Availability and use of medicines in rural Thailand
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Conclusion
Self-medication and the Pharmaceuticalization of life

The primary aim of this study is to explore and describe the inappropriate use of pharmaceuticals in rural Thailand and the context in which this occurs and is sustained. Important questions asked include: 1) what modern drugs are available in the rural communities through which channels; 2) how are people’s self-medication patterns characterized; 3) what are the contextual factors shaping self-medication practices; and 4) how do these contextual variables explain the performance of government projects aiming to promote rational use of drugs at the community level.

The empirical data presented and discussed in the previous chapters reveal that:

Firstly, the availability of drugs in the Thai rural communities is abundant. Both the drugs and the sources where drugs can be obtained for self-care comprise a great variety. This is both different and similar when compared with what has been observed elsewhere (see, for example, Streefland and Hardon 1998:379; Van der Geest 1991:131-147). An obvious distinction is that, in other developing countries, drug availability is usually characterized as dualistic: drugs are usually lacking in the public sector but widely available in private markets. In Thailand, on the contrary, drugs in both sectors are plentiful (see also Suwit 1994:308). However, the situation that the control of drug distribution and marketing is poorly enforced similarly happens in Thailand and in other developing countries resulting in a widespread availability of potentially harmful drugs and the proliferation of the commercial informal sector (Hordon and le Grand 1993).

Secondly, this study reaffirms that, like in most developing countries, the informal commercial drug sector plays a predominant role in making drugs available to the public and that both public and private drug sectors are inter-connected. More than half of the total drugs in Thailand is consumed through private and/or informal channels that have a large variety of forms. The finding that there are about four grocery stores or ran cham per village means that as many as 240,000 ran chams are
channeling drugs supplied from formal drugstores to the consumers (Thailand has about 60,000 villages). In addition, the informal activities of the formal health officials found in this study confirm the connectedness of the two sectors.

Thirdly, the fact that self-medication with modern pharmaceuticals is the predominant form of health care is confirmed in this study. The abundance context of drug availability is undoubtedly a fertile soil for such widespread practices.

People’s self-medication and the pharmaceuticalization of life

Self-medication is both advantageous and disadvantageous; it creates self-reliance on the one hand and causes dependency on the other (Van der Geest and Whyte 1991:340; Van der Geest 1987:300). In the context where: 1) drugs are abundant and easily obtainable; 2) people’s demand for drugs is largely created by ill-health conditions that are closely linked to social and economic disparities; and 3) drug marketing drives people’s medication behaviors, self-medication has the potential risk of damaging people’s health.

From the findings, it is obvious that the rural dwellers self-medicate with modern drugs considerably and rely more on drugs from private and informal sources than public ones. A wide range of potentially dangerous drugs such as antibiotics, NSAIDs, steroids, injectables, and ya chuds are used for various purposes. The pain-killing drugs, antibiotics, and IV fluids have become part of people’s endeavors to overcome life hardships. In short, people’s lives are increasingly being pharmaceuticalized; modern drugs have become part and parcel of daily life in rural Thai communities.

The abundance of drugs both create demand for drugs and drive people’s attitudes towards drug-only-solution for most ill-health problems. The role of drug marketing is also obvious in its influence on the process of pharmaceuticalization of the poor’s lives. Intensive drug advertising not only causes consumers to think about drugs as their only or first treatment alternative. It also contributes to irrational drug use behaviors. One of the very important lessons learned from the examples of phit kaboon and mot luuk ak seep illnesses, is that drug manufacturers are very culturally-sensitive in their marketing techniques, which make the pharmaceuticalization process even more complicated.
Work-related ill-health problems cause people to demand drugs as these conditions interrupt their economic lives. Drug marketing that introduces a fast cure to the problems or helps to restore bodily strength to the people with a convenient packaging form, increases people's demand to drugs.

VDFs in people's view are second rate drug sources unless they expand their stock to include the popular brands of inessential drugs which they have become familiarized with.

This study also indicates that people use their traditional notions to reinterpret the working of medicines. To cope with socio-economic uncertainty, the rural poor utilize all they have. They employ their cultural heritage to mediate change in order to make their lives more manageable and comprehensible. The case studies of phit kaboon and mot look ak seep demonstrate this phenomenon.

Implications

What has been learned from this study can be useful in a number of ways to enhance rational use of drugs by consumers.

First, it is confirmed again that the uncontrolled drug distribution, availability, and marketing is an unfavorable context for any effort to enhance rational use of drug by consumers. Efforts to make essential drugs more widely available would have minimal impact unless drug abundance is curtailed.

Second, the proliferation of the private commercial drug sector, in this case the grocery stores, proves the efficiency of market mechanism in making drugs available to the public. This is the opposite of the situation of the VDFs, a public sector channel. Instead of outlawing these private actors, involving them into a well-regulated system of rational drug use promotion could yield good results. However, the crucial condition is that drug categorization has to be revised. It must be made clear and effectively controlled to ensure that drugs that can be available at these private commercial outlets must be OTC drugs only.
Third, public education towards appropriate use of drugs must aim to make people: 1) more aware of the negative side of using drugs; and 2) consider non-drug solutions to solve ill-health problems. The educative measures should be directed to most common forms of inappropriate self-medication practices. This implies that the provision of information on potentially harmful side-effects and contra-indications of drugs must be conceptually phrased in the terminology of people's drug use culture, take into account people's own interpretations of the causes of illness and be tailored to the specific socio-cultural and economic contexts. To develop such drug use education requires a participatory approach.