Availability and use of medicines in rural Thailand

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Preface

Starting from the late 1970s, particularly after the World Health Organization (WHO)-UNICEF joint-sponsored Alma-Ata Conference in 1978, Primary Health Care (PHC) has been recognized as a new approach to health development. Its emphasis that shifts from a biomedical to a social nature of health focusing more on prevention makes PHC praised worldwide. Most countries in the developing world have adopted PHC as a national policy under which numerous national-scale and village-based primary health care programs have been implemented. The most common one is the Community Health Worker (CHW) training program. In these countries, including Thailand, PHC has included the policy and programs aimed at improving the accessibility of essential drugs- one of the eight essential elements of primary health care stated in the Alma-Ata Declaration- (WHO 1978: 4). In operationalizing this policy many nations employed CHWs as a primary means of bringing essential drugs within reach of the population.

Against this background, the study entitled “The Implications of Community Health Workers Distributing Drugs: A Case of Thailand” was carried out during 1992 - 1994. The primary objective of this study is to examine the extent to which the government’s Community Health Worker (CHW) Program and, especially, the Village Drug Fund have contributed to the improvement of the availability and use of essential drugs, how and why. Results of this study have been presented in a report entitled “Community Health Workers and Drugs: Thailand Case Study” (Luechhai et al. 1995).

This thesis is based on data collected during the study. Its primary objective is to describe and explore the inappropriate use of medicines in Thailand and the context in which it occurs and is sustained. Using both qualitative and quantitative data collection techniques, this thesis is the first comprehensive study on drug use and distribution in Thailand. From an extensive fieldwork carried out in many rural villages, this research gives a much more representative picture than other anthropological studies which tend to focus on one or more villages.

This study is an important contribution to the growing field of pharmaceutical anthropology due to its study contexts and the perspective used. Because of the
particularities of the situation of drug use and distribution in Thailand i.e., the contexts of abundance with an almost absence of state regulation and a clear inter-relation between the private and public sectors, this research provides insightful case-studies. In addition, from the findings that the use of medicines of the rural poor in a large extent is embedded in hardships of day to day life resulting in various ill-health and in a wide use of pharmaceuticals that are marketed directly for these purposes by the pharmaceutical industry, this thesis demonstrates a new angle how drug use behavior can be conceived: the pharmaceuticalization of life. Furthermore, by relating an evaluative result of government attempts to strengthen PHC including VDF to the context where pharmaceutical private sector is very powerful, it shows the fact that, in Thailand, the commercial sector dominates health despite a strong public health care system.

Anatomy of the text

This thesis is divided into three parts including ten chapters. Part one, including the first three chapters, provides theoretical, methodological and contextual background of the study. In chapter one the main theoretical concepts and relevant literatures are reviewed. Highlighted are the results of the literature review regarding the socio-cultural aspects of pharmaceutical use and distribution in the developing countries contexts. The chapter emphasizes that, in developing societies, the informal/private/commercial/illegal drug sector predominates in determining the ways that modern medications reach the people and that self-medication with modern medicines largely obtained from informal sources is the major form of health care that contributes to the rampantly inappropriate use of drugs in various forms.

Chapter two presents details of research methodologies used and describes characteristics of the study setting. Chapter three provides a contextual background on Thailand’s socio-economic conditions and health care system. Emphasis is also placed on portraying the country’s drug distribution system.

Main empirical materials are presented in Chapter four to Chapter nine. The first two chapters, four and five, deal with different aspects of the drug supply system. In Chapter four, the distribution and detailed accounts of major problem drugs such as antibiotics, antidiarrheals, and some pain killing drugs, are described and discussed.
Chapter five delineates characteristics of drug providers available at the community level. Grocery stores or ran chams, drugs peddlars or ya raes, injectionists and health workers’ clinics are among those drug sources that receive attention in the discussion. A highlight from the two chapters clearly shows the abundant availability of a wide range of drugs in the rural Thai communities.

Chapter six shifts the reader’s attention to the demand aspect. The quantitative analysis of treatment and drug use patterns in five common ailments: diarrhea, cold and cough, fever and headache, stomachache, and muscle pain recorded from 572 households is presented. This chapter emphasizes the facts that self-medication with modern pharmaceuticals is the predominant mode of health care and that drugs used in self-treatment are obtainable from a wide array of sources.

Chapters seven and eight continue with case studies of two locally defined illnesses: phit kaboon and mot luuk ak seep. Both are aimed to reveal how complicated the people drug use behaviors is shaped. The interplay of factors such as people’s life hardship that creates ill health and demand for drugs, traditional notions of health and illness, and drug marketing tactics, all of which result in seemingly irrational drug use behaviors is demonstrated.

Chapter nine brings the readers to the main argument: the rational drug use promotion via PHC and VDFs. It begins with a review of how the ideas of essential drugs and rational drug use relate to that of Primary Health Care and Community Health Workers. Then, results of a VDF study are presented and reinterpreted using the insights from what are discussed and presented in the chapters prior. This thesis ends with Chapter ten that summarizes and concludes the whole study.