

The Developing Model to Take Care HIV Infection and AIDS Patients by Using Buddhism in Isan

¹Palida Chalermnan, ¹Songkoon Chantachon and ²Paiboon Boonchai
¹Research Institute of Northeastern Arts and Culture, Mahasarakham University,
Muang District, Mahasarakham 44000, Thailand
²Faculty of Education, Mahasarakham University,
Kantharawichai District, Mahasarakham 44150, Thailand

Abstract: The research of the developing model to take care HIV infection and AIDS patients by using Buddhism in Isan is beneficial to understanding the cultural, religious customs of Isan communities in using Buddhism in tending to HIV and AIDS patients. The belief of Buddhism in Northeast Thailand has a direct impact on the physical, mental, spiritual, social and economical aspects of everyone in Isan. Buddhist philosophy has successfully been applied to the treatment and caring of HIV patients, enabling them to live a quality life full of meaning and hope. Buddhism has enabled HIV patients to adjust themselves to the illness. This was very different from the past where they were confused and medical treatments were without direction. Modern medical treatments supplemented with alternatives in food, rest, recreation, healthy environment, herbal remedies and the most important is Buddhism practices In medication, seeking knowledge have greatly raised the quality of life for HIV and AIDS patients. Isan customs have given patients a conscience, tolerance to continue their fight and find a way to cure their illness and continue their life in happiness.

Key words: HIV, AIDS, Buddhism, religious customs, herbal remedies, Isan

INTRODUCTION

AIDS epidemic was first reported in 1978 and later officially reported in the United States of America in 1981. Ever since then, AIDS has spread rapidly throughout the world and has been reported in 90% of developing countries and Thailand. AIDS and HIV is a critical health threat and a dangerous contagious disease that is under the interest of everyone throughout the world. The end of the 20th and the beginning of the 21st century has proven that AIDS is a serious problem that has affected the livelihood of humans and has so far proven unstoppable. Reports in 1997 indicate that there were 30.6 million people infected with HIV and AIDS. Out of those numbers, 29.5 million were adults and 1.1 million were children (Bampenjit, 1997). The United Nations has reported that AIDS is a major problem in Asia and has resulted in the deaths of almost 500,000 Asians and the loss of 2 billion dollars annually to the Asian economy.

MATERIALS AND METHODS

Research area: The area of Northeast Thailand was purposively chosen because it is an area that fully reflects

the current status and situation of HIV and AIDS in Thailand. Primary data was gathered from 5 provinces in the Northeast region and was chosen because the region had the highest concentration of HIV patients in Thailand. The total of HIV patients in different province as follow:

- The province of Nakorn Ratchasima = 4,938
- The province of Buriram = 4,209
- The province of Roi-et = 4,169
- The province of Surin = 3,634
- The province of Sakonnakon = 1,663

Warunee *et al.* (2006), supplementary data was also gathered from the province of Lopburi in central Thailand and the province of Maehongson in Northern Thailand where Buddhism practiced were first applied to caring for HIV and AIDS patients.

Research method: Qualitative research methods were applied to this research. Data was retrieved by means of document analysis and field study in the 5 provinces in Northeast Thailand. Document analysis was conducted by analyzing past research studies, books related to the traditions, customs and livelihood of Northeastern Thai

or Isan people. Sources of these texts came from libraries, temples and museums. Field research was conducted by in-depth interviews, observations from informants, which included 15 Buddhist monks, 15 village leaders, 5 public municipality officials, 10 public health officials, 30 HIV patients, 15 adult citizens and 15 youths. All the individuals included in the survey were chosen by purposively sampling.

The data gathered from documented analysis was analyzed by means of method of agreement where they were verified for integrity and theoretical respectability. These documents were compared to each other for co formality and used as a reliable source of reference. Field data from all the tools and instruments used was categorized by typology analysis accordingly to the purpose of the study. Descriptive analysis was applied to present the research results.

RESULTS AND DISCUSSION

AIDS in Thailand: Thailand's first case of AIDS was in 1984 of a Thai male that had returned from the United states of America. After 1984, the number of AIDS patients and HIV infections increased dramatically. Thailand in 1997 reported 67.904 people diagnosed with AIDS and 28.276 people infected with HIV. Out of these 2 groups, 21.024 have already died. It is estimated today that there are 1 million Thais infected with AIDS. AIDS treatment is the most expensive treatment in modern medical care and Thailand has acknowledge that AIDS is an important problem for the country to tackle. The Thai government has a preventive and containment policy to combat AIDS since 1984. The policy is divided in three phases. The first phase was implemented between 1984-1990 where, the main target and policy was 'the prevention and containment of AIDS' the main objective and most urgent task of the ministry of public health. The second phase was during 1991-1995, where the main policy shifted after the government realized that the AIDS epidemic was not just a threat to the ministry of public health alone and initiated programs to tackle and prevent AIDS to individuals who were most likely at risk. The third phase was implemented between 1997-2001. Thai society during this period acknowledge the importance of AIDS through the promotion of the health ministry's promotion policy #8 in 1997. It was the first policy to promote public awareness. The first assembly of the institute of Thai traditional medicine, department of medical sciences, ministry of public health on herbal remedies was organized between May 30th to June 8th in 1997. The purpose of the assembly was the dissemination of beneficial public knowledge titled Buddhism leads to

good health, which can be applied to the relief of mental stress, support strong mental health by using Buddhism philosophies. The many benefits of Buddhism has initiated the cooperation among all ministries and government departments in implementing preventive measures and find solutions to tackle the AIDS problem. The involvement of a qualified leader to oversee the project of applying Buddhism to good health between 2002-2006 was included into the 9th national policy on AIDS prevention and protection.

AIDS has continued to rapidly spread in a wider circle even though the government has mobilized all their efforts to help HIV and AIDS patients. The conclusion is that during the first phase of the AIDS epidemic in 1984 the government still lacked direction and understanding in prevention and protection. There was misunderstanding that the disease was only limited to a small group, which consisted of homosexuals and heroine addicts. But during 1988-1989 the disease had infected over 40% of heroine addicts with HIV and the infection expanded to prostitutes and the general public. A National survey and awareness of AIDS was initiated in 1989 and found that over 44% of prostitutes in the Northern province of Chiangmai were HIV positive. In 1993 statistics showed that 31% of drafted military individuals were also HIV positive.

Statistics from between 1984 to 31 June 2007 reports that there are 319.949 people infected with HIV from all regions in Thailand. In Northern Thailand, there are 101.663, Central Thailand had 125.867, Southern Thailand had 35.675 and Northeast Thailand had 58.445 people infected with HIV. Out of the total amount of HIV and AIDS patients, 89.709 had died. The trend of HIV and AIDS had also expanded to a wider range of risk groups, which include female and male prostitutes, drug offenders who use needles and pregnant women over the age of 25 years old. New risk groups also included teenagers who had sex before marriage. Modern teenagers trend, which wrongly assumes that having casual sex is normal and because they are curious and want to try and have no regards for safety, are easily persuaded to engage in unsafe sex. The expansion of AIDS to these risks groups are a clear indication that Thailand's AIDS policy still lacks clarity.

AIDS in Northeast Thailand: The amount of time that HIV and AIDS patients adjust to their illness is different no matter how severe their illness, or how old they are or whatever occupation they are from. Statistics in Northeast Thailand in 2007 indicate that there are a total of 58.445 AIDS patients. The majority of patients or 27.99% are from the working class aged between 20-29 years old. About

24.45% are aged 30-34 years old. About 16.54% are aged 35-39. 9.07% are aged 40-44 years old and 0.32% are children age between 10-14 years old. The occupation of these AIDS patients include hired labor 44.46%, agriculture 20.65%, unemployed 5.94%, merchants 4.46% and housewives 4.11%. Men outnumber women 3:1 and most cases derived from HIV infections and eventually AIDS that affect the patients physical abilities from the chronic illnesses caused from the deterioration of the bodies immune system. About 80-90% of HIV patients continue to function their lives without symptoms for an average of 8-10 years after their infection (Kiati, 1998).

Mental affect: HIV and AIDS patients are faced with uncertainty in their lives, feel scared, depressed, scared, worried, self hatred, weary and exist their lives in immense pain and stress. Being infected with HIV or AIDS highly affects the individual's prosperity and quality of life. After going through a long duration of illness, AIDS patients realize that the only thing that awaits them is death. Faith for a cure and recovery no longer exists and eventually their behavior and attitudes towards their goals and hopes of a meaningful life change. Changes in behavior include anger, crying, seclusion, immersed in sorrow (Tassana, 1999).

Social affect: AIDS patients are accused, branded and symbolized as bad or evil people because society as a whole view AIDS as a disease, which happens to people because of their sins and misconduct of tradition and morality.

Economic affect: The economic costs for AIDS patients seeking modern medical treatment and care is very high. Treatments and medication that are sought include mental rehabilitation, herbal remedies and modern medicine. At the same time the patients are faced with lower or lack of income during their working age when they are fired, quit or not re-hired by their employer's because of social rejection. HIV and AIDS patients also have different time frames in accepting their illness no matter how severe their illness, occupation, gender or their social and economic status. Being infected with HIV or AIDS greatly effects the happiness and quality of life in a person because the patients are afraid to reveal their illness, many have been fired from their jobs, feel sad from the lacking of responsibilities, neglected and rejected from associates.

The distress, agony and despair in finding a cure for their illness has led many patients to search for a cure. The initial cure is mental remedies to help them adjust to the current environment, situation and circumstances that they will encounter. These situations include refusal to

accept their illness, misplacing guilt to others and seclusion. Mental mechanisms is very helpful and effective in helping the patient to acceptance of their illness and helps them to avoid the desperate and terminal wrong solution of suicide. The results of using psychological mechanisms can provide temporary relief and distress, but patients still require love and sympathy from society. Patients need to be forgiven and given opportunities to practice their beliefs and faith that they have such as sacrificial items and religion. Tendering to the soul and spirit is a holistic approach to minister to HIV and AIDS patients by principal of palliative care. Other effects such as HIV infected pregnancies, caring for HIV infected infants, orphans, un-equal opportunities in receiving medical care, in adequate hospital resources, beds and budget (Wiphut, 2001).

Historical aspect of caring for HIV and AIDS patients in Northeast Thailand: HIV infected and AIDS patients when confronted with the illness feel confused, in disbelief, unconfident, feel weary, tense, fearing of death, suicidal, feel rejected by society, feel the need to conceal their illness, ashamed because they believe that their only destination that awaits them is death. In the past there were no virus vaccines, HIV and AIDS patients would treat themselves according to the symptoms that occurred. Some chose to use alternative methods such as Herbal medicine, eating healthy foods and appropriate exercise. One of the most successful methods was Buddhism. Patients that practice Buddhism to treat their illness lived longer and happier than those that didn't. Without Buddhism, patients couldn't adjust themselves, mental stress and had no hope died within 1-2 years. Those that applied Buddhism had healthier mental status, confident and had the courage and moral to keep living by practicing meditation and Buddhism truths leaved as long as 12 years without developing serious side effects and could perform regular jobs and help society.

Buddhism and AIDS: Ministering to patients or individuals in a holistic approach is the heart of the treatment. It is in belief that the holistic approach is a principle that views a person as a collective of body, soul and society together as a single entity (Burnard, 1988).

The Buddhism path is the practice of Buddhism moral code or Dharma philosophy, which was founded by the en-lightment of the Buddha. Dharma practices was founded by Buddha over 2,600 years ago. Buddhism from India entered Thailand after 300 BE and the religion was widely embraced by the local communities during the Mon or Thavarawadee kingdoms. Buddhism belief of the Theravada sect from Sri Lanka later entered the

Suvarnabhumi region during the Sukhotai and Ayuttah kingdoms in Thailand (Phetsanghan *et al.*, 2009). Dharma or Buddha's teachings have been proven to meet the intellectual demand of humans, especially, the basic human problems of life. Sil or moral precept is the foremost practice in the Buddhism system. Buddhism moral precept emphasizes on the basics of behavior where the exclusion of the many evils or misconduct is repeatedly emphasized. The exclusion of evil behaviors must be identified first before escalating to doing good, which is the product of practice in meditation and application of knowledge. The mental values of practicing Sil is the intentions to refrain or thought of not committing evil acts. The omitting of evil thoughts will protect the individual from anxiety and worries, which in turn creates peace and tranquility, which will easily help create meditation. When the mind is at peace and in contemplation, it will aid in the application of knowledge, reasoning and creativity of good deeds.

The abbots in several monasteries such as the temple of Wat Praphutta Baht Nampu in the province of Lopburi and the temple of Wat Doi Keng in the district of Mae Sarieng in the province of Mae Hong Son have provided care and support to HIV and AIDS patients by applying Buddhism philosophy in the strengthening of the patients mental health together with ministering to the needs of the patients physical health, spirit and feelings. These practices have led to patient's having stronger spirits and provide them with the feeling of happiness, hope, peace, energy, a goal and purpose in not giving up on living.

The 8th health development policy of 1997 promoted the cooperation between the Thai traditional medical institute and the department of medical services of the ministry of health to propagate the knowledge in applying Buddhism to good health care. The objective is so that citizens and HIV or AIDS patients will utilize the knowledge to benefit their health. In general, almost everyone in Thailand already apply Buddhism doctrine in every day life because it is a part of Thai culture. The policy is specially important to the focus areas of the research of the province of Nakorn Ratchasima, Buriram, Roiet, Surin and Sakonakorn, which has a large number of HIV infected and AIDS patients. The patients have applied the Buddhism practice, but is still implemented in an un-orderly form and the Monks that have extended their help to the patients have done so in different practices. HIV and AIDS patients are still despised and disparaged by society. Many patients hide their illness and withdraw from society awaiting for their death. Buddhism practices is the solution that can give patients spirit and strength to combat the disease. Buddhism doctrine conforms with traditional Thai culture. Practices

in Buddhism precepts, meditation, Buddhist truths, healthy diet and herbal medicine can effectively be applied to good health and can be applied by HIV and AIDS patients in Northeast Thailand so that a balance can be maintained between the body, good health, longevity, survive and have a quality life in society.

Current status of caring for HIV and AIDS patients in Northeast Thailand by applying Buddhism:

Many private and government agencies have increased their support of caring for HIV and AIDS patients in Northeastern Thailand, but their efforts are still not enough to cope with the number of rising HIV and AIDS patients in Northeastern Thailand. Patients registered are only the tip of the iceberg and there are many more patients that have concealed their illness from family and their communities from fear of rejection and hatred. HIV and AIDS patients in Northeast Thailand are divided into 2 groups. The first group are those that hide their illness from society and their families while, seeking private personal treatment. The second group are those that reveal themselves with HIV and AIDS to other patients. Those that openly disclose themselves to the general public are very rare because most are still very afraid of the effects their illness will have on their parents and spouse's feelings. They are also afraid of loosing their jobs and public rejection. Their fear of society's rejection is because they believe that most people view AIDS and HIV infection are the results of sinful actions and those infected always die.

CONCLUSION

Changes in social economic and technology has heavily affected Northeast Thailand Society's. Advancements in communications and news has affected communities to change their social behavior and culture. Modern economic conditions have altered the relationships within the community. People have changed from helping each other and have severed their traditional family relationships. The need to relocate to other areas in search of work is common practice, leaving HIV infected and AIDS patients without someone to care for.

HIV and AIDS patients in Northeast Thailand in the past were detested and rejected by society. Government aid was not thoroughly provided. There were no vaccines and patients had to hide their illness and conceal their health status. Many have found mental sanctions in Buddhist temples and were provided with help and support. Temples taught them how to use Buddhism truths in healing their minds and used indigenous herbal medicine to heal their bodies. The practical part in treatment still heavily rely on the patient themselves and assistant from the community is still nominal. Communities in general still do not accept or help HIV and

AIDS patients, making the temple's treatment heavily dependant on the Abbots. The Abbots of the temples must work diligently and carry a heavy burden of rendering Buddhism dissemination services to collect necessities such as food and money to support HIV and AIDS patients. When the Abbot and Monks are engaged in these public services and charity work that means the patients must look after themselves. Patients that are strong minded can cope with the tasks of their own treatment, but those who are physically and mentally weak can not. Most weak patients can not perform physical activities and leave the disease to go untreated and die within a short period. Most of the patients are stressed and depressed and do nothing, until the disease is prolonged and seek treatment only when serious side affects happen. Chronic patients are beyond the help of treatment and are pitied and lay helplessly until their death. Currently, HIV and AIDS is a national health threat. AIDS epidemic in Thailand is widespread and has penetrated family institutions and communities throughout Northeast Thailand. The government acknowledges that the problem is difficult to solve and urgent methods are needed to combat the current situation. Currently, there is only an AIDS vaccine, but no definite cure. HIV and AIDS patients are still looked down upon in several communities but most have come to understand and feel sorrow for those infected with the illness. Even though, many people have a better understanding of AIDS and are in support of patients, but most HIV and AIDS patients still fear social rejection. There are those that conceal the illness in secrecy while, others admit their illness and apply for AIDS vaccine. Currently many patients are resorting to treatment by applying Buddhism to strengthen their mental integrity to fight the disease to live longer. Buddhism practices that are applied in the treatment are local indigenous customs such as giving alms to monks, merit making, charity making, praying and chanting, reciting Buddhist chants every morning and evening, straitly following Sihh Ha or the five Buddhist restrictions, refrain from killing animals, refrain from stealing. Refrain from wrong sexual conduct. Refrain from lying. Refrain from drinking alcoholic substances. Meditation practices are also practiced by orderly walking back and forth reciting Buddhism prayers and meditation. The development of applying Buddhism in the treatment of HIV and AIDS in Northeast Thailand must rely on 4 major factors. HIV and AIDS patients must honestly be sincere in applying Buddhist practices. Government support, Private sector support and Support by the local community. All 4 factors must be united in the support of AIDS treatment and prevention. AIDS knowledge should be widely dispersed to the general public to raise the public's awareness and understanding of AIDS and the support that AIDS victims need.

SUGGESTIONS AND RECOMMENDATIONS

Continued research on the development model of care for HIV infected and AIDS patients by way of Buddhism in the Northeast will greatly benefit the human society. The results from this research of knowledge and history about the care of HIV infection and AIDS patients can be used in building a database of documents. Caring for HIV and AIDS patients by use of Buddhism in Northeast Thailand still has many issues, which that need more in-depth research and should receive increased attention to the coverage.

The model of caring for HIV and AIDS patients by ways of Buddhism in Northeast Thailand should be adapted and tested in other regions and the results analyzed so that activities and practices are more efficient and can respond to the needs of the patients and people who care for them. The model of caring for HIV and AIDS patients by ways of Buddhism in Northeast Thailand should be expanded and applied to solve social problems around the world. Serious cooperation by all parties, public community, private sector, state agencies and HIV and AIDS patients is a responsibility that everyone must take and is needed to ensure success for creating a better world.

REFERENCES

- Bampenjit, S., 1997. Culture of self-care among persons with HIV infection and AIDS: A study in the Northeast, Thailand. Mahidol University, Thailand, pp: 1. ISBN: 10-8745893021.
- Burnard, P., 1988. Professional and ethical issues in nursing. Wiley, pp: 3. ISBN: 0471920258.
- Kiati, R., 1998. Allergy 2000. Chuanpim Publishing, Bangkok, pp: 1. ISBN: 10-9746613189.
- Phetsanghan, P., C. Songkoon and Y. Boonsom, 2009. The Sema Hin Isan, the origin of the temple boundry stones in Northeast Thailand. *The Soc. Sci.*, 4 (2): 186-190.
- Tassana, B., 1999. Learning experience on AIDS and AIDS counseling for nursing student: Implications for updating nursing curriculum. *Thai AIDS J.*, 11 (2): 70-83.
- Wiphut, P., 2001. Sukkhaphap: 'Udomkan lae Yutthasat Thang Sangkhom, Nonthaburi: Sathaban Wichai Rabop Satharanasuk, pp: 2. ISBN: 10: 9742941076.
- Warunee, F. *et al.*, 2006. Parent participation in promoting sexual and reproductive health and preventing HIV among adolescents. Chiangmai University, pp: 187. ISBN: 10-9746568892.