Summary

This thesis is based on the study “The Implications of Community Health Workers Distributing Drugs: A Case Study of Thailand” conducted during 1992-1994 with the primary objective to examine the extent to which the government’s Community Health Worker (CHW) Program and the Village Drug Fund (VDF) have contributed to the improvement of the availability and use of essential drugs. The specific aim of this thesis 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 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 study uses two sets of data: a countrywide survey of drug availability at the village level, and village case-study data emphasizing the use of drugs in a self-medication context. In the survey phase, data collection took place in 195 villages selected from eight provinces sampled from the whole country using a cluster sampling technique. The main method of data collection in this phase is a questionnaire survey of village drug provision profiles. The village case study phase concentrated on 15 villages drawn from two of the eight previously surveyed provinces. Main research questions in this phase included: how people’s self-medication practices are shaped by the contexts of drug availability and marketing as well as the community socio-economic and cultural characteristics; and how the interplay of these factors influence the performance of the CHWs and VDFs in promoting rational drug use.

The thesis is divided into three parts, and includes ten chapters. Part one, including the first three chapters, provides the theoretical, methodological and contextual background of the study; part two comprises six chapters presenting empirical findings; the last part gives main conclusions and discusses the study’s implications for the promotion of rational drug use by consumers.
Chapter 1 presents a critical review of relevant theoretical concepts and research reports regarding the socio-cultural aspects of pharmaceutical use and distribution in the developing countries. It is emphasized that in developing countries modern medications reach people predominantly through the informal/private/commercial/illegal drug sector. Further, that self-medication with modern medicines, largely obtained from informal sources, is the major form of health care, contributing to the rampantly inappropriate use of drugs in various forms. Chapter 2 provides details on the methodology, and Chapter 3 describes the socio-economic, cultural and health care system context of Thailand.

The empirical data is presented in Chapter 4 to Chapter 9. Chapters 4 and 5 give both quantitative and qualitative accounts of drug distribution in the Thai rural villages. Results of the large-scale survey show that, on the average, in each village 42 drugs were available, most of which were modern drugs. Topical drugs and analgesics formed the highest proportion. Highlighted in these chapters are the availability of major problem drugs (i.e. antibiotics, antidiarrheals, anti-inflammatory drugs, and steroids) and drug sources (i.e. grocery stores or ran chams, drugs peddlars or ya raes, injectionists and health workers’ clinics). The chapters clearly show that in the rural Thai communities, the availability of drugs can be characterized as abundant.

Understanding rural people’s self-medication practice by determining the extent to which modern drugs are relied on in the people’s health care seeking process and how their use patterns are socially and culturally shaped is an important focus of the study. The quantitative analysis of treatment patterns in the common ailments (diarrhea, cold and cough, fever and headache, stomachache, and muscle pain) of households are analyzed in Chapter 6. The findings confirm that self-medication with modern pharmaceuticals is the predominant mode of health care in the Thai rural villages, and that the drugs used in self-treatment are actually obtained from various informal sources, most importantly grocery stores.

Case studies of two locally defined illnesses: phit kaboon (Chapter 7) and mot luuk ak seep (Chapter 8) exhibit the complex web of causes that shape drug use behaviors of villagers. The demonstration of 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 the highlight of this part of the thesis.

Chapter 9 concentrates on the evaluative study results regarding rational drug use promotion via Thai government's Primary Health Care (PHC) and VDF Programs. It argues that the Community Health Workers and the VDFs have played a very limited role in enhancing the rational use of drugs by consumers. Firstly, their role was confined to the supply of essential drugs and did not include activities regarding the use of medicines. Secondly, they had to operate in an environment characterized by an abundance of drugs. The VDF program's disregard of the existing situation of drug availability and use in the communities contributed to its inability to compete with the commercial drug sector. In addition, the MoPH policy shift away from PHC was undoubtedly also a crucial condition contributing to the VDF program fading away.

In Chapter 10, apart from the conclusions that, in the Thai rural communities, the drug availability is characterized as abundant, that the informal commercial drug sector plays a dominant role in making drugs available to the people, and that self-medication with modern drugs is the predominant form of health care, it is highlighted that self-medication of the rural poor is a complex phenomenon that should be understood as a process of pharmaceuticalization of life. The chapter concludes by emphasizing that public education towards appropriate use of drugs must aim to make people more aware of the negative side of using drugs and consider non-drug solutions to solve ill-health problems.