ASI
Asia Social Issues

E-ISSN: 2774-0315

https://doi.org/10.48048/asi.2024.265686

Prevention Behavior and Awareness of COVID-19 Pandemic of People in Thai-Myanmar Border Area, Mae Hong Son Province, Thailand

Ittipong Thongsrikate*, Jirawat Rugchat and Pasunit Saramad

Faculty of Liberal Arts, Maejo University, Chiang Mai 50290, Thailand

**Corresponding author's e-mail:* Ittipong@mju.ac.th

Abstract Due to the emergence of the COVID-19 pandemic, affords have been made to block the movement of people and goods. It believed to stop the spread of germs from people and goods in the border area. Nevertheless, the people and goods there do not stand still as specified. This study employed quantitative research to investigate prevention behavior and awareness of the COVID-19 pandemic of people in the Thai-Myanmar border area, Mae Hong Son province, Thailand. A set of questionnaires was used for data collection and administered to a sample group of 406 people living near the border trade relief of Mae Hong Son province. Obtained data were analyzed using descriptive statistics, mean, and standard deviation. Based on behavior and awareness of the prevention of the COVID-19 pandemic, it was found that, as a whole, the respondents had the highest level of COVID-19 prevention behavior ($\bar{x}$ = 4.24). This included the following instructions for public health personnel: social distancing, wearing a hygienic mask, hand washing, and temperature measurement. For the awareness of the prevention of the COVID-19 pandemic, it was also found at the highest level ($\bar{x}$=4.28). This included all people's participation, communication within the household/community to prevent the COVID-19 pandemic, and strict compliance with the community's regulations to prevent the disease. The border is a fragile area. There is a chance of transmission of pathogens caused by the movement of people and goods in border areas. The prevention of the COVID-19 pandemic of people in the Thai-Myanmar border area under behavior and awareness of disease prevention. Meanwhile, people worldwide are taking measures to reduce the risk of contracting COVID-19.

Keywords COVID-19 pandemic; Border; Awareness; Prevention behavior; Collective consciousness

Received: *June 22, 2023*
Revised: *September 11, 2023*
Accepted: *May 14, 2024*

Introduction

The movement of people across borders under the conditions of a borderless world and global society allows commerce to proliferate. In contrast, this also allows for the emergence of ailments or the spread of pathogens across borders. An example is a case of SARS in which the first patient was exposed to an animal-borne pathogen and then zoonotic. After that, the patient was admitted to the hospital and developed a hospital-acquired infection. This included physicians, nurses, and other medical personnel (infected medical workers) who also traveled to Hong Kong for a meeting. This caused the spreading of disease across more than 29 countries (Pliphat, 2019).

Corona Virus disease 2019 (COVID-19) is a contagious disease caused by a new strain of coronavirus. It was discovered for the first time on 31st December 2019 in Wuhan City, Hubei Province, in the People's Republic of China. It has become a global pandemic that is transmitted between people in the same way as influenza. It is transmitted through infection by droplets form coughing. The time between exposure and symptoms is generally 5 days but can range from 2 to 14 days. The most common symptoms are fever, cough, and acute dyspnea (Joseph & Ashkan, 2020). It spread so fast that it became a global epidemic.

Strong measures taken by many countries to control the spread of COVID-19; country lookdowns, semi-lockdowns, and lockdowns of borders/communities. This aims to control the passage of people not to allow the virus to spread. It includes the measures of each country that have been set up for people to follow. In Scandinavia, like Sweden, although the city is not closed, strict controls exist in the population areas at risk of infection. For another group of people, use methods to create understanding, ask for help, etc. In Thailand, people are asked for cooperation to comply with government measures. Examples are province grouping, social distancing to prevent the COVID-19 pandemic, wearing hygienic masks, limiting the number of people participating in an event, working from home, online meetings as well as accelerating research and development of drugs and vaccines to prevent the disease outbreak (Center for Disease Control and Prevention, 2020).

Mae Hong Son province is located in upper northern Thailand and is home to people of many ethnicities. Every district of this province has territories adjacent to Myanmar by land and water. Mae Hong Son province has 5 trade relief points opened to transport goods and 30 channels of border crossing ports (Mahathamuchock & Kampa, 2021). Under COVIND-19 pandemic, the Mae Hong Son provincial governor has ordered the disease (Thairath Online, 2020; Naewna Online, 2020). Meanwhile, concerned public agencies monitor the smuggling of Myanmar people across the border into Thailand through natural borders. Acted by increasing the force of officers across the border patrol, soldiers and volunteers patrolled along the border area. This aims to prevent Myanmar people from snuggling into Thailand, which helps decrease the COVID-19 pandemic in the country.

Closing of border trade relief points may block the movement of goods. However, Myanmar people are smuggling into Thailand or migrating into the country due to unrest in Myanmar. As well as management at the local level, the Thai-Myanmar border in Mae Hong Son province needs a better plan to control the spread of COVID-19. This is due to a need for more lack of budget, long-term planning, and coordination between the community, the public, and the private sector to prevent the COVID-19 pandemic based on sustainability and concreteness (Department of Provincial Administration, Ministry of Interior, 2021). Therefore, it is attractive that people in the Thai-Myanmar border area of Mae Hong Son province. Home to a diverse population and various cultural groups, have a relatively remote geographical setting that impacts their access to medical and public health services. The level of intensity in adopting prevention behavior against the COVID-19 pandemic varies to different degrees. Moreover, certain behaviors or focal points hold significance within the community. These aspects can lead to developing future guidelines or measures for preventing COVID-19 and other contagious diseases, especially in closely-knit border communities.

Objective

To investigate prevention behavior and awareness of the COVID-19 pandemic of people in the Thai-Myanmar border area, Mae Hong Son province, Thailand.

Methodology

This study employed quantitative research to understand standard practice in preventing the COVID-19 pandemic of people in the Thai-Myanmar border are of Mae Hong Son province.

Setting and participants

The population used in this study were households located in Thai- Myanmar border checkpoints in the area of responsibility of Pha Bong subdistrict, Huai Phueng subdistrict of Mueang Mae Hong Son district, Mae Ngao subdistrict of Khun Yuam district, Sao Hin subdistrict of Mae Sariang district, and Mae Sam Lab subdistrict of Sop Moei district, Mae Hong Son province, amounting to 13,411 households (Department of Provincial Administration, Ministry of Interior, 2021).The sample of this study was 406 people representing households (Thai only) living near border trade relief points of Mae Hong Son province, and they were obtained by simple random sampling. The inclusion criteria comprised: 1) 18 years old and above, 2) good command of Thai language communication, and 3) willing to provide data.

Data collection

The research tool used to collect data was interview schedule. Three professionals examined the quality of the interview schedule. Who investigated the accuracy of the interview question content. After implementing, the professional's recommended modifications, the questions were trialed with 30 persons with similar characteristics to those in the study sample group. The interview schedule was then analyzed for reliability using Chonbach's alpha coefficient to test the trialed data. The overall reliability coefficient of the interview schedule was 0.95 (Hair et al., 2014), which was an acceptable level of reliability. Subsequent modifications were then applied to the interview schedule before it was used to collect the data.

A set of questionnaires was used for data collection developed by the researchers. It aimed to ask the respondents about their collective action to prevent the COVID- 19 pandemic. The questionnaire involves the socio- economic attributes of the respondents, COVID- 19 preventive behavior. and COVID- 19 awareness. The questionnaire rating scale passed quality inspection by specialists and was tried with a non- sample group in this study. Data were collected during March- June 2022. In addition, this study was conducted under the principles of respect for human research ethics certification number PYU_REC No.65/005 issued on 14 January 2022.

Data analysis

The data obtained was analyzed using descriptive statistics: percentage, mean and standard deviation. The data are described in Tables 1-3.

Results and discussion

The research results in the presentation consisted of three parts: 1) the Thai-Myanmar border context in Mae Hong Son province, 2) the socio- economic attributes of the respondents, and 3) the prevention behavior and awareness of COVID- 19 pandemic of people in the Thai- Myanmar border area, Mae Hong Son province, Thailand. The results of the study were as follows:

Thai-Myanmar border context in Mae Hong Son province

Mae Hong Son was located in upper northern Thailand, about 924 kilometers North of Bangkok. The province consisted of 7 districts, which all shared the border with Myanmar. (Shan, Kaya, and Kauthule states). Its topography was mountainous and plain with 286,781 people living there in 2022 (Department of Provincial Administration, Ministry of Interior, 2020). It was home to diverse ethnic groups: people of Lanna, Lisu, Karen (Popakakayo), Yunnan, Pa-O, Lawa (Lua), Lahu, Hmong and Tai Yai. Most people in Mae Hong Son province were engaged in agriculture and general contracts, with a monthly income per household of 15,495 baht in 2021 (National Statistical Office, 2021). In the historical dimension, Mae Hong Son had been a frontier town since 1874. This caused racial relations through trade, a way of life, settlement, and unique architecture and cultural works.

In 1994, border trade was organized within Mae Hong Son province. There were relief points for trade and border trade points to control the entry and exit of goods. Also, it promoted relationships at the local level, trade in consumer goods and the movement of people. The relief points for trade were: 1) Huay Ton Noon border trade relief point (Located in Khun Yuam district-close to Khaya state), 2 Ban Sao Hin border trade relief point (Located in Mae Sa Riang district) ,3) Mae Sam Laeb border trade relief point (Located in Sob Moey district-close to Khaya and Karen states) ,4) Huay Phueng border trade relief point (Located in Mueang district-close to Shan state), and 5) Nam Piang Din border trade relief point (Located in Mueang district-close to Khaya state) (Figures 1)

Figure 1 Check Point for Border Trade, Mae Thong Son, Thailand

According to the COVID-19 pandemic, the border trade relief points of Mae Hong Son province have been temporarily closed since 1st November 2020. There has been ordered to periodically close and reopen border trade relief points depending on the COVID-19 pandemic in the country and neighboring countries. However, preventing the COVID-19 pandemic in Mae Hong Son had set public health measures to prevent the spread of pathogens. It comprised the following: 1) jointly set a safety zone with concerned agencies which the Provincial Public Health office supported equipment at every border trade relief points; 2) entrepreneurs must improve proper environmental health such as lavatories, dustbins, and garbage disposal in the safety zone; 3) arranged for staff to be stationed at the relief point to register background, screening for symptoms of respiratory disease for entrepreneurs and cargo handling personnel both in Thailand and Myanmar; 4) public health agencies

in the area monitored the population at risk by randomly collecting samples for examination in the operating room every three months; and 5) jointly formulated plans and procedures for moving goods without allowing persons of Thailand and Myanmar to come into contractor be in close contact with each other. The pick-up and delivery of doors was a rear-to-back manner of a delivery vehicle and was wheeled to deliver doors. Concerned people must wear hygiene masks at all times of operation. They must wash their hands with soap or alcohol before and after every loading and unloading. Besides, the distance between people must not be less than two meters,and groups of more than two people were prohibited.

Participants characteristics

Socio-economic attributes of the respondents

Results of the study revealed that more than one-half of the respondents were female 57.1 percent and were of working age 18-55, accounting for 83.0 percent. Their average age was 44 years old, and 17.0 percent were 60 and above. Mae Hong Son was the only province in upper northern Thailand that was entering an aging society. That was 10.0 percent of the population over 60 years of age. Interestingly, 24.4 percent of the population were illiterate. Or their educational attainment was in primary school. Most respondents were married; only 8.1 percent were bachelor's degree graduates. More than one-half of the respondents had 4-6 family members.

Regarding the type of residence, migration, and ethnic group membership, it was found that most of the respondents were Mae Hong Son province by birth, 98.0 percent. Only 2.0 percent of domiciles are in provinces that have an area adjacent to Mae Hong Son such as Chiang Mai and some states of Myanmar. For immigration on moving to another province for job opportunities in the past year, it was found that most respondents did not migrate, 94.6 percent. About 94 percent needed work to move back and forth between home and workplace outside the community, 90.1 percent. About half of the respondents were in the Tai Yai ethnic group, 51.7 percent. This was followed by Karen's 41.7 percent, and Lanna people 4.7 percent, respectively, as shown in Table 1.

Table 1 Percentage of the contributions of the sample group

Profiles of the samples	Cont. (n= 406)	Percent
Gender		
Males	174	42.9
Females	232	57.1
Total	**406**	**100.0**
Age		
18-59 years	337	83.0
over 60 years	69	17.0
Total	**406**	**100.0**
Min =18 , Mean =44 , Max= 80		
Education		
Below primary	110	27.1
Primary	99	24.4
Secondary	59	14.5
High school	104	25.6
Bachelor's degree	33	8.1
Post-Graduate	1	0.2
Total	**406**	**100.0**

Profiles of the samples	Cont. (n= 406)	Percent
Residence		
Alone	18	4.4
Spouse	44	19.8
Family	267	65.8
Relatives	76	18.7
Friend	1	0.2
Total	**406**	**100.0**
Number of family members		
1-3 people	172	42.4
4-6 people	211	52.0
More than 6 people	23	5.7
Total	**406**	**100.0**
Hometown		
Mae Hong Son province	398	98.0
Other	8	2.0
Total	**406**	**100.0**
Migration in the past year		
Migrate	22	54
Not migrate	384	94.6
Total	**406**	**100.0**
Work mobility outside the community		
Movement	40	9.9
Not movement	366	90.1
Total	**406**	**100.0**
Ethnic group		
Tai Yai	210	51.7
Karen	170	41.9
Lanna (Kon Muang)	19	4.7
Muslim	7	1.7
Total	**406**	**100.0**

Prevention behavior and awareness of COVID- 19 pandemic of people in the Thai-Myanmar border area, Mae Hong Son province, Thailand.

This was based on prevention behavior and awareness of the prevention of the COVID- 19 pandemic among the respondents. The researchers classified the behavior preventing the COVID- 19 pandemic into 3 groups adopted by Department of Disease Control, Ministry of Public Health. It comprised the following: 1) following the advice of public health officials, 2) social distancing, and 3) wearing hygienic a mask, hand washing, and temperature measurement.

Overall, it was found that the respondents had the highest level of behavior in preventing the COVID- 19 pandemic ($\bar{x} = 4.47$). Regarding social distancing, the respondents had the highest prevention behavior when contacting strangers/ people from other areas ($\bar{x} = 4.37$). Also, the respondents had the highest level of preventive behavior by wearing masks when leaving home ($\bar{x} =$ 4.45), as shown in Table 2.

Table 2 People in the Thai-Myanmar border area of Mae Hong Son province, Thailand, for preventing and controlling the COVID-19 pandemic according to COVID-19 prevention behavior.

Covid-19 prevention behavior	**Action level**		
Following advice of public health official	**$\bar{x}$**	**S. D**	**Description**
1. Follwing advice of medical personnel about the prevention of COVID-19 pandemic	4.47	0.66	Highest
2. Taking drugs or nutrients that are believed to be able to stop the spread of COVID-19	3.95	1.11	High
3. Relrain from sharing the serving spoon by your own spoon instead	4.01	1.12	High
Social distancing			
1. Refrain from traveling outside the area	4.29	0.81	Highest
2. Refiain from joining activities in the community such as religious, cultural and traditional activities	4.20	0.83	High
3. Keep your distance from other people when sitting or standing and talking	4.24	0.84	Highest
4. Avoid the place or activities having more than 50 people	4.32	0.89	Highest
5. Quanrantine or isolate your household from household members when you know you are at risk	4.32	0.89	Highest
6. Avoid eating outside	4.24	0.93	Highest
7. Keey you distance when talking to people you do not know	4.39	0.82	Highest
Wearing a hygienic mask, washing hands and temperature measuring			
1. Wear a hygienic mask when leaving the house	4.45	0.78	Highest
2. Cover your nose or mouth when you cough or sneeze	4.35	0.82	Highest
3. Carry alcohol gel and spray on the hand	4.14	1.05	High
4. Wash your hands every time when touching equipment both inside and outside the house	4.24	0.93	Highest
5. Regularly measure your body temperature	3.98	1.10	High
Total	**4.24**	**0.97**	**Highest**

Regarding the awareness of the prevention of COVID-19, it was found that the respondents were aware of COVID-19 prevention at the highest level ($\bar{x}$ = 4.28). The top three aspects were: 1) COVID-19 prevention is a matter of every one everyone must take part ($\bar{x}$ = 4.54) ; 2) There is communication within the family/ Community to help prevent the spread of the disease ($\bar{x}$=4.45) ; and 3) strictly follow village/ community regulations for COVID-19 prevention ($\bar{x}$ = 4.41), respectively. Awareness of COVID-19 prevention among the respondents was at a high level. It was primarily activities where individuals must participate with the community or concerned agencies. Examples are participation in observing and reporting abnormalities that are at risk of developing COVID-19 to government officials and activities to encourage in various suitable forms and send positive energy, as shown in Table 3.

Table 3 People in the Thai-Myanmar border area of Mae Hong Son province, Thailand, related to COVID-19 pandemic prevention and control based on awareness of COVID-19 prevention. (n=406)

Awareness of COVID-19 prevention	Awareness level		
	$\bar{x}$	S. D	Description
1. COVID-19 prevention is a matter of everyone that must take past, not the practice of any one person	4.54	0.62	Highest
2. There is communication within the family or community to help prevent the spread of the disease	4.45	0.70	Highest
3. Follow the news closely about COVID-19 pandemic	4.34	0.83	Highest
4. Strictly follow the village/community regulations for COVID-19 prevention	4.41	0.79	Highest
5. Cooperate with officials in COVID- 19 surveillance and prevention	4.40	0.78	Highest
6. Participate in observing and reporting abnormalities that are at risk of developing COVID-19 to government officials	4.19	0.95	High
7. There are activities to encourage in various forms that are suitable and send positive energy	3.86	1.16	High
8. Admonish and deter neighbors or family member who are slacking on COVID-19 prevention	4.07	01.03	High
9. Prepare yourself and protective equipment when going out in contact with other people, such as wearing a hygienic mask and carry gel or alcohol	4.25	1.04	Highest
Total	**4.28**	**0.97**	**Highest**

According to an analysis of prevention behavior and awareness of COVID-19 pandemic of people in the Thai-Myanmar border area, Mae Hong Son province, Thailand., discussions were as follows:

COVID-19 pandemic and border area context

The Thai-Myanmar border area of Mae Hong Son province has a historical dimension. It is a place where people in this area cross borders and trade. Some people in Myanmar migrate to Thailand (Mae Hong Son) for settlement, particularly the Tai Yai ethnic group. The COVID-19 pandemic caused the emergence of measures to control and prevent the disease. This includes border area closure and surveillance of people who smuggle into the epidemic area in the border area. The results of the study reflect that the prevention of the COVID-19 pandemic may begin with self-protection and then lead to the family, community, and nations levels. Everyone must work together to prevent the disease through a social network that helps each other (Chuenchom et al., 2022). This social network may come from community membership groups such as ethnic and social groups. This conforms to a study by Likhitwanwut (2021), which revealed that the epidemic makes a lot of people learn about neighbors more than before. This is because people need to rely on one another during an epidemic crisis. The value of interrelationships and social relationships will increase, especially the close relationships among family members. It is the restoration of relationships and social connections once again. This may be an innovation that helps people in border areas create their sustainable procurement model and method. They can lead the community through this epidemic crisis. Incidentally, in the border areas of various countries, the risk is not only the issue of having state mechanisms and legal power to manage and control. However, the raised risk still has many problems that need to be solved for the

state mechanisms to manage it. Meanwhile, in some areas with complicated factors related to epidemic/ health, more than quantitative scientific knowledge may be required to understand the epidemic alone may be. Epidemics and health are also related to poverty and social/cultural context.

COVID-19 prevention behavior

It is found that people in the Thai-Myanmar border area of Mae Hong Son province have the highest level of COVID-19 prevention behavior ($\bar{x}$ =4.24). This is in terms of wearing a measuring of body temperature, and following the advice of public health personnel. This implies that people in this area put the importance on disease prevention behavior to reduce risk of infection or the spread of COVID-19. Based on details, following the advice of public health or medical personnel has the highest average mean score ($\bar{x}$ =4.47). This is followed by wearing a hygienic mask when leaving home ($\bar{x}$ =4.45) and keeping a distance when talking to strangers ($\bar{x}$ =4.39), respectively. This also conforms to guidelines for preventing the COVID-19 pandemic in Thailand. There is a campaign to encourage people to wear a hygienic mask, wash their hands, keep a distance from other people by least one meter, and avoid touching the eyes, nose, and mouth of others (Department of Disease Control, 2014). Some other research proposed disease prevention by avoiding using other's kitchen utensils, consuming newly cooked food, and social distancing to avoid interacting with an infected person (World Health Organization, 2019; Moosa, 2020; Nguyen, 2020). Besides, it includes refraining from specific actions to prevent illness as well as to prevent possible violence (Voegel & Wachsman, 2022) and research by Apidechkul, Upala, and Yeemard (2022) studied the assessment of knowledge, attitudes, and practices to prevent COVID-19 among the hill tribe population living in border areas. It was found to be at a moderate level of knowledge and attitude.A high level of practice to prevent the disease was found, and all people in the villages had better knowledge and skills in COVID-19 prevention and control, with evidence of regular hand washing, wearing a mask, and social distancing.

Awareness of COVID-19 prevention

Overall, the respondents have the highest awareness of COVID-19 prevention ($\bar{x}$ = 4.28). This is because of contagious diseases under the Contagious Diseases Act, of 2015. Based on details, the following are the top three found in the awareness of COVID-19 prevention: 1) COVID-19 prevention is a matter of everyone, must take part ($\bar{x}$ = 4.54); 2) there is communication within the family/ community to help prevent the spread of the disease regulations for COVID-19 prevention ($\bar{x}$ =4.41), respectively.

The awareness of COVID-19 prevention among people in the Thai-Myanmar border area of Mae Hong Son province can be regarded as conscious or collective. According to a study by Khanna et al., (2021), is the nature of collective Consciousness that occurs in groups of people at the national and global levels of society. From the midst of the severe outbreak of the coronavirus virus, there has been a collective consciousness of many people in the global society. An example is a collective sense of fear shared by the world's population (Knowledge of Fear) spreading rapidly worldwide. That is, the situations of epidemics and lockdowns happening throughout the world, can create collective consciousness or impaired collective consciousness. Besides, this study indicates the solution to the problem of the COVID-19 pandemic that collective consciousness has the power to solve the epidemic. In addition, a positive collective sense of the world's population must be built and restored (Repairing the Collective Consciousness) in the fight against the epidemic. This includes reorganization of thinking and creating a positive attitude at the individual level. This is done by evaluating, persuading, creating a positive way of thinking, and presenting positive information.

This study related to collective consciousness to prevent the COVID-19 pandemic in Thailand appears in the form of community or social power related to COVID-19. Likewise, a study by

Malahom and Kampa (2021) revealed that community power arises from the feeling of unity. Regulation adoption, or regulations are regularly used to control and prevent the spread of COVID-19, according to, in a study by Roadkaew (2021). The model was developed empower communities to have a social surveillance system and to help care for those affected by the economic and social effects of the epidemic. The community must be prepared, have a community study, disrupt contingency plans, and support community-level epidemic situations. Besides, the community must operate and monitor its performance, etc. Meanwhile, research abroad mentions issues like that of McLaughlin (2021). It was found that an epidemic makes people more committed to helping each other (Solidarity). The COVID-19 pandemic makes people problem-solving at the global problem-solving will be possible if there is coordination as a member of the global community. It includes natural calamities or epidemics playing important roles leading to collective action.

The phenomenon of collective disease prevention awareness among the residents of the Thai-Myanmar border community in Mae Hong Son province correlates with Emile Durkheim's theory of Collective Consciousness. This sociological concept pertains to the shared beliefs and mutual awareness integrated into a coherent social structure. It finds manifestations in various aspects, including religious doctrines, legal standards, ethical values, cultural practices, cherished traditions, and foundational principles. The fusion of these shared perceptions among the members of society contributes to harmony, unity, and a balanced cohabitation. This collective consciousness wields significant influence over the cognitive processes of the society's constituents (Walker, 2018). Amidst the backdrop of the COVID-19 pandemic, the prevailing sense of fear has spurred residents to foster an elevated vigilance in collaborating to prevent the disease. This phenomenon is discernible in the subsequent discourse, COVID-19 prevention is a matter of everyone, that must take part. So, this collective consciousness creates a sense of belonging and identity in human beings and shapes our behaviors. The global collective consciousness was deeply involved in the COVID-19 crisis, particularly with the issue of life and death, creating a sense of vulnerability, and thereby connecting all human beings, and due to the need for social distancing, has increased involvement of human beings with the internet, spreading the collective consciousness beyond geographical boundaries in this regard as well (Farnam, 2021).

Likewise, a study of COVID-19 makes people aware of their vulnerability and interdependence. Awareness of inequality and injustice in society will encourage people to try to address unequal resource allocation and rights such as COVID-19 vaccination access. There may be beginnings from the local community to the global community. However, a creating awareness about COVID-19 prevention may include other emerging diseases (McLaughlin ,2021; Tiberius, 2021). Global health concepts health concepts help clarify to help clarify how these issues work. These concepts believe that one country cannot solve health problems that need to be solved together in many countries cannot be solved by one country. An example is the outbreak of the epidemic across various borders, such as MERS, SARS, etc (Biddlestone, Green, & Douglas, 2020). This must rely on global cooperation to jointly develop and solve problems to create fairness in health between countries or states (Koplan, 2009). Global health action can be divided into 5 dimensions: international policy, security, charitable and humanitarian, investment and public health (Saengsri & Yothasamut, 2020).

Conclusion

Regarding the prevention behavior and awareness of people affected by the COVID-19 pandemic in the Thai-Myanmar border area, Mae Hong Son province, Thailand was found to have a high level of preventive behavior and awareness. Therefore, the prevention of infection and the COVID-19 pandemic must put importance on disease-preventive behavior. This may start from the self and then lead to collective action at the community level to reduce the risk of spreading the disease.

However, it may have impacts on daily life activities, occupation, ailments and deaths from the pandemic that occurs at this time**.**

Recommendations

In border areas, preventing the spread of COVID**-** 19 should prioritize rigorous disease prevention methods, adhering to state**-** mandated measures or community**-** driven initiatives**.** Border communities might develop specific measures tailored to disease prevention, aimed at promptly responding to new disease outbreaks in the future**.** Simultaneously, cultural nuances and community beliefs might lead to varying approaches within the intricate fabric of border regions characterized by diverse populations and complex relationships**.** This diversity could enhance the appropriateness and effectiveness of disease prevention efforts**.**

Acknowledgements

This research has received funding support from the National Science, Research and Innovation Fund **(**NSRF**)** via the Program Management Unit for Human Resources & Institutional Development, Research and Innovation **[**grant number B17F640210**]**

References

Apidechkul, T., Upala, P., & Yeemard, F. (2022). *Hill tribe community model development for preparedness and response COVID-19 epidemic, in the border area of Thailand-Myanmar*. Nonthaburi, Thailand: Health Systems Research Instiute (HSRI).

Biddlestone, M., Green, R., & Douglas, K. M. (2020). Cultural orientation, power, belief in conspiracy theories, and intentions to reduce the spread of COVID-19. *British Journal of Social Psychology,59*, 663-673.

Center for Disease Control and Prevention. (2020). *Coronavirus (Covid-19)*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Chuenchom, P., Yodsuwan, S., Ployleaung, T., Muenchan, P., & Kanthawee, P. (2022). The development of COVID-19 epidemic management system at Thai-Laos border: A case study Chiankong district, Chiang Rai province. *Chiang Rai Medical Journal,14*(1), 70-91.

Department of Disease Control. (2014). *Guidelines for border health operations. To support the entry into the ASEAN community fiscal year 2014*. Nonthaburi, Thailand: Department of Disease Control, Ministry of Public Health.

Department of Provincial Administration, Ministry of Interior. (2022). S*tatistics of the population of Mae Hong Son province December 2020 data*. Retrieved from https://stat.bora.dopa.go.th/stat/statnew/statMONTH/statmonth/#/displayData

Farnam, A. (2021). Phenomenology of human collective consciousness confronting COVID-19: The trace of the pandemic in the humane mind. *Bioimpacts, 11*(3), 65-167.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis* (7th eds.). Harrow, UK: Pearson.

Joseph, T., & Ashkan, M. (2020). *International Pulmonologist's Consensus on Covid-19*. India: Amrita Institute of Medical Sciences.

Khanna, A., Namita, I., Chakrabarti, R., & Kumar Indraganti, R. (2021). Does collective consciousness compromise during epidemics and pandemics? *EAI Endorsed Transactions on Smart Coties,5*(13), 1-7.

Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet, 373*(9679), 1993-1995.

Likhitwanwut, U. (2021). *Post-pandemic future: Living with COVID-19*. Retrieved from ihri.org/th/through-udoms-lens-column1/

Mahathamnuchock, S., & Kampa, N. (2021). Mae Hong Son, The Northwest border province: A challenging toward the special development area. *Ganesha Journal, 17*(2), 30-42.

Malahom, P., Sawangkaew, P., & Phumchagan, V. (2021*). Community power and monitoring, control and prevention of COVID-19 people in border communities in Thailand-Laos*.

McLaughlin, K. (2021). *How life could get better (or worse) after COVID by Igor Grossmann and Oliver towards*. Retrieved from https://greatergood.berkeley.edu/article/item/how_life_could_get_better_or_worse_after_covid

Moosa, I. A. (2020). The effectiveness of social distancing in containing Covid-19. *Applied Economics, 52*(58), 6292-6305.

Naewna Online. (2020). *Mae Hong Son extends the closing time of Thai-Myanmar border trade relief points until 31 Oct. 20*. Retrieved from https://www.naewna.com/local/522731.

National Statistical Office. (2021). *Average monthly income of households by region and province in 2004-2021*. Retrieved from http://statbbi.nso.go.th/staticreport/page/sector/th/08.aspx.

Nguyen, T. H. D. (2020). Lifting of social distancing measures: Perspectives from Vietnam. *Disaster Medicine and Public Health Preparedness, 15*(2), (2020), 40-42

Pliphat, T. (2019). *Situations and trends of emerging and re-emerging diseases and Non-Communicable diseases in ASEAN, supporting documents for the symposium on infectious diseases and epidemiology*. Bangkok, Thailand.

Roadkaew, K. (2021). Development of community empowerment, social monitoring and assisting individuals who economically and socially affected from COVID-19 pandemic. *Journal of Social Work, 29*(2), 189-220.

Saengsri, V., & Yothasamut, J. (2020). The review of country's global health strategy development process and the monitoring and evaluation mechanism of global health strategy in eight countries. *Journal of Health Systems Research, 14*(2), 105-124.

Thairath Online. (2020). *Mae Hong Son governor prepares to close the border for 15 days after the COVID-19 outbreak in Myanmar*. Retrieved from https://www.thairath.co.th/news/local/north/1921569.

Tiberius, V. (2021). *How life could get better (or worse) after COVID from Igor Grossmann and Oliver towards*. Retrieved from https://greatergood.berkeley.edu/article/item/how_life_could_get_better_or_worse_after_covid.

Voegel, J., & Wachsman, Y. (2022). The effect of culture in containing a pandemic: The case of COVID-19. *Journal of Risk Research, 25*(9), 1075-1084.

Walker, A. (2018). *Entanglement: The interaction between individual and collective consciousnes*s. Collective Consciousness and Gender. London: Palgrave Macmillan

World Health Organization. (2019). *COVID-19- WHO Thailand situation reports*. Retrieved from https://www.who.int/thailand/emergencies/novel-coronavirus- 2019/situation-reports