Research article

Anthropological study of village health volunteers' (VHVs') socio-political network in minimizing risk and managing the crisis during COVID-19☆

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ABSTRACT

Since the early stage of the pandemic outbreak between 2019-2020, the capacity and preparedness of Thailand in coping with the crisis were reconfirmed with ranking the country sixth among a total of 195 countries in terms of health security and making it the only developing country worldwide on the top 10 list and number 1 in Asia. In the ongoing COVID-19 outbreak, the Village Health Volunteers (VHVs) play an important role as a representative and gatekeeper of the community in the response to the pandemic. Previous research paid less attention to explore how local communities in the northeast of Thailand are able to prevent themselves from the pandemic by utilizing certain form of local resources. The research pays attention to the roles and functions of VHVs, as well as to the process of social network formation of the VHVs in Nakhon Phanom. It applies anthropological research methods: focus group, observations and in-depth interviews with five VHVs. Following the "network" and "social capital" concepts (Lin and Huang, 2005), this paper argues that local communities in the northeast of Thailand attempt to cope with the risks and challenges of the COVID-19 pandemic by mobilizing a variety of local resources, and such mobilization is operated and maintained by numerous local agencies or relevant stakeholders. The VHVs formulate "socio-political networks," or can be seen as a "pluralistic network" based on a "collaborative system" between numerous agents/stakeholders in the community, including VHV groups, villagers, families/households, local politicians/officials, and private sector actors. This research can be used as fundamental research applying to understand the larger societies where community collaborations, social networks, and social capital are key mechanisms empowering agencies to encounter the invasion of a global pandemic.

1. Introduction

The COVID-19 pandemic has immensely affected the well-being and quality of life of people around the world, affecting the rich and the poor, the young and the elderly, developed and less-developed countries, and marginalized areas and the global community at large (Ji et al., 2020). The unexpected pandemic has had strong negative impacts on the global economy, health security, sociopolitical structures, and international business and tourism (Murray 2020; Ngoun and Piseth 2020). According to the World Health Organization's COVID-19 situation update, as of 12 January 2021, there have been over 88 million reported COVID-19 cases and over 1.9 million deaths globally (World Health Organization 2021). Daily updates of the COVID-19 situation show dangerous narratives with a high mortality rate, and the timeline of vaccine provision has yet to be confirmed. Therefore, individuals can hardly forecast or predict how they

might survive the current crisis situation. The rapid spread of infection among people and the high-risk and harmful symptoms of the contagious disease without coherent and effective solutions or policies bring uncertainty, anxiety, depression, fear and stress to global communities (Bakioğlu et al., 2020).

It is necessary for global societies to seek the most efficient solutions to mitigate the risk and crises caused by the contagious disease. To face the pandemic, countries have not only spent immense budgets and resources to develop modern medical knowledge and digital technologies but also relied upon resilient strategies and mobilized resources. Recent studies have suggested that Southeast Asian countries have demonstrated resilience and capacity to mitigate the harmful effects of COVID-19 (Ngoun and Piseth 2020). Thailand and other neighboring countries, such as Vietnam and Cambodia, have applied similar solutions to cope with the pandemic, including "vigilance, informed decision-making,

crisis leadership, clear and effective communications, effective coordination of responses and mitigation measures, fake news management, governments' public trust and social cooperation" (Ngoun and Piseth 2020).

In particular, Thailand was the first country in Southeast Asia, outside of China, reported to be affected by the virus outbreak. According to the World Health Organization (WHO), the country has presented outstanding capability and performance through efficient management in coping with the COVID-19 pandemic (World Health Organization, 2020a, 2020b, 2020c; Beech 2020; Ngoun and Piseth 2020; Chongkittavorn 2020a; Kertesz et al., 2020; The Nation 2020). Chongkittavorn (2020a: 9–11) suggested that there are seven crucial factors that contribute to Thailand's success in coping with the COVID-19 pandemic, including the multitasking of village health volunteers (VHVs), universal precautions, public resilience, leadership quality, and the good timing of measures. Among these important factors, VHVs have gained attention, recognition and acceptance from global communities (Chongkittavorn 2020a; Kertesz et al., 2020; WHO 2020b).

In addition to strong leadership, supported by scientific evidence and the early response to screening, the WHO (2020b) highlights the role of VHVs, who have demonstrated a high capacity to help local public health officials trace and quarantine high-risk groups. The WHO has recognized Thai VHVs as "unsung heroes" who have made great efforts to fight COVID-19 (Kertesz et al., 2020; Kuhakan and Wongcha-um 2020). At present, global communities tend to consider the VHV group "a long overlooked network" because there are 1.04 million VHVs across the country, including 426,939 in northeastern Thailand and 13,364 in Nakhon Phanom (People Health Informative System, Department of People Health Care Support 2021; Kertesz et al., 2020). In a similar fashion, there are also numerous groups of community-based volunteers and traditional health practitioners or social workers in Southeast Asian countries who have been influenced and supported by governments to implement public health policies (World Health Organization, 2007). During 1976–1979, the WHO witnessed active local health movements and networks in the region, including village health volunteers and family health leaders in Thailand, community health workers, auxiliary midwives and household health workers in Myanmar, and community health cadres (Posyandu) in Indonesia and Timor-Leste (Ibid). Thai government officials have authorized VHVs to support Primary Health Care (PHC) as well as to contribute quality and efficiency to Thailand's public health services (Kertesz et al., 2020; Thai Government Gazette 2011). In response to the spread of COVID-19, the assistance of VHVs is considered a crucial factor empowering Thailand to mitigate the associated risks (Chongkittavorn 2020a; Kertesz et al., 2020). Despite the uncertain situation of the COVID-19 outbreak across the country, VHVs help deliver a sense of comfort while providing consultation services with daily health monitoring and care-taking to reduce the stress and anxiety of community members (Kertesz et al., 2020).

Thailand is one of the Southeast Asian countries that has created and applied local support networks, such as the networks among neighbors, relatives and religious communities, to implement resilience strategies and mobilize resources (Ngoun and Piseth 2020). Kauffman and Myers (1997) argued that VHVs operate according to the concept of community involvement, which is the key factor in implementing PHC policy in Thailand. In this way, the social working activities and collaborative networks of VHVs can portray how the local community in northeastern Thailand is responding to the COVID-19 pandemic. Numerous scholars have paid attention to various topics on multiple effects and impacts of the pandemic (Golar et al., 2020; Ripon et al., 2020; Rume and Islam 2020; Yunpeng et al., 2020; Abbas et al., 2021; Pongutta et al., 2021) and certain effective strategies and policies governments and private sectors cope with Covid-19 (Ejeh et al., 2020; Yazdanirad et al., 2021; Oladele et al., 2021). As such, however, none of them have explored the important roles of community's voluntary networks, who facilitate the implementations of healthcare policy in the countryside areas. This paper aims to provide updated information on the roles and responsibilities of VHVs

in northeastern Thailand. It applies the theoretical frameworks of "social network" and "social capital," as proposed by Lin and Huang (2005), to understand the formation, functions and advantages of VHV networks in local communities during risk and crisis situations linked to the pandemic. The data analysis considers the factors, resources, and strategies leading to successful risk management by relying upon the sociopolitical network between community members and VHVs. The discussion also examines the role of the community that has been engaged in VHV risk management during the COVID-19 outbreak.

2. Literature review

Thailand used to perform the outstanding performance implementing public health's policy acing against the COVID-19 outbreak. The capacity and preparedness of Thailand in coping with the outbreak of the pandemic was reconfirmed in a 2019 study of John Hopkins University, which ranked the country sixth out of a total of 195 countries in terms of health security, making it the only developing country on the top 10 list worldwide and number. 1 in Asia (The Bangkok Post 2019). Such an achievement reflects the effectiveness and efficiency of the country in managing risk in the crisis of the COVID-19 pandemic. Numerous factors, agencies, conditions, and organizations have supported the efficient and successful risk management policies regarding the COVID-19 pandemic in Thailand.

Kauffman and Myers (1997) conducted an ethnographic field study focusing on the changing role of VHVs in supporting Thailand's PHC because of the process of urbanization. The study also showed that during the 1990s, long before the upsurge of the pandemic, villagers considered the role of VHVs to be less important in delivering health care services due to urbanization. Such development places villages in close proximity to major urban areas, where various hospital treatments are available (Kauffman and Myers 1997). As such, however, WHO officially report in 2007 about the important role of the Thai VHVs, who have had an active role to other infectious surveillance by delivering rapid response for avian/pandemic influenza (2007). The VHVs' voluntary health services have been widely accepted and recognized by the community villagers in the northeast of Thailand. Thai villagers see the VHVs as their "hero" and "frontline fighter" of the community (Kertesz et al., 2020; Kuhakan & Wongcha-um 2020). The VHVs volunteer to monitor and look after the villagers while also empowering the communities fighting the contagious disease (Ibid). In addition to addressing the roles of VHVs, scholars have paid attention to ways of increasing VHVs' working capacity and efficiency (Nutnart 2018; Changkaew et al., 2014). Such studies, however, have yet to explore and explain the sociopolitical roles and multiple tasks of the VHV group. In particular, the focus of this study was on the roles, functions, and responsibilities of VHVs in local villages in the northeastern region of Thailand. The multiple roles and responsibilities of VHVs go beyond looking after the health and well-being of the community. The VHVs in the northeastern villages of Thailand learned how to create, maintain and utilize social networks allying them with government, private and nonprivate actors to minimize risk and address the crisis caused by the COVID-19 pandemic. VHVs attempt to maintain their social network, relying upon not only money resource accumulation but also personal and familial relationships of trust, loyalty and attachment among community members.

3. Research questions and objectives

3.1. Research questions

On the evening of March 27, 2020, just three days after the Thai government announced an emergency decree to resolve the epidemic situation of COVID-19, I was watching the press conference of the Nakhon Phanom Province Governor and public health officials on Facebook Live streaming. The governor officially confirmed that the first COVID-19-infected patient had been found. She was working as a

waitress in a pub in Bangkok and decided to travel back home to Tha Dok Kaew village located in Tha Uthen District. The news update was accompanied by the immediate action of VHVs. The VHV members in the village observed the unlucky lady's symptoms and sent a report to the provincial governor, the leader of the Emergency Operation Center (EOC) for preventing the epidemic of COVID-19 in Nakhon Phanom. The report clearly explained that a suspicious case had been found in the village. Immediately after the doctor confirmed the lady's blood test to be positive for COVID-19, the Nakhon Phanom Governor announced the lockdown of Tha Dok Kaew village for two weeks to prevent the virus from spreading.

Based on the discovery of the first patient infected with COVID-19 in Nakhon Phanom, this paper proposes the following questions:

1) What are the roles, duties and functions of the VHVs in minimizing risk during the crisis situation of the COVID-19 pandemic in Nakhon Phanom Municipality?
2) In what contexts and conditions are VHVs highly needed for preventing the COVID-19 outbreak in the countryside of Thailand?
3) Which organizations or agencies can work collaboratively with the VHVs?

3.2. Research objectives

1. To understand the role, functions and responsibilities of the frontline volunteers performing in the crisis situation.
2. To examine how local community members in the northeastern region of Thailand act against the COVID-19 outbreak through the mobilization of local resources within the network of village health volunteers.
3. To understand the contexts and conditions that allow community members to formulate collaborative networks and alliances to manage risks and crises linked to contagious diseases.

4. Methods

This paper applies anthropological research methods, including five in-depth interviews, focus group discussions, and observation, with open-ended questions focusing on the roles, responsibilities, activities and engagements of VHVs. The five VHVs interviewed are residents living in Nakhon Phanom Municipality. Five informants were purposive samplings, selected from 386 volunteers—the entire VHVs' populations in Nakhon Phanom Municipality. The five selective informants participated to both focus groups and in-depth interviews. The director of Nakhon Phanom Municipality's Public Health Department helped recruit some outstanding VHVs, who played a leading role in implementing the public health policy by delivering health service to communities' households.

4.1. Focus group

There were two focus groups including five VHVs, who had long experience in delivering primitive health service in Nakhon Phanom Municipality. The researcher conducted two sessions of focus groups to examine the consistency of informants' responses. Guiding questions were used to direct the conversations. The semi-structured questions allowed the facilitator to guide the discussion. The questions paid attention to the roles and responsibilities of the voluntary members before and after the Covid 19 pandemic. The researcher, working as a moderator, addressed questions, conducted the whole group discussion, as well as took notes. The conversation and discussion occurring entirely in the meetings covered the primary issues related to VHVs' roles, responsibilities, challenges, and the experiences delivering primary health care to the municipal residents during the pandemic. The facilitator also raised questions exploring how the VHVs collaborate with local governments and private agencies mobilizing and allocating resources to the households. Any sensitivity was minimized and prevented while

conducting the focus group. Because of the VHVs' political networks, the author avoided asking the informants about their political stance or possible bias towards their political agendas. Asking or talking about such things might be too sensitive to discuss through the focus group and possibly destroy the informants' relationship. The conversation, dialogues, responses, and group discussion were recorded in the voice recorder while the clips were deleted right after integrating the transcriptions into the analysis.

4.2. In-depth interview

Based on the theoretical approach and methodology, the data were collected by in-depth interviews regarding the experiences of the VHVs in Nakhon Phanom Province. The selected informants play an important role in minimizing the risk and resolving the crisis situation caused by the COVID-19 outbreak.

The interview questions were developed from documentary research. The questions are focusing upon VHVs' everyday-life activities working on their voluntary duties, functions, roles, and responsibilities. According to the previous ethnographic study conducted by Kauffman and Myers (1997), the changing roles of VHVs were examined by a series of questions related to VHVs' everyday life experiences, routine activities, and relationships with other community members, local politicians and state officials. There were two steps informed consents were obtained from all participants the first time before conducting focus group and the second time before conducting in-depth interviews. The transcriptions of the interviews were delivered to the informants for checking validity and correctness before presenting to the public or academic forums.

4.3. Observation

In addition to focus groups and in-depth interviews, the researcher also observes the VHVs routine functions, such as daily temperature screening at the local markets, funerals, weddings, and some cultural events. The observation was conducted by being aware of the social distancing where the researcher kept the distance from the informants. The observation allowed the researcher to understand and analyze certain forms of VHVs' routine behaviors that allowed the researcher crossed check and validated the discovered data deriving from the focus group and the in-depth interviews. The observation also inspired the researcher to pay attention to the familial relationship between the VHVs and people who received health care services in Nakhon Phanom Municipality.

5. Results

The researcher conducted a focus group discussion to understand the common characteristics of the VHVs in the northeastern region of Thailand. All five informants mostly referred to the following elements (see Figure 1).

The five informants also further explained that VHVs are selected by village or community members and that they have to pass the required village health volunteer standard training courses assigned by the Central Committee. Although the regulations for recruiting VHVs allow both men and women and welcome young applicants who are at least 18 years old, most of the VHV members are female and aged between 40-60 years old.

During the focus group, the researcher first asked about the most important qualifications of VHVs. All the informants, who were elderly or retired women, insisted that VHVs should have some important traits. First, the volunteers should be respectful and accepted by the majority of the community members. With this said, most VHVs should be "famous" and "well-known" people in communities. Second, the VHVs should have a "voluntary service mind" or "Chit-arsa", which in Thai means that they have to deliver primary health services with heart and passion. Third, following the fame and acceptance referred to in the first element, the VHVs have connections with the local politicians.

Figure 1. Figure 1 Common characteristics of VHVs from the focus group discussion with five VHVs of Nakhon Phanom municipality.

The VHVs interact, contact and communicate with other community members like their family members. As one of the VHVs member said:

"I look after people in the village like my family members. Although we are not related by blood, we are like brother-sister…even if we are neighbors, we are still family. The village is my house and my neighbors are like my family."

(MissWoraporn, ***VHV member in Nakhon Phanom Municipality***)

A VHV's roles and responsibilities go beyond those of a "resource allocator" to include those of a "community/village representative." In addition to taking the role of "resource allocators" during the pandemic, VHVs act as "community/village representatives" to present to government officials some issues related to health problems the household/community members encounter. I observed that some of the VHVs in Nakhon Phanom Municipality are local politicians or community committees elected by the community members. Therefore, the VHV public services are motivated by a political role and interest. This is the reason why VHVs usually take up multiple tasks when volunteering their labor. On the one hand, they are "home doctors", and on the other hand, they become community representatives. Moreover, in many cases, I found that VHVs help some local politicians gain popularity and advertise political campaigns during the election season. When the VHVs survey household members, they deliver the information gathered about the community members to the local politicians before the election starts. Some anonymous informants also said that numerous VHV members can influence community members to vote for or support politicians.

The head of VHVs also added that after the COVID-19 situation, VHVs became more important and well known in the community at large and across the country. Numerous government agencies and private sectors have approached VHVs offering different kinds of resources and support. As Miss Kularb said:

"After COVID-19, we are getting more famous. Everyone comes to contact us, offering something. Government officials such as the Ministry of Public Health, Ministry of Social Development and Human Security. The VHVs can work with different levels of agencies. We can work with monks in the Buddhist temples when screening for COVID-19 and when self-preventive health care training is needed. We can work with local and national politicians to run and implement health care policies and campaigns. We can work with teachers in schools to arrange trainings for students and their parents to gain some knowledge to prevent viral infection. The motivation for being a public service volunteer is not to gain money or individual benefits but to assist the community at large. Meanwhile, the newcomers want to be VHVs because they might know that there are some benefits from this kind of public service. However, we obtain approximately 1,000–1,500 baht per month. We do the public service not because of the money, but because we want to help other community members

who are our family, neighbors and friends to live their life with bodily and mental health."

5.1. The multitasking roles and responsibilities of VHVs in Thailand: skillful retired women

The researcher also conducted in-depth interviews with five VHV members in the municipality, asking about their roles and responsibilities before the COVID-19 pandemic. Most of the interviewees highlighted the multiple roles of VHVs. In fact, the VHVs working in each village receive compensation of approximately 1,000–1,500 baht per month from the Ministry of Public Health. However, their responsibilities exceed the payment they receive in return.

Before the widespread occurrence of COVID-19 in Thailand, VHVs looked after the health and well-being of community members/villagers in all age groups, from newborn babies to elderly people. After the spread of COVID-19, the roles and responsibilities of the VHVs changed. I conducted an in-depth interview of Miss Kularb, head of the VHVs in Nakhon Phanom Municipality. She said:

"Our [VHVs'] roles and responsibilities have been changed after the COVID-19 epidemic. We are not only responding to taking care the community members from seasonal fevers or diseases, but we have to take more action, like going to knock on the door of each house in the community and asking about their health condition, checking their body temperature, interviewing them if any family members traveled or someone recently moved in, giving them alcohol gel and masks, or even teaching them how to use alcohol gel or sew masks by themselves. We also set up some trainings to minimize the risk of virus infection. We have to educate and explain to the community members to stay distant from each other. More importantly, VHVs have to motivate and inspire community members to recognize the severity of the virus. Our group has to do screening for COVID-19, like checking temperature at the markets, temples, schools, workplaces, or cultural events."

(Miss Kularb, ***head of VHVs in Nakhon Phanom Municipality***)

Although the VHVs' volunteering multitasking roles and responsibilities can be assumed as an unpaid job, the overloading routine activities during the current pandemic inspire the government agencies, especially the Ministry of Public Health to endorse laws for protecting the VHVs' rights and benefits. They are some laws, articles, and regulations that aim to protect the VHVs' rights, such as the articles of the Ministry of Public Health regards to (a) the official endorsement of roles and responsibilities of the VHVs (2020); and (b) the VHVs' rights to request for the compensation (Thai Government Gazette 2021).

5.2. The intermediary role between government and community members

VHVs can fill the gap between public health management provided by the government and community members (The Isaan Record 2015). VHVs help implement the public health policies of the Ministry of Public Health by advertising, promoting, running campaigns and providing public health trainings and services related to PHC to community members at the grassroots level, who may be uneducated. Most of the training courses concern fundamental knowledge of self-care and prevention from seasonal diseases, such as cold, hemorrhagic fever, and influenza.

The VHVs also educate community members about the rights and benefits they can obtain from public health policy and inform individuals how to access the health service provided by the government. VHVs arrange activities to monitor and prevent any risk to local health conditions. VHVs are also the leaders in changing health behaviors and developing the community's quality of life by focusing on community engagement and collaborating with government officials.

Furthermore, VHVs look after elderly people and newborn babies in the community. Elderly people can ask VHVs for help if they need additional health care treatments, while parents can request vaccines for their newborns. In addition, VHVs are assigned by the municipal office to write statistical reports based on surveys by checking and counting the total number of individuals living in each household. The household survey carried out by the VHVs should cover the updated migration information in each household by addressing people's travel history, such as by asking "who just arrived" and "who has moved out." The survey information also addresses whether anyone was born or died in the household.

6. Discussion

There are many important conditions and contexts explaining why VHVs are highly needed in the Thai countryside. In a situation where people in the community have to maintain social distancing and separate themselves from each other, people lack the confidence to go to a hospital for a check-up with the doctor or nurse to obtain a diagnosis. Especially in distant communities where villagers cannot access medical and public health services, the volunteer group plays an important role in gathering and allocating resources, such as food supplies, equipment and basic knowledge, to help prevent infection among village community members.

The local resource accumulation that has been successfully operated by the VHVs can be attributed to the familial network the volunteers have built with community members and political representatives. This paper argues that the VHV network can be understood as a "sociopolitical network" based on trust, loyalty and acceptance between the volunteer groups and community members and between the volunteer groups and government officials as well as private sector actors in communities.

This paper applies the theoretical approach proposed by Lin and Huang (2005) to understand how VHVs' sociopolitical network can be suitably applied to the risk and crisis situation caused by the COVID-19 outbreak. Putnam (1993) argued that successful economic system and government reform are depended on a civil community. In other words, forms of social capital will be successfully created when a region has a well-functioning economic system and a high level of political integration. He further suggested that there are three components of social capital including moral obligations and norms, social values (especially trust) and social networks (especially voluntary associations). In following Bourdieu's complex constructivist theory of actors' social positions, social capital is based on group membership and social networks. (1980, 1986, 1977). By this means, effective social mobilization requires "the size of network of connection" (Bourdieu 1986, 249). Following Bourdieu (1980, 1986, 1977) and Putnam (1995, 1993), Lin and Huang (2005) suggested that a "social network" is the fundamental part of creating "social capital." The concept of social capital can be defined as resources that are accessed and accumulated through the relationships in social networks. By this means, individuals can borrow or utilize resources from others cooperating in the same network. Such social resources, including wealth, power or influence, are then returned to the original owners. Lin and Huang (2005) further explained that those valuable resources are embedded into the relationships and the social network. Without the network, individuals could not access or accumulate resources for use in everyday life. Finally, Lin emphasized that the greater the variety of networks is, the higher the quality of the assembled resources.

By taking Lin and Huang (2005) concept of network and social capital, VHV members attempt to accumulate and utilize resources from their sociopolitical network. As Putnam further argued that "voluntary associations as sources of trust" (Siisiäinen 2000, 5). Voluntary association brings about horizontal or social interaction, reciprocity and co-operation between actors in several ways (Putnam 1993, 173–174).

Moreover, voluntary association also promote reciprocal norms, motivate communication, as well as generate the flow of information improving individuals' trustworthiness. By applying Putnam's (Ibid.) argument to understand the VHVs' voluntary groups, they tend to formulate such networks from relationships, alliances, collaboration with community members, from one household to another, and then bridge the entire household or familial network to other agencies, including private sectors and local government officials. With this said, the VHVs' voluntary networks are not only created and empowered by horizontal social capital but also vertical direction of capital's cultivation. To achieve the mobilization of local resources across stakeholders, trustworthy is essential to maintain the successful voluntary collaborations. Without sense of trust, the VHVs cannot be able to achieve the primary health policy's implementation due to various needs, demands and expectations of different agencies, such as families, local officials, public and private sectors.

In order to understand how and why the notion of trustworthiness is suitable to build a social network for coping with the pandemic, it is worth paying attention to discuss the important cultural factors that are rooted in Thai society. As Chongkittavorn (2020b) indicated, "resilient Thai public," which means public participation and cooperation Thai people have performed since the first wave of the pandemic in 2019. With this said, Thai people tend to follow guidance, suggestions, advice from government officials, medical experts, and VHVs. We can observe that Thai people are more willing to wear facemasks and other preventive equipment since the beginning of the pandemic.

By utilizing trustworthy-based social capital, VHVs thus connect and ally various individual agents in the form of a social network to collaborate in protecting the community members from the pandemic effects by utilizing local resources and reaffirming the collaboration, alliance and participation of individuals, families and households to together implement the country's strategic health care policy in response to the disruption.

Based on in-depth interviews and a focus group discussion with VHV members in Nakhon Phanom, this paper argues that local communities in northeastern Thailand attempt to act against the crisis and the uncertain situation caused by the COVID-19 pandemic by applying their sociopolitical network, which is created and maintained based on alliances and collaboration with the government and private organizations.

In addition, Lin and Huang (2005) addressed the reciprocal relationship between the users or borrowers and the owners of social resources. The data from the focus group discussion and the in-depth interviews suggest that the volunteers have accumulated and utilized resources from the network they have built with community members—families and households. Such resources are cooperation, collaborations, trust, loyalty, acceptance and obedience. This is clearly observable in the positive reactions and feedback from community members (The Isaan Record 2015; Kertesz2020; Chongkittavorn 2020a; Kertesz et al., 2020; WHO 2020b).

According to the rule of reciprocity, the VHVs gain high respect and acceptance from the community members because of their contributions and sacrifices for the community. For example, VHVs play multiple roles in delivering various primary health services, engaging in social work and providing health trainings, physical and psychological consultations, routine disease monitoring and screening. When delivering PHC services and supplying a sense of comfort to community members, VHVs expect to receive cooperation, collaboration and a sense of trust from the community members in return.

This paper suggests that local communities in northeastern Thailand attempt to accumulate, maximize and share resources from the social network, which is built on a collective sense of loyalty, trust, and care that individuals can reciprocate within the family and among households. Therefore, VHVs can be seen as local mechanisms that can protect community members from the COVID-19 outbreak.

Figure 2. Figure 2 Collaborative system of the VHVs' social network.

6.1. Building a social network to cope with the risk of COVID-19

While scientists and doctors continue to suggest that individuals should keep their distance from each other to prevent the spread of COVID-19, this paper argues that individuals should be physically distant but should not ignore certain forms of applicable resources in terms of involvement, collaboration, and connectivity that are available through families/households, community members, private sectors (NGOs, entrepreneurs, business groups) and government officials.

This paper also argues that VHVs' sociopolitical network can be considered a "pluralistic network" (see Figure 2). The formation and pattern of VHVs' social network relies upon a collaborative system, as each agent or stakeholder relies upon and allies with the others. The actors include VHVs, municipal community members, private sector actors (e.g., other volunteer groups, families, civil society) and local government organizations (the municipality, provincial administrative organization, provincial public health office).

The first step of network formation concerns the alliance of VHVs with community members. What VHV members do is building the network from family and household relations that can create a sense of trusty, loyalty and care among community members. The VHVs' family-based social network can be used as an effective mechanism to allocate resources that include not only equipment, such as masks and alcohol gels, for minimizing the risk from seasonal and epidemic diseases but also fundamental knowledge of self-care for individuals' well-being in everyday life.

In the next step, the VHVs assist the local government agencies in implementing campaigns and projects and enforcing rules, law and order by following the policy of the Ministry of Public Health to cope with the COVID-19 pandemic. Moreover, the VHVs receive support and resources from the private sector in the form of material and financial donations, as well as life insurance and some advantages, privileges and benefits.

7. Conclusion

At the national level, government officials along with private and nonprivate actors in Thailand have utilized numerous resources and strategic health care policies that have contributed to the country's success in alleviating the effects of COVID-19. Among the various success factors, VHVs play an important role at the local level in minimizing the risk of the COVID-19 pandemic in the local community, where people are marginalized in terms of socioeconomic status and resource access.

The collected data were derived from a focus group discussion and in-depth interviews with five VHV members of Nakhon Phanom Municipality. Drawing on the experiences and perspectives of the VHV members, this paper proposes that the successful performance of village-based voluntary groups depends on the so-called "collaborative system of the VHVs' social network." To accomplish their multiple responsibilities, VHV members have to utilize their strong connections and good relationships with the community members living in each household. Before the emergence of the COVID-19 pandemic, the VHV group was assigned by the Ministry of Public Health to deliver PHC services to community members. During the pandemic, the VHVs' responsibilities were adjusted, and volunteers became "home doctors" by providing primary preventive care, as well as educating and guiding villagers to be able to perform self-diagnosis. Moreover, the VHVs routinely carry out multiple roles, including screening with temperature checks in public areas, helping local governments collect daily health information, updating the statistical data of infected patients, and monitoring the travel histories of individuals in each village household. The VHVs also provide basic health training in primary care and initial treatment. The VHVs are capable of performing such primary health screening and primary statistical data collection because they have created familiar relations with community members. While government officials from the Ministry of Public Health and local politicians implement PHC policies from the top-down approach, the VHVs position themselves in between the two levels—between officials and local communities—as they are located in the middle of the social structure. In this way, the VHVs try to bridge the gap between the government led by the Ministry of Public Health and community members.

By applying Lin and Huang (2005) concepts of "social network" and "social capital," this paper argues that VHVs can be seen as a sociopolitical network functioning as a social mechanism supporting community members in the response to the COVID-19 outbreak. This paper further

elaborates that VHVs formulate a "pluralistic network" from a "collaborative system" between numerous agents/stakeholders in the community, including the VHV group, villagers, families/households, local politicians/officials, and private sector actors. The findings contribute to interdisciplinary research and suggest a new approach to understanding and explaining how local communities act in response to the pandemic crisis. The experiences of the VHV group in Nakhon Phanom demonstrate that local communities in northeastern Thailand attempt to accumulate, maximize and share resources from the social network built on an alliance strengthened with a collective sense of loyalty, trust, and care that individuals can reciprocate in the family and among households.

8. Recommendations and applications

International scholars have paid attention to various issues related to the ongoing Covid-19 pandemic. In addition to the concerns of medical technologies, public health policy, vaccines in relation to politics and socio-economic effects, sociological and anthropological perspectives are also applicable to explain humans' experiences and capacities coping with the pandemic. Primary health care is an important mechanism to deliver the needs of health services to local community members. Research focusing on the importance of primary health care, especially the roles, responsibilities, and functions of VHVs is still marginalized in pandemic studies. This research paper aimed to fill the gap of the literature focusing on socio-cultural perspective exploring the community-based primary health care, social network, various forms of collaborations coping with the Covid-19 outbreak. Instead of looking at the "top-down" approach where the governments implement the public health policy by delivering vaccines, health care service or mental and physical healings, this research paper suggests that we can understand the pandemic situation from "bottom-up" where community-based agencies can act against the virus by the social capital and collaborations. The author recommends future researchers recruit a larger number of samplings—the VHVs—to receive broader and diverse perspectives of informants. Reflections from a larger sampling size would elaborate further details in terms of familial relationship and collaboration between local agencies during the crisis from Covid-19.

Declarations

Author contribution statement

Poonnatree Jiaviriyaboonya: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Data availability statement

Data associated with this study has been deposited at the Office of National Higher Education Science Research and Innovation Policy Council (NXPO)'s data based via the website https://www.nxpo.or.th/th and National Research Council of Thailand's data based via the websites nrct.go.th.

Declaration of interests statement

The authors declare no conflict of interest.

Additional information

No additional information is available for this paper.

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