up from school.

In 1998, her husband died from tuberculosis, 3-4 months after went to receive the treatment at the hospital. At that time, there was a group coming to the hospital to help taking care of the patients and their relatives. Malai, who was taking care of her husband, met the group's volunteer who invited her to join the group's activity and talked her to relax. There was a seminar on tuberculosis, so she attended and joined the group's activity ever since. Before, when her husband was alive, Malai was at home being a housewife. But after her husband died, she started working as a volunteer which helped building her self confidence. In joining many activities, she learned many ways to think of a good way to progress the activity. The activity that impressed her and she felt the development and enabled her to walk across the feeling was the activity called Group Support. Such activity supported Malai to be courageous to speak and express her feelings. It has made her be able to stand up by herself and courage to exchange ideas with others. Combining with the absence of the escort in controlling the activity which enabled the participants to talk and join the activity

freely. The escort of the group had given the participants the chance to express self-potential from which had encouraged Malai to be braver and could be able to go through the problems. It helped with the support in building the pride and confidence which she would be able to work and help empowering woman living with HIV/AIDS.

**The characteristic which reflects that the person have gone through the self empowerment process** includes that now she is the person with self confidence, open minded and optimistic thoughts, decide by herself and see her own value. She lives separately from the family, having no new partner and brave to disclose her blood status. Her son is now 20 years old, already graduated and working in the factory. He comes to visit her once a month and during the month, constantly calls Malai to check on her well beings.



**Figure 4.5** Background information and life experience of Malai\*

#### **4.1.6 Thida\***

Thida is a woman of 45 years old, having tall and chubby built. She has cheerful personality but serious at work. Before knowing her blood result, she was working in the human resources department in a foreign company for 5 years. When she knew the blood result of her husband, she was not being resentful, but wanted to die with her husband (married for 5 years since 1991). She believed in monogamy, trusted in her husband and never used the condom. Accepting the truth was very hard for her. When her husband died, she did not want to have the blood test. She was certain that she was infected because she never had protection in sex.

She knew her blood result in 1991 due to emergency operation on appendicitis and the doctor tested her blood. When she knew the blood result, she wanted to die. She committed suicide and refused to eat but she was not dead. It was the most confusing moment in life even though it was a recovery period. After the operation, she was frustrated with work because she was afraid that people may know about her infection. She applied for job with the group and knew the result three weeks after, she resigned from her old work.

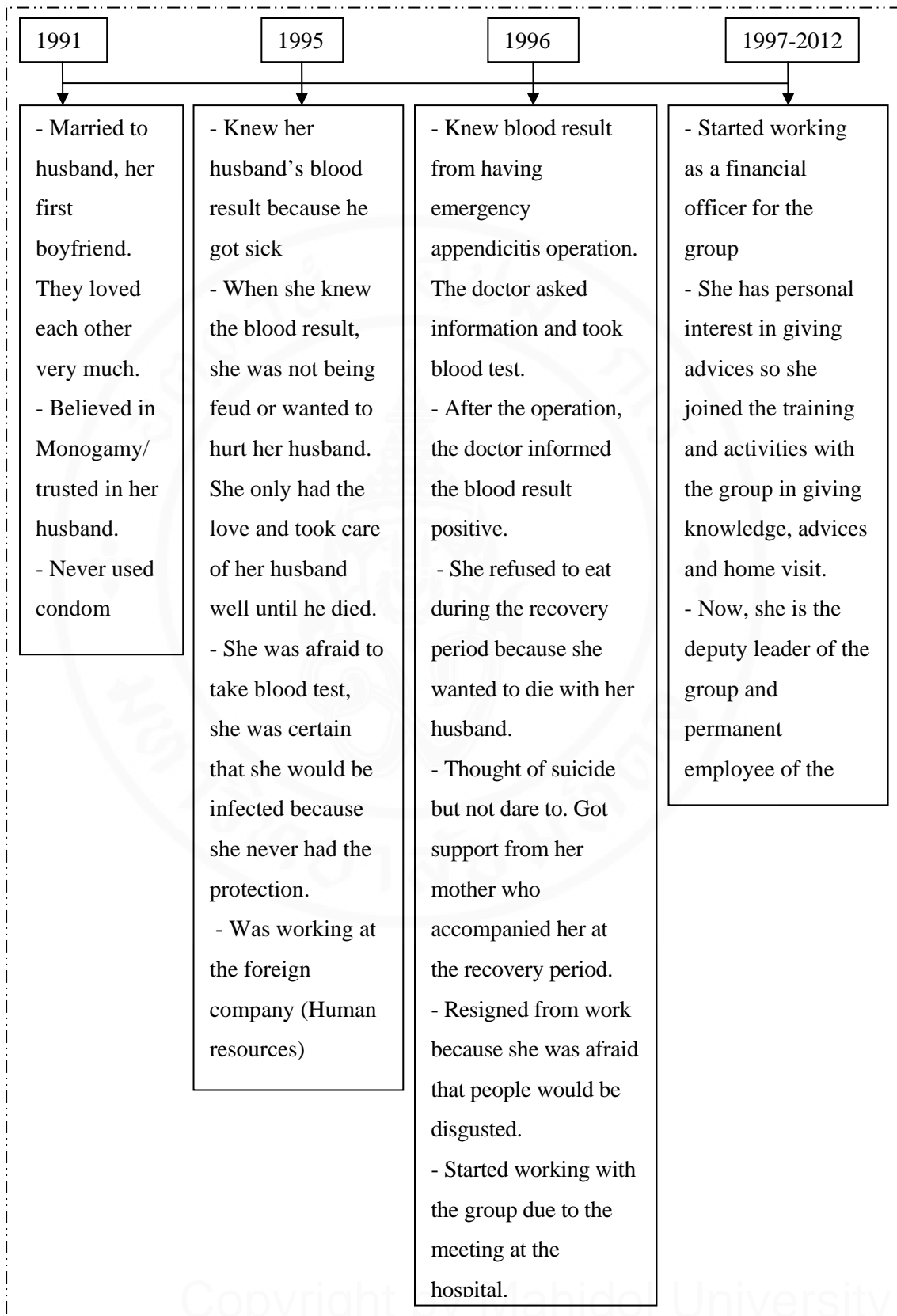
After the appendicitis operation, her mother accompanied her during the recovery period because she was worried. Her mother supported her that her husband had passed and why should Thida die without fighting for survival. She still has the loving parents and siblings. Since then, Thida started to take care of herself.

She started the work since 1996. The group was co-founded by the group of friends met when seeing the doctor at the hospital. There were the talks to support each other. Before, they came to see the doctor every Tuesday morning then just split and went home. They felt the time was wasted and missed the chance to see each other because if they did not come to see the doctor, they would not have met. They thought that it should be the chance to talk to each other at least once a month. Then it became the meeting to talk and supported each other on every Wednesday. They would see the doctor for health check in the morning then the group activity in the afternoon. At first, there were only 10 members because the people are still afraid to disclose themselves. When seeing the doctor, they would hide their identity because they afraid to meet with their acquaintances. At that time, there was no free medication. They had to come to see the doctor and receive the medicine with expenses.

From the starting point at that day until now was already 15 years, Thida has been working with the group in supporting the friends living with HIV, both old and new members, whether in terms of taking care of the physical and mental health, taking the anti-virus and having access to the treatment, including family planning in the case they want to have children. Also she was giving the consult for making the most suitable choice for each person's life including giving all aspects of information for the people to make the right decision for themselves.

Moreover, Thida did not have the new partner but living with a close friend (whom she deemed as her siblings) who is the group's leader. They live in the apartment not far away from work. She also has the chance to constantly visit her parents in the upcountry.

**The characteristic which reflects that the person have gone through the self empowerment process**, Thida is a person with self confidence, open minded. She is able to make decision freely, be responsible for herself and see her own value. Now she is working as a financial officer of the group and continually conducts the group's activities.



**Figure 4.6** Background information and life experience of Thida\*

## **4.2 Process of women self-empowerment (from powerlessness to regain the power)**

The self-empowerment process in the feminist aspect means the process or step that enables the women to increase their power, by having the target, goal, belief and the view when looking back at themselves and not feeling depressed or suppressed which may obstruct them to not be able to make their own decision or choose their own path or the things they want, whether in the level of individual, community, society and culture, having the process as follows;

### **4.2.1 Development of consciousness of self**

The development of consciousness of self in women starts from that the women understand about themselves by self-questioning in order to understand what they are at the present. Self-understanding would help them to accept themselves in a realistic situation, both the positive and negative way without being bias or self-defense. It is the understanding process based on actual cause and effect. At the same time, the development of self-consciousness in women have a part in being the support to the women facing with the crisis, in order to understand the thing that is happening to them. This process would require the outsource power to support the women to achieve the development of self-consciousness (self-consciousness raising) because when they knew their blood result positive, they would lose the power within themselves. Therefore, in such condition, the outsource power is required i.e. friends, parents, siblings, husband or the trusted closed person in order to support these women to use the time to understand, accept the things that happened and the thing that they are facing until the self-consciousness arises.

After the women with positive blood result have passed the development process for self-consciousness, these women would be courageous to review themselves and able to share the experiences of being suppressed from the social structure where the men is dominant. This could enable the women to be released and relaxed from the pressure and the problem that they were facing. It could said that in the development process of self-consciousness is the period which the women living with HIV/AIDS wish to only spend times with themselves or the closed ones in order

develop the self-empowerment in order to regain back the power lost at the time of knowing their blood result, up to the level that they can go back to the society.

The development process of self-consciousness in women living with HIV/AIDS could be divided into three stages as follows;

#### 4.2.1.1 The stage of facing with the problems before the rise of consciousness

The time when knowing the positive blood result is the initial phase of facing with the crisis, it is substantially necessary that the women receive the support from outside power source such as medical and public health services whether the doctor, nurse, psychologist which are the first outsource support that the women would meet when knowing their blood result at the hospital.

From the study showing that when the six research participants knew their blood result for the first time, the emotion and feeling status of them were not different. This point is deemed to be the starting point of being in the power loss or powerlessness of women, as the example below;

“When the doctor informed the positive blood result and the infection of HIV, it was like the world had crashed and utterly mystified. I did not know what to do but cry. When I came home and told the family members, my mother said it was alright, your sister is also the same, and we could live together. I felt better and supported. At first I think that AIDS was very scary and they were many people in the neighborhood died from AIDS because there is no cure.” (Jitra\*, interview)

“When the doctor informed that I was infected with HIV/AIDS, I took my child and went out of the room. I suspected it at first, but could not believe that I had it. My husband talked with the doctor and I just sit with my children and cried. At that time I only thought of when the doctor said that I would probably be able to live for just another 3 years, I left the room when I heard that word. When we came home, I had a fight with my husband because I was very angry. I asked him of whom he had the affair with, whether he used the condoms for protection and why would he have to bring this disease to me. At that time, I was scared of death because the doctor informed that I would be able to live for another 3 years.” (Malai\*, interview)

“The first feeling when I knew the blood result, I felt that my life was ruined and I have no future. As for the baby, I thought of abortion but I did not know where to do it. I did not tell my family. When I came home from the hospital, I told my husband and he cried. I was blurred since I knew the result at the hospital because I was very angry, I cursed him brutally because I received the disease from him. I never had sex with anyone but him when I was married. At that time, my husband did not know he had the disease. He knew when I went for pregnancy check at the hospital and we have no symptoms yet, so we live our lives the same.” (Ratree\*, interview)

“At that time I was pregnant with my first child and went for pre-natal care, when I knew the blood result for the first time, I did not believe. When I told my husband, he said that the result might be wrong and I did not have any information because we were in the upcountry. Until the time I gave birth to my first child at the clinic, I fed my child with the can milk because I was not confident. I was certain with the blood result when I was pregnant with the second child and had blood testing. This time I believed that I must be infected because I had a check with the provincial hospital. I was shocked because there was not much of information of this disease at that time; I only know that everyone who has it would die. When I told my husband again, we had a big fight. He had always denied that it was not his fault.” (Darin\*, interview)

From Darin’s case shows that at the first time knowing the blood result, she did not believe it and her husband comforted her that the result might be wrong. Moreover, she had no access to the information about AIDS because she lived in the upcountry which made Darin lack of the opportunity to access the information about AIDS. At the same time, even she did not believe in the result much, but she did not let her child drink her milk because she was not sure whether she was infected or not so it was the precaution. But when she knew her blood result again at the time of the second pregnancy, she was certain with the blood result and went to inform her husband but her husband did not accept the result. For few months afterwards, her husband got sick and eventually died.

“The hospital informed that I was infected with HIV and suggested me to receive the treatment at another hospital but I did not go. I thought of

doing nothing and die, I lost all of my dreams and thought of suicide. I used to starve myself but I did not die. I was the most complicated time in life, I lost hope in life even it was the recovery period after the operation. I did not eat or speak. The first time I knew the blood result, nothing is beautiful. I was paranoid and illusion that I had the symptoms even if I was not. I was stressed of how to live with others and my husband had died.” (Thida\*, interview)

#### 4.2.1.2 The self-consciousness arising stage

After knowing the blood result, when the women met with the doctor or officers from the private agencies who worked in the medical facilities for consult and support in all respects. The services in giving advice are delicate and profound, also there is the working process to empower the women. From giving the support in providing the safety space for women and listen to these women who are facing with the problems or misery and what is such misery. In the meanwhile, the service providers must be confident that these women would be able to go through the problems.

Besides, giving support to create the Self-Consciousness in women, it also depends on the thinking system, beliefs and experiences of each woman that they have learned and faced. Therefore, the service provider must understand the background and the development of such woman's identity. The pattern of support to create the self-consciousness could be the group activities, home visits, individual and group consultation.

This process is deemed as the first stage of the self-empowerment. From the information received from the research participants, most of the women knew their blood result from the pre-natal care. After knowing their blood result for a while, they were able to walk pass the feelings they had at the time they first knew the blood result and started to think, talk with their husband, consult with friends or family members.

“I am the person who always talked to me; I have taught and told myself since I was a child. My family is not a poor family but we were big family which our parents taught us discipline and did not spoil us. I am a tolerant person to

any hardship since I was young; I could do all of the farmer's work. When thought of my experiences, it was valuable because I was a farmer's child who could do anything.

When I faced with the problem which is deemed huge to others, but it was small for me, I started to think what I should do next. I talked to my husband and started to study the information, we learned that the infected woman is able to have a child without passing the disease. We also thought about whom our properties would be inherited to, so we thought of having a child. Then it was our intention to have a child. But when my husband died, I felt that it was a crisis because I already had a child. My child would be an orphan and who would be taking care of my child. I was very regret and felt lost, did not know what I should do next" (Wilai\*, interview)

From Wilai's case, it shows that after knowing her blood result, she was able to develop her self-consciousness by accepting the truth in life that from now on she must live her life with the blood result positive. In gaining conscious and talking to her husband to have a child to pass on their properties shows that she gained her conscious and gave new value to her. Because after knowing the blood result of herself and her husband, they thoroughly studied the information until they know how to take care of themselves during the pregnancy, before and after giving birth without passing the disease to their child. Moreover, from being raised in the big family, being taught to be tolerant with the difficulties and face with the problems, it made Wilai to be the person who could stand up and create the self-consciousness by using not much time.

"When I knew the blood testing result, I was like I have more time to myself. When I started to turn back to look at myself, I learned that nothing is permanent. But at first, I was not able to cut it all, I just make the understanding that No means No. I understand more that I have this blood result by myself and accepted that everything in life is always changing and nothing is stable. I started to understand the people surroundings more. It was like I found the truth of life. I found that anything could happen. I deemed that I was lucky to have AIDS because I could live with it, but if I have cancer I would be in much more suffering. Now I am happy, living moderately and not having any trouble. I think it depends on us of how we think or react." (Jittra\*, interview)

“Since I knew the blood testing result, I always like to research by myself. I like to read and find knowledge. I had a chance to read the handbook from the Thai Red Cross AIDS Research Center. It was scary at that time because there was not much information. I only knew that everyone who received the disease would die. At that time, I was prepared to die. I bought the insurance so when I die my child would have money to study.” (Ratree\*, interview)

“Even though I was not confident to be cured, but I tried to take care of my health because I have two children. The life then was very miserable. I thought whether I would really die. When I received any information, I would try because I did not have any real information. At that time, I was in Korat province and had the schedule to go to the hospital once a month. I met with the patients who went for pre-natal care together and we exchanged information. No one wants to be sick so they came to meet each other. Until the day that the patient feel that there were no cure to treat the disease and think that if they did not infect with the disease, they would live a normal life, being government officer’s wife. Now I know more about life, understand the people more, understand the person who is facing with the problem. If I did not come to work here, I would be like others to judge these people. When I worked here, I understand life of others more even sometimes it deemed to be little matter for me but big matters to others i.e. about the partners, how to tell the blood testing result with the partner in order to receive the treatment, the effect which occur to him. It is a sensitive issue.” (Darin\*, interview)

#### 4.2.1.3 Goal to achieve the self-consciousness

After passed the process of self-consciousness development, the main goal is that the women would have to develop the learning and development process, in order to create the self consciousness in their own identity (self-consciousness) and accept the things that happened to them, including able to define the meaning of what they want themselves to be (self determination). It will effect these women to regain their power back bit by bit, from looking back at the problem, evaluate and analyze the problem happened to themselves in all respects and have the clear understanding that the problem did not occur because they are bad women or promiscuous woman as the society have defined the AIDS infection.

Even women living with HIV/AIDS were able to develop themselves to have self-consciousness, it did not mean that the change developed from the self-consciousness which lead to regaining back the power, would not be back to the powerless condition. Because a self-empowerment process is dynamic, meaning that it could be change back and forth depends on the environment of such woman.

“At the time of pre-natal care and knew the blood result, the doctor told me to come back to the hospital if I want to have the abortion. I took about 4 months to make the decision. I made such decision because my eldest child was still very young, just 11 months old. If I was pregnant with another child and pass the disease, how my child live and the doctor would said that I would be able to live for just another 3 years so abortion was my best option then. So I went back for abortion and my husband did not object. He agreed with my decision because he was worried about the child. When the hospital did the abortion, they did not tell much information and just suggested that I should get the sterilization. But I need my husband to come and sign the consent to do the permanent sterilization. They judged that I should not have more children. The public health service then did not give much choice to the women. They did not give sufficient information of how to take care of ourselves if we were pregnant. At that time, there were no anti-virus medication for the pregnant women, only had the AZT.” (Malai\*, interview)

“When my husband died, it was a crisis because I already had a child. I thought that my child would be an orphan and who take care of my child. I was regret and felt lost, did not know what to do next. Before, I talked to my husband and we intended to have a child and that time we both knew the blood status. We studied a lot of information and know that the infected woman can have a child without passing the disease. We want to have a child to inherit our properties, it was the intention to have a child. When I started my pregnancy, my husband got sick badly and I still had to work. At early stage of pregnancy, I had lots of morning sickness up to the level that I wanted to have the abortion but I was tolerated because I intended to have a child. When my pregnancy was 7 months old, my husband started to get very sick and stayed at the hospital often. I still had to work even if my pregnancy almost died because I have expenses awaited.” (Wilai\*, interview)

In Wilai's case, she had the intention to have a child even she knew her blood result. The research of relevant knowledge, including confirmation her own decision to have a child to inherit the parent's property. Even if the result from Wilai's decision which makes her had to fight with many medical persons who have bad attitudes towards the AIDS infection and the relatives with the attitude that they could not see the point of having a child at this condition.

However, the decision of Wilai reflected that Wilai truly regained back the power lost because she was able to stand and accept the situation and crisis with her consciousness. She searched the things surrounding to support her way of life because she was confident with this decision that it will fulfill her wish. Her child was like her goal and the hope of life.

#### **4.2.2 Reduction of shame and self-blame**

When AIDS is marked as the incurable disease and disgusting, comparing with other serious chronic diseases such as cancer, the women suffering from other chronic diseases would not be condemn like the women infected with HIV and able to live normal life, especially when they want to have a new partner. When the infected women wish to have the new partner, the society stigmatized these women that they did not estimate themselves of what they were having and wanted to spread the disease to others. In fact, the infected women are like others that they have the sexual desire and want to have the spouse. Therefore, women living with HIV/AIDS are able to have sex with protection and able to have a child by receiving advice and care from the doctor. The explanation of the fact about HIV, the infected person and AIDS would correct the wrong understanding of others in the society which helps women living with HIV to live in the society, same like other patient with chronic diseases. Moreover, it helps to recover and strengthen the power of infected women in order to be back to work and live their lives in the society happily.

In addition, when the ideology of the men being imminent (Patriarchy) which is the thinking system and belief that the practice of the man is the appropriate way. Most importantly, these ideology has infiltrated into the society structure which direct the thinking, raising, teaching methods and culturing the women to have the behavior of self blaming because of the responsibility towards the family, parents,

husband and child. Due to the process of giving significance and value to women and men under the Patriarchy ideology have created the inequality between the gender such as the set up of the role that the decent woman should be responsible for the house work and man have role and responsibility outside the house. The differences lead to the allocation of the different space in the society of men and women. The men's works are set to be in the public area and the women's work is set to be in the private area. From the reason of space allocation, it enables the men to be able to expose themselves because it was deemed as the matter happened in the public area while in the private area or the women's matter should be kept secret or shamed to talk about, such as the domestic violence, disease from malfunction of the fertility hygiene or sexual contagious disease.

As for the process to reduce the shame and self-blame of women living with HIV/AIDS could be divided into 3 stages as follows;

4.2.2.1 When fall into the condition of shame and self-blame from knowing the blood result

The shame of infected women started when the physical symptoms appear and being noticed by the surrounding person, whether the black bumps on the skin or the sickness from the infection of the incurrent diseases or the physical sickness which has not yet appeared but if other person knows about the positive blood result, they would be ashamed. This make the women faded from the society because they were repulsed by the people surrounding. If the husband died from the disease, the society stigmatize condemn that the wife would be infected with HIV and would soon die. These attitudes effect to the women that still living in the society, including having to work to support the parents or child. These women have encountered the difficulty in the work because of being disgusted and stigmatized as bad women, from example as follows;

“I received the medication when started joining the group. At that time, I lost lots of hair, my hair was very thin. My face was full of blemish and I had black bumps all over my body. I also get tired easily. When I started joining the group, I thought that my condition was very bad. I was panting of only just a walk and got exhausted easily. At that time, I avoided leaving the house because I was not

confident to go out and face with how the people surrounding and neighbors look at me. I tried to look at it as a normal thing. I would stay at home, helped my mother with the garden, and took care of the house. But at that time, I was not able to do much. I thought that whatever would be, will be. I am like this and would be impossible to turn back to live with the past. So I have to live with the present and read a lot of dharma books then.” (Jittra\*, interview)

“When I was pregnant for 7 months, my husband was very sick and went to the hospital very often. I still had to work because there were expenses awaited. The salary of assistant manager was around 8,000 Baht. The house rental was round 2,000 Baht. My husband was very sick and the baby was about to be born. The doctor came to talk to me that my husband was very sick and would not be living for long. At that time, I went to the hospital to take care of my husband, there was a nurse talked to me that I knew that I was infected and I still getting pregnant. I replied her upright that I intended to have a child and took care of myself well. I took the anti-virus drugs and the baby would not be infected” (Wilai\*, interview)

“I had the abortion of my second child after knowing the blood testing result due to the doctor’s recommendation to have the abortion at that government hospital. He told me that it would be dangerous to the child and suggested me to get the permanent sterilization. The nurse separated me to the private room because she knew that I was infected. I was in the room for the abnormal pregnancy which the mothers have contagious disease (it made other mother knew that I separated because I was infected). While I was waiting for the abortion, I had many checks. Then, I had the suppository for one night but I was only bleeding a bit. One day after that, the nurse injected the oxytocic medicine through my belly. Around 4-5 hours afterwards, I was extremely hurt and the baby came out. During the treatment, the nurse expressed the disgust because I was bleeding. The nurse could not tolerate so she injected the oxytocic medicine to accelerate the process because I was at the hospital for many days. After the baby came out, I had to get curettage in another room which was 3 rooms away. I had to walk pass other patients and they were giving me strange looks. Even the toilet was separated for me. When I had the curettage, I walked back to rest at the same room.

All of this, the doctor and nurse did not tell me any information in advance. Moreover, there were a group of medic students surrounded me and I was the study case. They blindfolded me with a cloth. They were talking medical language so I did not understand anything. I was very embarrassed at that time. It was like I was something, laying there and surrounded by the groups of people looking. It was beyond embarrassing. I remembered that my body and face were numb, I was very hurt at my belly and wounds” (Malai\*, interview)

“When my husband got sick, I was with him. I took great care of him and stayed with him at home. At that time, there were many infected person in the village. When he died, I did not tell anyone in the village but they knew because they came to visit. They criticized and talked bad things to ruin my reputation. I did not want anyone to visit because I was embarrassed. The customers were decreasing. At that time I was a dressmaker. When people knew what I got, they were disgusted and did not come to make the dress with me. When my husband died, I started to prepare things. I prepared everything because I would die not long afterwards. I did not raise my child since he was born. I gave my child to my husband’s parents to foster. I did not give attention or acquaintance to my child because I did not want to create the bonds. I knew that I am like this and would die soon so I did not want to create the bond with my child. I kept distance and send the money to my husband’s parents to raise and take care of my child” (Ratree\*, interview)

#### 4.2.2.2 The way to handle in the situation when facing with the embarrassment

In the process of reducing the shame and self-blaming of women living with HIV/AIDS would require these women to understand the factors that the society is forcing them to accept and surrender with the society which man is imminent. The crucible of the society still teaches and refines the women to have the behavior of self blaming because of the responsibility to the family, parents, husband and child which makes the women feeling devaluated and could not live in the society without the men.

“Before I was very hot tempered and rigid. When I first knew the blood testing result, I was still hot tempered. But when I started to get sick, I

started to have more time with myself and read more dharma book. I did not read just only few months but I read continuously for many years. I read books regarding Buddhism, Zen and other dominations. The book teaches me to understand the world, the human. Everything happens by its way, do not run and chase it or very tired. If we come back to ourselves, let everything be as it was. Live with the present because the future has not yet come and the past could not be corrected. Re-think and re-do. Think of everything we do. Do decent things and not exploit others. I am confident that I am a good person. Good persons are good in anywhere. Today I do good things and would not be regret later if anything happens” (Jittra\*, interview)

“The most crisis moment was when I knew the blood testing result, I felt that my life is over. From that point until I realized things now took me over 10 years. Just tell yourself and accept yourself of what you are, did not tell others, and were hard to overcome even if I start working in the AIDS agenda. I think that the things that helped me walked pass that point is the know ledges and fact received which had made me adjust my attitude and view that the infection was not from being promiscuous. It is not the wrong thing but it was just the things we never know. It was the things that was hindered, whether the intellectual, the frame from society, especially sexual matter. Before we were told that when the person got infected with AIDS, the person would die. I am able to live my life and not dead yet. I have not been sick with the symptoms as being told. I learned by myself and constantly take care and check physical changes, just learn things bit by bit.” (Ratree\*, interview)

“After my husband died, I talked to my sister that I wanted to take my children back to live at my native home. My sister understands me and took me back home. At that time, I prepared myself. I resigned from work but my company did not want me to resign because I would lose my severance payment. The manager told me to take the children home and come back to work. But I was sick with many symptoms whether coughs, diarrhea, lose my weight rapidly and exhausted when working. Most importantly, I afraid that my colleagues might know and thought that I would not be able to work efficiently so I resigned. The head of human resources department helped me get the severance money of 68,000 Baht and the employees in the company gathered the money to help me around 80,000 Baht. I had some fund to

start over and took my children to live at my native home as planned” (Wilai\*, interview)

Therefore, the process of reducing the shame and self-blaming of women living with HIV/AIDS would require these women to understand the factors that the society is forcing them to accept and surrender with the society which man is imminent which makes the women feeling devaluated and could not live in the society without the men. But when the women faced with the unfair situation often and continuously, the women would be frustrated and could not endure the silence culture anymore.

#### 4.2.2.3 Goal to reduce the shame and self blaming

When the women understand that AIDS did not occur from them being bad women or from old karma but occurred from the unawareness, the lack of access for self care, the self protection from contagious disease when having sex with their husband with no protection and the lack of bargaining power in sexual matter with their partner. When the women understand these matters, they have the development of power to control themselves (sense of personal control). It would make them change their attitude from not being able to solve the problem by themselves to be able to make their own choice to resolve the problem. After thoroughly analyzed, they would have the self development and realize their own value. They felt confident which lead them to choose the right resolution to solve the problem and helped the women to feel their own power which they have created by themselves.

“The process that most women use to release themselves from the frustration is the search of knowledge, understanding of the cause and root of problem in the level of the social structure in order to make the understanding that the problem they are facing is not personal problem, neither the karma from the past life nor their flaws. But it is the problem from the complexity of the unfair society. If the women is able to understand such matter thoroughly, these women would be able to stop suppressing, punishing and blaming themselves, including reducing the shame that they were bad women. Especially, the sexual matter relating to AIDS that they were facing, is the key factor that makes the women realize and find solution in order

to walk pass their problem. When they could understand themselves, they would be able to choose the new path, knowing they have a choice which means that they regain the power that they have lost back. Before, if they did not understand these matters, they think that they have no choice because they believe that it occurred from karma so they have to endure it” (Ouyporn Khuankaew, International Women’s Partnership for Peace and Justice, interview)

“That time, I wanted to live for 7 years. I did not know when would I die but I was prepared. I planned year by year but wanted to live for 7 years for my children to grow enough to take care of himself. When past the 7 years, I am neither sick nor dead so I have to think of what to do next. I planned my life longer and think positive. I received the insurance money after my husband died so I have the funds to take care of myself and children and I also have many insurance policies. At that time we did not have to take the blood check for doing insurance.” (Ratree\*, interview)

Even if all research participants have passed the self development process in the initial phase which is the self consciousness and to the second phase process which is the reduction of shame and self-blaming. When the time past, the process in this period enabled the research participants to find many ways and choice to empower themselves. From many factors whether the lost of their husbands, being aggravated by the husband’s relative in filing the lawsuits for the custody of the properties and children, the rejection from their own relatives or even the sickness and the diseases, it devastates and reduce the power gained back from the process, such as Darin’s case.

If I was not confident to be cured, but I tried to take care of myself because I had a child. I am uncertain whether I would be dead and when would I die. When I received any information, I would try it all because I did not have the real information. At that time, I have to check my pregnancy once a month. I met with the patient who also came for pre-natal care and we exchanged information. We did not want to be sick and wanted to come and meet. Until the day I knew that there were no medicine to cure, I started to get sick with lung disease, and the doctor gave me the medicine. The symptom was worst and I lose my strength. I was not able to stand up and just lay down. I ate only boiled rice and took other medicines i.e. decoction, Thai

medicine until I was very sick and admitted in the hospital. My husband's relative called my father to take me back home. When my husband died, I did not want to know anything. I was severely hurt and no one was taking care of me. Just laid down and wait for my dying day." (Darin\*, interview)

#### **4.2.3 Personal responsibility for change**

The development of women self-empowerment is necessary for women to understand themselves in their imagination in order to change themselves to the goal that they want to be. The wish for change started from giving the knowledge that the women want and create the belief that they have the value, they are good person, they have the strength, intellectual and power to live their lives in the way that they have chosen.

The development of personal responsibility for change of women living with HIV/AIDS could be divided into 3 sub-periods as follows;

4.2.3.1 The maintenance of the good feeling towards themselves and self appreciation

After women living with HIV/AIDS have passed the self-empowerment process in the first and second phases, these women would be able to set the goal in living their lives. The goals are similar which would be to continue living their lives and be able to live normally in the society.

"After I was married, my husband is the leader of the family. I never plan anything in life until I joined the group. I started working as the leader and have the chance to join the training regarding the gender rights. At first, I did not understand why we had to talk about rights and how it would relate to our lives. Until I learned that every change in life started from ourselves. I started to know and think of how to pass the crisis in life. The first crisis was the sickness which I learned the information from friends and doctors until I got strong and worked as the leader.

In living the life by choosing to have the new partner made me face with violence problem. At that time, I was stressed and think of a lot of things. I thought of how to pass this period and managed things quite difficult. If I did not have friends to consult with or give advice, it would be very difficult to overcome.

The building of self confidence, even at the time I did not have the family leader or husband, enable me to do everything by my own. It makes me stronger from the being person who has never done anything, just stayed home and be the housewife and supported by husband, until I lost my husband and work and earn the money by myself, take care and build things by myself. I learned that I have the potential and ability to work and support the family. I think this is the changing point of my life.” (Darin\*, interview)

“After my husband died, I went back to live at my home at Bangplee and came back to see the doctor at Bamrat hospital. Friends at the Sangtien club invited me to join the group activities every Wednesday afternoon. So I went there once a week. Before, Bamrat did not give the per diem but there were free lunch, snack and coffee. I started to help after the group’s mentor finished the project proposal requesting for budget to the Provincial Public Health Office. When received the budget, they asked me to help with the group activities for 2 days a week. Then when received yearly budget, the group’s mentor hired me monthly to help (having salary) so I started working since then. The main activities of the group comprises of creating “For Friends organization”, helping in the outpatient department (O.P.D.) such as review the patient’s file, talk to the patient during the waiting time. If met with the case that just knew the blood testing result, I would go to talk, give support and advice them to join the group.

I met with the friend who was working in the Voice and Choice program since I was a volunteer at the hospital. In 1999, my friend invited me to join the program because they received the budget for arranging the activities in the Anonymous Clinic at Nopparat hospital and Watchara hospital which we have to arrange the activity once a week, depend on the date set by the clinic and we also help collecting the research information of the program. This program was fun and made us understand about the disease that we have more, including that we were able to bring the knowledge we have and distribute to the friends who have the same disease in order to understand and have the spirit to living their lives.” (Malai\*, interview)

“The factor which makes me strong until today is my family, the understanding friends and support from people surroundings. Being able to live and accepted in the society is important. It was like we were not isolated and we have

the place to stand, not limit just one space but we can stand anywhere that we want without having anyone to limit us. The place is like the love from parents and friends. 10 years ago, I was looked at from head to toe. Later when he started to know more, he started to be jealous. He also got the infection. The whole village knows and sees me from very sick.

Some part is the hard work and not being defective. He started to see, the person surroundings started to see. Some people tried to talk about this and it grew by word of mouth. It spreads by itself. The information given was not important to what we did for others to see. The point that I am at is because people see what I did, grew by word of mouth. It is not hard to live and work. No one knows what I have when I go out. The person around here did not feel disgust of me; they called me to have meal or snack. The good self-consciousness must be maintained.” (Jittra\*, interview)

#### 4.2.3.2 The process of personal responsibility for change

The development to create the personal responsibility for change is the final process of self empowerment process. After the women living with HIV is able to develop themselves until create the change in lives, everyone would be confident, see their own value and proud of themselves. All of these factors reflect that such person have regained their power back and able to maintain their power.

“When I started working, the group and the foundation supported me to have the training for develop my potential, both in giving the advice, public speech and how to take care of physical and the mental status when the person got infected. Because when I have to be the leader and be in front of many people, the information regarding the strengthen of the women’s potential have to be accurate. It gave the strong feeling like we regain the power back. It would be like there is power from inside. I brought the knowledge from the training to use. I feel the change after the training. There is the process to make me understand myself better” (Jittra\*, interview)

The creation to the process of learning from experience is the key factor for the development in women regarding the Personal Responsibility for Change. This makes the women become confident and courageous to learn things

which is the continuous process for the rest of their lives. They lived their lives and being grateful to be born as the woman and able to do the things they love, including making benefits to the society and beloved and accepted by others. These positive changes would make the women relaxed and do not have to live their lives with frustration.

#### 4.2.3.3 The decision to live normally

Therefore, the fact that the women living with HIV/AIDS is able to have self empowerment, they would need to understand the value and significance of themselves, also the picture that who they are at the present in order to change themselves to the goal and to be who they want to be. The desire of change started from the seek of knowledge of what they want to know. When they have the knowledge, the doubt or frustration would be clear and the women would realize that they have the value, they were decent person with strength, intellectual and the power to live their lives in the way they wanted to.

Moreover, the fulfillment of goal and success in life is the important thing that enables the women to develop the personal responsibility for change in a positive way. The fulfillment of goal does not mean only the success, but also include the mistake or failure. The failure may lead to success when such failure have been corrected and reminded as the lesson not to make the same mistake again. Most success occurred from the failure in the past. When the women truly understand what they are or what they were doing and learned from the mistake in the past, they would be able to bring such mistake to be corrected and become the success in the present.

“In the future, I would not be here forever. I would not last with the program. I think that I have a plan to back home in the future because I have my own farming land. Now I’m growing the rubber plantation but my sibling is taking care of it. I think that finally if I cannot work here, I would go back home and arrange little activity. I want to give the training because in the community’s view, they see that the violence is the personal matter, AIDS is the matter far away from them. I would like to arrange the activity with the community. I used to do it by setting the broadcasting network in the evening to give the knowledge to the community, just like

a radio show, turn on the music and give knowledge at the same time.”  
(Wilai\*, interview)

“When working in the AIDS agenda, I deemed this blood result as the effect in the positive way because it makes me work with the friends better. They feel united with me, like we were friends. When I went to work, I would tell people that I also got infected. When I went to the training, I also tell that I am the infected person. I have experienced the problem myself. When I see a friend facing with the violence or bad attitude from the officers, I feel troubled. It is like I am both the infected person and NGO officer” (Wilai\*, interview)

### **4.3 The related factor which effected to the self-empowerment process of women living with HIV/AIDS in the context of Thai society**

#### **4.3.1 Internal factors which lead to the self-empowerment process are as follows;**

##### **4.3.1.1 The transition process of the way of thought, belief and faith**

The first inner factor is that the women should be change in the intellectual level such as the thinking and belief systems, including the faith. The thinking method of women should be dismantle, rebuild and change the aspect when looking at the problem. They have to stop believing that they have to surrender and follow the frame fixed by the society. Most of the Thai women are raised to be the good mother and wife, being the good daughter. When they got infected with HIV, they have to destroy these wall in the intellectual level with various processes until they developed the consciousness and interpretation which will create change in the perspective to themselves and the world or the outsource environment in a way that they would be happy. This revived the self-empowerment. It could be said that to look at the same situation with the different perspective in the part that is beneficial. But in the bad part, they have to accept it and not fooling themselves although they still feel the pain.

The intellectual did not come from just the hearing, reading and seeing, but gained from considering the feeling towards each experience such as when the women facing with some crisis, after they gain the consciousness, they would be able to face with the anger or fear. When looking back, they have known what is the cause of fear or anger, for example;

“Before I was very hot tempered and rigid. When I first knowing the blood result, I was still hot tempered. When I started to get sick, I started to have more time with myself and read more dharma book. I did not read just only few months but I read continuously for many years. I read books regarding Buddhism, Zen and other dominations. The book teaches me to understand the world, the human. Everything happens by its way, do not run and chase it or you are very tired. If we come back to ourselves, let everything be as it was. Live with the present because the future has not yet come and the past could not be corrected. Re-think and re-do. Think of everything we do. Do decent things and not exploit others. I am confident that I am a good person. Good person would be good in anywhere. Today I do good things and would not be regret later if anything happens” (Jittra\*, interview)

#### 4.3.1.2 The life experiences

After the women have faced with the crisis for a while, they lost their self confidence and feel weaker. When the time passed, beneath the strong personality after gone through the self consciousness process and realize the lost of balance within themselves until reach the change to adjust their thoughts and minds, then they have regained the power within themselves.

“I am the person who always talked to myself, I have taught and told myself since I was a child. My family is not a poor family, we were big family which our parents taught us discipline and not spoil us. I am a tolerant person to any hardship since I was young, I could do all of the farmer’s work. When thought of my experiences, it was valuable because I could do everything. When I faced with the problem which is deemed huge to others, but it was small for me. I was taught to endure to any obstacle which made me learn from the experience. I am a strong person who grew up with dignity and depends on other as least as I could. Therefore, now it is not the time to die, I have to keep walking forward and I am not yet sick. I always talk

to myself like this. I intend to keep on working and collect the money for self treatment. I always warn myself that people die from any disease so live the life gratefully and never be careless.” (Wilai\*, interview)

#### 4.3.1.3 The ways to encounter and solve their problems

The ways to encounter and solve their problems focus to the change or self manage and not giving up. The thinking would change upon the situation which really happened. This is one method to help the self empowerment in women, by trying to understand the society structure which is the outside system covering the women and understand the power source supporting the women to overcome the crisis. The Thai society teaches the women to love others and sacrifice for others, for the family, parents, children and husband, but they were not taught to love themselves. Therefore, when the women have the self-consciousness in their own identity, they loved themselves, see their own value and see that they could do the benefits to others which will enable them to promptly overcome the crisis.

Moreover, there were two types of the change within the women which are the gradual change and sudden change (Enlightening). The type of change in women varied upon their background nurture. Being aging has more condition and revives their power harder due to more need to depend on others or the need to maintain their social status. However, both types of change have the same character which is the deep change occurred from encountering with the misery (or happiness) that leads to intellectual and push to make the decision of the change in life.

#### **4.3.2 External Factors which lead to the process of self-empowerment in women living with HIV/AIDS are as follows;**

4.3.2.1 Resources, whether the resources within oneself such as knowledge, skills, creativity, imagination, including the identity which shows the character of the woman or the social resources. The support from people surrounding, whether the family members, relative or best friends could be deemed as the supporting resources for women to have the self empowerment or the systematic support by the professional personnel at the early stage when the women knew their

blood result such as medical treatment, consult or religious doctrine. Mental healing by the professional is one of the ways to support the women to regain their power.

“I think that the person who helped me to stand up again is my mother. I felt that I lost everything and I did not want to do anything. I felt hopeless and futureless. But my mother is my stand point, the principle that I can hold on to. She supports me and helped me to stand up again. My mother told me that I could be sad but do not be sad too much and try to live with the present. Her teaching was clicked. It made me want to live long and take care of my mother” (Thida\*, interview)

4.3.2.2 The representation of power (Agency) means both the representation of power in the form of person, agency or organization that use the power or being the motivation and target which creates many kinds of activities. Moreover, the meaning could be both positive and negative regarding the power relation. In the positive way, it means when the person have equivalent power to the power source (Power to), that person has a freedom to choose or make decision by themselves in order to achieve the goal in life.

In the society which men is imminent, is dominated by men and has the system regarding the value in gender that gives the importance to men. It could be seen from that the men are the ones with the power and have important role as a leader while women are prevented from the power resources whether in the fields of legal, economic, social status. The social institution system tries to prescribe the women to stay silent and have not much role in any institution.

In the working process of the organization who work to empower women, especially the Non Government Organization (NGO), which have adjusted their working process to support women living with HIV/AIDS to be able to develop the self empowerment process and maintain their power. In the study, there is information collected during the field work from the personnel or officer who works in agenda which deemed as the secondary information resource. These working processes having the supporting system could be deemed as the outside factor which helps support the women living with HIV/AIDS to regain back their power once again such as Ratee and Darin case.

“The most crisis moment was when I knew the blood result, I felt that my life is over. From that point until I realized things now took me over 10 years. Just tell yourself and accept yourself of what you are, did not tell others, and were hard to overcome even if I start working in the AIDS agenda. I think that the things that helped me walked pass that point is the knowledge and fact received which had made me adjust my attitude and view that the infection was not from being promiscuous. It was not the wrong thing but it was just the things we never know. Before we were told that the person got infected with AIDS, the person would die. I am able to live my life and not dead yet. I have not been sick with the symptoms as being told. I learned by myself and constantly take care and check physical changes, just learn things bit by bit.” (Ratree\*, interview)

“Before I had a husband as a leader of the family so I did not have to think about anything much, until I have to work as a leader and had a chance to join in the training relating to gender rights which have made me learn that everything starts from ourselves. I started to know and think about how would I pass this crisis, how would I build the self confident even if I do not have a leader or husband. I am able to do anything on my own and make myself stronger. I have friends to help giving advices and research the information. I have become the person who is courage to speak. I started to understand by start peeling myself off. When the cover is off, I would know what I want. I think this is the changing point of my life.” (Darin\*, interview)

As for the working process to revive the power within the women comprises of three parts; (Ouyporn Khuankaew, International Women’s Partnership for Peace and Justice – interview)

“We must understand the agenda regarding the social structure that Thai society is the society that do not give space and rights to the marginal people, especially the HIV infections and the infected women. Not only giving the rights but also depriving the rights and blocking the opportunity. Thai society does not listen to the voices of the marginal people. The personnel in the health service system define and give the meaning, including specifies the method and way to develop oneself, including the treatment method to these people”

“We must demand the society to build up the system to support the women if the women choose to have their own path by not depending on their husband. If there were no social system assisting, it would be very difficult because the women have to depend on the husband economically and the parents is not supporting or do not have the system to take care of the child, health care system or the assistance for the women to make a living”

“The work regarding the adjustment of the private thinking method in women and make the women understand the society structure. In parallel, we must help with the movement in the society because the drive for them to help themselves would not be sufficient. The society must develop itself from the unfair system

Besides, the Program helping the women and children affected by HIV/AIDS, Rak Thai Foundation, has been done in the eastern area by having the working process of both working with the person who suffered from direct effect, the health care service provider, the person who set the helping policy and services and working to build the understanding in the community

“The program had the background belief that the infected women would understand the situation, be able to listen to the problem and give advices which may fulfill the situation of the infected women better. Therefore, the women are the heart of the program. The program focused on developing the potential of the infected women by giving knowledge of how to take care of their health, both physical and mental. Moreover, there were developments in other fields to help build the confidence in women which lead them to take care of themselves and pass on the knowledge to others. Also, they had the information equivalent to the public health service provider (in order to make them feel that they did not have to depend on others and sometimes may reduce the work loads to the public health care service provider if infected women have the sufficient potential), whether the information relating to the fertility hygiene, general consult and the specific consult. The program helped the society to have the understanding in the broad range, including open the opportunity to the women living with HIV/AIDS to work with the program whether as a volunteer to hold the activities with the hospitals, schools and community in the program’s area. This developed the personal responsibility.

The research participants of two persons had a chance to work as the officer in this program.

Before these women have a chance to join the activity with the program in the area, many of them felt isolated and alone. But in joining the activities, they met new friends, able to talk and exchange thoughts. In hearing the story of others make the women think about the things they had encountered or encountering. After jointed the activity, most of them know themselves better and start to know what to do next. In my personal idea, the activities held by the program have the dimension of reviving the emotion and feeling, including giving the chance to reconsider about ourselves more because the program believe that every women have their own power. After holding the group activity and giving advices, the program had developed the leader of each group in order to be able to hold the activity which meets the requirement of group. The development of the group's leader have three important working principles which are 1) Enhance the knowledge to the women which is the starting point to develop the leader such as giving knowledge of how to take care of themselves and how to take the anti-virus medication, the knowledge about their rights to access the medical treatment 2) Empower the women to analyze their potential and 3) Develop their identity after gaining the consciousness and accept that they have to live with HIV. These were three principles which supported the women who had joined the program to be able to live their lives in the society with dignity.” (Warin Choomsai Na Ayudhaya, Previous Project Manager, interview)

In addition, Rakthai Foundation also proceed with the program voice and choice of women living with HIV/AIDS

“This program has the important working concept which focuses on the development in the potential of the leader of the women living with HIV/AIDS who have passed the learning of self-empowerment process. The building of potential and develop to the positive change by using the learning process of reviewing themselves and others in the safe place. Also, use the profound listening process in order to destroy the wall of thinking method and belief regarding to sex, power, role of man and woman and learning about wellness in sex and fertility hygiene. This made the program participant confident in learning, knowing, accepting themselves and their friends. So when they got to work, they has learned from the

mistake without feeling guilty because they understood to rectify the mistake until they have the confident and courage to communicate, distribute the knowledge, information and experience which were beneficial to others. These leaders were the main personnel to spread the activities in the form of friends helping friends. The goal is to promote the wellness in sex and fertility hygiene of the women living with HIV/AIDS. Also, to increase the potential and ability of the women to be able to choose and set the path in living their lives.

Voice and Choice Project in phase 1 was preceded during 1999-2002. The Power of Life group had jointly researched with Mahidol University to study about the problem and the desire of the women living with HIV/AIDS in Chiang Rai, Khon Kaen and Bangkok. Also, expanded the research to the southern region in Ra Nong and Narathiwat. In the 2<sup>nd</sup> phase of the program (2002-2005), was the joint work between The Power of Life group and Rakthai Foundation. The working process was adjusted to be proactive which led to the reinforcement of the leader's potential. There were trainings for the women living with HIV/AIDS in order to be part of the advisor in the hospital as the person with direct experience. Also, they had trainings to develop the potential in giving the advice.

From the work by talking with the leaders, we learned that the women living with HIV/AIDS are still unable to explain deeply of what the cause of their problem and the effect to them is occurred from what cause. Therefore, the advice in the past work was like to give support and prepare them to accept and face with the problem, but it was unable to manage the problem and its effect which occurred continually and repeatedly, especially the problem concerning the sexual health and fertility hygiene.

Therefore, the Voice and Choice Project in the 3<sup>rd</sup> phase (2006-2009) had extended to develop the self-empowerment in the women who are the leaders, by having the important working concept which was friends teaching friends. It was the learning process that started from the development of potential and self review of the leaders. It was the work to develop oneself before extended to be the work in the form of friends helping friends. Then, it was developed to be the work as the mentor in the hospital and working with the associate networks in order to improve

the acknowledgement, both in the practice and policy. (Sunee Talawat, Project Coordinator, interview)

If we look back to the operation of the public health organization, when the infected women got “pregnant again” after being infected and come back for receiving the service, they would be condemn as irresponsible to her child and to the society. Therefore, in preventing the pregnancy after the infection, there was the advice which would persuade the women to have the sterilization. In parallel, in case that the infected women got unintentional pregnant and not ready for the child, there was no measure or policy to safely terminate such pregnancy. If they wanted to terminate the pregnancy, it would come with the condition that they would have to get sterilized as well. There never have been any classification that in the numbers of women who got pregnant again after got infected, were the one who was not intend and was not ready for the pregnancy or the one who was required to be pregnant from the demand of others or intended to get pregnant. This matter shows that the family planning service, effective and safe birth control and the evaluation in the pregnancy readiness have not reached the infected women. The rights in physical body of those women were not yet protected by the policy and practice, and still being controlled by the medical service provider.

Under the operation of preventing the unintentional pregnancy of the infected women have also reflected that they focus on the quality of the child. Besides, we found that if been asked about the woman’s right or the rights in fertility hygiene, the answer from the operation officer would be about the responsibility of the mother to her child i.e. the readiness to have a child. In the case of infected women, they would be interpreted that their body would be weak and would be unable to take care of their child, as Malai’s case.

“When I went for the pre-natal care, the doctor told me to come back to the hospital if I want to have the abortion. When the hospital did the abortion, they did not give much information and suggested that I should get the sterilization. But I need my husband to come and sign the consent to do the permanent sterilization. They judged that I should not have more children. They told me that I get the abortion; I would get the sterilization, that’s the condition. If I continued my pregnancy, there was no anti-virus medicine, there was only the AZT. The choice was

just if I wanted to get the abortion, I have to get the sterilization as well. The public health service did not give many choices to the women or the sufficient information.” (Malai\*, interview)

Therefore, it was clearly specified in the case when the infected women gave birth to her child, she would be taken care of to be in good health in order to be able to take care of her child. There was nothing stated to take care of the woman as the human who need to be safe or have good health, and have the rights in their own physical body or able to make their own decision in their fertility hygiene.

4.3.2.3 The social context and culture which effected to the thinking system and sexual belief in Thai society

The belief, society and social value supported the man to have the power over the woman and make the woman believe that they were inferior or weaker than the man. These two feelings are the obstacle to prevent the development in order to reinforce the woman's identity. Besides, it tries to preach the woman to accept the role of being the perfect woman and sex object. The objective set by the social have caused the conflict in some women who wanted to live their lives as the “decent woman” as stipulated by the social.

In addition, the culture also have the important role in setting the women's thinking method, belief and the path in living the life, especially in the culture that the man is imminent which such culture have dominated in every society. This makes the women defeated and surrenders to the men's domination. Besides, the definition of women's identity is in the form of inferior and has less choice in living the life. These matters have caused the women to be frustrated very much. Therefore, the cultural feminist theory, which gives the importance to the woman's culture, proposes that the women have different characteristic with men. These decent characteristic should be praised and respect. If any character is different from the value set by that culture, it deemed as inferior culture or judged in the negative way.

Thai society also see value in men more than women, for example, the person who could be the good leader and successful should have the masculine characteristic such as speak loudly, like to lead, influence or exert the power to others, being venturesome. In the society like this, the feminine characteristic

such as listen to others, compromise, being gentle and delicate would not be respect and valued as the character of a good leader. Many women try to develop the masculine character in order to be accepted as a leader. In the contrary, if the man would like to develop the feminine characteristic such as being the follower, a good listener, being delicate and gentle, they would be criticized that they were not the real man. The man who listens to his wife and does the housework are criticized that he was afraid of his wife. Therefore, if the men are refined by this social frame regarding the masculine characteristic, they would become extreme masculine such as being aggressive, not listening to others, being over-confident and not expressing the emotion. This made the man unable to express certain feelings so we would see these men expressing their weakness when being drunk or in the unconscious condition. These pressure when combining with the stress that they were unable to accomplish the masculine goal according to the social expectation, I would lead the man to use the violence to the weaker person in order to release the pressure.

If the woman is preached to be the decent woman as defined by the society, they would be praised and respect from family, spouse and the society. The woman steps out of this frame, she would be oppose by the society by many ways such as condemn as the rigid person, not being courteous, aggressive. The woman is preached to be in this frame, she becomes the good follower, lack of confidence and would have no chance to be the leader or not able to make her own decision and have no part in making the decision whether in the family and in the society. These women have the tendency that they would not be able to protect themselves, would have been abused and taken advantage in sexual matter.

Besides, the belief and thinking system regarding sexual matter that have been carry on for a long time which effect to the belief and thoughts of people in Thai society, it also raises the violence in the structural way which is the systematic suppression to the person who have no power nor participation in setting the standard, value or regulation of the society which directly or indirectly effect to the woman's life. It has lessened the rights, freedom and taken advantage of the women. Especially, the women infected with HIV/AIDS whom have been suppressed by the prejudice of the people in the society that they were the promiscuous person, poor, uneducated, infected with the disgusting disease, terrifying and have no value to the

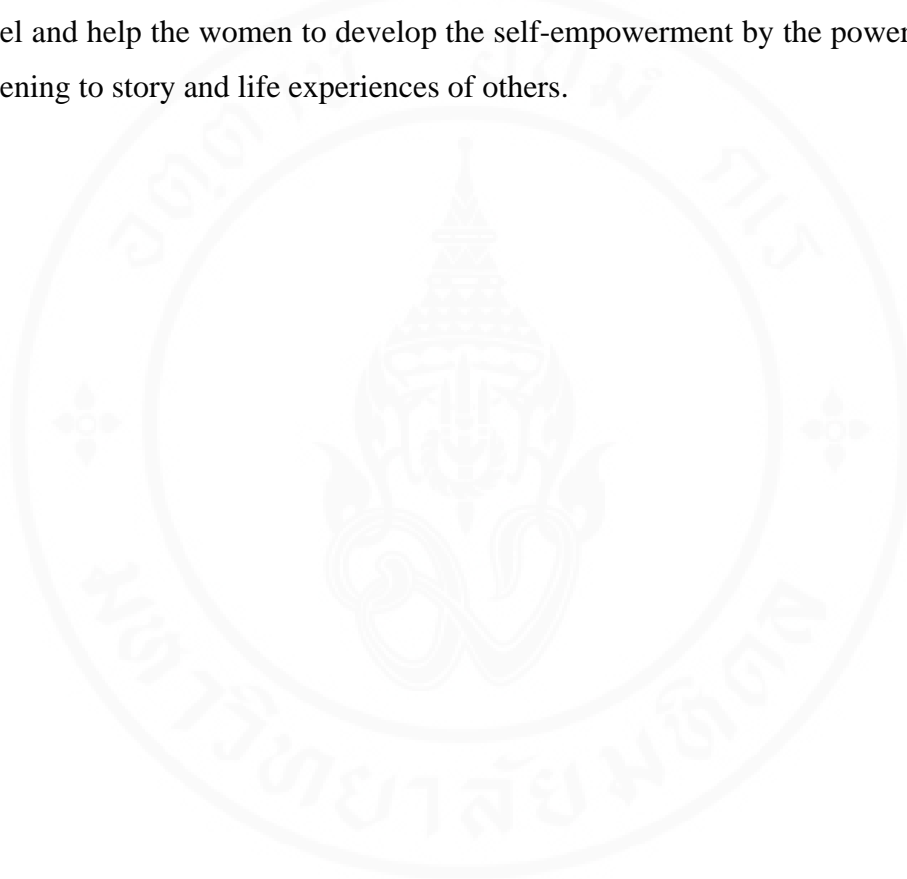
society because they would soon be dead from the disease. These prejudices came from the wrong knowledge and understanding about AIDS, resulting from the promotional campaign to prevent the disease in the early time which the government agencies had emphasized the dreadfulness of the disease so the people would be fear and not behave in the way that risk with AIDS infection.

The suppression to women living with HIV/AIDS occurred both directly and indirectly, by an individual, group of people or the institution using their superior power. The superior power means that an individual or group of people with the power resource and use power resource to take advantage, seek benefits, control or make the decision or define the experience on behalf of an individual or group of people with inferior power resource, for example, the public health service and the government control and decide about the welfare and treatment system for the infected women without having them participating in decision, the decision in policy and laws regarding the infected person without having the representative of the infected person participating in such decision or an individual or group of people define or judge the experience of the infected women in the negative way

Therefore, the understanding about the structure of violence occurred to the infected women help the society to understand that the men and women infected with HIV/AIDS are treated with discrimination or facing with nonequivalence. The infected women are double suppressed on both matter which are being infected with HIV/AIDS and being a woman.

In working to support women living with HIV/AIDS to develop the self-empowerment process, it is important to concentrate on the details regarding the sexual condition and consider the difference of the effect of the men and women. Moreover, building the safe place to be the place for learning and make the understanding of the structural violence that they are facing is necessary in the form of social necessity. The space developed and built from the social reason has the meaning to the people in that society. The member of the society in this study is the women living with HIV/AIDS. The story shared in the safety place is the similar story that every participant experienced and overcome problem by the self-empowerment process.

When the women have the safe place, they can develop the learning process until the intellectual from the practice arise and able to see through the problem. The exchange with friends in order to understand the problem that is occurring or occurred in the past, whether in the form of listen to the story, talk, consult and friendly exchange of idea, are the way to raise the mind and intellectual level and help the women to develop the self-empowerment by the power gained from listening to story and life experiences of others.



## **CHAPTER V**

### **DISCUSSION**

From the study concerning the self-empowerment process of women living with HIV/AIDS. The researcher proposed the discussion regarding the results and findings from the study as followed;

5.1 The self-empowerment process of women living with HIV/AIDS

5.2 Related factors which effect to the self-empowerment process of women living with HIV/AIDS

5.3 Research Findings: pattern of transition process from the status of losing power (powerlessness) to regain back the power (power) of women living with HIV/AIDS which the similarity or differences would be subject to each woman's factors, having details as follows;

#### **5.1 The self-empowerment process of women living with HIV/AIDS**

The important principle of the self empowerment process of the women living with HIV is that the women have the ability in choosing and deciding; including having the freedom to live their lives in the path they have chosen. These abilities resulted from that the women periodically have the changing process within themselves.

Before making the understanding of those changing process, it is necessary to understand the social structure which instructed the women to be in the rules, value, traditions set by such society. Due to the social structure is the important obstacle that makes women living with HIV/AIDS to be rehabilitated and reinforced in order to regain their power back.

The demand for the development in explaining the inferior or lower position of the women to be more systematic, have created the feminist theory to

clarify these circumstances and used to develop the strategy and tactics in freeing the women more efficiently. Without the development of the complete theory, the opposition of the inferior position in women would be only symbolic and indication instead of being the management in the cause of root of the problem (Jagger & Rothenberg, 1993 cited by Warunee Phusinsit, 2545). Therefore, the feminist theory has the differences from other theories as follows;

1. The feminist theory not only being able to explain the occurrences, but also have to change such occurrences as well by focusing on the profound understanding in the situation of women more than other existing theories. In other words, the target was not only for the academic, for the change in the society as well. It would help the understanding in the conditions in the society which make the women live in the inferior position than men. Also, it would help to see the possibility in the change of the society and politics.

2. The basic objective is to analyze the relation of gender in order to understand the different power between men and women. Also, to understand the suppression position of women and the cause of all occurrence in order to overcome such suppression.

3. The feminist theory gives precedence to the women's experiences that it is necessary for the theory development. It seems that in order to understand the structure of the relation in the gender regarding the society and culture. It is necessary to consider the events occurred in the women's live in order to analyze and connect the personal experience to the joint experience of the society. In using personal experience of the women as part of building the theory, partly occurred from the view which determines that the explanation of being feminine, the relation between man and woman and other previous explanations were from the male thinkers and the proposals had always made the women be in the inferior position.

Therefore, in giving precedence to the experience and acknowledgement of women and enabling the women to effectively decide and have the choice in living their lives, the self empowerment process is the important thing that enabled the women to share their experiences and acknowledgements to the society. Also, it must be reminded that experiences did not occur by itself but being built by the relation of the society and culture that the man is imminent.

### **5.1.1 The definition of women self-empowerment**

Women self-empowerment is the main word of women's development or the help to the people encountering the trauma in order to be rehabilitated and live normally like before they encountered such trauma. This event could happen to anyone no regards of gender, race, and it could happen to every identity. There is belief that everyone has the power within themselves. In the case of the women who are bruised by violence or infected, the self power would be reduced after knowing that they were infected with HIV/AIDS. Main reason that the self-empowerment was reduced because the society still condemned the women infected with HIV/AIDS, direct and indirectly.

Despite the women's reduction of power could be in various levels such as the HIV/AIDS infected from the lower social level. The social system did not be charitable to the person in the lower social position; there were unfair treatments and objection to them to find work. There are in the relationship where the husband is irresponsible, encountered the domestic violence or grew up in the family that did not support the self empowerment or came from the tribe or race which is deemed as the lower social level since people from the northeast region because Thai society is the society with stratification and look down at the people in lower class, therefore the power within would be reduce in many levels so the women's power would be continually reduced.

Power within is the thing that everyone has, but had not been matured and grew into the big tree which made the women be efficient and brave enough to decide their own lives such as the selection of spouse, work or the method to resolve the problem. Therefore, when the women knew that they were infected, their existing powered, whether already less or many, would be reduced. In some cases, they have to become the single mother due to the husband died from the disease or divorced, the women would have to bear the responsibility in taking care of the family, children and parents while many social structures did not support the widows to take care of their families. Therefore, we believed that these women have the inner power but need to be restored and required a lot of work inside the women because the outside system did not support these women to live normally.

Therefore, the power within is the efficiency that each person has. Each person has a chance to mature it to be strong differently, subject to the gender, race and social class. However, even the person is matured, but encountered with the challenging crisis, the women started to draw the power within, which apparently existed a lot, to deal with it. In the cases that the women know they were infected and did not choose to suicide or hurt themselves, the main reason is to live for their children. When thinking of their children, the power to fight rise up. In some cases, they have to take care of their parents or have a chance to do benefits to others; they feel that they still have the value to help others at this condition. Some of them did not give up or defeated by the problem. It has been seen that everyone has the power inside when they encountered with the crisis, and there were other external factors such as comparing with the person that encountered worst circumstances, which enabled them to bring back the lost power back and not allowing it to be decreased.

### **5.1.2 The generation of self-empowerment process of women living with HIV/AIDS and the maintenance of power**

Women empowerment process (Chawla, 2009: 25) is the process which the women have shared of the power to control the environments, humans and intellectual properties whether the knowledge, information or financial resources. They could access to the fund and control the decision in the family, community, society and the country. These things reflect that the women have the power. In summary, the women empowerment process means the women have changed the status of having no power (powerlessness) to having the power (power).

When speaking of empowerment, the target would be returning the power to women in order to control their lives rather than being controlled by the social, economical and political condition. The important agenda is who was the person to empower and empower by what method. In idealistically, there is no other way to empower anyone but the best way by themselves (self-empowerment).

In feminist's view, self-empowerment of women means the target, goal, belief and perspective of women when looking at themselves that did not make them depressed or suppressed until they could not make the decision of the way to live their

lives or what they really want, in the level of individual, community and society.

“Self-empowerment of women is the process that required working with the inner system of women deeply and timely. What we built for every woman is intellectual and set their consciousness at their breath. “Knowing and loving themselves”, these two words are the heart of feminist theory that suits with the Thai society in my own perspective. The words “rights” and “equality” may not be suitable with the Thai culture” (Ouyporn Khuankaew - International Women’s Partnership for Peace and Justice, interview)

There were two types of the change in women which are the gradual change and sudden change (Enlightenment). The type of change in each woman depends on how deep they have been internalized. More aging will have more condition and harder to change or the condition which they have to depend on others or the necessary to maintain their social status. Social status is very important which makes the women have to hide their bitterness. Also the beliefs, the background belief of women still believe that the family must be completed with the father, mother and children.

#### 5.1.2.1 The blood result and major change in women’s lives

HIV have caused the negative changes in the women in the initial phase, whether the loss of husband, friends, stigmatization by the society and family, concern in their illness, depression, distress and fear. But for a while, these women found that HIV have changed their lives in many positive ways i.e. receiving more love and care from family, changing of the thinking method and new perspective in living their lives, building the relation in the form of network to help and support women living with HIV/AIDS.

The feminists have explained the process of developing the self consciousness as the support to the women to generate the self consciousness (consciousness raising). When they have been supported in the form of group or individual, the women started to reveal themselves and share the experience of being suppressed by the social structure which the man is imminent. The women is be released and relaxed from the pressure until they were able to finally generate

self-consciousness. Moreover, the support for the development of self consciousness in women depends on the experience of each woman. Therefore, it is required to understand the background and the development of woman's identity.

The important process, which makes the women infected with HIV changed their perspective with AIDS from the change of their lives in the negative way to be in more positive ways, is the self-empowerment process. These women are able to change their perspective or thinking method about the way they look at themselves and the infection of HIV to be in the positive way.

The concept of bringing the self-empowerment to develop the potential of women living with HIV/AIDS started in the phase that the women knew their blood status. The women have to use a lot of power to fight with their minds and feelings. The repeated thoughts generally occurred. In this period, there is the defensive mechanism to protect themselves, but more efficient when they started to adjust their perspective to be realistic, not fooling themselves. The way of thought and perspective in the positive way would add the value to themselves in order to increase their inner power. Moreover, to live with the present or the necessary thing they need to do now or in the future would make the infective woman have more goals in life.

#### 5.1.2.2 When they were able to accept their blood result

After passing the problem resolving process, there were the changing point of thoughts and feelings (Turning Point). The infected women would pass the self understanding process by the self consciousness of their own changes which they could acknowledge by the minds and feelings. This period is the most important period which the woman would be able to enter the changing process to self-empowerment by adjusting the structure and defining the past experiences with the definition of the new experiences, including finding the true cause of the problem.

Starting from surveying their feelings and questioning themselves in order to challenge the thoughts and decision used in resolving the problem, and then thoroughly consider the summary to manage with the crisis. These thinking processes lead to the conclusion that the minds and feelings accepted that the problem had really occurred. When discovered the cause of problem and the solution, they learned to overcome problems by themselves and found their power within.

### 5.1.2.3 The search of solution in living the life and planning the life with the objective

When women living with HIV/AIDS are able to find their problem and frustration more, it effected to the development in their minds. It helped them look at the problem, estimated and analyzed the problem in various aspects in order to have the clear understanding and lead to the solution and better change. In this process, the women have the development in their power to control themselves. It helped changing the old way of thinking that they could not solve the problem by themselves, to be that they have many ways to resolve the problem. After thoroughly analyzed, it helped the person to develop and realize their own value and assisted the person to acknowledge their power within. After they passed this process, they felt stronger and had more power within themselves.

After the women passed the self-empowerment process, they can decide and choose the suitable solution and the decision would be under the conditions; 1) it is the method to resolve the problem by themselves 2) it matches with the real circumstance 3) it is able to fulfill the requirement of the way to live their lives 4) it is the way to build acceptance and open for other person to use in order to fulfill their targets.

### 5.1.2.4 The maintenance of the power and carry on their life

The development for women self-empowerment required the understanding of the women in their imagination in order to change to the target of the person they wanted to be. The desire of the women to change started from the education to the women on the matters they want to know which make them believe that they were valuable, decent, strong, and wise and have the power to live in the way they have chosen. The learning process is the heart the women's self empowerment process. It makes the women feeling confident and brave to learn things systematically and continually for the rest of their lives. They lived by respecting their own value for being the woman and live their lives by doing the things they loved, including being beneficial to the society and also being loved and accepted from others. These positive changes make the women feeling relaxed and live their lives with no frustrations.

## **5.2 Related factors which effect to the self-empowerment process of women living with HIV/AIDS**

Women self-empowerment is the concept which started to be accepted widely. In 1985, the Psychological Theory was used in the process concerning the women's self empowerment all over the world. This concept has been used in the movement against women's unfair treatment in South Africa and Caribbean region. This concept emphasized the understanding of "power" in various characters, whether visible or hidden in the culture, belief, preaching, etc. Also, strengthen the women to realize their own value (self-esteem) and have self confidence (self-confidence), including able to choose their path of life freely and when. And when the power has been accumulated sufficiently, up to the level that can change the unequal relation between the genders, whether in economical, political, legal and social civilization.

Besides, the international organization working for the movement for the women right had the important meeting in 1995 at Beijing, China. In this meeting, the self-empowerment had been used as the important strategy to develop the potential of women around the world as declared in the Beijing Declaration that "Women empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace" (Commission on Women and Development, 2007: 10)

The concept of women self-empowerment (Women empowerment approach) started to be used widely by the western feminists. In order to strengthen the development for the women to overcome the culture which the man is imminent, the women have the power and self-confidence. Therefore, in order to understand the women self-empowerment, it is necessary to first understand the type of power which is the material to determine the potential of the empowerment.

For the power (Power), in the view of the feminists, there are 4 types which are 1) Superior power (Power over) means to be dominant over other persons which relates to consensus, obstruction or instruction 2) Power to do (Power to) means to build the new power without being dominated 3) Power from the belief in the group (Power with) means to join in a group to build the power which believing to be more efficient in reaching the goal better than individually and 4) Inner power (Power

within) means the strength feeling of each person occurred from the acceptance and self confidence which lead to the equality in each person.

When speaking of women self-empowerment, the target returned the power to the women in order to enable them to control their lives rather than being controlled by the social, economical and political conditions. The main agenda is which method is used to build self-empowerment in the women. Idealistically, there is no other way to empower anyone but the best way by themselves (self-empowerment).

The important issue in the process is the ability to find the option and make the decision. If the women are able to do things, it could be said that the self-empowerment lead to the understanding in finding the option for the decision which most suits them best. Therefore, before making the decision, they must be able to priority the importance of the options. The women will learn about the benefit and the difference of each option clearly in order to tell which option has the first priority and the following priority (Kabeer, 2001: 28)

As for Kathy (2001: 55), who studied about the perspective of women living with HIV/AIDS, she found that when the women living with HIV/AIDS is able to explain their change, both negative and positive, which had occurred to them after the infection. The research participant had explained that HIV have caused the negative changes in the women in the initial period, whether the loss of husband, friends, condemnation by the society and family, concern in their illness, depression, distress and fear. For a while, these women found that HIV have changed their lives in many positive ways such as receiving more love and care from family, changing of the thinking method and new perspective in living their lives, building the relation in the form of network to help and support women living with HIV. From this study, it analyzed that the important process which makes the HIV infected women to adjust their point of view about AIDS, from the negative change in live into positive. That is the self-empowerment process which these women are able to change their point of view or the thinking method of how they look at themselves and the infection of HIV to be in the positive way.

When bringing the empowerment process to adapt in the view of self- empowerment, it was widely spread, especially in the perspective of feminist. Due to the support for the self empowerment of women, started from the support for the women

to create the self awareness (Self-awareness), see their own potential (Self-efficacy), including has the imagination or the positive perspective to themselves (Self-concept). The results of process enable the woman to appreciate their own value (Self-esteem) and have pride in themselves (Self-proud) until they feel that they have regain their power.

For the related factors which effect to the self-empowerment process of the women living with HIV/AIDS, they are categorized into the internal factors and the external factors.

### **5.2.1 The internal factors**

The internal factors which caused this process are as followed;

#### **5.2.1.1 The changing process of the thoughts, belief and faith**

The first internal factor is that the women must have the change in the intellectual level such as all of the critical and analytical thinking system, including the faith. The way of thought of women must be reconstructed and change the perspective when they looked at the problem. They have to stop believing that they have to surrender and follow the social norms because Thai women are raised to be the good mothers and wives. When women are infected with HIV/AIDS, they have to break this ceiling glass with the processes in the intellectual level until the acknowledgement and defining process arisen. In order to gaining self-empowerment, their viewpoint to themselves, the world or outside environment has changed in the way that it made them happy. It said that they faced the same circumstance with the new perspective that was beneficial to them, but also accepts the bad part by not fooling themselves even if they still feel the pain.

#### **5.2.1.2 Life experiences and life history**

After the women have faced with the crisis for a while, they lost their self confidence and felt weaker. After a while, beneath the strong personality, when they were aware of the lost of balance and went through the thinking process until discovered that the adjustment of the thinking and mind would rehabilitate the power within.

### 5.2.1.3 The ways to face and resolve the problem

The ways to face and resolve the problem focused on the adjustment or management of oneself and not surrender. The ways of thought have been changed in accordance with the real situation. This is one way to help the self-empowerment in the women by trying to understand the social structure which is the outside system influencing the women and understand the power resource which would support the women to overcome the crisis because the social norms taught women to love and sacrifice for other person, family, children and husband but not themselves. Therefore, when the women have the self consciousness, they must love and aware of the value themselves and see that they can do benefits to others which lead them to overcome their crisis instantly.

The learning process is the heart of self-empowerment process in women. It made women feeling confident and brave to learn new things in the continuous process for the rest of their lives, by living with respect in the value of being women and able to live their lives and do the things they love, including doing benefits to the society, being accepted by others. These positive changes the women to feel relaxed and able to live their lives with no further frustrations.

## **5.2.2 External factors**

The external factors which caused the women self-empowerment process are as followed;

### 5.2.2.1 Resources

Resources could be the materials, human or environment surrounding the women, whether already had within themselves such as knowledge, skill, creativity, imagination, including identity of each person or the social environment such as relative's relationship, friends, parents and children.

### 5.2.2.2 Agency

Agency means the representation of power whether in the form of individual, organization and agency using the power or motivate and target to create

the activities. Moreover, it had the meaning both the positive or negative way for the relation regarding the power. In the positive way, it meant that the person have the power equivalent to the power resource (Power to). Persons have the freedom in selecting or deciding things in the way which enable them to fulfill their life's goal.

The family institution which deemed the men as imminent, are influenced by men and have the system giving the value of sex towards men. It could be seen that the men possess the power and have the important role as the leader while the women are obstructed from the power resources whether in the field of legal or economic. The social system tries to set the women to be in the silence place and have not much role in any institution. If the organization or agency which is the power resource could adjust the perspective, point of view and thinking method from being prejudice to be working in the way that support the self-empowerment in women living with HIV/AIDS and enable them to maintain the power. It would be deemed as another outside factor supporting the women living with HIV/AIDS to regain their power back.

#### 5.2.2.3 The social context and culture which affect the thinking system relating to the sexual belief in Thai society

In the past three decades, United Nations and the International Development Agency have set gender mainstreaming approach to be the one strategy in developing the government organization and non-governmental organization in Thailand. Due to the Thai society is the Patriarchy society, the work concerning the gender mainstreaming have been challenged and opposed in many ways, for instance people see that factor is influenced from the western civilization or demanding by women so they have to resolve the problems by themselves. Also, they found that it was not an urgent issue or important which related to other agenda regarding the social development and bringing this agenda caused the conflict in society.

In fact, sex is the social issue because it concerns the living culture which effect to every dimension of everyone, every gender or generation, not only to the women. Therefore the explanation of the thinking system regarding the belief about sex in the feminist's view could be explained in 3 dimensions, which are; (Ouyporn Khuankaew, 2008: 43)

### 1) Sex in the physiology way (Biological sex)

Biological sex means the biological condition of the body which the men and women have most of the organs in common and some are different such as the men have the penis, testicle, sperm, mustache, beard but the women have the vagina, breasts, ovary and period. These things are the natural thing attached to the human at birth and unable to change except the surgery by the modern medical technology. However, it would not be perform its duty like the organ having at birth.

### 2) Process of building the gender (Gender)

Gender means the process to polish and refine by the society through various institution such as family, education, religion, economic, politics, culture, belief and tradition that refine men and women to have different role, image, value, expectation and belief regarding men and women.

The gender civilization is very strong and when combining with the harmonious work of every institution in building and polishing the women and men in Thai society to be frame, the result was that most of the women and men have the characteristics, personality, role and thinking in accordance with the frame and bring the problem regarding the power between men and women, both in the level of individual and social structure such as the belief, expectation and role that framed the men to be the leader and women to be the follower. It shows that factors effect to the raising and support the men to be the leader to control the power and make the decision in almost every institution of the country, from family, religion, education, press. Thoroughly consider, we have known that the gender civilization have been passing for a long time in Thai society which makes most people think that it is a natural thing, since at birth and unchangeable. In fact, the character, role or image in such frame has nothing to do with gender because it was created or set by the social civilization which may be varied. Moreover, when the circumstance and time changed, the role and expectation of each gender maybe changed such as in the war period, women were the one who make a living and support the family while the men had to become the soldier, crippled or dead. At the present, in many countries still have prolonged war and the men were dead so the women were recruited to be the soldier, even if in the previous decades, being the soldier was the responsibility of men only.

### 3) Masculinity and Femininity

It means the character and personality expressing masculinity and femininity which resulted from the gender building process such as speak loudly, being the leader, like the challenges and risk and being self-centered are deemed as the masculine character while being the good listener and follower, gentle, being attentive are deemed as the feminine character. The tradition regarding the gender has supported the men to develop the masculinity while most of the women develop the femininity with the same reason. However, it does not mean that the women would not have or able to develop the masculine character and the men would not have or able to develop the feminine character because these things occurred from the training and changeable, it was not the natural thing since birth which could not be developed or changed.

The important issue is that the Thai society value the masculinity more than femininity such as the good leader that could be successful shall have high masculine character, for instance speaking loudly, being able to influence or dominant to others, being venturesome. In the society like this, the feminine character such as being a good listener, compromise, gentle and delicate are not respect and value as the character of the good leader. Many women try to develop the masculine character in order to be accepted as the leader. In the contrary, the man who wishes to develop the feminine character such as being the follower and listener, delicate and gentle are criticized that they were not the real man. The man who listens to his wife is criticized as being henpecked. If the men developed the character according to this social frame, they developed the extreme masculine character such as being aggressive, not listen to others, having high self confidence and not expressing the feelings which affect the men to not be able to express certain feelings. Therefore, we found these men express their weakness when being drunk or unconscious. These pressure when combining with the stress of not being able to reach the masculinity according to the social expectation, affect the men to use the violence to the people with inferior power in order to release their pressure.

Thai women are taught in the frame of Thai Context, they must be respect and praised from the family, spouse and the society. If they step out of this frame, they were opposed by the society by various ways such as being claimed as the rigid person, not being polite in the way that the woman should be. If the women are

taught too much in social norm, they are the good follower, lack of confidence and have no opportunity to be the leader or not able to make the decision for themselves and have no part to make the decision in the family or the society. They were tending to not be able to protect themselves, being the victim of violence and sexually exploited.

Apart from the belief regarding sex which have been pass on for a long time which effect to the ways of thought and belief of the people in Thai society, it also effect to the occurrence of violence in the structure level which is the suppression to the people who have no power or part in setting the standard, value or social rules having the direct or indirect effect to the women's lives. The women would be derogated of the rights, freedom and taken advantage in sexual matter, especially the women infected with HIV who are suppressed by the prejudice of people in the society that they were promiscuous, poor, uneducated and infected with the disgusting disease, horrifying and have no value to the society because they would be dead soon. These prejudices occurred from the wrong knowledge and understanding effecting from the promotional campaign in the early time which the governmental agencies had focused to make the society fear of the disease and not behave in the way that would risk the AIDS infection.

### **5.3 Research findings**

Research findings: pattern of transition process from the status of losing power (powerlessness) to regain back the power (power) of the women living with HIV/AIDS which the similarity or differences would be subject to each woman's factors.

The results from this research have shown that the patterns of changing from the powerless status (Powerlessness) to power status (Power) of the women living with HIV have both the similarity and differences. Most of them have the similarity in phase 1, but in phase 2 and phase 3 have both similarity and differences depending on the condition and factor of each research participant in such time, as followed;

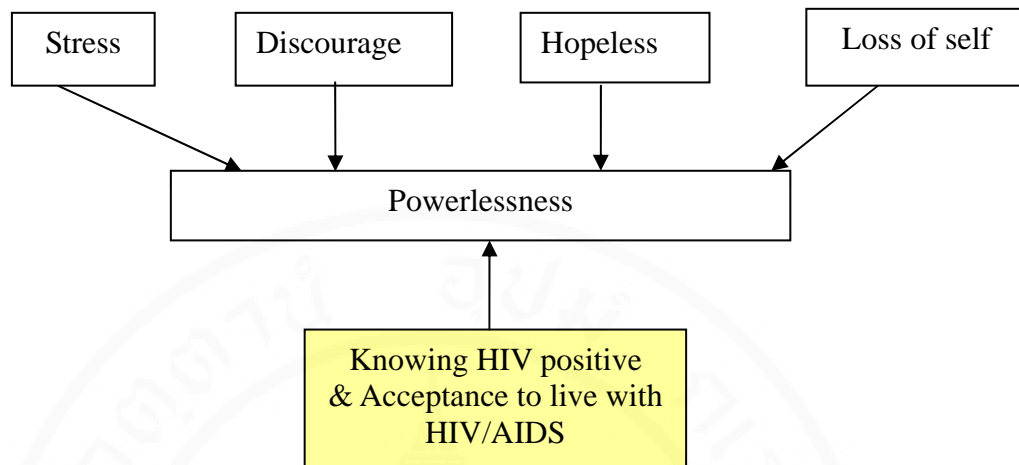
### **5.3.1 Phase 1: Development of consciousness of self**

In general, most women knew their infection at the time of pre-natal care which is the hard circumstance in facing many problems at the same time, whether the physical change during pregnancy, the care of the pregnancy and the decision in the short period about the baby whether to continue the pregnancy or not, how to make it safe, should they take the anti-virus and how would it effect to the child. These occurrences made the infected women face the hardship in lives, lose their identity and self confidence. They did not see their value and live in misery. They were unavoidable in the dependent condition, frustrated and hopeless. This problem is overlapped with the problem that the society has stigmatized the infected person to be the symbol of the person having inappropriate sexual behavior. The infected women were invisible in their identity and body, but were seen by the people surrounding of the HIV disease inside them.

This period is the period that the women knew the blood result positive and discovered that their value, meaning and pride have been terminated by the positive blood result. They would turn to be in the dependent condition which caused the frustration and hopelessness. Some are ashamed to meet with friends; some are in the depressed condition. These processes reflect the loss of existing power within the women. The findings of the research found the pattern, which has shown in Figure 5.1.

Although the medical care and treatment form the women living with HIV/AIDS cover both the opportunistic infections and the prescription of the anti-virus medication, but the service still have the old latent prejudice. For the infected women with the medication prescription in the present, we found that the problem of not being able to bargain about the use of condoms with the old and new partner is similar to the general women that usually have less sexual negotiating power, leading to unsafe sex which caused more infection and unprepared pregnancy. Most women live in the society without being able to estimate their risk in order to receive the treatment voluntarily. As for the concern of the Ministry of Public Health regarding the decrease of the infection rate in children, they have focused on the infected women receiving medication. At the present, many of the infected women are convinced to do the sterilization by not receiving other alternative options for birth control.

Even the primary attitudes of the medical personnel that the health care of the women infected with HIV/AIDS were the useless usage of personnel surrounding, they have also been changed because the treatment with antivirus medication works efficiently. But the problem which may effect to the treatment is the expectation of the medical personnel which focus on the behavior of the infected women came to receive the treatment, especially the discipline in taking the medicine and their social live. The attitude is not the lack of knowledge but is the expectation as the medical personnel that may effect to the way of looking at the women and the result of the medical treatment.



**Figure 5.1** Shown the process when the women lose the power or being in the powerless condition (Powerlessness) – phase 1 is the development of consciousness of self which is the first phase of the self-empowerment process of women living with HIV/AIDS.

### 5.3.2 Phase 2: Reduction of shame and self-blame

This is the phase after women accepted their blood result which they were able to point out the problem and the real situation happening to them and feel more frustration. It affected the women to look back at the problems, estimated and analyzed the situation in various aspects which gave them the clear understanding that lead to the solution and change to a better life. In this level, it helped the women to develop the feeling that they have the power to control their lives (Sense of personal control) which made them change their old perspective that they were not capable to resolve the problem on their own into that they have many options to resolve the problem.

In fact, the women who knew their blood result positive did not use the short time to regain the process to think, question and self review. Some women use long time up to years in order to be free from frustration, hopeless or powerless condition (Powerlessness) and regain back the power while some women use a night to turn back from hopelessness to the power status. Therefore, it depends on the surrounding environment, social preaching, the nurture and the identity of each woman.

Besides, the external factors such as the service agency also assist to resolve the problems in the minds of women living with HIV/AIDS, whether by giving

the formal counseling process in counseling room or informal by having the conversation and ask the problem in daily life.

The results of this research have shown that all of primary key informants have the transition process in phase 2 similarly and differently, upon the conditions of each person as followed;

### **Joint similarity**

1. The development of self consciousness such as the determination, tolerance and inexorability to the obstacle or sickness from the incurrent diseases that they are facing; for example, the case of Darin who worked with determination. She worked very late that her father is concerned that she was sick from the incurrent disease by having little time for rest and no time to take care of her health.

2. The goal in life set by them, both the short term and long term i.e. the case of Khun Ratreer who sets the goal to build her own house as the place to live when she is old and inherit as the asset to her daughter. Wilai has a goal to save the money in order to have some funds to do the farming at her hometown and wish to distribute the knowledge about AIDS to the community. For Darin, she wants to work in the health promotion for the community members and also sharing the knowledge about AIDS prevention. If she only gives the knowledge only about AIDS, on one would be interested because the people deemed it as the distant matter.

3. The receipt of support in order to revive the power back which occurred from the outside factors whether the friends, parents or the consultants. This process is important in helping the research participant to be able to review themselves and understand the situation occurred in order to decide and manage the things had that happened until they could find the new path for themselves.

### **The differences which effect to the different time in realization**

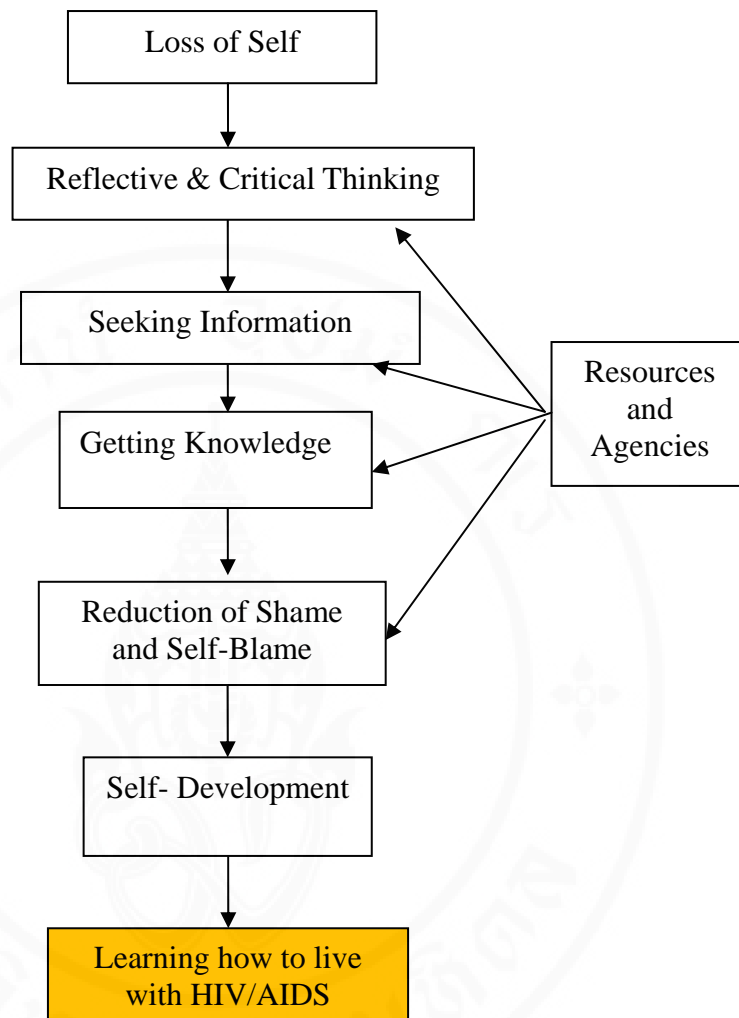
1. The support from both family and society. It could not be denied that family, in the Thai society context, is the basic factor which have important role to the family members, especially the women living with HIV/AIDS who still have to live their lives in the family and the society. Being accepted and given the opportunity,

help these women to see their value and gain back their pride that they did the benefits to others.

2. The discovery of the power resources such as having the opportunity given by the society in working with the group/club or the organization which is the important process that the women living with HIV/AIDS want and able to show their full capacity.

3. The continuous work is the important process which make the women living with HIV be confident and proud, also it would make them receive the chance to work continuously.

The development of self-empowerment requires building the women to understand their imagination in order to change themselves to their goal. The desire for change in the women started from the urge to know in the things they want. It made them believe that they were valuable, decent, strong, and wise and have the power to live their lives in the way they have chosen, as shown in Figure 5.2.



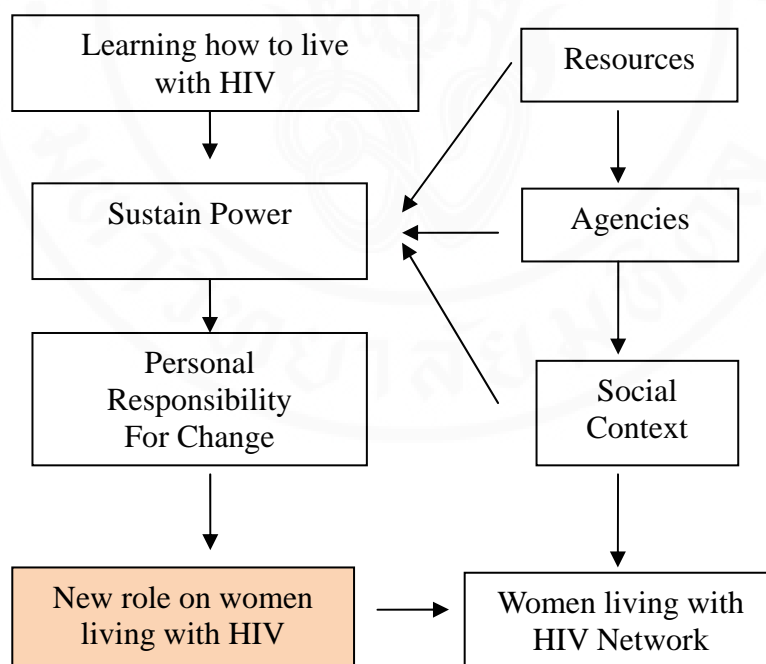
**Figure 5.2** Shown the transition process from the powerless condition (Powerlessness) to increase the power – phase 2 is the reduction of shame and self-blame in the process of self-empowerment of women living with HIV/AIDS

### 5.3.3 Phase 3: Personal responsibility for change

After passing the process of thinking and analyzing thoroughly, it would help the women to develop themselves, realize in their own value and have self confidence until they were able to make the suitable decision in resolving the problem and help the women to accept the life of living with the positive blood result and HIV. Also, they also acknowledged their own power. When passing this period, the women felt stronger and have more power.

The learning process is the heart of self-empowerment process of women. It made women feeling confidence and brave to learn things in the continuous system for the rest of their lives. They empowered their lives by respecting their own value of being born as woman and able to do the things they love. Also, they did the good benefits to the society, being loved and accepted from others. These positive changes supported the women feeling relaxed and did not have to further live with frustration.

In this period, the women have chosen the most suitable choices in resolving their problems. This decision is under four conditions which are 1) the way that can resolve their problems 2) conform with the real problem 3) able to respond the requirement in living the life 4) the methods to built acceptance and open widely for other person to use in order to accomplish the goal.



**Figure 5.3** Shown the continuously transition process from increasing the power to recover the full power – phase 3 is the development in order to have the personal responsibility for change in the process of self-empowerment of women living with HIV/AIDS

From this study, it has shown that all of six primary key informants have the opportunity to work with the non-governmental organizations concerning the AIDS matter, including the groups and clubs who give the support and development in the potential of the person living with HIV/AIDS, in many roles and responsibilities. Some of them did not receive any or very little remuneration from working as the volunteer, but all of the research participants were not weary because they have set up their mind to be beneficial and build the value to the society by helping the other infected person, including sharing the knowledge about AIDS to the community in order to reduce the rate of the new infection and the prejudice to the infected person. In addition, the opportunities to work also help increasing their skill and knowledge, and increase the confidence and respect in their own value. Moreover, this joint work as the network lead to the stipulation of policy and social welfare for the person living with HIV/AIDS, especially the women who need the delicate and profound policy regarding to Sexual Reproductive Health and Right in the future.

## **CHAPTER VI**

### **CONCLUSION AND RECOMMENDATIONS**

From the study of women self-empowerment process: case study of women living with HIV/AIDS, the researcher has concluded the results from the study as followed;

- 6.1 Conclusion
- 6.2 Research findings
- 6.3 Recommendations

#### **6.1 Conclusion**

The study of the self-empowerment process of women living with HIV/AIDS has the objectives to study whether there is the similarity or difference in the pattern and steps of the process and how it happened. Also, under what circumstance which it would happen and how. The research participants in this study were separated into two groups which are;

6.1.1 Primary key informants are the six women infected with HIV. The inclusion criteria to select the primary key informants are as followed;

- 6.1.1.1 Able to control and manage their problems
- 6.1.1.2 Satisfy in their own ability and see their self-value
- 6.1.1.3 Have goal in life and see the meaning of their lives
- 6.1.1.4 Have constant self-development for changing themselves to the goal

6.1.1.5 Able to give support to other women living with HIV/AIDS such as counseling, career training, health care, health promotion

6.1.2 The secondary key informants are three staffs of Non-Governmental Organization (NGO) who worked in the self-empowerment for women living with HIV/AIDS.

**Research method:** This research is the qualitative research due to the objectives of the research which were set to investigate the self-empowerment process of women living with HIV/AIDS and explore the related factors which make the process successful, by studying the self-empowerment process of the women who experienced it in the past in order to acquire the answer of the research. The interviews of the life stories have reflected the methods of how these women overcame the obstacles by using the self-empowerment process.

## **6.2 Research findings**

From the research findings, the pattern of the self-empowerment process of women living with HIV/AIDS was summarized into three phases as followed;

### **6.2.1 Phase 1: Development of consciousness of self**

The development of self-consciousness of women living with HIV/AIDS started from the woman understood about themselves by setting the question to themselves in order to understanding who they are in the present. This understanding supported the woman to accept themselves in both positive and negative circumstances without being prejudice or self-defense. The self understanding is based on the basis of actual cause and result. At the same time, the development of self consciousness is also a part to support the woman who faces with the crisis to understand the thing that is happening to them. This process requires the outsource power supporting the women to raise the self consciousness (Self-consciousness raising) because when they face with the positive blood result, they lost their power. Therefore, in this condition, they had to find the outsource power such as friends, parents, siblings, husband or the closed ones to support these women in using the time to understand and accept the thing that is happening and the thing that they are facing with until the self-consciousness is raised.

The development of consciousness of self among women living with HIV/AIDS was divided into 3 stages as followed;

6.2.1.1 The period when facing with the problem before the self consciousness is raised

The recognition of the positive blood result is the initial phase of facing with the crisis situation. It is necessary for the women to acquire the support from the outsource power such as the medical and the public health service providers whether the doctor, nurse, psychologist which are the first outsource powers that the women met after knowing their blood result at the hospital.

#### 6.2.1.2 The period which the self-consciousness is raised

After knowing the blood result, when the women have met with the medical personnel and the officers from the non-governmental organization who worked in the hospital for providing advice and supports in various areas, the services have been made with delicacy and profoundly. The working process has done in the way to help building the power to the women, from the support to help the women to have the safety space and determinedly listen to how these women have to face with the problem or crisis. At the same time, the service provider believed that these women can overcome problem.

#### 6.2.1.3 The goal of achieving the self-consciousness

When passing the process of self-consciousness, the ultimate goal is that the women have learning and development process in order to raising their self-consciousness and be able to accept the thing that is happening to them, including able to define the meaning of themselves in the way that they want (self determination). This affected these women to regain their power back bit by bit from looking back at the problem, evaluated and analyzed the problems that were happening to them in various aspects in order to have the clear understanding.

### **6.2.2 Phase 2: Reduction of shame and self-blame**

When AIDS is the disease that is condemned as the incurable and reproductive disease comparing to other serious chronic disease i.e. cancer, the women having other chronic disease would not have to face with the condemnation problem as the women infected with HIV and able to live their lives normal, especially in terms of having the partner. When the infected women wish to have a new partner, the society always stigmatize that these women are careless about their condition and want

to spread the disease to others. In fact, the infected women are like other people that they have the sexual desire, want to have the spouse. Therefore, the women living with HIV/AIDS are able to have sexual intercourse by providing safe sex activities and able to have children by receiving consultation and health care from the doctor. The explanation of the facts about HIV, the infected person and AIDS help correct the wrong understanding of the people in the society which help the women living with HIV/AIDS to have the space in the society, same as other chronic disease patients. Also, it assisted to restore and strengthen the power within of the infected person in getting back to work and live peacefully in the society.

The process of the reduction of shame and self-blame of the women living with HIV/AIDS was divided into three stages as followed;

6.2.2.1 The time when facing with the shame and self-blame after knowing the blood result

The shame of the infected women has started when the physical illness appears to other's sight whether the black bumps or the sickness from the infection of incurrent disease. The shame has occurred when the people know about the positive blood result, even if there was no physical illness which they would desert themselves from the society of being repulsed from the people surroundings.

6.2.2.2 The ways to deal with the situation when facing with the shame

The process to reduce the shame and self-blame of the women living with HIV/AIDS required the women to understand the fact set by the society that the women have to admit and surrender in the society which the men is imminent which make the women feel depreciated and devalued and not able to live without men. When the women often and continually face with the unfair situation, they were frustrated until could not further keep silent.

6.2.2.3 The goal to reduce shame and self blame

When the women understood that the AIDS infection did not occur from them being a bad woman or from karma in the past, but occurred from the

unawareness and no access to the knowledge of self care and protection from the infection of contagious disease from having sexual intercourse with their husband without safe sex. The lack of power to negotiate with their husband about sexual issues, when the women are able to understand with these matters, they have developed the feeling of power to control themselves. This made them be able to change their old thoughts that they could not solve the problem by themselves. They can find various choices as the solution to the problem. After thoroughly analyzed, they have a self-development to realize their own value and self confidence until they could select the suitable solutions to the problem and strengthen the women feel their own power that they have built.

### **6.2.3 Phase 3: The development of personal responsibility for change**

The development for women to have the self power is necessary for the women to imagine in their imagination in order to changing themselves to the goal that they wanted to me. The desire for change started from that they have the knowledge in the matter they wanted until they believe that they have value, are a good person, have strength, intellectual and power to live their lives in the way that they chose.

For the development of personal responsibility for change of the women living with HIV/AIDS was divided into three stages as followed;

#### **6.2.3.1 The preservation of self-pride and self-esteem**

After women living with HIV/AIDS have passed the self- empowerment process in phase 1 and 2, these women can set their life's goal. The goal is similar which is to live in the society peacefully.

#### **6.2.3.2 The process of the development for personal responsibility for change**

The development for personal responsibility for change is the final phase of the self-empowerment process. After the women living with HIV/AIDS developed themselves until they could create the change in life, everyone felt the self confidence, see their own value and have the self-pride. This reflected that they have regained the power in themselves back and able to maintain their power.

#### 6.2.3.3 Decision of live the life normally

The fact that women living with HIV/AIDS are able to empower themselves, they need to understand their own value and meaning, also the picture of who they are at present in order to change themselves to the goal that they wish to be. The desire for change of women started from that they seek in the matter they wish to know. When they had knowledge or enlightenment in the issue that they had doubt or frustrated, they felt that they had more valued, they were a good person, strength, intellectual and power to live their lives in the way that they chose.

In addition, it found that the six primary key informants have been given the chance to work in the non-governmental organization (NGO) relating to AIDS, including the working group to help and reinforce the potential of the people living with HIV/AIDS in various roles and responsibilities. Even if sometimes they barely received the remuneration or received very less remuneration from working as the volunteer, but it did not discourage the research participants because they intended to make themselves useful and build the value by helping other infected person, including to pass on the knowledge concerning AIDS to the community in order to reduce the number of new infection and also reduce the prejudice that the community had against the infected person. Apart from that, the work also helps increase their skill and intellectual which makes them feeling confident and seeing their own value. Also, the working as network lead to the stipulation of the policy and social welfare for people living with HIV/AIDS, especially the women who need the delicate and profound policy regarding to Sexual and Reproductive Health and Right in the future.

### **6.3 Recommendations**

The self-empowerment process of women living with HIV/AIDS has occurred both from the internal and external factors of the women. However, there was more support from the social system; the women have regained the power faster.

From this research have policy recommendations as followed;

#### **6.3.1 Assumptions and belief regarding AIDS of the Thai society**

Due to the people in the society of many sets of belief and understanding

towards AIDS which effect to the HIV infected person, especially the belief that the infected person is a promiscuous person, having sexual intercourse with many people while in fact most of the infected women got the infection from their husband by having sex without protection due to the trust in their husband. Moreover, when the infected women wanted a new spouse, the society has stigmatized these women that they want to spread the disease to others. It affects these women to have the less chance in life to access to the fair public services. In fact, the infected women are same as others that still want to have spouse. Therefore, the women living with HIV/AIDS are able to have sexual intercourse with safe sex method and able to have a child by receiving advice and care from the doctor.

The explanation of the fact regarding HIV/AIDS, infected person and AIDS would help correct the wrong belief and attitude to the people in the society and encourage women living with HIV/AIDS to be able to have the space in the society same as other chronic disease patient. Also, it helps restore and reinforce the inner power of the women living with HIV/AIDS to be able to work and live the in the society peacefully.

### **6.3.2 Adjustment of attitude and aspect in setting the system regarding medical and public health services**

For the set up of the system regarding medical and public health services for women living with HIV/AIDS, the adjustment of attitude and aspect is required by focusing on the lasting development in all-around potential of the women. It needs to be done holistically and balanced, focused on the quality development of the country's population especially the vulnerable group or the group which is disadvantage or neglected such as women living with HIV/AIDS. Also, there was the stipulation of the specific policy regarding the profound social welfare to the population in these groups.

### **6.3.3 Recommendations for the future research**

6.3.3.1 The attitude of the researcher is the necessary factor for setting the research questions. Therefore, before developing the project proposal to do the research, they must give precedence to the thinking method and attitude of the

researcher by adjusting the aspect towards these women that every women living with HIV/AIDS have the rights regarding fertility hygiene and sex. For the decision to have sexual intercourse, the pregnancy plan and termination of the pregnancy, birth control, they need to receive the information of the options which is completed and all around, same as the rights to access and receive the services to take care of their health and treatment with the anti-virus.

6.3.3.2 In the process of setting up of the research question regarding the care of the infected pregnancy women, there are the considerations regarding the different opportunity and choices from the factors relating to HIV status, relationship status, Thai citizenship status (or the labor/entourage of the labor/person that have no legal immigration document). The choices and opportunities regarding the economic and subsistence would make these pregnant women require the support in the health care differently.

6.3.3.3 There were the study results in the capacity development of the people working with women living with HIV/AIDS in order to have the understanding, especially the counseling course. Also, the reproductive health and right should be add, the officer could be able to provide advice, information and make the group to support the infected person. They understood the sexual ways; support them to talk about sexual intercourse, violence and unsafe sex in the infected person group. They supported the women who could not reveal the blood result, encountered the violence and help them mentally, socially or legally to these women.

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โรงพิมพ์มหาวิทยาลัยธรรมศาสตร์.



**APPENDICES**

## APPENDIX A



สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์  
 คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล  
 โทร.๐ ๒๔๔๑ ๕๑๘๐ โทรสาร.๐ ๒๔๔๑ ๕๑๘๑

ที่ ศธ ๐๕๑๗.๑๒/(วจ) ๑๐๕๕

วันที่ ๑๕ กันยายน ๒๕๕๔

เรื่อง แจ้งผลการพิจารณาโครงการวิจัยเรื่อง "Woman Self-Empowerment Process: Case Study of Women Living with HIV/AIDS"

เรียน ผู้ช่วยศาสตราจารย์ ดร.ธีรเดช ฉายอรุณ

ตามที่ นางสาวกนกพร เจริญฤทธิ์ นักศึกษาปริญญาเอก สาขาวิชาประชากรศึกษา คณะสังคมศาสตร์ และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ส่งโครงการวิจัยเรื่อง "Woman Self-Empowerment Process: Case Study of Women Living with HIV/AIDS" รหัสโครงการ MU-SSIRB(B2) 2011/157.2406 มาเพื่อขอรับการพิจารณาจาก คณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ นั้น

คณะกรรมการจริยธรรมการวิจัยในคนฯ ได้พิจารณาโครงการวิจัยที่แก้ไขตามข้อเสนอแนะของ คณะกรรมการฯ แล้ว มีมติเห็นสมควรให้การรับรอง

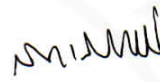
ทั้งนี้ คณะกรรมการฯ ขอเรียนระเบียบของคณะกรรมการจริยธรรมฯ ในการดำเนินการวิจัย ดังนี้

- ๑) ขอให้ให้นักศึกษานำเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัยที่ได้รับ การบอกกล่าวและเต็มใจ ที่มีตราประทับรับรอง จากคณะกรรมการจริยธรรมการวิจัยในคน ไปสำเนาใช้กับผู้เข้าร่วม การวิจัยเท่านั้น
- ๒) หากนักศึกษาต้องการปรับเปลี่ยนรายละเอียดบางส่วนของโครงร่างวิจัย ขอให้ท่านแจ้งมายังคณะกรรมการฯ โดยกรอกแบบฟอร์มการขอปรับเปลี่ยนโครงร่างวิจัย (Protocol Amendment) เพื่อขอรับการพิจารณารับรอง ก่อนเริ่มดำเนินการ เมื่อคณะกรรมการฯ พิจารณารับรองแล้วจะมีหนังสือตอบรับ (Acceptance Letter) แจ้งไปยัง ท่าน โดยระบุวันที่พิจารณารับรอง
- ๓) หากเกิดเหตุการณ์ไม่พึงประสงค์อย่างร้ายแรง รวมทั้งเหตุการณ์ที่ไม่อาจคาดเดาได้ล่วงหน้าก่อนเกิดขึ้นกับ ผู้เข้าร่วมการวิจัย ขอให้ให้นักศึกษารายงานมายังคณะกรรมการฯ โดยกรอกแบบฟอร์ม "รายงานเหตุการณ์ไม่พึง ประสงค์" หรือส่งสำเนาการรายงานที่ส่งไปยังผู้ให้ทุนมาให้คณะกรรมการฯ ด้วย เมื่อคณะกรรมการฯ พิจารณา รายงานเหตุการณ์ไม่พึงประสงค์แล้วจะมีหนังสือแจ้งไปยังท่าน โดยระบุวันที่พิจารณา
- ๔) หากนักศึกษาดำเนินการวิจัยเสร็จสิ้นภายใน ๑ ปี ขอให้ส่งรายงานความก้าวหน้าของโครงการวิจัยตามแบบฟอร์ม แบบติดตามผลการดำเนินการวิจัยประจำปี มายังคณะกรรมการจริยธรรมฯ หลังจากได้รับรายงานแล้ว คณะ กรรมการฯ จะมีหนังสือตอบรับการรายงานโครงการวิจัยและแจ้งปิดโครงการมายังท่าน

-๒-

ในกรณีที่โครงการวิจัยของนักศึกษา มีระยะเวลานานกว่า ๑ ปี หลังจากนักศึกษาส่งรายงานความก้าวหน้าของโครงการวิจัย ตามแบบฟอร์มแบบติดตามผลการดำเนินการวิจัยประจำปีที่คณะกรรมการฯ จะจัดส่งให้ภายใน ๑ เดือน คณะกรรมการฯ จะพิจารณาต่ออายุเอกสารรับรองโครงการวิจัยให้ หากนักศึกษาส่งรายงานความก้าวหน้า มาตามกำหนด

จึงเรียนมาเพื่อทราบ และแจ้งนักศึกษาต่อไปด้วย




(ศาสตราจารย์เกียรติคุณ ดร.สันหัด เสริมศรี)

ประธานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์

สำเนาเรียน      คณบดีบัณฑิตวิทยาลัย

หมายเหตุ:      ถ้ามีข้อความใดที่ท่านอ่านแล้วไม่เข้าใจ สามารถติดต่อขอหมายเพื่อการสอบถามได้ที่  
นางสาวกิตติวรรณ นิ่มศิษฐ์, นายสิทธิพร ชูสิทธิ์ธรรม โทร.๐ ๒๔๔๑ ๕๑๘๐

## APPENDIX B



COA.No.2011/184.1309

**Documentary Proof of The Committee for Research Ethics (Social Sciences)**

**Title of Project:** Woman Self-Empowerment Process: Case Study of Women Living with HIV/AIDS  
(Thesis for Ph.D.)

**Principal Investigator:** Miss Kanokporn Jaroenrith


**Name of Institution:** Faculty of Social Sciences and Humanities, Mahidol University


**Approval includes:**

- 1) MU-SSIRB Submission form version received date 9 August 2011
- 2) Participant Information sheet for Key Informant version date 9 August 2011
- 3) Participant Information sheet for Staff version date 9 August 2011
- 4) Informed Consent form for Key Informant version date 9 August 2011
- 5) Informed Consent form for Staff version date 9 August 2011
- 6) Interview Guideline version received date 24 June 2011
- 7) Observation Guideline version received date 24 June 2011

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

**Date of Approval:** 13 September 2011  
**Date of Expiration:** 12 September 2012

**Signature of Chairman:**  .....  
 (Emeritus Professor Santhat Sermsri)

**Signature of Head of the Institute:**  .....  
 (Assoc. Prof. Dr. Wariya Chinwanno)  
 Dean of Faculty of Social Sciences and Humanities

Office of The Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities,  
 Mahidol University, Phuttamonthon 4 Rd., Salaya, Phuttamonthon District, Nakhon Pathom 73170. Tel.(662) 441 9080 Fax.(662) 441 9081

## APPENDIX C

**หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัยโดยได้รับการบอกกล่าวและเต็มใจ  
(สำหรับผู้ให้ข้อมูลหลัก)**

วันที่..... เดือน..... พ.ศ.....

ขอแสดงเจตนายินยอมเข้าร่วมโครงการวิจัยเรื่อง “กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี”

โดยข้าพเจ้าได้รับทราบรายละเอียดเกี่ยวกับที่มาและจุดมุ่งหมายในการทำวิจัยรายละเอียดขั้นตอนต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติ ประโยชน์ที่คาดว่าจะได้รับของการวิจัยและความเสี่ยงที่อาจเกิดขึ้นจากการเข้าร่วมการวิจัย รวมทั้งแนวทางป้องกันและแก้ไขหากเกิดอันตราย โดยได้อ่านข้อความที่มีรายละเอียดอยู่ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย โดยตลอด อีกทั้งยังได้รับคำอธิบายและตอบข้อสงสัยจากหัวหน้าโครงการวิจัยเป็นที่เรียบร้อยแล้ว

ข้าพเจ้าจึงสมัครใจเข้าร่วมในโครงการวิจัยนี้

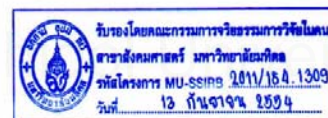
ข้าพเจ้าได้ทราบถึงสิทธิที่ข้าพเจ้าจะได้รับข้อมูลเพิ่มเติมทั้งทางด้านประโยชน์และโทษจากการเข้าร่วมการวิจัย และสามารถถอนตัวหรืองดเข้าร่วมการวิจัยได้ทุกเมื่อ โดยจะไม่มีผลกระทบใดๆ ต่อข้าพเจ้าแต่อย่างใด และยินยอมให้ผู้วิจัยใช้ข้อมูลส่วนตัวของข้าพเจ้าที่ได้รับจากการวิจัย แต่จะไม่เผยแพร่ต่อสาธารณะเป็นรายบุคคล โดยจะนำเสนอเป็นข้อมูลโดยรวมจากการวิจัยเท่านั้น

หากข้าพเจ้ามีข้อข้องใจเกี่ยวกับขั้นตอนของการวิจัย หรือการสัมภาษณ์ ข้าพเจ้าจะสามารถติดต่อกับนางสาวกนกพร เจริญคุณธิ์ เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879 ได้ตลอดเวลา

หากข้าพเจ้า ได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้าสามารถติดต่อกับประธานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ หรือผู้แทนได้ที่สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑล สาย 4 ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 โทรศัพท์ 0 2441 9180 โทรสาร 0 2441 9181

ข้าพเจ้าเข้าใจข้อความในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมนี้โดยตลอดแล้ว จึงลงลายมือชื่อไว้

ลงชื่อ.....ผู้ให้ข้อมูลและขอความยินยอม/หัวหน้าโครงการวิจัย  
(.....) วันที่.....



**APPENDIX D**

**หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัยที่ได้รับการบอกกล่าวและเต็มใจ  
(สำหรับเจ้าหน้าที่องค์กรพัฒนาเอกชน)**

วันที่..... เดือน..... พ.ศ.....

ข้าพเจ้า.....อายุ.....ปี อาศัยอยู่บ้านเลขที่.....  
ถนน.....ตำบล.....อำเภอ.....  
จังหวัด.....รหัสไปรษณีย์.....โทรศัพท์.....

ขอแสดงเจตนายินยอมเข้าร่วม โครงการวิจัยเรื่อง “กระบวนการเสริมสร้างพลังอำนาจภายในตนเองของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี”

โดยข้าพเจ้าได้รับทราบรายละเอียดเกี่ยวกับที่มาและจุดมุ่งหมายในการทำวิจัยรายละเอียดขั้นตอนต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติ ประโยชน์ที่คาดว่าจะได้รับของการวิจัยและความเสี่ยงที่อาจเกิดขึ้นจากการเข้าร่วมการวิจัย รวมทั้งแนวทางป้องกันและแก้ไขหากเกิดอันตราย โดยได้อ่านข้อความที่มีรายละเอียดอยู่ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย โดยตลอด อีกทั้งยังได้รับคำอธิบายและตอบข้อสงสัยจากหัวหน้าโครงการวิจัยเป็นที่เรียบร้อยแล้ว

ข้าพเจ้าจึงสมัครใจเข้าร่วมในโครงการวิจัยนี้

ข้าพเจ้าได้ทราบถึงสิทธิที่ข้าพเจ้าจะได้รับข้อมูลเพิ่มเติมทั้งทางด้านประโยชน์และโทษจากการเข้าร่วมการวิจัย และสามารถถอนตัวหรือขอเข้าร่วมการวิจัยได้ทุกเมื่อ โดยจะไม่มีผลกระทบใดๆ ต่อหน้าที่การงานและการปฏิบัติงานของข้าพเจ้าแต่อย่างใด และยินยอมให้ผู้วิจัยใช้ข้อมูลส่วนตัวของข้าพเจ้าที่ได้รับจากการวิจัย แต่จะไม่เผยแพร่ต่อสาธารณะเป็นรายบุคคล โดยจะนำเสนอเป็นข้อมูลโดยรวมจากการวิจัยเท่านั้น

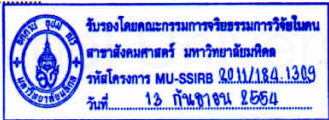
หากข้าพเจ้ามีข้อข้องใจเกี่ยวกับขั้นตอนของการวิจัยหรือการสัมภาษณ์ ข้าพเจ้าจะสามารถติดต่อกับนางสาวกนกพร เจริญฤทธิ์ เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879 ได้ตลอดเวลา

หากข้าพเจ้าได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้าสามารถติดต่อกับประธานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ หรือผู้แทนได้ที่สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑล สาย 4 ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 โทรศัพท์ 0 2441 9180 โทรสาร 0 2441 9181

ข้าพเจ้าเข้าใจข้อความในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมนี้โดยตลอดแล้ว จึงลงลายมือชื่อไว้

ลงชื่อ.....ผู้เข้าร่วมการวิจัย  
(.....) วันที่.....

ลงชื่อ.....ผู้ให้ข้อมูลและขอความยินยอม/หัวหน้าโครงการวิจัย  
(.....) วันที่.....



เอกสารแจ้งผู้เข้าร่วมการวิจัย (สำหรับผู้ให้ข้อมูลหลัก)  
(Participant Information Sheet)

ในเอกสารนี้อาจมีข้อความที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามหัวหน้าโครงการวิจัย หรือผู้แทนให้ช่วยอธิบายจนกว่าจะเข้าใจดี ท่านจะได้รับเอกสารนี้ 1 ฉบับ นำกลับไปอ่านที่บ้านเพื่อปรึกษาหรือกับญาติพี่น้อง เพื่อนสนิทของท่าน หรือผู้อื่นที่ท่านต้องการปรึกษา เพื่อช่วยในการตัดสินใจเข้าร่วมการวิจัย

ชื่อโครงการ: กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี

ชื่อผู้วิจัย: นางสาวกนกพร เจริญฤทธิ์

สถานที่วิจัย: เครือข่ายผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี ภาคกลาง ภาคตะวันออก และภาคตะวันตก

สถานที่ทำงาน และหมายเลขโทรศัพท์ที่ติดต่อได้ทั้งในและนอกเวลาราชการ:

23 ซอย 14/4 หมู่บ้านประชาชนเวศน์ 3 ถนนวิวานนท์ ตำบลท่าพรหม อำเภอเมือง จังหวัดนนทบุรี  
11000 เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879

โครงการวิจัยนี้ทำขึ้นเพื่อ ศึกษากระบวนการเสริมพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี พร้อมทั้งศึกษาถึงปัจจัยเงื่อนไขที่ทำให้กระบวนการดังกล่าวเกิดขึ้นและดำรงอยู่ได้ ซึ่งจะมีประโยชน์ที่คาดว่าจะได้รับคือ ทำให้ทราบถึงกระบวนการเสริมพลังอำนาจในตนเองของผู้หญิง ตลอดจนปัจจัยเงื่อนไขที่ส่งผลให้กระบวนการนี้เกิดขึ้นและดำรงอยู่ได้ รวมทั้งสามารถนำไปใช้เป็นแนวทางในการกำหนดนโยบายเพื่อพัฒนาคุณภาพชีวิตของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวีต่อไปในอนาคต

ท่านได้รับเชิญให้เข้าร่วมการวิจัยนี้เพราะ ท่านเป็นผู้ที่สามารถให้ข้อมูลอันเป็นประโยชน์ต่อการศึกษาเรื่องกระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี รวมทั้งปัจจัยเงื่อนไขต่างๆ ที่ส่งผลให้กระบวนการดังกล่าวเกิดขึ้นและดำรงอยู่ได้

จะมีผู้เข้าร่วมการวิจัยนี้ทั้งสิ้นประมาณ 5-7 คน ระยะเวลาที่จะทำวิจัยทั้งสิ้น 5 เดือน (เดือนกันยายน 2554-เดือนมกราคม 2555)

หากท่านตัดสินใจเข้าร่วมการวิจัยแล้ว จะมีขั้นตอนการวิจัยดังต่อไปนี้คือ

ผู้วิจัยจะขอนัดวัน เวลา และสถานที่ที่ท่านสะดวกเพื่อสัมภาษณ์และสังเกตท่านเกี่ยวกับ “กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี” รวมทั้งหมดจำนวน 10 ข้อ โดยใช้เวลาในการสัมภาษณ์ประมาณ 1 -2 ชั่วโมง จำนวนมากกว่า 1 ครั้ง

ในระหว่างการสัมภาษณ์ ผู้วิจัยจะขออนุญาตบันทึกเสียง และจดบันทึก ข้อมูลที่ได้จากการสัมภาษณ์ ผู้วิจัยจะดำเนินการทำลายข้อมูลจากเทปบันทึกข้อมูล ตลอดจนข้อมูลอื่นๆ ที่เกี่ยวข้องกับท่านภายหลังเสร็จสิ้นการวิจัย

ความเสี่ยงที่อาจจะเกิดขึ้นเมื่อเข้าร่วมการวิจัย ท่านอาจรู้สึกอึดอัด หรืออาจรู้สึกไม่สบายใจอยู่บ้างกับบางคำถาม ท่านมีสิทธิ์ที่จะไม่ตอบคำถามเหล่านั้นได้ รวมถึงท่านมีสิทธิ์ถอนตัวออกจากโครงการนี้เมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อท่านแต่ประการอย่างใด

หากท่านมีข้อข้องเกี่ยวกับขั้นตอนของการวิจัย หรือการสัมภาษณ์ ท่านสามารถติดต่อไปยัง นางสาวกนกพร เจริญฤทธิ์ เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879 ได้ตลอดเวลา

ข้อมูลส่วนตัวของท่านจะถูกเก็บรักษาไว้ ไม่เปิดเผยต่อสาธารณะเป็นรายบุคคล แต่จะรายงานผลการวิจัยเป็นข้อมูลส่วนรวม ข้อมูลของผู้เข้าร่วมการวิจัยเป็นรายบุคคลอาจมีคณะบุคคลบางกลุ่มเข้ามาตรวจสอบได้ เช่น สถาบัน หรือ คณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ เป็นต้น

การเข้าร่วมวิจัยนี้ท่านจะไม่ได้รับค่าตอบแทนและไม่เสียค่าใช้จ่ายใดๆ

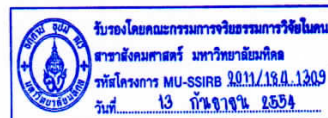
หากมีข้อมูลเพิ่มเติมทั้งด้านประโยชน์และโทษที่เกี่ยวข้องกับการวิจัยนี้ ผู้วิจัยจะแจ้งให้ทราบโดยรวดเร็วไม่ปิดบัง

ท่านมีสิทธิ์ถอนตัวออกจากโครงการวิจัยเมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมการวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อท่านแต่อย่างใด

โครงการวิจัยนี้ได้รับการพิจารณารับรองจากคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ ซึ่งมีสำนักงานอยู่ที่คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑล สาย 4 ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 หมายเลขโทรศัพท์ 0 2441 9180 โทรสาร 0 2441 9181 หากท่านได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ ท่านสามารถติดต่อกับประธานคณะกรรมการฯ หรือผู้แทน ได้ตามสถานที่และหมายเลขโทรศัพท์ข้างต้น

ข้าพเจ้าได้อ่านรายละเอียดในเอกสารนี้ครบถ้วนแล้ว

ลงชื่อ.....ผู้ให้ข้อมูลและขอความยินยอม/หัวหน้าโครงการวิจัย  
(.....)  
วันที่.....



สำหรับผู้ใช้ข้อมูลหลัก

## แนวคำถามที่ใช้ในการสัมภาษณ์

เพื่อศึกษากระบวนการเสริมสร้างพลังอำนาจภายในตนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี พร้อมทั้งศึกษาปัจจัยเงื่อนไขที่ทำให้กระบวนการดังกล่าวเกิดขึ้นและดำรงอยู่ได้

นิยาม กระบวนการเสริมสร้างพลังอำนาจภายในตน ในการศึกษาค้นคว้าวิจัยกำหนดไว้ เพื่อเป็นกรอบในการศึกษาเรียนรู้กระบวนการเสริมสร้างพลังอำนาจภายในตนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี ในสังคมไทย โดยใช้แนวคิดของ Kabeer (2001) L. & P. Chawla (2009) และ Linnea (2003) คือ กระบวนการเสริมสร้างพลังอำนาจภายในตนเองของผู้หญิงมีองค์ประกอบและปัจจัยเงื่อนไขที่ทำให้ผู้หญิงสามารถสร้างทางเลือกต่าง ๆ และตัดสินใจเลือกทางเลือกนั้นได้ด้วยตนเอง ดังนี้

ปัจจัยเงื่อนไขที่ส่งผลต่อความสามารถที่จะหาทางเลือกในรูปแบบต่างๆ มี 3 ประการ ได้แก่

1) ทรัพยากร (Resources) ซึ่งสามารถเป็นได้ทั้งวัสดุอุปกรณ์ สังคม หรือมนุษย์

2) ตัวแทนของอำนาจ (Agency) มีความหมายได้ทั้งการเป็นตัวแทนของอำนาจ ในลักษณะที่เป็นบุคคล องค์กรหรือหน่วยงานที่ใช้อำนาจเป็นแรงจูงใจและเป็นเป้าหมายที่ทำให้เกิดกิจกรรมต่างๆ

3) การบรรลุเป้าหมาย (Achievements) ความสำเร็จของบุคคลมักเกิดขึ้นจากสิ่งที่คุณเคยทำสำเร็จ เป็นอยู่ หรือกำลังทำอยู่อย่างแท้จริง เป็นสิ่งที่เกิดขึ้นตามธรรมชาติของบุคคลและเกิดการเรียนรู้จากความสำเร็จในอดีต จนสามารถปรับปรุงแก้ไขให้กลายเป็นความสำเร็จในปัจจุบันได้

การเสริมสร้างพลังอำนาจเป็นกระบวนการที่เกิดขึ้นภายในตนเองของผู้หญิงที่นำมาซึ่งคุณลักษณะ 4 ด้าน ได้แก่

1) ความสามารถที่จะควบคุมหรือจัดการสถานการณ์ได้ หมายถึง การที่ผู้หญิงมีการรับรู้ใน

ศักยภาพและความสามารถของตนเองในการเผชิญสถานการณ์ปัญหา การแก้ไขปัญหา ตลอดจนสามารถดำเนินชีวิตได้บรรลุตามเป้าหมายท่ามกลางสภาวะวิกฤติที่เกิดขึ้นในชีวิต โดยอาศัยสถานการณ์ปัญหาที่จะทำให้อำนาจเกิดการเรียนรู้อย่างใหม่ และสามารถนำความรู้และประสบการณ์ที่มีอยู่เดิมมาผสมผสานเพื่อนำไปสู่การเปลี่ยนแปลงที่ดีขึ้น

2) ความพึงพอใจในความสามารถและศักยภาพของตนเอง หมายถึง การที่ผู้หญิงมีความรู้สึกที่ดี และเห็นคุณค่าในตนเอง รู้สึกว่าตนเองสามารถทำประโยชน์ให้กับผู้อื่นได้ มีความมั่นใจและมีกำลังใจในการดำเนินชีวิตต่อไปเพื่อให้ประสบความสำเร็จตามเป้าหมายที่ตนเองได้วางไว้

3) การพัฒนาตนเอง หมายถึง การที่ผู้หญิงรับรู้ถึงการปรับปรุง เปลี่ยนแปลงตนเองไปสู่เป้าหมายที่ต้องการอยากจะเป็น ซึ่งจะช่วยให้ผู้หญิงมีความรู้สึกมั่นใจในความสามารถของตนเองมากขึ้น เกิดความรู้สึกมีพลังอำนาจในตนเองกลับคืนมา

4) การมีเป้าหมายและเห็นความหมายในชีวิตของตนเอง หมายถึง ความรู้สึกที่เกิดขึ้นในตนเอง เกี่ยวกับการยอมรับนับถือตนเอง เห็นคุณค่าและความหมายในการมีชีวิตอยู่ของตนเอง มีความเชื่อมั่นในตนเอง มีเป้าหมายในชีวิต มีความภาคภูมิใจในตนเอง และมองเห็นความสำคัญของตนเองในอันที่จะทำสิ่งที่เป็นประโยชน์ต่อครอบครัวได้

สำหรับผู้ให้ข้อมูลหลัก

แนวคำถามในการสัมภาษณ์ ประเด็นคำถามประกอบด้วย คำถามหลัก (Main Questions) เช่น

1. ปัจจุบันท่านมีความรู้สึกภาคภูมิใจในตนเองและเห็นคุณค่าของตนเองหรือไม่ อย่างไรและคิดว่ามีปัจจัยเงื่อนไขใดบ้างที่จะช่วยให้ท่านสามารถคงความภาคภูมิใจเหล่านั้นไว้ได้
2. ท่านมีเป้าหมายในการดำเนินชีวิตไว้อย่างไรบ้าง และท่านคิดว่าปัจจัยใดที่จะช่วยให้ท่านบรรลุเป้าหมายที่ตั้งเอาไว้ได้สำเร็จ
3. เมื่อท่านพบปัญหา อุปสรรคหรือวิกฤติที่เกิดขึ้นภายหลังจากที่ได้รับทราบผลเลือด มีกระบวนการอย่างไรบ้างที่ทำให้ท่านสามารถก้าวข้ามผ่านปัญหาอุปสรรคนั้นมาได้
4. ในระยะแรกที่ทราบผลเลือดท่านมีมุมมองต่อวิกฤตินั้นอย่างไร แล้วในปัจจุบันนี้มุมมองของท่านที่มีต่อปัญหานั้นเปลี่ยนไปหรือไม่ อย่างไร
5. การที่ท่านมีคุณลักษณะทั้ง 4 ด้านดังกล่าว คิดว่าเป็นเพราะเหตุใด สิ่งใดหรือใครที่คิดว่ามีส่วนในการช่วยส่งเสริม สนับสนุนและเสริมสร้างพลัง (เป็นไปตามเงื่อนไข 3 สิ่งคือ Resources, Agency, Achievements หรือไม่)
6. ท่านคิดว่าหากท่านไม่ได้มีสถานะทางผลเลือดเหมือนในปัจจุบันนี้ ท่านจะเป็นบุคคลที่มีคุณลักษณะทั้ง 4 ด้านนี้หรือไม่ อย่างไร
7. ท่านคิดว่าสถานะทางผลเลือดของท่านส่งผลต่อการทำงานหรือการดำเนินชีวิตในปัจจุบันนี้หรือไม่ อย่างไร (ทั้งผลกระทบด้านบวกและด้านลบ ช่วยอธิบาย)
8. ท่านเคยได้รับโอกาสในการแสดงความสามารถหรือศักยภาพที่ตนเองมีอยู่บ้างหรือไม่ ที่ไหนบ้าง อย่างไร และมีการส่งเสริม สนับสนุนโอกาสนั้นจากใคร
9. ท่านได้เข้าร่วมกิจกรรมต่าง ๆ ที่ช่วยส่งเสริมการพัฒนาศักยภาพ ความสามารถ และเสริมสร้างพลังภายในตนเอง บ่อยหรือไม่ อย่างไร และสนใจที่จะเข้าร่วมในหัวข้อใดบ้าง
10. ท่านได้รับการส่งเสริม สนับสนุนและเสริมสร้างพลังอำนาจจากภายนอก เช่น ครอบครัว เพื่อน ชุมชน เพื่อนร่วมงานอย่างไรบ้าง มีการกระทำอย่างไรที่ชี้ให้เห็นว่าเป็นการหนุนเสริมให้เกิดการเสริมสร้างพลังอำนาจภายในตนเอง

**เอกสารแจ้งผู้เข้าร่วมการวิจัย**  
(สำหรับเจ้าหน้าที่องค์กรพัฒนาเอกชน)  
(Participant Information Sheet)

ในเอกสารนี้อาจมีข้อมูลที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามหัวหน้าโครงการวิจัย หรือผู้แทนให้ช่วยอธิบายจนกว่าจะเข้าใจดี ท่านจะได้รับเอกสารนี้ 1 ฉบับ นำกลับไปอ่านที่บ้านเพื่อปรึกษาหารือกับญาติพี่น้อง เพื่อนสนิทของท่าน หรือผู้อื่นที่ท่านต้องการปรึกษา เพื่อช่วยในการตัดสินใจเข้าร่วมการวิจัย

**ชื่อโครงการ:** กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่กับเชื้อเอชไอวี

**ชื่อผู้วิจัย:** นางสาวกนกพร เจริญฤทธิ์

**สถานที่วิจัย:** เครือข่ายผู้หญิงที่อยู่กับเชื้อเอชไอวี ภาคกลาง ภาคตะวันออก และภาคตะวันตก

**สถานที่ทำงาน และหมายเลขโทรศัพท์ที่ติดต่อได้ทั้งในและนอกเวลาราชการ:**

23 ซอย 14/4 หมู่บ้านประชานิเวศน์ 3 ถนนติวานนท์ ตำบลท่าพรหม อำเภอเมือง จังหวัดนนทบุรี  
11000 เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879

โครงการวิจัยนี้ทำขึ้นเพื่อ ศึกษากระบวนการเพิ่มพลังอำนาจภายในคนของผู้หญิงที่อยู่กับเชื้อเอชไอวี พร้อมทั้งศึกษาถึงปัจจัยเงื่อนไขที่ทำให้กระบวนการดังกล่าวเกิดขึ้นและดำรงอยู่ได้ ซึ่งจะมีประโยชน์ที่คาดว่าจะได้รับคือ ทำให้ทราบถึงกระบวนการเพิ่มพลังอำนาจในตนเองของผู้หญิง ตลอดจนปัจจัยเงื่อนไขที่ส่งผลให้กระบวนการนี้เกิดขึ้นและดำรงอยู่ได้ รวมทั้งสามารถนำไปใช้เป็นแนวทางในการกำหนดนโยบายเพื่อพัฒนาคุณภาพชีวิตของผู้หญิงที่อยู่กับเชื้อเอชไอวีต่อไปในอนาคต

ท่านได้รับเชิญให้เข้าร่วมการวิจัยนี้เพราะ ท่านเป็นเจ้าหน้าที่องค์กรพัฒนาเอกชนที่ทำงานในประเด็นการเสริมสร้างพลังอำนาจให้กับผู้หญิงที่อยู่กับเชื้อเอชไอวี

จะมีผู้เข้าร่วมการวิจัยนี้ทั้งสิ้นประมาณ 3-5 คน ระยะเวลาที่จะทำวิจัยทั้งสิ้น 5 เดือน (เดือนกันยายน 2554-เดือนมกราคม 2555)

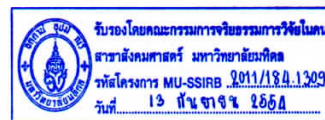
**หากท่านตัดสินใจเข้าร่วมการวิจัยแล้ว จะมีขั้นตอนการวิจัยดังต่อไปนี้คือ**

ผู้วิจัยจะขอนัดวัน เวลา และสถานที่ที่ท่านสะดวกเพื่อสัมภาษณ์และสังเกตท่านเกี่ยวกับ “กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่กับเชื้อเอชไอวี” รวมทั้งหมดจำนวน 5 ข้อ โดยใช้เวลาในการสัมภาษณ์ประมาณ 1 -2 ชั่วโมง จำนวนมากกว่า 1 ครั้ง

ในระหว่างการสัมภาษณ์ ผู้วิจัยจะขออนุญาตบันทึกเสียง และจดบันทึก ข้อมูลที่ได้จากการสัมภาษณ์ ผู้วิจัยจะดำเนินการทำลายข้อมูลจากเทปบันทึกข้อมูล ตลอดจนข้อมูลอื่นๆ ที่เกี่ยวข้องกับท่านภายหลังเสร็จสิ้นการวิจัย

ความเสี่ยงที่อาจเกิดขึ้นเมื่อเข้าร่วมการวิจัย ท่านอาจรู้สึกอึดอัด หรืออาจรู้สึกไม่สบายใจอยู่บ้างกับบางคำถาม ท่านมีสิทธิ์ที่จะไม่ตอบคำถามเหล่านั้นได้ รวมถึงท่านมีสิทธิ์ถอนตัวออกจากโครงการนี้เมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อหน้าที่การงานและการปฏิบัติงานของท่านแต่ประการอย่างใด

Participant Information sheet for Staff version 9 August 2011



หากท่านมีข้อข้องใจเกี่ยวกับขั้นตอนของการวิจัย หรือการสัมภาษณ์ ท่านสามารถติดต่อไปยัง นางสาวกนกพร เจริญฤทธิ์ เบอร์โทรศัพท์: 08 5810 5239 และ 08 3999 1879 ได้ตลอดเวลา

ข้อมูลส่วนตัวของท่านจะถูกเก็บรักษาไว้ ไม่เปิดเผยต่อสาธารณะเป็นรายบุคคล แต่จะรายงานผลการวิจัยเป็นข้อมูลส่วนรวม ข้อมูลของผู้เข้าร่วมการวิจัยเป็นรายบุคคลอาจมีคณะบุคคลบางกลุ่มเข้ามาตรวจสอบได้ เช่น สถาบัน หรือ คณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ เป็นต้น

การเข้าร่วมวิจัยนี้ท่านจะไม่ได้รับค่าตอบแทนและไม่เสียค่าใช้จ่ายใดๆ

หากมีข้อมูลเพิ่มเติมทั้งด้านประโยชน์และโทษที่เกี่ยวข้องกับการวิจัยนี้ ผู้วิจัยจะแจ้งให้ทราบโดยรวดเร็วไม่ปิดบัง

ท่านมีสิทธิถอนตัวออกจากโครงการวิจัยเมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมการวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อหน้าที่การงานและการปฏิบัติงานของท่านแต่อย่างใด

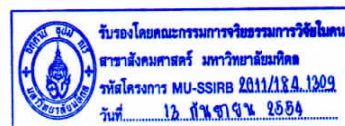
โครงการวิจัยนี้ได้รับการพิจารณารับรองจากคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ ซึ่งมีสำนักงานอยู่ที่คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑล สาย 4 ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 หมายเลขโทรศัพท์ 0 2441 9180 โทรสาร 0 2441 9181 หากท่านได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ ท่านสามารถติดต่อกับประธานคณะกรรมการฯ หรือผู้แทน ได้ตามสถานที่และหมายเลขโทรศัพท์ข้างต้น

ข้าพเจ้าได้อ่านรายละเอียดในเอกสารนี้ครบถ้วนแล้ว

ลงชื่อ.....ผู้เข้าร่วมวิจัย

(.....)

วันที่.....



สำหรับบุคลากรที่ทำงาน  
ในประเด็นการเสริมสร้างพลังอำนาจ  
ของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี

### แนวคำถามที่ใช้ในการสัมภาษณ์

เพื่อศึกษากระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี พร้อมทั้งศึกษาปัจจัยเงื่อนไขที่ทำให้กระบวนการดังกล่าวเกิดขึ้นและดำรงอยู่ได้

นियาม กระบวนการเสริมสร้างพลังอำนาจภายในคน ในการศึกษาครั้งนี้ผู้วิจัยกำหนดไว้ เพื่อเป็นกรอบในการศึกษาเรียนรู้กระบวนการเสริมสร้างพลังอำนาจภายในคนของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวีในสังคมไทย โดยใช้แนวคิดของ Kabeer (2001) L. & P. Chawla (2009) และ Linnea (2003) คือ กระบวนการเสริมสร้างพลังอำนาจภายในตนเองของผู้หญิงมีองค์ประกอบและปัจจัยเงื่อนไขที่ทำให้ผู้หญิงสามารถสร้างทางเลือกต่าง ๆ และตัดสินใจเลือกทางเลือกนั้นได้ด้วยตนเอง ดังนี้

ปัจจัยเงื่อนไขที่ส่งผลต่อความสามารถที่จะหาทางเลือกในรูปแบบต่างๆ มี 3 ประการได้แก่

- 1) ทรัพยากร (Resources) ซึ่งสามารถเป็นได้ทั้งวัสดุอุปกรณ์ สังคม หรือมนุษย์
- 2) ตัวแทนของอำนาจ (Agency) มีความหมายได้ทั้งการเป็นตัวแทนของอำนาจ ในลักษณะที่เป็นบุคคล องค์กรหรือหน่วยงานที่ใช้อำนาจเป็นแรงจูงใจและเป็นเป้าหมายที่ทำให้เกิดกิจกรรมต่างๆ
- 3) การบรรลุเป้าหมาย (Achievements) ความสำเร็จของบุคคลมักเกิดขึ้นจากสิ่งที่คุณคนนั้นกำลัง

เป็นอยู่ หรือกำลังทำอยู่อย่างแท้จริง เป็นสิ่งที่เกิดขึ้นตามธรรมชาติของบุคคลและเกิดการเรียนรู้จากความคิดพลาดในอดีต จนสามารถปรับปรุงแก้ไขให้กลายเป็นความสำเร็จในปัจจุบันได้

การเสริมสร้างพลังอำนาจเป็นกระบวนการที่เกิดขึ้นภายในตนเองของผู้หญิงที่นำมาซึ่งคุณลักษณะ 4 ด้าน ได้แก่

- 1) ความสามารถที่จะควบคุมหรือจัดการสถานการณ์ได้ หมายถึง การที่ผู้หญิงมีการรับรู้ใน

ศักยภาพและความสามารถของตนเองในการเผชิญสถานการณ์ปัญหา การแก้ไขปัญหา ตลอดจนสามารถดำเนินชีวิตได้บรรลุตามเป้าหมายท่ามกลางสภาวะวิกฤติที่เกิดขึ้นในชีวิตโดยอาศัยสถานการณ์ปัญหาที่จะทำให้ผู้หญิงเกิดการเรียนสิ่งใหม่ และสามารถนำความรู้และประสบการณ์ที่มีอยู่เดิมมาผสมผสานเพื่อนำไปสู่การเปลี่ยนแปลงที่ดีขึ้น

2) ความพึงพอใจในความสามารถและศักยภาพของตนเอง หมายถึง การที่ผู้หญิงมีความรู้สึกที่ดี และเห็นคุณค่าในตนเอง รู้สึกว่าตนเองสามารถทำประโยชน์ให้กับผู้อื่นได้ มีความมั่นใจและมีกำลังใจในการดำเนินชีวิตต่อไปเพื่อให้ประสบความสำเร็จตามเป้าหมายที่ตนเองได้วางไว้

3) การพัฒนาตนเอง หมายถึง การที่ผู้หญิงรับรู้ถึงการปรับปรุง เปลี่ยนแปลงตนเองไปสู่เป้าหมายที่ต้องการอยากจะเป็น ซึ่งจะช่วยให้ผู้หญิงมีความรู้สึกมั่นใจในความสามารถของตนเองมากขึ้น เกิดความรู้สึกมีพลังอำนาจในตนเองกลับคืนมา

4) การมีเป้าหมายและเห็นความหมายในชีวิตของตนเอง หมายถึง ความรู้สึกที่เกิดขึ้นในตนเอง เกี่ยวกับการยอมรับนับถือตนเอง เห็นคุณค่าและความหมายในชีวิตอยู่ของตนเอง มีความเชื่อมั่นในตนเอง มีเป้าหมายในชีวิต มีความภาคภูมิใจในตนเอง และมองเห็นความสำคัญของตนเองในอันที่จะทำสิ่งที่เป็นประโยชน์ต่อครอบครัวได้

สำหรับบุคลากรที่ทำงาน  
ในประเด็นการเสริมสร้างพลังอำนาจ  
ของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี

แนวคำถามในการสัมภาษณ์บุคลากรที่ทำงานในประเด็นการเสริมสร้างพลังอำนาจของผู้หญิงที่อยู่ร่วมกับเชื้อเอชไอวี ประเด็นคำถามประกอบด้วย คำถามหลัก (Main Questions) เช่น

1. งานที่ท่านทำในการเสริมสร้างพลังอำนาจให้กับผู้หญิงที่อยู่ร่วมกับเอชไอวีมีลักษณะอย่างไร มีกระบวนการดำเนินงานอย่างไรบ้าง
2. ท่านคิดว่าปัจจัยเงื่อนไขใดบ้างที่จะส่งผลให้กระบวนการทำงานในลักษณะที่ท่านทำอยู่ สามารถเสริมสร้างพลังอำนาจให้กับผู้หญิงที่อยู่ร่วมกับเอชไอวี
3. ท่านคิดว่าปัจจัยเงื่อนไขดังกล่าวมีความสำคัญต่อการเปลี่ยนแปลงไปสู่การมีพลังอำนาจในตนเองของผู้หญิงที่อยู่ร่วมกับเอชไอวีได้อย่างไรบ้าง
4. ท่านคิดว่า ลักษณะกิจกรรมหรือกระบวนการที่โครงการของท่านดำเนินงานอยู่ สามารถช่วยส่งเสริมการพัฒนาศักยภาพ ความสามารถ และเสริมสร้างพลังให้ผู้หญิงที่อยู่ร่วมกับเอชไอวี และส่งผลให้เกิดการเปลี่ยนแปลงที่อย่างต่อเนื่องในชีวิตของผู้หญิงที่ท่านทำงานด้วยอย่างไรบ้าง
5. ในหน่วยงานที่ท่านทำงานอยู่ มีการเปิดโอกาสให้ผู้หญิงที่อยู่ร่วมกับเอชไอวีได้เข้ามาทำงานร่วมด้วยหรือไม่ หากมี เป็นการร่วมงานในลักษณะใด

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