

Appropriateness and Consciousness in Community Based Rehabilitation through
Participatory Action Research
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Abstract: Community-based rehabilitation (CBR) in Phuttamonthon District, Nakhonpathom Province, one of the metropolitan areas located in central Thailand, was examined in terms of factors influencing existence of CBR and movement of CBR participants through Participatory Action Research (PAR). The results showed some factors and consciousness or intentionality within the CBR phenomena, which could effect the sustainability of CBR. Thus, WHO's concept of CBR may be redefined: CBR is not only a static strategy but also dynamic consciousness within a community.

Key Words: Thailand, community-based rehabilitation, consciousness

Introduction

The main problems of persons with disabilities (PWDs) in rural areas, particularly in developing countries and the Third World, are limitations of resources and available rehabilitation services. Community based rehabilitation (CBR) has been introduced as a possible approach to increase the coverage of services in these countries, to address not only the need of governments with limited resources, but also the needs for equalization of opportunity for PWDs (ILO, UNESCO, UNICEF, WHO, 2002; Thomas and Thomas, 1999). Ideally, the core concepts of CBR are in the following assumptions: (1) PWDs are empowered to maximize their physical and mental abilities through self-awareness and promotion of human rights; (2) cooperative efforts or collectivity among PWDs and their communities are crucial for providing them resources and opportunities; and (3) the "insiders" or all members of the community have to be responsible for running and maintaining their CBR projects.

Although CBR as an ideal concept has been explicitly declared and implemented since 1994 by the WHO (1994) and other international agencies, there have been some problems and controversies occurring in CBR as the standard practice. Focusing on Thailand, lack of financial supports for CBR projects, lack of knowledge and skills by CBR workers, and negative attitudes toward PWDs by communities as well as a lack of the community participation, have been the main problems for CBR sustainability (Tawornkit, 1995; Sasad, 1998; Souysuwan, 2000; Cheausuwantavee, 2005). Furthermore, CBR projects are usually run by international NGOs, GOs, and researchers who are outsiders to such communities. Thus, the implication is that the concerns and participation of community members with their own perspectives and experiences are crucial indicators for the effectiveness and sustainability of CBR. In the meanwhile, there are no other studies to comprehensively examine community concerns and participation. The study of the movement of community members for establishment of CBR needs to be conducted in terms of both process and outcome, including the development of

participation, assessment and diagnosis of problems, and active planning for problem solving.

Therefore, participatory action research (PAR) was conducted in order to challenge PWDs and other community members to actively examine together the features of the existing community context and any assistance resources for persons with disabilities (PWDs), in order to modify and improve them. The results of this study may help us expand our perspectives on CBR with definitions different from the traditional WHO concept. Additionally, because it has illustrated CBR through community insiders with their own experiences and perspectives, transformative and emancipatory learning (Freire, 1970; Mezirow et al., 1990) will be provided both to these particular CBR participants and to individuals who will be involved in CBR in the future.

In short, the objectives of this study are to provide PWDs, community members and stakeholders in the community an opportunity to critically examine: 1) The features of an existing community context in terms of supports or rehabilitation services for PWDs and the movement of some of the community members for establishment of their own CBR, 2) The factors influencing the success or failure of CBR, 3) The features of an appropriate master plan of CBR within this particular context, and 4) the consciousness or intentionality of CBR participants/workers for being a CBR as such.

Methods

Research Design

This study chronicles participatory action research (PAR) conducted in Puttamonthon District, Nakhonpathom Province, Thailand. PAR is ideally conducted by local people or community members. It is designed to address specific local issues and results are directly applied to the problems at hand (Aimers, 1999; Wikipedia Foundation, 2008). For this study, PAR is divided into four steps as follows: 1) developing a basis for participation, 2) data collection and analysis, 3) planning, and 4) action and evaluation (Figure 1). In the beginning phase or first step, the researcher was a leader. In the second through fourth steps, the researcher became a facilitator.

Participants

The 15 participants were volunteers, invited to join the CBR project supported by the Thai Research Fund (TRF). Hence, they were selected through purposive and criterion sampling as sectors and roles for development and implementation of CBR as suggested by one of the UN bodies, the Economic and Social Commission for Asia and the Pacific or ESCAP (1997). Those participants were 4 PWDs, 4 neighbors or community members, 3 community leaders, and 4 professionals including a nurse, a teacher, a researcher and a secretary of the CBR project (Table 1).

Instruments

Due to the nature of PAR itself, a researcher is a crucial instrument for participatory action, participatory observation and interpretation. However, tape recordings of the participant meetings and discussions, researcher guidelines for in-depth interviews, and field notes were also used for gathering data.

Data Analysis

Quantitative analysis such as frequency and percentage, as well as qualitative analysis in the typology and interpretation for constructing a coding frame and meaning, were conducted on the transcriptions. In terms of qualitative analysis, all transcriptions from participant meetings and discussions, in-depth interviews and field notes were paraphrased and then were reduced related to theoretical concepts or key words such as stigma, empowerment, collectivism, etc. For this step, transcriptions, paraphrases and theoretical concepts/key words were categorized in column 1,2,3 respectively. After that, the data was decoded by their relations, coherences, similarity and dissimilarity in to meaning, consciousness and story.

Results

The Features of Community Context, the Existing Rehabilitation Services for PWDs and the Movement of CBR Participants

Puttamonthon District is located in Nakhonpathom Province, in central Thailand. The population is about 24,000, most of whom are involved in agriculture. As its metropolitan area is about 18 kilometers from Bangkok, the capital, it has been influenced by industrialization and modernization. In particular, there are many well-known governmental and non-governmental organizations in Thailand located in this community, such as Mahidol University, Mahidol Witayanusorn for excellent science students, the Training Center for Delinquent Youth, the School for Occupational Training and the Kantana Movie Studio. However, both the general population and PWDs in this community tend to be neglected and unable to access the services of organizations. There were no empirical clues or documents confirming that PWDs in this area were provided rehabilitation services.

Fortunately, in 1997, an outreach or mobile clinic for registration and health care services for PWDs in Phuttamonthon community was provided in cooperation with the provincial disabled people's club and the Department of Provincial Public Assistance of Nakhonpathom Province. This was an essential turning point for rehabilitation services, a transformation from traditional services provided by only governmental organizations and professionals to collaborative services provided by both governmental organization (GO) and the disabled people's organization (DPO). Then, in 1997-1999, researchers and colleagues at Ratchasuda College - one of the faculties of Mahidol University providing disability and rehabilitation study and research - conducted projects to deliver counseling services and basic supports for PWDs and their families as "an outreach."

In 2000, this project developed within the framework of the CBR approach, by having some participants from the community become more involved. This included PWDs, community leaders and a local nurse. Although this project tended to be CBR in approach with some evidence showing greater contributions in terms of early detection, registration, and enhanced quality of life of PWDs, as well as promoting positive societal attitudes toward PWDs, there were at least three obstacles to CBR. First, the CBR project was mainly run by a researcher and colleagues who were community outsiders. Thus, it could not be launched after the withdrawal of a researcher or an author. Second, needs assessment, problem diagnosis and problem solutions were explicitly proposed from a researcher perspective rather than by PWDs and community members. Third, there were no additional concerns, participation, or sharing of budgets and resources from the majority of the community and local government. These obstacles were quite influential on the development and sustainability for CBR at that time.

Preliminary data illustrated that CBR sustainability was heavily dependent upon participation and awareness of PWDs and other individuals in the community. Thus, understanding and learning according to their own perspectives, values, beliefs and direct experiences regarding disability, rehabilitation and CBR needed to be promoted.

In 2004, the role of the researcher gradually shifted from instructor and leader to a facilitator and partner. A learning process began as participatory action research (PAR) was conducted. PAR consisted of 4 steps including: (a) developing a basis for participation, (b) data collection and analysis, (c) planning, and (d) action and evaluation.

The first step was developing a basis for participation. The researcher had visited, established a relationship and shared ideas with people in the community including PWDs and their families, neighbors, members and leaders of the community, for promoting awareness about the problems of PWDs. The researcher also searched for the potential participants, set up a working group, then studied available data, formulated the research question, wrote a proposal together with those participants and submitted this to the Thai Research Fund (TRF).

At the end of the first step, there were 15 participants in this working group including 4 PWDs, 4 neighbors or community members, 3 community leaders, 4 professionals, namely a nurse, a teacher, a researcher as well as a secretary of this project. Of the 15 participants, 9 were male (60%), with a mean age of 48.2 years, 11 were community members and leaders as insiders (73%), 8 graduated under grade 12 or less than a high school education (53%) ([Table 1](#)).

The second step was data collection and analysis. One year later, in 2005, our proposal was considered and received funding from TRF, we - the working group and researcher - became the CBR participants that engaged ourselves and other community members in a variety of activities for direct experience and data collection. The problems and needs of the majority of PWDs and their families in the community were assessed by field visits, interviews, public hearings and study from other available secondary data. CBR participants also had weekly meetings for critical discussion, mutual sharing and

analyzing data together. At the end of the second step, the problems and needs of PWDs and their families were identified according to priority and need in order of greater to lesser concerns by CBR participants and community members with their own perspectives with regard to the following issues: 1) medical rehabilitation, 2) occupational rehabilitation, 3) educational rehabilitation, 4) accommodations and sanitation system, 5) inclusion and 6) citizenship and political rights.

The third step was planning. Eventually, a master plan including appropriate solutions corresponding to the six problems articulated above as well as to the needs of PWDs in the community was mutually established by CBR participants and other stakeholders. In addition, it included six areas for enhancement of quality of life of all PWDs in the community. It was disseminated to the local governments, namely to the sub-district administrative organizations (SAOs) and other agencies that had been involved in CBR.

The fourth step was action and evaluation. The master plan was implemented and evaluated by CBR participants and community stakeholders in order to develop a better, more appropriate approach in the next cycle. However, due to time constraints (sixteen months) and the funding level from TRF, this step could not be fully monitored and data was not fully collected.

The Factors Influencing the Success and Failure of CBR

During the 16 months of CBR conducted through PAR, we provided 15 field visits, in-depth interviews with over 50 PWDs and their families in the community, and 2 public hearings among PWDs, families, community members, leaders and professionals in the local area. There were over 179 PWDs identified and registered by CBR participants. The six problems and needs of PWDs in the community were critically identified and reasonably ordered for establishing comprehensive solutions within a master plan by the 15 CBR participants and other community members as revealed earlier.

Drawing upon the knowledge and experience of CBR participants, the four explicit positive aspects regarded as factors influencing the success and contributions of CBR were also reflected in the team's own perspectives. First, CBR was considered a transformative learning or consciousness raising of CBR participants. Second, CBR was an example of collectivity and social justice. Third, CBR participants who lived in this community perceived the CBR researcher as a partner and ally rather than as a suspicious outsider and protagonist. Fourth, strong cohesion and relationships have formed among CBR participants. Although we had to deal with many obstacles, we have still maintained bonds and networks. These rich relationships constitute social capital that has been established not only within the CBR context, but also through life histories within the community context. For instance, "Somsak" (assumed name) - a community member who was one of the CBR participants - has been a folk healer taking care of many children and adults in this community for about forty years. In addition, most of the CBR participants who were neighbors or community members were friends and relations as

well as from the same family. Therefore, social capital as community cohesion and relationships were still a positive factor which provided deep-rooted support for the disability rights movement and rehabilitation services including CBR within this community, which have not been highlighted in the extant mainstream discourse.

By contrast, there were also three explicit negative aspects - factors threatening the success of CBR. First, stigma and negative attitudes of the majority of people in the community toward PWDs were manifested. These *dehumanizing community* values were displayed through a variety of expressions and actions including ignorance, neglect and oppression of families, disregard of the welfare of PWDs by community leaders and lack of broader participation in CBR by community members.

Second, the CBR participants as well as the community members not only lacked knowledge and skills regarding CBR and disabilities, but also were uncertain about their abilities to run a CBR project themselves. Because CBR has been an approach transforming the paradigm from a medical model to a social model that requires more responsibilities from the community in participation, planning, intervention and program management, it has generated a large number of burdens upon the community. Additionally, there is complexity of the power structures and the hierarchy of social class within the community. Disability issues and CBR were classified as the last priority of local policies.

Third, CBR was difficult to advance without financial supports. TFR was the principal support for this project, but it did not cover the wages of CBR participants. Having CBR workers continuously deliver services for PWDs in the community was important for the project to be effective. Besides our small team of 15 CBR participants, no one else participated in the project, despite the researcher and other participants trying to convince community members to join the project throughout its sixteen-month research period. The main reason was that there were no benefits for CBR participants while other jobs could provide workers salaries and money to address their personal interests and sustenance. Thus, it is implied that capitalism in the form of individual vested interest has influenced not only the mainstream society, but also the Puttamonthon District. In short, CBR will really be sustained only by cooperation of the stakeholders rather than volunteers who devote themselves without any benefits.

The Features of an Appropriate Master Plan of CBR Within this Particular Context

According to the particular problems and needs of PWDs and their families as well as factors influencing the success and failure of CBR, in the second step of PAR, perspectives were critically identified through direct experiences among stakeholders, not only from CBR participants but also from community leaders and members with their own perspectives. Data collection and analysis including 15 field visits, in-depth interviews with over 50 PWDs and their families in the community, and 2 public hearings among participants were undertaken. Therefore, in the third step, "An appropriate master plan of rehabilitation services and development for PWDs in Phuttamonthon District" was mutually established by those participants. This master plan simply consisted of the

six strategies corresponding to the crucial problems and needs of PWDs as well as the factors which were previously identified and ranked from greater to lesser concerns by community members with their own perspectives as follows: (1) the promotion of health and mental health, (2) the promotion of economic security and income, (3) the promotion of education, (4) the promotion of barrier-free environment and social integration, (5) the promotion of positive attitudes toward PWDs, and (6) the promotion of human and political rights, respectively.

The Basis of Consciousness Among the CBR Participants/Workers for CBR

Within the CBR phenomenon, there was not only a “static product” as the master plan established, but also a “dynamic process” presented as consciousness raising and meaning construction by the CBR participants. Some kinds of consciousness have tended to be internally driven or rooted in explicit support for a variety of movements and actions. The following examples are evidence which supports such assumptions.

Consciousness of Empowerment

Much of what we have gained through CBR has been a transformative learning or consciousness raising both for the population at large and for PWDs involved in CBR. Cooperative work among various sectors and those having a variety of roles among the CBR participants, particularly PWDs and other people, helped to expand more positive attitudes and learning from each other as well. Stigma or labeling values toward PWDs were shifted to empowerment perspectives.

“Pruemjit”(assumed name), one of CBR the participants and a women with a congenital physical impairment, said that:

“ I had never thought I was OK because I have been a PWD myself. After I joined this project, I see other PWDs...they are worse than me. I think that I have to help them. When I see and visit them, I realize how I should help them to have opportunities to go and live in society not only in their houses but also...outside. I usually talk to and encourage other people, other agencies to visit and help them.”

“Somsak,” a CBR participant and community member, also reflected his awareness and experience when he had to invite PWDs and their families to participate in a public hearing held by CBR participants.

“ ...I told them [PWDs] that they have to present themselves to the society, don't close themselves or only stay at home because I have known one PWD who lives in another village; he is a leader of a sub-district organization (local government). I showed them... he was a good role model, PWDs could be elected and become politicians. I encouraged them to join our meeting. I believe that this meeting will help them to have more opportunities in society.”

Consciousness of Collectivity

CBR was also manifested as collectivity and social justice. The public consciousness and awareness of the group interest of individuals involved in CBR supported it as a social movement. “Chalong” (assumed name), a CBR participant and a community member, reflected his perspective on these issues as follows:

“I feel in my mind...nobody can help her (a girl with severe cerebral palsy in community) except her grandfather. I realize that it is questionable how she would be able to survive if her grandfather died. These are our concerns. PWDs are so pitiful.”

The collective and public consciousness also tended to be rooted in empathy, compassion philanthropy, and religion, particularly the Buddhist principle of karma. “Anan” (assumed name), a CBR participant and community member, reflected that:

“As human being, I believe that ...whenever we are ill, money can only help us to go a hospital...whenever we die, our families can only help us go to a grave. The existing and long lasting things are only the goodness and the merit that we made. Thus, the purpose of my participation in this CBR is to perform *the goodness or the merit* that will support and help me to be happy and healthy in my next birth.”

Consciousness of Broadened Minds

Ideally, CBR has been proposed as an appropriate approach in developing countries which have limited resources. However, this movement tends to be the product of the efforts of international organizations such as the UN and its constitutive bodies such as the WHO, ILO and UNESCAP. It is usually also run by NGOs and professionals who are community outsiders. This tacitly implies that CBR is a discourse, a foreign kind of knowledge that may be easily rejected by community insiders.

The efficacy and integrity of CBR was challenged by this community. The community had many questions about the effectiveness and success rate of CBR, as well as the personal stance of and hidden benefits to the researcher as an outsider. Fortunately, these initial suspicions have gradually become mutual understandings. However, the researcher and CBR participants needed to have additional discussions and reflections in several of our "public sphere" meetings. Ultimately, CBR participants who lived in the community perceived the CBR approach and researcher as a partnership and an alliance rather than as a suspicious form of knowledge and hostility. “Somsak” reflected upon his argument in favor of allowing a researcher to run the CBR project as a partnership and an alliance:

“At first, my friends warned me that I might be deceived by Tavee (a researcher) only into helping him to achieve his academic work and then withdrawing himself from the project. But I don’t care whether I will really be deceived or whether CBR will be a success. I only know that Tavee and this project helped me to learn and experience more about PWDs. My friends and I were both encouraged to

learn and more beware of the suffering of PWDs than I have ever known and realized before, although I have lived here over sixty years. This valuable information and his contribution are much more than enough for me and our community to have any [suspicious] questions...I think.”

Discussion

Having a sense of social movement and consciousness of collectivity within the CBR phenomena in Phuttamonthon District, implies that civil society exists there. CBR as a manifestation of civil society also has roots in the communitarian ideal and the utopianism that emphasizes group interest, cooperation and interdependence (Kamenka, 1982). Although of course, a utopian society has never existed, its philosophy is valuable to promoting and advocating harmonious living. The cooperative efforts and mutual relationships among CBR participants including PWDs, community members, leaders and professionals helped them to have more positive understandings and attitudes toward each other. The consciousness of empowerment of PWDs was gradually promoted. Thus CBR became a field of discursive practice in the public sphere for transformative learning and consciousness raising of those involved (Mezirow et al., 1990; Frieze, 1970; Goffman, 1963). CBR itself is a social cohesion approach and an alternative for the establishment of human security and harmonious living within the current stressful world.

Regarding demographic characteristics of CBR participants, particularly persons without disabilities who created civil society and social cohesion, they were generally middle aged or older, with a mean age of 48.2 years. They were mostly of low education and middle class, but with enough basic supports and attainments through their lives to provide a sufficient standard of living; good, healthy, warm and successful families. These demographics may imply that personal fulfillment and the wisdom of individuals accumulated through their lifelong experience, rather than wealth and extensive formal education, are sufficient for creating collective and public disability consciousness.

Nowadays, rehabilitation services with programs of philanthropy and public assistance have been usually rejected as oppressive and inappropriate. Nevertheless, this study points out that there have been at least two contradictions within CBR, between the WHO's concept and actual practice.

First, its outcome pursues empowerment of PWDs that places emphasis on “individualism,” while its process pursues social cohesion that places emphasis on “collectivity.” Second, individualism in the pursuit of empowerment places emphasis on civil rights and equality, leading to a social model, while collectivity in the pursuit of public consciousness obviously places emphasis on empathy, compassion and a religious, particularly Buddhist, model, leading to a philanthropic orientation. These discrepancies may indicate to us some arguments for rethinking CBR given the WHO's traditional concept that has been taken for granted for over ten years. On the other hand, an empowerment approach under capitalism has probably not been sufficient to enhance the quality of life for PWDs. The moral and public consciousness of society must also be considered (Cheausuwantavee, 2005). Hence, it may suggest that the values of

compassion and philanthropy might appeal to the positive side of human nature to provide, when available, the necessary resources to establish social cohesion and a social safety net. Then social cohesion leads to social justice and resource mobilization rather than to oppression (Iatridis, 1994). The consciousness of broadened minds, of unity and social empowerment (Wiber, 1997; Freire, 1970) should be of greater concern in a CBR approach.

The phases of CBR through PAR - including developing a basis for participation, data collection and analysis, and planning, as well as action and evaluation - might explicitly show a dynamic and a holistic feature of CBR in contrast to earlier research findings (Sangsorn, 1988, Tawornkit, 1995; Sasad, 1998; Souysuwan, 2000; Cheasuwantavee, 2005). These apparent contradictions, as well as the factors influencing the success or failure of CBR on both an individual and group or a community basis, help us to know that CBR is more difficult to do and understand than indicated in theory, but it is not absolutely impossible that it can be implemented in actual practice. Discursive and hidden meanings of CBR must also be accounted for (Gordon, 1980; Hacking, 2004). In sum, to understand and extend what exists beneath the apparent contradictions of CBR, individuals need to use another lens and look beyond CBR to investigate its covert assumptions.

Based on our experiences stemming from this research, we - the CBR participants - have learned more than we expected from our experiences and about how we should proceed within conditions of mutual sharing, critical reflection and participatory action. Although, some problems could not be radically solved, the way we think about them has changed. This experience might be called “transformative learning” or “conscientization” (Mezirow, et al., 1990; Friere, 1970). Additionally, we learned that the essential qualifications of CBR participants/workers are also “C” “B” “R”: “Creation” of alternative solutions, “Broadened mind” for accepting individual differences and “Resistance” to the “usual” obstacles. Finally, the new CBR can be defined as *the homogeneity of the diversity of levels of consciousness of the community, in the service of an emancipatory and equal life for powerless and oppressed persons within an unequal daily life world (that I want to highlight and critique).*

Conclusions

We suggest the following:

1. Philanthropic, medical and social models of disability can be integrated into a CBR approach, corresponding to the particular community context.
2. Further studies of the implicit meanings of CBR within particular contexts must be done in order to gain greater understanding and expand the body of knowledge of CBR and disabilities.

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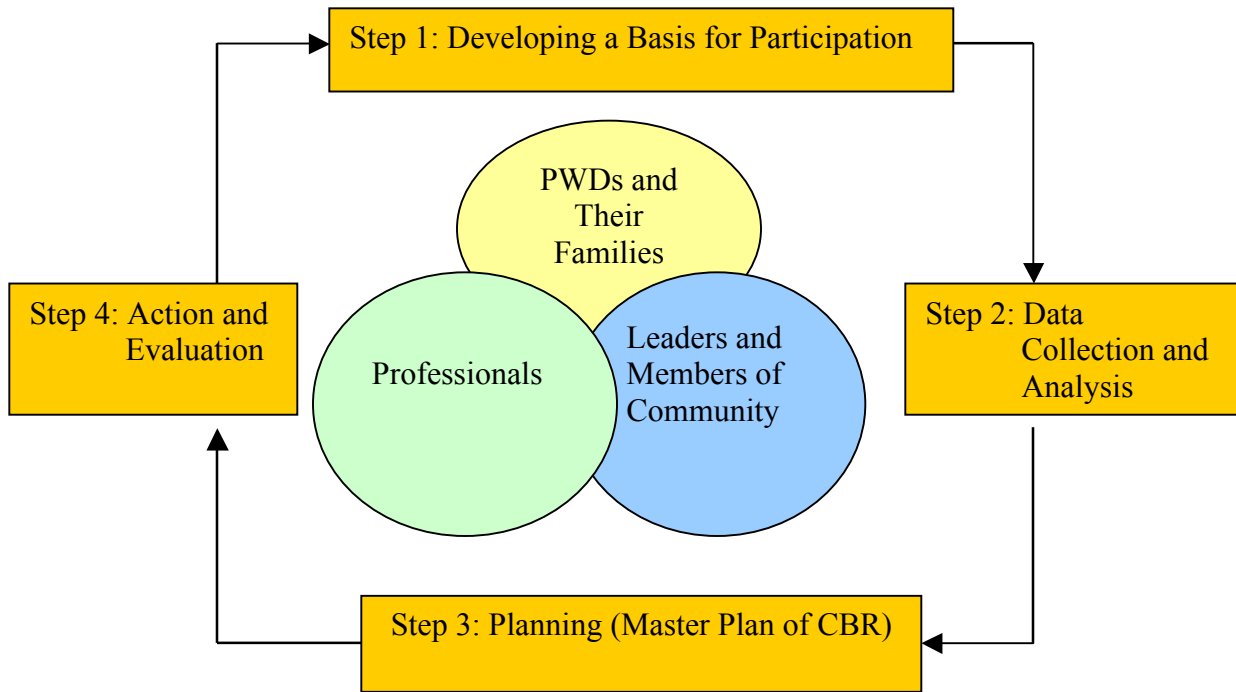
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Figure 1: Steps of Participatory Action Research (PAR) on CBR



Adapted from Aimers (1999)

Table 1. Characteristics of CBR Participants

No.	Assumed Name	Gender	Age (Years)	Address (District)	Occupation/ Position	Education	Others
1.	Somsak	Male	66	Phuttamonthon	Retirement (Official)	Diploma	CM
2.	Anan	Male	58	Phuttamonthon	Retirement	Grade 12	CM
3.	Path	Male	73	Phuttamonthon	Retirement	Grade 4	CM
4.	Wanna	Female	68	Phuttamonthon	Retirement	Grade 9	CM
5.	Sutin	Male	55	Phuttamonthon	Head of Village	Grade 4	CL
6.	Chalong	Male	66	Phuttamonthon	Deputy Head of Village	Grade 4	CL
7.	Sopa	Female	39	Phuttamonthon	Deputy Head of SAO	Master Degree	CL
8.	Wipa	Female	48	Phuttamonthon	Unemployment	Grade 10	PWDs/CM (Arthritis)
9.	Preumjit	Female	39	Phuttamonthon	Unemployment	Grade 9	PWDs/CM (Clubfoot)
10.	Pana	Male	35	Phuttamonthon	Unemployment	Grade 9	PWDs/CM (Head injury and Partial Paralysis)
11.	Saksun	Male	32	Phuttamonthon	Unemployment	Grade 9	PWDs/CM (Spinal Cord Injury and Quadriplegia)
12.	Sum	Male	43	Phuttamonthon	Teacher of Informal School of Phuttamonthon	Bachelor Degree	P
13.	Sopita	Female	38	Sampran	Nurse of Public Hospital of Phuttamonthon	Bachelor Degree	P
14.	Nid	Female	24	Sampran	Research Assistant	Bachelor Degree	P
15.	Tavee	Male	39	Thaweewatana	Professor/ Researcher	Doctoral Degree	P

Key: CM = Community member, CL = Community leader, SAO = Sub-district administrative organization, PWDs = Persons with disabilities, P = Professional.