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DEVELOPMENT AND WELLBEING IN CONTEMPORARY THAILAND

Dr J. Allister McGregor¹, Dr Laura Camfield², Dr Awaë Masae³, Dr Buapun Promphakping⁴

Introduction

Thailand is a country whose transition from being amongst the poorest in the world in the 1960s to one at the forefront of modernity is remarkable. The country has experienced tremendous economic growth which has stimulated significant changes in the economic structure of the society and been accompanied by rapid social and cultural change. Today, Thailand is a fascinating kaleidoscope of the modern and traditional, the rural and the urban, and the affluent and the impoverished. It is also a country where the concept of wellbeing has particular resonance.

Thailand is one of few developing or transitional societies that have placed 'wellbeing' explicitly on its development policy agenda. The NESDB (National Economic and Social Development Board) advances a notion of wellbeing (*yu dee, mee suk*) as a cornerstone concept in Thai development policy (NESDB, 1997) and local government is charged with the promotion of the wellbeing of its citizens. Thailand's transition has not been without its challenges and in this respect the analysis of Thailand's experiences provides a salutary case for all aspirant developing countries. The unevenness of Thailand's development has been widely noted and inequality pervades both within particular locations and between the regions of the country. At the same time its transition, although marked by occasional economic and political crises, has been relatively free of major social disruption and reversal. Throughout the transition there have been vibrant and rich debates in Thailand over how development has been and should be affecting which cultural and social values prevail. Many different voices have contributed to these debates: the royal family, the modern business sector, secular politicians, the army, NGOs, academia and external development agencies. In these debates the significance of the notion of wellbeing for Thailand has been increasingly recognised. At the level of casual observation, the pursuit of wellbeing could be regarded as a national pastime. At a more formal level, notions of wellbeing have now found themselves a place in national policy discourses and documents. In seeking to find a balance between efficiency based notions of modernity and the pursuit of wellbeing, a series of contradictions and anomalies arise which remain challenges for Thailand today. The analyses of contemporary Thailand and the ambivalence, ambiguity, contradiction and hybridity that we find there, illustrates the

¹ Director of the ESRC Research Group on Wellbeing in Developing Countries and Senior Lecturer in International Development at the University of Bath, UK.

² Research Fellow in the ESRC Research Group on Wellbeing in Developing Countries.

³ Assistant Professor in the Faculty of Natural Resources, Prince of Songkla University, Thailand.

⁴ Associate Professor in the Dept. of Social Development, Khon Kaen University, Thailand

usefulness of the concept of wellbeing and, in turn, analysis of its development processes can tell us much of how we can conceive of wellbeing in relation to international development.

The Communities Studied

WeD's research in Thailand brings purposively generated, primary data from studies of a range of rural and urban communities in both the Northeast and South of the country into the context of a wider analysis of the Thai development experience. It represents a new analytical perspective which draws on contributions from beyond the traditional development disciplines. Analysing this data within the wider conceptual frameworks that are required to understand the social and cultural construction of wellbeing permit insight into the ways in which the particular challenges of development manifest themselves in the day-to-day lives of men, women and children in contemporary Thailand.

The communities studied by the WeD programme are located in the Northeast and the South of Thailand; two of the most populous regions of Thailand, which house 48 percent of the population. While the Northeast has both the highest rate of poverty and the greatest number of poor people (four million, according to the UNDP [2007]), the South is one of the wealthiest regions. Nonetheless, there is great diversity within the regions; in the South the three most Southerly provinces are amongst the poorest in the country, which accounts for a range of poverty incidence in the South from zero to 23 percent (UNDP, 2007).

Table 1: Regional differences on selected welfare indicators (UNDP, 2007)

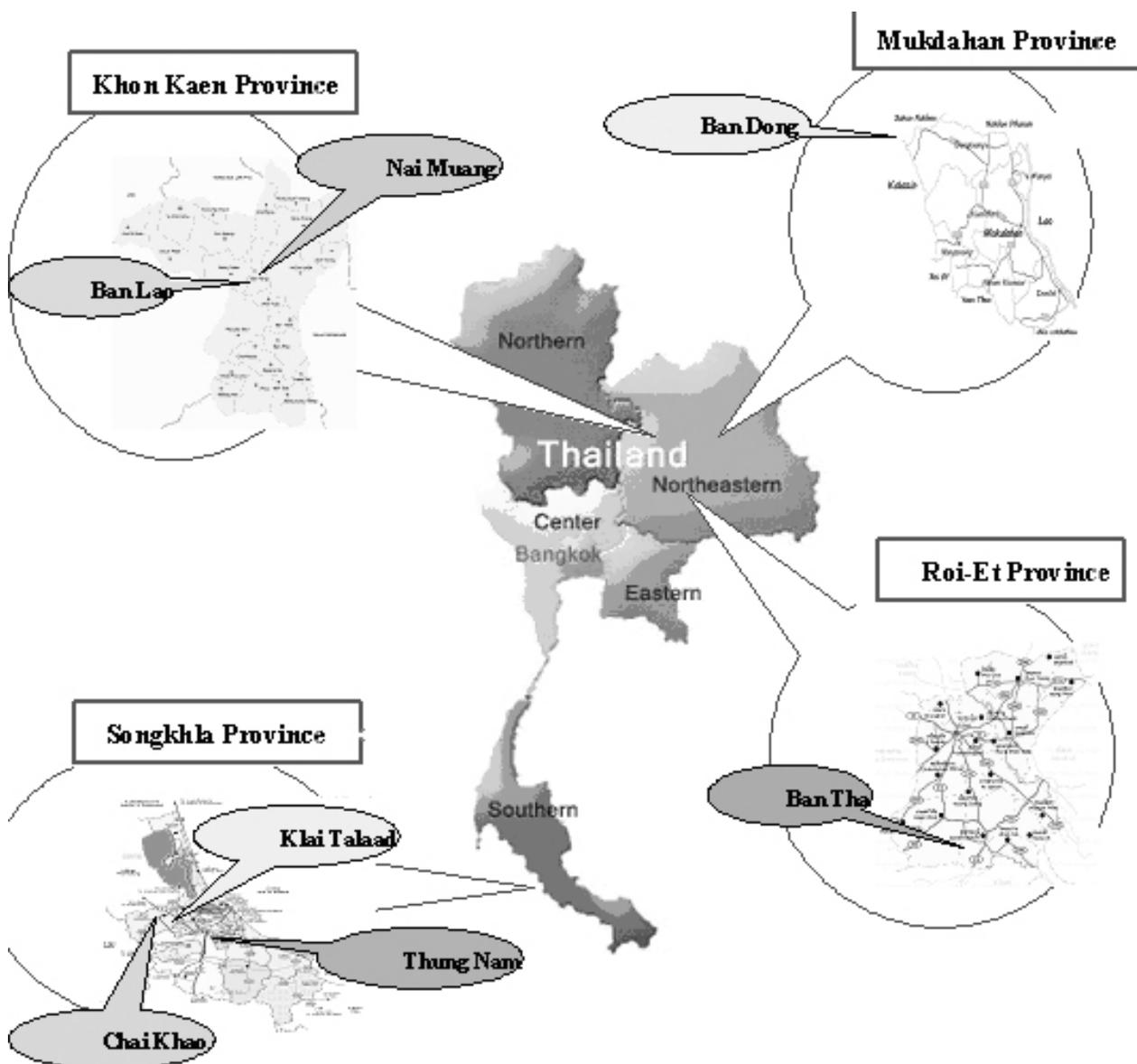
Regions	Maternal mortality per 100,000 births	% 1 st degree malnutrition in under fives	% Households in slum conditions	% workforce with social security	% no education	Mean years of schooling	% higher secondary enrollment
Kingdom	12.9	7.36	26.9	17.1	5.5	7.3	52
Bangkok	10	4.01	12.7	47.5	4	9.6	58.2
Central	11	3.26	33.5	24.6	4.8	7.1	61.5
Northeast	9.8	10.26	48.8	3.4	2.8	6.7	45.7
South	19.9	6.55	24.8	9.4	7.7	7.1	54

The economic differences between the regions are partly environmental: the Northeast is predominantly semi-arid plateau, which is used to cultivate rice and low-return field crops such as cassava, while the South is predominantly coastal (making it a popular international tourist destination), and supports rubber and fruit plantations, and light industry. The two regions also have distinctive social and cultural identities; the Northeast is referred to as *Isan* and while this collective identity is contested and incorporates groups with different ethnic and language histories, it is nevertheless a culturally and politically important label that distinguishes Northeasterners from the rest of Thailand. The South contains a large proportion of Thai

Muslims and this gives the region a distinctive feel and character, which is reflected in WeD's choice of communities with both Thai Buddhist and Muslim populations.

The seven WeD communities span rural, peri-urban and urban locations, thus providing insight into an illustrative range of settings in contemporary Thailand where different aspects of the challenges of Thai development manifest themselves. Five rural sites were selected to represent the impact of proximity and connectedness to urban centres, degree of infrastructural development, ethnic composition, and dependence on agriculture and natural resources. These were supplemented by two rapidly growing provincial centres (Khon Kaen in the Northeast and Hat Yai in the South) to highlight persistent disparities between rural and urban areas. The sites comprised:

Fig. 1: Map of the sites



Baan Dong – a remote village in the Northeast with plentiful natural resources, due to its location in a national park. Baan Dong is economically poor with low grade agricultural land and few connections to markets; consequently it has high youth migration

Baan Tha – another village in the Northeast, which has equally plentiful natural resources, but better quality roads and agricultural land. Farming is supplemented by circular labour migration to Bangkok

Baan Lao – another village in the Northeast, which is well connected to the urban centre, but has few natural resources. Its main activities are subsistence farming and making fishing nets

Nai Muang – a relatively new urban settlement in the Northeast. The majority of people work outside the community, which combined with ethnic diversity, congestion, and poverty reduces the quality of community relations

Baan Tung Nam – a wealthy and traditional village in the South, recently into split into Buddhist and Muslim communities. The main crop is rubber and it has many young families

Baan Chaikao – another wealthy village in the South, which is well connected to the urban centre. The inhabitants produce latex or work in factories, and the majority of school age children are in secondary and higher education

Klai Talad – a mixture of a relatively new urban settlement, containing people working as daily labourers or petty traders, and a prosperous, settled community, with people in salaried employment and small business owners. Klai Talad has the highest asset ownership and lowest community participation of any site.

Methodology

Understanding development processes and outcomes in Thailand requires different levels of investigation, from the global to the local. For this reason, WeD research in Thailand started from the macro-level (the “big structures”), and followed through to a micro-level investigation of the wellbeing strategies of communities, households, and individuals, using methods such as income and expenditure diaries. Since the ostensible aim of development is to increase people’s wellbeing, it is important to understand how this is affected by the rapid changes that have taken place in recent Thai history. This involves first establishing what people perceive as wellbeing, predominantly through the exploratory quality of life research, and then exploring how they manage change to preserve, or even improve wellbeing through strategies such as occupational change and collective action.

These topics were approached via a multi-dimensional methodology comprising:

i) *Community Profiling* using ethnographic and participatory methods⁵;

⁵ See [www.wed-thailand.org/...](http://www.wed-thailand.org/)

- ii) *Resources and Needs Questionnaire* (RANQ)⁶, administered to 1,183 households by a team of local interviewers,
- iii) Open-ended exploration of *Quality of Life* with approximately 350 people (Jongudomkarn & Camfield, 2006), followed by development and administration of the WeDQoL measure (Woodcock et al, 2007), which explored “the outcome of the gap between people’s goals and perceived resources, in the context of their environment, culture, values, and experiences”;
- iv) Monthly *Income and Expenditure* diaries collected over one year with a purposive sample of 72 households from different socio-economic backgrounds⁷;
- v) Qualitative *process research*⁸ focusing on Livelihoods (Masae, 2006), Collective action (Promphaking, 2006), and Health (Camfield, 2006); and
- vi) ‘*Big Structures*’ where regional and national data was collected and analysed using a *wellbeing regimes* framework (Newton, 2007)

Findings

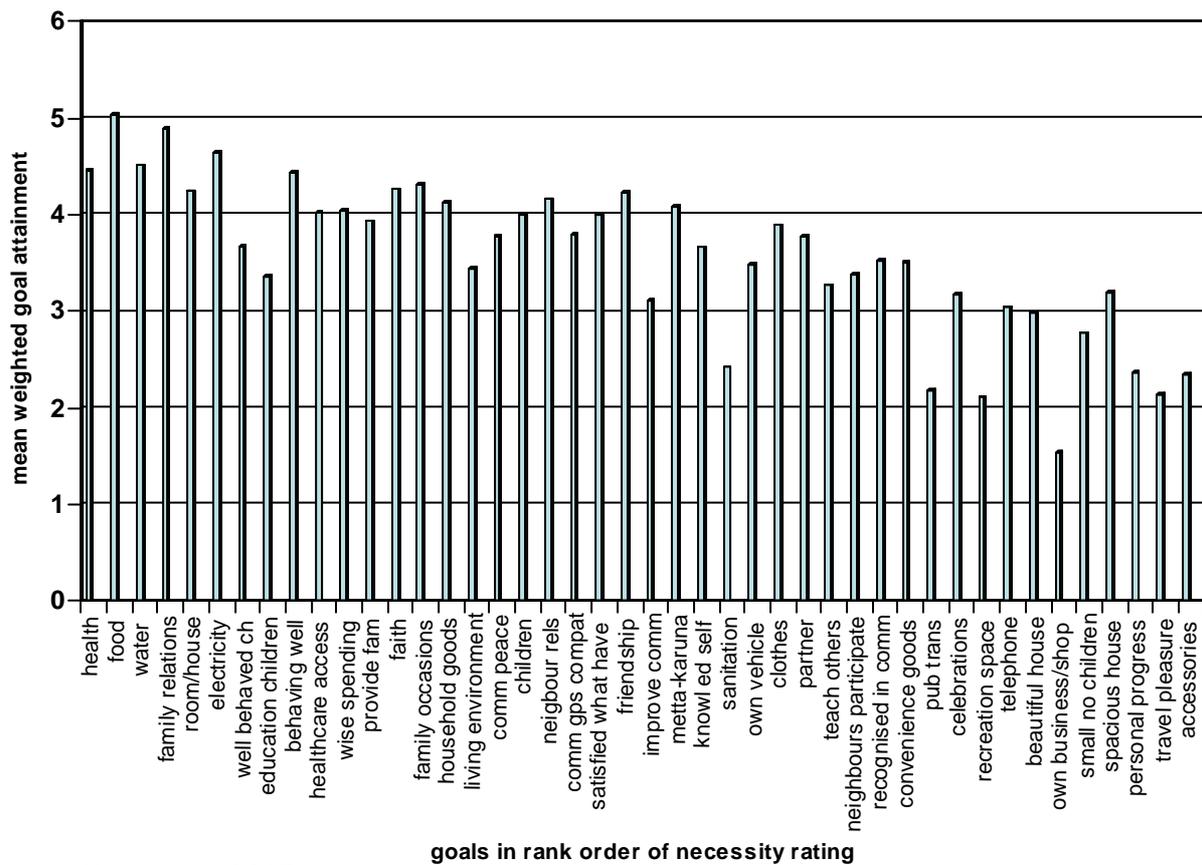
The differences in site composition described earlier enable identification of inequalities in the opportunities for people to meet their needs, pursue their goals, and experience subjective wellbeing. It illustrates that location is clearly important in Thailand, as not only is ‘uneven development’ visible in different locations, but locations also support different conceptions of wellbeing and opportunities for its pursuit, which require particular resource profiles. Where public goods such as schools and health centres, and economic opportunities play a part in people’s resource strategies and definitions of wellbeing, their unequal distribution affects their wellbeing. Similarly, if development creates spaces where people can pursue wellbeing, then uneven development may lead to uneven achievement of wellbeing.

⁶ See www.welldev.org.uk/toolbox/...

⁷ See www.welldev.org.uk/toolbox/...

⁸ See www.welldev.org.uk/toolbox/...

Figure 3 Mean weighted goal satisfaction ratings in rank order of necessity ratings



Source: Woodcock, 2007

The main observed differences are between more remote rural communities and those that are well connected to urban centres. For example, as communities become more 'urban', household composition changes; for example, the number of female household heads increases, while the household size and number of children decreases. People's social networks outside the household also diminish; for example, regular contact with friends and relatives reduces, as does community participation. The likelihood of a household member or relative holding government office also decreases, suggesting that people in urban areas may feel more distanced from the structures of formal politics. Access to educational facilities and educational outcomes improve, for example, illiteracy reduces (especially among older people) and the likelihood of speaking Thai and English increases. Use of healthcare and other government services decreases, despite greater availability in urban areas, which may be because poor people can't afford to lose a day's labour or trade, while richer people prefer private alternatives. However, perceived health status remains the same, and satisfaction with family healthcare increases.

Unsurprisingly as communities become more urban non-agricultural employment and income increases and labour migration decreases. Access to natural resources also reduces, alongside land and livestock ownership. While this decreases household food sufficiency, likelihood of

experiencing food shortages also decreases (only four households in the Southern urban site had experienced any kind of food shortage), and household heads' satisfaction with their food supply increases. People also appear to be materially better off: debt decreases (due to the removal of agricultural debt), and consumer goods and consumption opportunities increase. Housing quality increases (for example, having a tiled roof and an inside toilet), as does the quality of people's transportation. People in more urban communities are less vulnerable to 'shocks' that adversely affect income or assets decreases, indicating greater material security. However, the likelihood of perceiving one's household as poorer than five years ago increases, which might indicate some 'frustrated achievers' whose expectations of urban life exceeded the reality⁹. The only areas that don't show significant differences are i) marital status, ii) values, norms, and aspirations, and iii) television ownership, suggesting both the enduring character of social institutions, and the wide availability of cheap electronic goods.

When the above differences are mapped to the WeD framework, it seems clear that while urbanisation brings higher human and material resources, this is at cost of social, cultural and environmental resources. Nonetheless, better connected sites still show higher objective and subjective needs satisfaction and greater satisfaction with life. Additional reasons for this are regional location, profitability of agriculture, and the local availability of non-agricultural employment, which affect the salience of people's resource profiles. Another possibility is that human and material resources are more valuable in all locations as these are more fungible in contemporary Thailand. Nonetheless, location is not the determining factor as locations are highly permeable, individuals and their households are spatially and sectorally mobile, and differences in identity, wealth, gender, and generation are also important. The next section reviews the themes of changing livelihoods, collective action, and health, before concluding by identifying some of the policy challenges facing contemporary Thailand.

Changing Livelihoods: Occupations, Migration and Education

The Livelihoods theme explores how the changing economic structure in Thailand and changing aspirations combine to affect wellbeing outcomes achieved by different people in different locations. It focuses on the processes they engage in (for example, inter-regional and rural-urban migration), which shape the choices and opportunities available to them, and will ultimately determine future patterns of wellbeing in Thailand. Sub-themes include i) stresses on agriculture as a basis for livelihoods and the adoption of hybrid livelihood strategies that straddle modern and traditional sectors; ii) the conditions under which people migrate and the consequences of this for communities; and iii) attitudes towards education in respect of the changing structure of economy and society.

⁹ 'Frustrated achievers' is a term coined by Graham & Pettinato from research in Peruvian communities (2001).

Modernisation 'Thai style' involves the coexistence of thriving 'traditional' (agricultural) and 'modern' (industrial and service) sectors, which exist in a symbiotic relationship. The 'mixed' or dual economy enables people to create livelihoods through occupational diversification that are sustainable, and meaningful, and therefore contribute to their wellbeing. Households in rural Thailand typically have mixed livelihood portfolios, which span different sectors, and take place in diverse locations, through commuting and cyclical migration. For example, in one of the wealthier households in Baan Lao¹⁰ the husband cultivates rice and mills it for his neighbours using a mill purchased from his earnings as a driver in Saudi Arabia. His wife is a member of a local weaving group, which markets its products in a boutique in Khon Kaen, and their children work in a variety of non-agricultural occupations, both locally and in Khon Kaen.

Access to non-farm income is an important determinant of economic mobility in the WeD sites, which marginalises households with economically inactive members who have few opportunities to earn income. Agricultural intensification, diversification into high value-added crops such as rubber, and having multiple sources of incomes (including remittances) are also important components of sustainable rural livelihoods. For this reason only 17 percent of households engaged in one activity; most households engaged in two or three, and some large rural households engaged in up to eight. 'Deagrarianisation' can also be seen in the WeD rural sites, evidenced by i) changes in occupations and livelihood strategies, ii) relocation from rural to urban centres, or between regions at different stages of economic development, iii) changes in the way that people think about themselves and their occupational activities (especially between the generations), and iv) increasing cash dependence. The declining importance of agriculture for young people is evident in the gap between the occupations of household heads and their members (for example, nearly a quarter of those aged 15 to 34 in the Northeast are in non-professional salaried employment compared to 11 percent of household heads), and the difference is more pronounced in the South due to higher educational participation. Despite this, poor households are less likely to engage in non-farm activities (for example, in the South only 54 percent of poor households had non-farm activities, compared to a total percentage of 74 percent), and are slightly less likely to have portfolios that span both sectors. There are also regional differences in the percentage of older people who are not in the labour force, indicating that the household could afford for them to retire, or they were in receipt of a pension: in the Northeast this applies to only six percent of those aged 55 to 64, whereas the equivalent figure in the South is 17 percent.

In urban sites commercial activities are still common, albeit that many young people are continuing in education or working in service industries. Poor and middle income households mainly conduct petty trade from home or in nearby markets, while rich households are more likely to operate businesses involving significant capital investment. Rich households are also

¹⁰ Lao is a peri-urban site in the Northeast, a short distance from Khon Kaen city.

more likely to mix these activities with professional work, while poorer households combine petty trading with ad hoc activities such as labouring and motorcycle taxi driving.

Occupational aspirations are shaped by education, and while there is parity between genders, this is not true of socio-economic groups (for example, the high upper and post secondary drop out rates among children from poor households). A comparison of enrolment levels in the WeD sites demonstrates that while there is little difference at primary level, 11 percent fewer children from poor households continue to secondary education, and 23 percent fewer to higher education. There are also pronounced regional differences, for example, nearly a quarter of people aged 15 to 24 years has attended, or are attending higher education in the South, compared to nine percent in the Northeast. Additionally, in the South less than one percent of those aged 35 to 44 have had no education, compared to 13 percent in the Northeast. While in the South educational attainment is still fairly high for this age group and begins to reduce from age 45 onwards, in the Northeast it has already shown a marked decline. The main difference between the site types relates to higher education where the overall percentage rises from four in rural sites to twelve in urban ones. Unfortunately this is not a historic disparity as it is also reflected among 15 to 24 years olds where nearly three times as many are attending higher education in urban areas as in rural.

A striking aspect of contemporary Thailand is the way material inequalities are reinforced by aspirational ones (Camfield et al, 2007), which can be seen in the responses given by household heads from different socio-economic backgrounds when asked about their goals and aspirations. Poor household heads focused on basic need fulfilment and gave responses such as *por yu, por kin* ('sufficient to live and eat') when asked about the future. They described wanting 'any' job, rather than a 'good' one, and only wanting their children to remain in education until working age, unless migrant siblings could earn enough to pay their school fees. People favored developing humility, rather than attaining status, and seemed to have moderate ambitions for consumer goods, although having more living space was a priority. In contrast, medium or rich household heads wanted to gain status through higher education for their children, 'good' jobs, acquiring assets and consumer goods (especially cars), and funding community activities.

Realising these aspirations was one of the main reported motivations for migration, alongside improving their socio-economic status by gaining 'experience' and accumulating assets. An additional factor was the need for cash income to support farming and sustain the household through non-agricultural periods. Migration in the Northeast is directed towards Bangkok and the central provinces, while in the South it is either internal or toward Malaysia, although commuting is more common in the South due to the good economic infrastructure. Migrants from WeD sites are typically aged between 15 and 60, usually uneducated, and predominantly female. Gender has some role in choice of occupation (women typically work in factories,

service industries, and domestic service, and men in construction, agriculture, and transport), however, education and social connections are more important determinants. Successful migration requires education, skills, social networks, and capital for set-up costs and living expenses, which means that migrants can afford to wait for the jobs they want. While migrants attempt to maintain links with families and communities by sending remittances, spending money on local house construction, and funding religious schools and festivals, the experience of migration (and to a lesser extent commuting) can be isolating and place strain on these relationships. There is an ongoing tension between wanting to remain part of the village and to distinguish oneself through new consumption patterns and engagement with 'modern' ideas. Migrants can therefore experience distressing value conflicts, both in their destination and on their return.

The research found variations in access to all types of resources by location and socio-economic status. Natural resources were most prevalent in the Northeast and rural areas, and mainly used by poor households who collected them for sale. Poor households have reduced access to technology and opportunities to acquire skills in non-traditional occupations, and fewer educated household members. They are also more dependent on common land and land acquired through 'share cropping' agreements which reduces the returns from agriculture. Poorer households have reduced access to both formal and informal credit as they often don't have title deeds to their land or wealthy relatives. However, their availability was declining due to appropriation of common land for housing or agriculture. Social networks are important in securing informal and formal employment (due to the role of personal recommendation), but the associated responsibilities can compete with income generation. This observation was frequently made by Southern Muslim women whose husbands had become religious leaders or joined preaching expeditions, illustrating the uncomfortable relationship between different types of resource holding. The example also highlights tensions between economic security and a more holistic conception of wellbeing, or between the wellbeing of the individual and their family.

Collective Action: Contesting Values in Community Development

The WeD framework proposes that the most comprehensive and accurate account of wellbeing outcomes come from the individuals experiencing them. But as wellbeing is socially and culturally constructed, an individual can only make sense of their experience through the relationships they have with others. In other words, both material and non-material worlds are produced collectively, and the individuals who live in them are both producers and 'products' of this process. 'Individual' identities are products of discourse, which determines how people understand the material and social world, and their place within it. However, these discourses can be subverted, either individually or collectively; for example, while the GoT promotes savings and credit schemes to improve agricultural productivity, and increase investment in non-agricultural occupations, participants are more concerned with ensuring their welfare and

security. Similarly, while 'traditional' values are the explicit drivers of organizations such as the Buddhist *Millenium Group* and *Tadika* Islamic school, participants may have mixed motives. In the case of *Tadika* these can include access to childcare and the preservation of community relationships threatened by involvement in formal sector employment outside the community.

One of the roles of collective action is to create a space for value contestation, either as collective resistance or through external struggle. However, collective action can also support profound reflection on the nature of wellbeing, which often enables adaptation to material poverty by generating values that relate to leading a good life, whether as a committed Buddhist or Muslim, a solvent householder, or an active community member. This collective reproduction of value and meaning may have a stronger impact on people's wellbeing than any material outcomes. While Thai development discourses and national plans place increasing emphasis on collective action as a means of both promoting and coping with development, many collective action initiatives can be interpreted as struggles to assert particular visions of Thai identity. Different agents promote different sets of values and goals (for example, Thaksin Shinawatra's attempt to create a 'culture of entrepreneurship'), which means that the extent to which people can achieve wellbeing through collective action must be seen in relation to the values and identities that are implicitly promoted in different forms.

WeD research on collective action used five detailed case studies to i) illustrate the dynamics described above, ii) explore the relationship between collective action and wellbeing, and iii) identify the ways in which different forms of collective action have impact on the wellbeing (or otherwise) of different people in these communities. The selected groups related to savings and credit (*Nong Kuan* savings group in Baan Chaikao and the *Rice Bank* in Baan Tha), occupation (a *Upper stand* motorcycle taxi-rank in Klai Talad), and religion (*Millenium* Buddhist group in Baan Manao and *Tadika* Islamic school in Baan Tung Nam). These were explored through in-depth interviews with key informants, members, ex-members, and non-members.

Collective action in the WeD sites can be provisionally classified in the following ways: Firstly, there are **formal groups**, which are usually initiated and monitored by the state, often through local government, and have a formal structure (e.g. *Nong Kuan*), and **informal groups**, which centre on kinship (or a common place of origin in urban areas), or shared interests (e.g. the *Rice Bank*). Secondly, there are **socio-cultural groups** (for example, religious based), which operate in a single community, are usually homogenous, and function through 'thick' trust generated by intensive daily contact (*gemeinschaft*). There are also '**interest' groups** (for example, occupational), which operate across communities, are usually heterogeneous, and function through 'thin' or abstract trust generated by negotiated solidarity (*gesellschaft*). While the distinction *gemeinschaft* and *gesellschaft* originates from Weber, it also connects to debates in social capital about the relative advantages of 'bonding' and 'bridging' social capital (Puttnam, 2000).

Another distinction that can be made between socio-cultural and interest groups is that while participation in interest groups creates the conditions for wellbeing (by generating valued material outcomes such as savings dividends), participation in socio-cultural groups *is* wellbeing. The former can be seen as a means to an end, or multiple ends, while the latter is intrinsically satisfying. Socio-cultural groups based around religious festivals are common in Northeast Thailand where there is a traditional 12 month cycle of celebrations, and Southern Muslims have formed groups to manage *Tadika* and organize cyclical preaching expeditions. There are also informal 'groups' centering on recreational activities, particularly in the South (for example, fighting cocks or song birds). 'Focal practices' like these enable people to come together around shared appreciation rather than economic or political struggle (Borgmann, 1992).

As individuals have multiple identities (both owned, and attributed), collective action needs a 'politics of difference', which enables it to create a space for individuals to come together. This is the distinction between traditional forms of community-based collective action, where individual identities and actions are wholly shaped by that community, and contemporary collective action, where individuals belong to a multitude of communities formed around a variety of focal practices. For example, even in urban sites where opportunities for collective action are fewer, a person can begin the morning on the motorcycle taxi rank, hear the neighbourhood news in a tea shop over breakfast, and join his friends to talk about the forthcoming songbird contest in the evening.

The profusion of different organizations in the WeD sites suggests many people in these communities value the opportunity to participate in collective action. With the exception of two wealthy Southern sites, membership of community organisations appears to be the norm: over ninety percent of households in rural and peri-urban areas have members in an organisation, and over half in urban. Nonetheless, over 85 percent of members describe themselves as a 'general member' who is not involved in decision making, which suggests the importance of distinguishing between participation and 'involvement'. The figures also obscure regional differences, as household non-membership is higher in the South than the Northeast (57 percent, compared to 15 percent), partly due to near compulsory enrolment in funerary associations in the Northeast. Participation in community activities was lower in urban sites and in the South, and the choice of activity also varied. For example, in the South people supported religious institutions such as the mosque, while participation in the Northeast related to specific annual festivals (for example, the donation of new robes to monks). The category of households who had neither participated in a community activity, nor joined an organisation was only found in the South, and in the Northeastern urban site.

Individual membership varies by both location and socio-economic status, as people need resources to participate in collective action. These are primarily time, but also social status, social relationships, and material resources, which are unevenly distributed across the sites. In the South only 18 percent of people aged over 15 are members of local organizations, compared to 56 percent in the Northeast. The same disparity occurs between rural and urban sites (especially in the South), as 32 percent are members in the former, and 18 percent in the latter. Gender and religion appear to play a minor role, and in the Northeast non-membership is relatively equal across all income groups. However, there is a large and statistically significant difference between participation among rich and poor people in the South (three times as many medium-rich as poor household heads are members of groups), which why savings groups have restricted the amount that can be saved to avoid their 'capture' by rich community members.

Health, Development, and Wellbeing - Spending Health to Earn Money?

Health is important for people's wellbeing both in theory and in practice, and this is especially true in Thailand where rapid economic growth has brought health challenges as well as benefits. These include growing inequalities in healthcare and stable differentials in health outcomes due to location and socio-economic status, despite the substantial increases in health expenditure which preceded the introduction of Universal Healthcare Coverage in 2001. The rise in life expectancy to 6.5 years above the global average has increased pressure on families and the healthcare system. This has been exacerbated by an 'epidemiological transition' from infectious and deficiency diseases to chronic non-communicable diseases and 'man-made' problems such diabetes and road traffic accidents.

WeD health research found evidence of an aging population as 6.7 percent of our sample was over 65 (mean age 72.2, sd 6.1). Older respondents were also less healthy than the rest of our sample as 52 percent had chronic illnesses, compared to 18.5 percent sample mean. However, our data provided less support for an epidemiological transition, as the most common condition for all age groups was pain in joints and muscles (14 percent of chronic illness overall, 23 percent for over 65s). In fact, WeD found higher than average incidences of both 'diseases of poverty' and 'diseases of excess', which illustrates the persistence of inequalities between locations, and increasing inequality between different groups of people. For example, the combined incidence of malaria, dengue fever, and diarrhoea in WeD sites in the Northeast and South was 4.8 per 1,000 people, compared to 1.7 per 1,000 nationwide, and the incidence rate for cancer was 2.4 per 1,000 people, compared to 0.9 percent nationwide.

The qualitative health research illustrated the individual health costs of rapid economic development; for example, high consumption of pain killers and stimulant drinks to remain

economically productive, psychological stress relating to debt¹¹, migration, and family breakdown, and steadily increasing blood sugar and cholesterol due to poor quality diet and lack of exercise. The government appears to play a typically ambivalent role by simultaneously promoting health and 'anti-health' values; for example, advising people to exercise more while encouraging car ownership¹², failing to control large scale polluters and pesticide use, and expanding opportunities for consumption and debt. Public health initiatives in Thailand, as elsewhere, focus on individual attitudes and behaviours. This approach depoliticises health and disconnects it from particular contexts, obscuring both negative and positive influences.

Ill health was a significant problem in the WeD sites - nearly a fifth of households experienced severe health-related 'shocks' during the past five years, and this rose to a quarter in two communities in the Northeast. For this reason the main reported benefit of universal health coverage was the security it offered by covering healthcare costs for most chronic conditions, and reducing 'catastrophic health expenditures'. Chronic illness and disability therefore appeared to have little effect on household resources or needs satisfaction, although there were differences in asset holdings with people with disabilities having the smallest mean score on the Asset Index (2.67, SD 1.4), followed by people with chronic illnesses (3.32, SD 1.4), and 'healthy' people (3.39, SD 1.4) (see Clark 2006 for details of the Asset Index methodology).

Despite the Government's focus on more malleable behavioural risks, participants in the qualitative health research prioritised environmental risks such as poor quality housing, air and water pollution, road traffic accidents, and 'contamination' of food with chemicals. Many respondents felt they had little control over their health, although they tried to eat and sleep well, keep their religion, not drink alcohol or smoke, and not be "serious". Attitudes towards health varied between generations as some young people felt that "you have to spend health to earn money" and were prepared to work long hours, or in toxic environments, and were reluctant to 'invest' in their future health. While rural-urban migration was an effective livelihood strategy, it often reduced people's psychosocial wellbeing by exposing them to environments that were overcrowded, dirty, and socially fragmented.

Respondents' understanding of health reflected that of the Thai government, in that it focused on its economic benefits, while acknowledging its physical, mental, social, and spiritual dimensions. For example, when they were asked about the link between health and wellbeing, 62 percent said being able to work, 39 percent being happy, 36 percent having energy, appetite, or strength, and 29 percent being able to move freely and/ or go anywhere. There were statistically significant differences in responses between different generations; for example, people over 65 focused on being able to 'move freely' or 'go anywhere', while those

¹¹ According to the recent HDR, the majority of Thai households owe 150,000 THB (UNDP 2007).

¹² 24 million vehicles were registered in 2005 (UNDP 2007).

under 30 emphasised being able to work (especially if they were poor and living in an urban area).

“Health seeking” behaviour varied between regions and locations; possibly due to differences in availability and quality of health services. For example, 90 percent of sick people in the South sought treatment, compared to only 72 percent in the Northeast. Respondents creatively mixed providers from different sectors and traditions, although this was constrained by their insurance coverage and location. The main health service in rural and urban areas was the hospital, as this was the location of most Primary Care Units. However, in peri-urban areas a third of respondents used private clinics. Formal traditional medicine was used minimal (less than two percent), but self-treatment with herbal medicine was common in both wealthy urban areas and impoverished rural ones.

The socio-economic status of the household had less effect on healthcare seeking than expected as many ‘poor’ people had access to Social Security and Civil Service Medical Benefit Schemes through their children. For example, while poor people were most likely to use self-care (56 percent), a substantial proportion used private primary care (13 percent). The majority of uninsured people either did not treat health problems or used over-the-counter drugs (63 percent), and were as likely to use a private clinic as a government health centre (13 percent). However, respondents with a ‘Golden Card’ used government health centres and hospitals, albeit that the ‘compliance rate’ was lower than that recorded in other studies (41 percent for primary care and 52 percent for secondary).

Respondents were unanimous that speed and efficacy were the main things they wanted from a health service. Even poor people felt these were worth paying for so they could minimise the effects of illness on their livelihood and families. For this reason ‘non-compliance’ with government health services was high, especially among the poor. Satisfaction with healthcare also varied according to socio-economic status, for example a higher than average percentage of poor household heads described their healthcare as inadequate, and none thought it was better than ‘adequate’. The ‘mixed economy’ in healthcare, as in other sectors, produced visible inequalities in the quality of treatment and care and healthcare costs. This was a cause of dissatisfaction and resentment among the younger generation, who were more likely to perceive healthcare as a commercial transaction than a gift. It could also lead to a hardening of existing disparities due to the financial burden of chronic illness and disability. WeD’s findings confirm that Universal Healthcare Coverage is not yet fulfilling its pro-poor potential, although it may just be a matter of time as scaling up facilities in rural areas and changing the attitudes of both staff and ‘clients’ is a slow process.

From a Welfare to a Wellbeing Regime Analysis

WeD's analysis of 'big structures' initially used the **welfare regimes approach** advanced by Esping-Anderson, which defined Thailand as a "productivist informal security regime". The characteristics of this are that social policy is subordinated to economic policy and concentrates on education and basic health rather than social security, and people's access to welfare depends on their material, social, and cultural resources (Gough, 2004). This is, however, only part of the picture in Thailand, as suggested by the dissonant focus on participation and empowerment in the 8th and 9th National Economic and Social Development plans, and on citizenship rights in the 1997 Constitution. Following the work of Gough, Wood *et al* (2006) adapted the welfare regimes approach to a **wellbeing regimes approach**, which acknowledges that the conception of welfare adopted in Thailand historically has been more consistent with broader notions of wellbeing than with narrowly defined notions of welfare familiar in northern Europe (*yu dee, mee suk*: 'living well and being happy'). The proposed wellbeing regimes approach takes account of social and cultural dimensions of society (for example, the buffer provided by families and other social networks), in conjunction with the policy and political-economy analysis that the regimes approach advances. It also moves from seeing people as welfare recipients to acknowledging their role in creating wellbeing for themselves and those around them, and highlighting the mediating role of local institutions. The relational dimensions of wellbeing mean that individuals can only be understood in the context of their communities, which in turn are influenced by social structures and ideologies. Their subjective evaluation of their condition is part of both the wellbeing outcome, and the process by which it is achieved. Culture is therefore a key wellbeing 'conditioning factor' as it influences not only the structure of society as a whole, but also the way that people judge whether they are experiencing wellbeing or not. While **Welfare outcomes** such as literacy and health status are clearly important, they do not translate directly into **Wellbeing outcomes**. However, wellbeing outcomes extend beyond objective to include subjective and relational, and in this sense are inseparable from the process through which they are achieved. Having outlined the wellbeing regimes approach, the next section briefly describes the conditions under which individuals and households in Thailand secure welfare outcomes, and transform them into wellbeing outcomes, which connect with their values and aspirations, and are in continual dialogue with their socio-cultural context.

Before the 1980s, agriculture accounted for 40 percent of GDP in Thailand, was a key source of exports, and employed over 80 percent of the population. By the time of the boom these figures had been reversed: in 1997, 35 percent of GDP came from manufacturing and only 48 percent of the population was employed in agriculture. The Thai economy had also moved from import-substitution towards an export-oriented economy; for example, 80 percent of exports during the boom were manufactured, compared to one percent in the early 1960s, and the majority were technology-intensive manufactured goods. While agricultural output also increased, this was due to the expansion of agricultural areas, rather than a government-

sponsored increase in agricultural productivity, which eroded natural resources such as forests and rivers, and reduced the quality of the soil. The negative social impacts of economic development were attributed to the imbalance in growth caused by favouring urban areas and 'modern' sectors like the manufacturing and service industries, at the expense of subsistence farming.

The high rate of economic growth enabled a shift from a 'bureaucratic polity' where political power was located within the military and civil service¹³, to one that directly involved business, exemplified by the election of ex-telecommunications mogul Thaksin Shinawatra in 1997. NGOs provided a useful vehicle for rural people to voice their discontent with the state and lobby for environmentally sustainable and culturally sensitive development (for example, the national 'Assembly of the Poor' in 1995). They also grew in importance after the economic crisis, partly due to their role in administering the World Bank-funded 'Social Investment Fund'. GoT's concern with poverty alleviation has been evident since the 5th NESDP (1982-86), which targeted areas of 'high poverty incidence' and introduced an annual survey of Basic Minimum Need fulfilment. Since then development discourses such as participatory and human development, and more recently wellbeing, which were previously regarded as 'anti-state' and 'anti-development' have become mainstream, as can be seen from the language used in the 9th NESDP (2002-2006). The shift was accelerated by other development 'voices' such as King Bhumiphol and prominent Buddhist and nationalist thinkers who promote "Buddhist economics" (a critique of market economics that advocates non-materialism as the route to happiness) and "localism", which puts the community at the centre of the development agenda. These concepts enable a critique of the impact of economic growth on local communities and their environment, and promotion of self-sufficiency and self-reliance, exemplified by the recent Human Development Report (UNDP, 2007).

Overall, Thailand has performed well in the Millennium Development Goals, and has either reached or exceeded its targets, or plans to do so by 2008 (NESDB, 2004). However, there are still substantial inequalities; for example, while in 2004 only 11 percent of the population was below the poverty line, this rose to 17 percent in the Northeast, and represented seven million people nationwide with less than optimal living conditions (UNDP, 2007). The poorest twenty percent had only 6.1 percent of national income or consumption, compared to 50 percent for the richest (ADB, 2005). Additionally, there are relatively high levels of HIV/AIDS and heart disease among the working age population, both 'diseases of modernity' in which inequality often plays an important role. Encouragingly, there is little difference between the scores for Human Development and the Gender Development Indices, suggesting that there is equality between the sexes in the areas of health, education, and standard of living.

¹³ Some view the bureaucratic polity as in resurgence after the 2006 coup.

Despite a shift in GoT expenditure priorities between 1998 and 2003 (for example, education now represents 24 percent of the total), social insurance and labour protection cover less than half of the labour force. Additionally, the bulk of government expenditure on social insurance is directed to government employees who often represent the most privileged groups in society (for example, the generous healthcare benefits for civil servants and their families), and the same is true of pensions and annuities. For this reason social security in Thailand can actually reinforce societal inequality, as it is directed towards specific occupational groups. Similarly, although there is now twelve years of compulsory education, many children are not able to take advantage of this as their parents cannot afford school uniforms and travel costs, or need their income and labour. Lower educational enrolment among children from poor households means that government expenditure on higher education tends to benefit non-poor households rather than poor ones. The government's poverty alleviation strategy also appears to be focused on increasing access to credit (and therefore consumption) through initiatives such as the One Million THB scheme, which seem more likely to boost economic growth than provide a long-term solution to poverty. Nonetheless, while the role of non-state actors in Thailand's welfare regime is not always benevolent (for example, many blame the World Bank and IMF for the economic crisis), the growth in civil society is both increasing protection for the poor and offering an alternative vision for national development through discourses of localism, Buddhist economics, and self-sufficiency.

Conclusion

The WeD research has identified major challenges and contradictions confronting different people in contemporary Thailand as they struggle for wellbeing. It explores the tensions between material modernisation and struggles for a distinctive Thai identity, and a view of what constitutes wellbeing in the Thai context. In particular, it questions the political and economic sustainability of the present pattern of Thai development. This concern is illustrated by the widening gap between people's aspirations and achievements, and the extent to which people are able to live a life that they have reason to value. Differences are especially striking between people of different generations, and in the opportunities offered in different locations. While economic inequality has always been evident, it is now generating a wider gulf in wellbeing aspirations and achievements throughout Thailand, and the mechanisms behind this deserve further study.

A shift in focus from outcome indicators to 'process indicators', for example, would enable exploration of the way particular processes affect people's ability to achieve wellbeing. It would also demonstrate how they impact on different people in different ways, producing very different outcomes. This analysis could support local authorities in Thailand in creating spaces where people can experience wellbeing in every aspect of their lives. WeD's extensive work on processes such as collective action and health mean it is well placed to advise on the content of these indicators, and this is the remit of a follow-on project with local government systems

in the Northeast. For example, although GoT now provides secondary education to grade twelve, this will not be sufficient to increase retention unless it also identifies and addresses the processes that cause people to feel excluded, or exclude themselves from education (for example, an perceived orientation towards the majority religion in the curriculum; the cost of school uniform and equipment). It may also involve recognising that there are alternative and equally valuable ways to gain an education outside the formal sector, for example, by learning a trade.

The first step is therefore to understand what people value and how satisfied they are in relation to this, and then look at whether local institutions are supporting or inhibiting their pursuit of wellbeing. The key dimensions are what people want, what they have, and whether and how they can transform what they have into what they want to be. All of these are affected by the differences described in this paper, which reflect the dynamics of social and cultural change in Thailand. However, the biggest disjuncture appears to be between the generations, and this is acknowledged in the media (for example, articles on the 'cyber gap' or the 2003 'school shootings'), and visible in the emotional costs of diminishing communication between parents and children, and teachers and students. To conclude, not only does a wellbeing perspective offer additional insights and expand our understanding of contemporary Thailand, but the study of development in Thailand sensitises us to the value of considering wellbeing when seeking a broader understanding of the relationship between development and social change.

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