



**From accidental tourist to community health promoter:  
Developing a Participatory Action Research prevention  
program against HIV/AIDS and alcohol abuse (2000-2008).**

**Ian Lubek, Psychology Department, University of Guelph, Canada  
Visiting Professorial Fellow, National Centre in HIV Social Research,  
University of New South Wales, Australia  
With active collaboration of many students and colleagues**



**Health Promotion by the local grass-roots NGO, SiRCHESI (Siem Reap  
Citizens for Health, Educational and Social Issues) shown at Angkor Wat .  
They offer HIV/AIDS Prevention workshops to groups at risk**

**Beer sellers in Siem  
Reap, Cambodia**



**Cambodian Labour  
Code: 1997**

**Talk presented to the Conference: CHALLENGES OF  
COMMUNITARIAN HEALTH MANAGEMENT: ETHICS, TECHNOLOGY,  
AND THE ORGANIZATION OF EFFECTIVE INTERVENTIONS,  
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Much of the research guiding SiRCHESI health interventions is conducted by the international, interdisciplinary collaboration among psychologists, medical practitioners, students, policy and social change advocates.



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**International collaborators:** Gabe Pollock, Sarah Larney, Elyn Braun, Shelly Burton, Elizabeth Kirkwood, Jillian Schuster, Trisha Pagnutti, Maggie Hall, Alison Rothwell, Sabina Bashir, Shelly Burton (University of Guelph), Jessica Cadesky (IUNICEF), Clyde Tang, Srilakshmi Ganapathi, Mee Lian Wong, (National University of Singapore), SChris Winkler, Sarah Kros, Savun Touch, Tim Tra, Sary Pen, Bory Ou, (Siem Reap Provincial AIDS Office/SiRCHESI), Phallamony Em (Siem Reap Department of Women's Affairs/SiRCHESI), Mu Sochua (Minister of Women's Affairs, 1997-2004), Bun Chhem Dy (Siem Reap Provincial Health Department), Brett Dickson, Neela Griffiths, Song Heng, Pring Noeun, Phal Sophea, Srei Neang, Kris Sohkout (SiRCHESI), Helen Lee (University of Staffordshire), Claire Russell (University of Bath), Tiny van Merode (University of Maastricht) and Roel Idema (Maastricht, NL), Wee Koon Chris Ng, Dilin Tang (National University of Singapore), Glenn Noseworthy (Singapore), Meghan McCourt (Wilfred Laurier University), Alison McNeil, Danielle Stevanov, Pam Traut, Emily Candy, Kylie Tribble, Alyson Daly, Alan Correia, Sarah Conolly, Burgundy Dunn, Kate van der Riet, Leslie Kirn (University of Guelph, in the windowless basement lab); Vanna Mok, Maryan Chhit, Sochivy Khieng, Dr. Nee Dal and Dr Chan Nareth, (Cambodia), with translations: Khmer Community of NSW, Australian-Cambodian Community, Nairand Kay, Virak Um, Jenny Tew, et al.



**Serendipity as the true origin of a 10-year longitudinal research-guided health promotion project. An accidental tourist hears anecdotes about community problems during a 4-day visit to see the temples at Angkor Wat.**

**“ There’s only me and my grandfather left now-- my parents and family all died during [the 70s].... I’ve never had a wife .... Sometimes I would go home, drink 20 or 30 beers a night, and on the weekends we drink and party with the [beer-promotion] girls. We know we should use condoms, but sometimes with all the beer, we just forget... Monday it’s back to work. Each week now, we bury one of our friends, who has died of AIDS or of one of the complications. There’s no medication here...you get sick, even malaria, you go home and you die in a week or two. ” (Anonymous male, Siem Reap, Personal communication, Feb., 1999).**

- **Aftereffects of genocide, over-use of alcohol, risk-taking,**
- **disrupted/uprooted/traumatized family life**
- **knowledge of safe sex not behaviourally practiced**
- **HIV/AIDS epidemic not faceless, grieving loss of friends,**
- **“Beer-girls” having sex with tourists and local men, often drunk and without condoms**
- **Community has lack of medical infra-structure , but tourist boom and increasing international beer sales**

While I had lectured on health psychology topics, promoted Lewinian Action Research in my own historical research papers, and regularly assigned students to read about Action Research, I had never myself done any field work nor felt that I had relevant competencies.

In 1999, I was an “arm-chair social psychologist writing critically about meta-methodology and epistemology, about gender biases and the social psychology of science.

**But my hosts challenged persistently “We’re dying here and none seems able to help. You’re smart, you’re a professor. Surely you can come back here and do something about HIV/AIDS.” (Anonymous Male, Feb., 1999.)**

So I agreed to return and do a “needs assessment” in the community, and to scout for resources.

I could begin networking with colleagues to create a collaborative team. Collectively we might provide the needed expertise, data gathering, intervention design, evaluation, and resources for this community health effort.

## Community needs assessment (2000)

- In Feb., 2000, I returned to Siem Reap to see what the problems really were, using systematic , open-ended interviews to get a cross-section of informed views
- armed with a cassette recorder and three questions, I interviewed key informants in Siem Reap (16) and in Phnom Penh (7)
- They were recruited by local assistants with the following criteria: equal numbers of men and women, married and not-married, over 40 and speaking English or French, so the interviews could be confidential
- Over the 3 hour interviews, three questions were asked with additional probes
- I) What happened to you in the past, during the Pol Pot period and beyond?
- li)What is your current social life like, what pleasures and risks are taken?
- lii) What do you see for Cambodia's and the next generation, and if you were Prime Minister, what changes would you make?

## When the literature search and the perfect hypothesis don't match the community's perceptions!

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- In preparation for the community assessment, I began reading the literature on linkages between the traumatic after-effects of genocide and uprooting and the increase in risk-taking behaviours (drugs, alcohol, suicide...) (Cf. Apfelbaum, 2000)
- I also had recently visited South Africa to learn about the Truth and Reconciliation process, and talked with Wendy Lambourne (U. Sydney) who was researching the question of reconciliation among Cambodians and Rwandans after the genocidal events
- The informants in my study all had suffered great family losses and many had never talked about it prior to this interview, 25 years later.
- But the best laid plans of researchers, aft gang a'gley!
- While they answered all my questions politely, they had no desire to be part of an academic study of degree of traumatization during genocide and HIV/AIDS and alcohol risk-taking 2 decades later.
- What did **they** want to be explored in their community?

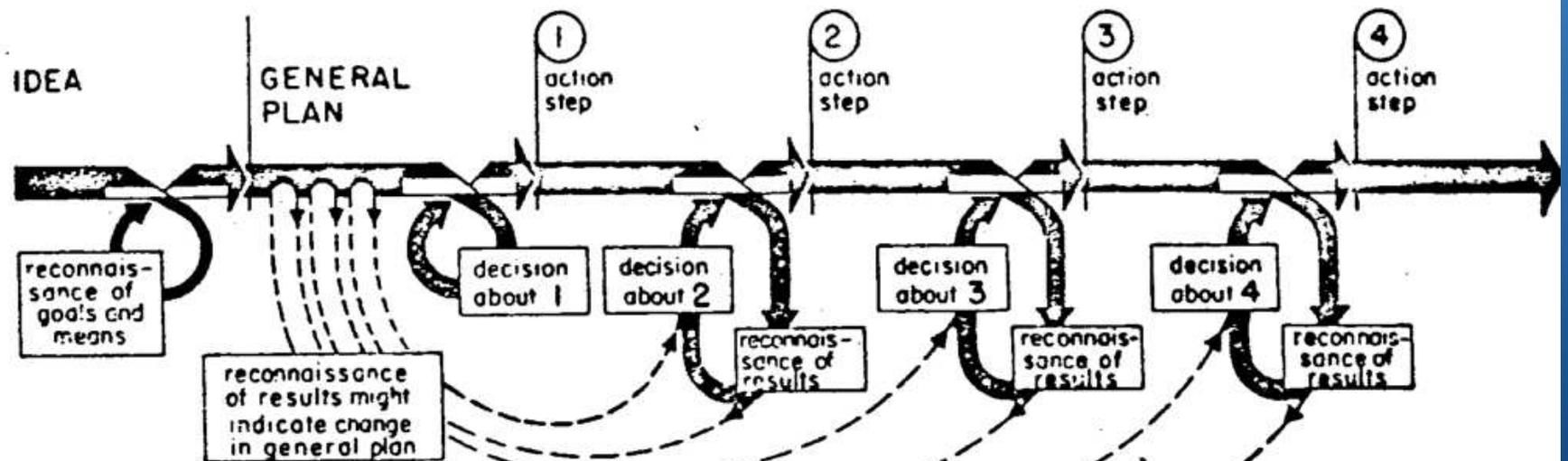
# Connecting theory and research to practice in a reflexive, recursive, community-friendly and culturally-sensitive manner

## Kurt Lewin's (1946,1947) Action Research

Lewin's (1947) discussion of "Feedback problems of social diagnosis and action" (pp. 147-153) : After an initial reconnaissance of goals and means in the community, each action step is accompanied by an evaluative reconnaissance before moving on to the next step or, in some cases, requiring a looping backward to revise the original plan

### *Frontiers in Group Dynamics*

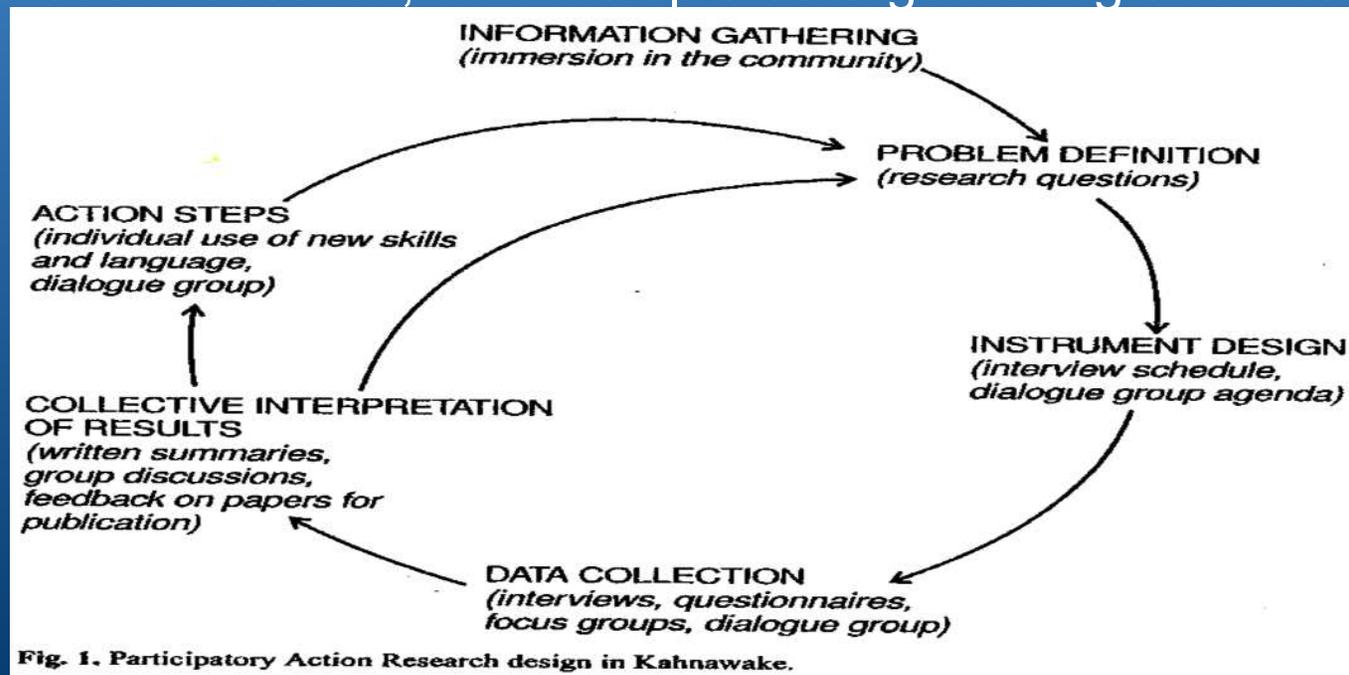
#### PLANNING, FACT-FINDING AND EXECUTION



**Fig. 3**

# Participatory Action Research (PAR)

The late Cynthia Chattaway's *Participatory Action Research* (PAR) framework (1997, p. 753) for resolving conflicts within North American First Nations communities started with an initial community immersion before problem definition, followed by collective ongoing interpretation/evaluation of methods, instruments and data collection to determine further actions, with, whenever needed, recycling back to redefine the problem and the research process-- this permits additional community and cultural input (See also Michelle Fine et al, 2005). A span of months and years may be needed for such research, with multiple data gathering and interventions



## Immersion in the Cambodian Community Health Context (2001)

- Total population 11,437,656
- Urban population 15.7%
- Infant Mortality Rate ( per 1,000 live births) 89 per 1000
- Under-five mortality rate 115 per 1000
- Cambodians living below the poverty line (\$1.00 daily) 40%
- Life expectancy Male 54.4 Female 58.3
- Literacy rate Male 79% Female 57%
- GNP Per capita Annual income (\$US) \$300
- **Tourists visiting Siem Reap (2007): 2,055,000**
- **Official (2003) HIV/AIDS prevalence rate: 2.6%**

## What's to be done?

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- Surprisingly, the local informants agreed to be trained and to train others about preventing HIV/AIDS
- Our job --the western academics-- would be to find them some experts to help, some resources, etc.
- Three things happened in short order in the next few months
- 1) They formed SiRCHESI, which stood for their rank-ordered concerns: Siem Reap Citizens for Health, Educational and Social Issues, in Feb. 2000.
- 2) Dr. Mee Lian Wong (National University of Singapore) offered her community medical expertise in fighting sexually transmitted infections (STIs) and HIV/AIDS
- 3) The Elton John AIDS Foundation gave a small startup grant to help jump-start the program