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THAI VIEWS OF WELLNESS: SABAAY, SMOKING AND
BUDDHIST HEALTH PROMOTION

by

JEREMIAH PAKNAWIN-MOCK

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

MEDICAL ANTHROPOLOGY

in the

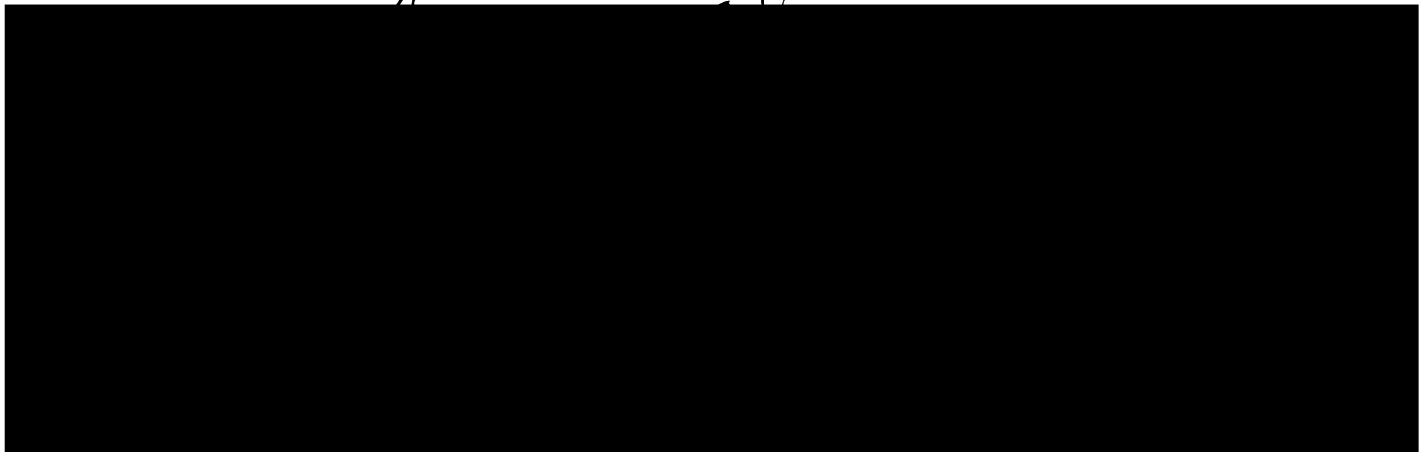
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"... when you know for yourselves that certain things are unwholesome (*akusala*), and wrong, and bad, then give them up... And when you know for yourselves that certain things are wholesome (*kusala*) and good, then accept them and follow them."

The Buddha

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PREFACE

I came to medical anthropology through the unlikely route of international trade, child nutrition and epidemiology. My interest in studying the impact of Thailand's economic transformation on Thais' sense of well-being and health began in 1990 when I first visited the Kingdom as a businessman and tourist. I had come to Thailand as an international marketing manager responsible for placing a line of surgical microscopes in the Thai medical market. This was during the heyday of Thailand's spectacular economic boom. The trip was fascinating and productive. But the more I worked in the medical equipment field, the more I realized that "high tech" medical equipment could only marginally improve the health of people in low- and middle-income countries.

I made a career change and undertook an M.Sc. in international agricultural development. As Dr. Pollitt's student, I conducted a study with a team in Indonesia showing how the health of young, poor children was influenced substantially by the social and environmental conditions of the communities in which they lived. This study presented a challenge for understanding the specific processes by which community-level conditions caused children to thrive or falter. During the course of that study, I encountered the work of medical anthropologists (Dunn 1976; Morgan 1993) who had endeavored to explain how people's culture, society, political-economy, and environment

influence their health. I also learned that medical anthropologists use methods of observation and interviewing to understand sociocultural processes, and that these methods could complement epidemiological methods (Trostle 1986).

At the outset of this study, I should like to declare my biases regarding research and the value of certain types of data. Every method of data collection and analysis has its strengths for answering a social scientific question. Rather than use one method, and thereby being hampered by its inherent limitations, anthropologists have made efforts to take a holistic approach to understanding the human experience. This study proceeds in the holistic tradition of anthropological inquiry, and incorporates a broad range of methods that are appropriate for the task.

The economic events of 1997-98 that threw Thai society into a crisis created an unfortunate backdrop for this study. These events also presented a unique opportunity to discuss the meaning of well-being and good health with Thais while their attention was acutely focused on reassessing their lives. I, like many Thais, learned to accept the changes caused by the crisis and make the best of the situation. It was a difficult year for the Thais. The characteristic Thai smile had become strained with each lunge the economy took downward. Remarkably, somehow most Thais managed nonetheless to face the new reality, go with the flow, and keep their eye on being sabaay.

ACKNOWLEDGEMENTS

Just as life itself, a dissertation is by its nature never just one person's achievement, but rather the work of many. This dissertation certainly proves that rule. I wish to thank Professor Lovell "Tu" Jarvis and Professor Ernesto Pollitt for encouraging me to strive for the doctorate. Like my other advisors, they have been my paragons of scholarship. I am grateful for the kindness, dedication, and thoughtful guidance Professor Christie Kiefer, my major advisor, has shown me at every step of this journey. I will be forever enriched by his eclecticism and friendship. Since my first days in medical anthropology, Professor Judith Barker has fostered the growth of my stumpy intellectual wings and taught me how to tether my mind. It is due largely to her encouragement that I decided to study well-being and took the risk of using an unorthodox methodology. Professors Arthur Reingold, Judith Justice, Linda Mitteness, Thomas Hall, Leonard Syme, and Stanton Glantz have all been generous in helping me get over a few particularly challenging humps in this project. Their accessibility, ecumenical nature, and zeal for improving people's health have bolstered my enthusiasm for bridging the worlds of anthropology and public health. There are of course many fellow graduate students to thank for their companionship and cheer, especially Chris Lockhart, Marjery Lazarus, Pi Jeed, and Sunetta Krishnan.

I could not have written one word worth reading in this dissertation without the generous support and guidance of many colleagues, friends and acquaintances in Thailand. There more Thais than can be named who helped in large and small ways to make this dissertation possible. I wish to thank the

good-natured monks at Wat Buddhapradeep who taught me the essence of sabaay as they taught me to speak Thai and guided my search through the Buddhist scriptures. Of those who have been closest to this work, Nuchanart Paknawin-Mock tops the list. She has shown great dedication in assisting me as a co-interviewer, transcriber, translator and lay ethnographer. I have always said she deserves an honorary doctoral degree in Thai studies. I am especially grateful to the study participants who spared their valuable time during a difficult period to share their insights. I am forever indebted to Ajarn Thavitong Hongvivatana, Ajarn Pimpawan Boonmongkon, Ajarn Luechai Sringernyuang and their hardworking staff for welcoming and guiding this American graduate student in his attempt to understand Thai culture. Dr. Suriya Wongkongkathap and Dr. Prakrit Vateesatokit have both been invaluable sounding boards of wisdom in helping me think about sabaay and they have made a point of helping me bridge the gap between academic research and public policy. Ajarn Steve Hamann and Ajarn Naowarut Charoenca (his "better half") have been unwavering boosters of this project from the time we first met. They have opened their home, their filing cabinets, their computers, and their hearts during the roughest phases of this work. This work has also benefited immeasurably from the insights and generosity of Bung-on Ritthiphakdee, Ajarn Sarisak Soontornchai, Ajarn Opart Panya, Dr. Hatai Chitanondh, and Dr. Manote Lotrakul.

It would never have been possible for me to study, travel, live and write without the generous financial support from the UCSF Medical Anthropology Program and the Graduate Division through a U.C. Regents' Fellowship and a Graduate Dean's Fellowship, and a U.C. President's Dissertation Year Fellowship. This research was also supported through a Fulbright Grant and

a U.C. Pacific Rim Research Program Grant (Thailand Community Wellness Project 444653-05397). I would especially like to express my appreciation to Dean Clifford Attkisson and the staff at the Graduate Division, and to Director Patamaka Sukontamarn and the staff of the Fulbright Program in Thailand for their kind consideration.

My family has always been there and believed that what I was doing was worthwhile. My mother deserves more gratitude than I can express. She has nurturing my inquisitive tendencies and encouraged me to find my own path. Then there are the friends who stick with you during periods of self-inflicted poverty, forgetfulness and absence. Tom and Cherie, Kim and Marie, Pedro and Mad – thanks! I also have my surrogate family at UCSF to thank, especially Eric Koenig and Linda Tracy for her beaming spirits.

By now, it is obvious that I hardly know where to end in thanking the many people who have helped me with this project. I hope that those whom I have forgotten to mention will forgive my oversight. I wish you all many days filled with sabaay.

GLOSSARY

- amphoe* (Th.) rural district
akusala (P.) things are unwholesome, wrong, and bad
anatta (P.) absence of substantial self or essential identity or soul
anicca (P.) impermanence, transient nature of all things
avijja (P.) ignorance
baan (Th.) house or village
baht (Th.) Thailand's currency
Bhikkhu (P.) a Buddhist monk
communio (L.) communion
Dhamma (P.) the Truth, the way things are, what the Buddha taught
dukkha (P.) all that is suffering, sadness, illness, disease, and death
gai (Th.) physical body; the biophysical flesh that exists in the material world
jai (Th.) heart-mind; the interior, combined emotional and spiritual part
kaad (Th.) urban district
kusala (P.) things are wholesome and good
miccha ditthi (P.) false views
naga (Th.) mythic dragon
nibanna (P.) *nirvana* or ultimate deliverance from *dukkha*
puu dee (Th.) a proper person or matron
sabaay (Th.) feeling good and feeling well, comfortable (job), (to take it) easy, happy (in one's mind); to be healthy, to be well, to be all right
sabaay eu lew (Th.) to be contented
salam (Ar.) greeting of peace
salud (Sp.)
sanctus (L.) sacred
Sangha (P.) the community of Buddhist monks and nuns
sappaya (P.) To have a clear understanding and awareness of things, actions, and places that are suitable for mental development, that promote practice of prayer, and focus in meditation.
shalom (Heb.) greeting of peace
Songkran (Th.) Thai lunar new year and water festival
somtam (Th.) papaya salad
suan farang (Th.) guava orchard
Tai (Th.) ethnic people of the northern region of Thailand
tam jai (Th.) pursuing one's desires or pleasures of comfort
tam sabaay (Th.) to do as one pleases and make oneself sabaay
Tawai (Th.) ethnic Tibeto-Burmese
Tipitaka (P.) the Buddhist scriptures
Wat (Th.) Thai Buddhist temple

ABSTRACT

THAI VIEWS OF WELLNESS: SABAAY, SMOKING AND BUDDHIST HEALTH PROMOTION

Jeremiah Paknawin-Mock

Thais have experienced rapid economic growth, sociocultural change, and environmental degradation. Facing increasing trends in “habit-borne” diseases of modernity, Thailand has begun to shift from a curative health model toward health promotion which seeks to improve people’s well-being. Few studies have ever explored what well-being means to ordinary people. This dissertation seeks to answer the questions: What makes working-class Thais feel sabaay (feel good and feel well), and does their sense of sabaay influence their health-related habits?

This study: 1) describes the dimensions of sabaay; 2) identifies its importance for good health; 3) uncovers differences between subgroups and commonality in values, feelings and health awareness; 4) explains differences between nonsmokers and smokers; and 5) proposes a culturally meaningful approach to health promotion.

To investigate these questions, I conducted anthropological observations and interviews periodically from 1990-1996 and during the 1997-98 socioeconomic crisis. Rice farmers in the Central region and Bangkok workers were selected using a two-stage sampling method for a total sample of 96 participants. I developed an “insight group method” tailored to Thai patterns of group behavior. This method generated qualitative and quantitative data used to analyze sabaay and health habits.

The participants valued feeling sabaay and good health as among the most important aspects of life. Some Thais had begun to realize that “the good life” of materialistic consumerism caused anxiety and diminished health. Feeling sabaay differed by age, gender, location and education. Participants said that their feelings and desires had stronger influences on their habits than did raw knowledge. Smokers did what felt good (sabaay) even when they had health knowledge to the contrary. Their sense of sabaay reflected images of material wealth and modernity projected through the mass media. Nonsmokers’ feelings of sabaay and health awareness more closely reflected Buddhist values and teachings.

These findings suggest that working-class Thai nonsmokers derive a protective health benefit from adhering more closely to a Buddhist path of living well through the cultivation of healthful habits. Buddhism explains the roots of habits, suggesting that Buddhist health promotion could guide Thais toward beneficial habits based on a more healthful sense of sabaay.

INTRODUCTION

This is a study of working-class Thais' feelings of *sabaay* (สบาย) which I have roughly translated as "feeling good and feeling well." *Sabaay* is an important, complex aspect of everyday Thai life and culture. The purpose of the study is to understand what makes working-class ethnic Siamese (Thai) people feel *sabaay* and to understand how the desire to feel *sabaay* gives rise to habits that impact their health status. Through this investigation, the main goal is to provide a social science analysis of the nature of *sabaay* to assist Thai public health professionals develop health promotion programs that will be culturally meaningful for working-class Thais.

I conducted this study in the Central region of Thailand in rice farming communities and Bangkok working-class neighborhoods because Central Thailand is the heartland of Siamese culture and civilization where many changes have occurred. I collected much of the data during the economic and social crisis that gripped Thailand in 1997-98. To understand the nature of feeling *sabaay*, I observed Thais' habits of daily living and interviewed healthy people living in this region. I observed and interviewed men and women from younger and older generations. By studying a cross section of working-class Thais, I have developed an analysis of what working-class Central Thais universally felt influenced their sense of *sabaay*, and analyzed how subgroups differed in feeling *sabaay* by age, gender, location, and educational status.

Beyond describing sabaay, this study looks at the connection between Thais' desires to feel sabaay and their health habits. In particular, I have analyzed how smokers differed from nonsmokers in their respective sensibilities about feeling sabaay. From this analysis, I suggest why smokers are different from nonsmokers, and offer some ideas about how this information can be applied in health promotion and smoking prevention activities.

In medical anthropology, there appears to be an emerging interest in studying the sociopolitical context of well-being in non-Western cultures. It is my hope that this study will inspire further investigation into the uncharted area of what I call the anthropology of wellness. In this respect, the present study is in keeping with positive spirit of the health promotion movement. I began this study believing that to promote health, one must first understand people's feelings of well-being.

Briefly, the outline of this dissertation is: to discuss Thailand's modernization and increasing prevalence of habit-borne diseases; to review well-being in health promotion; to present the insight group interview method and data collection; to explain conflicted feelings of sabaay; and to explain why nonsmokers' sense of sabaay was different from that of smokers.

Chapter 1 outlines the epidemiological trends toward a greater burden of the "diseases of modernity" in the Thai population. In this context, I discuss how the Thai Community Wellness Study was initiated to provide a foundation for health promotion that can be meaningful within Thai culture. I then address issues of transliteration or Thai to Roman script and translation of sabaay and other key Thai expressions.

In Chapter 2, I explain the research objectives and research questions in this study. This chapter outlines three premises: 1) in unawareness, Thais develop habits by doing what feels good (sabaay); 2) Thais do what feels good based on their culture, cues from social groups, and impressions of Western trends; 3) culturally meaningful health promotion can reshape Thai norms about feeling good (sabaay), and in so doing, help Thais develop healthful habits of living. I outline questions related to the personal values and health feelings, community-level and regional change, the historical and global picture, and public health implications of this research.

Chapter 3 covers the development of health promotion as a movement within international public health. This chapter traces the emergence of health promotion activities from prevention programs and outline the theoretical and philosophical overlaps and differences between standard public health prevention models and health promotion. I also discuss the role of mass media in health promotion and present a justification for cultural tailoring of health promotion programs. Finally, I review the ethics of introducing health promotion into communities and societies.

Chapter 4 reviews the historical, sociocultural and political-economic roots of sabaay in Central Thai life and gives an overview of the prominent areas of anthropological interest in Thailand.

Chapter 5 outlines the methods I have used in this study. I explain how I conducted fieldwork with the assistance of native Thais over a three-year period, making extensive observations and interviewing Bangkok workers and rice farmers from the Central region. To understand Thai habits, I developed

an "insight group interview" that combines anthropological and epidemiological methods. In these group interviews, I guided participants in discussions about their lives and showed them how to map their priorities and feelings using self-administered "insight scales." These insight group interviews explored the following questions: How important are good health and feeling well compared to other priorities? How are working-class Thais redefining their sense of feeling good and feeling well (sabaay) as Thai culture becomes modernized? How good or bad do specific health-related habits and environmental factors make them feel? Answers to these questions have provided a basis for developing culturally meaningful approaches to health promotion.

Chapter 6 reports ethnographic findings from observations and interviews about the changes that have occurred in the rural and urban communities where this study was conducted. The areas of change cover a range including family fragmentation, community relations, social patterns and customs, women's roles, the practice of Buddhism, environmental conditions, and health concerns.

Chapter 7 reviews the global and domestic events that gave rise to the social and economic crisis of 1997-98 and then focuses on the study participants' views about the economic crisis. This section links events that occurred at the macroeconomic level with the lived experience of ordinary working-class Thais who were trying to understand the rapidly changing conditions and survive the crisis. In particular, this section reveals how the economic crisis impacted the participants' sense of sabaay.

In chapter 8, I present findings from the first insight game on the priorities of life. Nearly all the participants felt that having good health, a close family, clean environs, a modest stable livelihood, and an education were the most important pursuits in life. These core Buddhist values have remained remarkably intact. Nevertheless, for many participants feeling good also meant acquiring wealth, modern conveniences, and high social status. Many were working very hard and living unhealthy lives to fulfill their dreams of owning a luxurious house or a Mercedes Benz.

I discuss why these findings show how working-class Thais' sense of well-being was caught between two competing value systems of Buddhist moderation and materialistic consumerism. Many working-class Thais had rapidly and unwittingly adopted Western cultural patterns and modern habits of daily living. As Thais were lured into pursuing the marketing image of the modern "good life", many had followed a path that led them away from the Buddhist "good life." They were increasingly consuming junk food, smoking cigarettes, drinking alcohol heavily, polluting the air with auto exhaust, dumping pesticides into the soil and water, working to exhaustion, and accumulating overwhelming debts.

In Chapter 9, I present the ethnographic findings about working-class Thais' sense of the nature and dimensions of sabaay. This section covers the participants' views about the distinction and convergence of feeling sabaay jai and sabaay gai. I interpret the ethnographic data to map out some additional domains of sabaay. Nearly all participants said that many of their priorities and habits came from the desire to feel pleasure or satisfaction. In some cases, this desire led them to do things that made them feel good, even when they knew their habits might have been harmful to their health.

Chapter 10 describes habits and conditions that make working-class Thais feel sabaay or not sabaay. In this part of the study, I interpret findings from the analysis of data collected in insight games on sabaay and health that explore the participants feelings and beliefs about diet, exercise, social relations, the biophysical environment, economic conditions, smoking and drinking alcohol. I show how the participants' sense of feeling sabaay depended partly upon their demographic characteristics and points of view. This section also describes what the participants said they did to maintain or enhance their health, and their awareness of about how good or bad certain habits are for their health. I present the results of comparisons based on age, gender, location of residence, and educational level. Finally, this chapter identifies those aspects of everyday life that the participants agreed had a similar impact on sabaay and health.

Chapter 11 reviews the history of tobacco control efforts and the emergence of health promotion in Thailand. In this chapter, I briefly review the transnational tobacco companies' aggressive tactics in Asia and discuss how Thailand developed a comprehensive approach to tobacco control. I highlight a few cases of culturally appropriate approaches to smoking prevention in Thailand and the Asia-Pacific region.

Chapter 12 covers research findings and discussion on smoking. This part of the study offers a sociocultural analysis of why some working-class Thais smoked while others did not. Anthropological observations show that smoking was slowly becoming less of a norm among Thai men, but was still expected behavior for "masculine" Thai men. Despite Thailand's inspiring strides in tobacco control, smoking was becoming acceptable for Thai women

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and youth who aspired to associate themselves with images of affluence and American-style modernity.

An integrated qualitative and quantitative analysis of smoking among working-class Thais shows that smoking is not an isolated habit. Being a smoker or nonsmoker was associated with a constellation of "health feelings" and health awareness. Smokers and nonsmokers had different feelings about how habits of daily living and environmental factors affected their sense of well-being. Nonsmokers said they felt greater well-being than did smokers from healthful habits of living including eating a healthful diet, getting exercise, meditating, having a supportive family, and living in a clean environment. Nonsmokers also felt much worse than smokers from getting drunk, smoking, and air pollution.

In chapter 13, I explain why these findings suggest that working-class Thais smoked, or did not smoke, depending on their underlying feelings about health and well-being. Both groups' constellations of health feelings were shaped by their social groups, their understanding of Buddhist values, and the modernization of Thai culture. Working-class Thai nonsmokers' sense of well-being (*sabaay*) more closely reflected Buddhist teachings. In contrast, Thai smokers' sense of well-being was much more consistent with the images of modernity projected through the media. Smoking has become an antidote – a way to feel good – to relieve the pressures and anxieties of modern life.

Nonsmokers seemed to derive a "protective benefit" from adhering more closely to the Buddhist path of living well through the cultivation of healthful habits of living. Moreover, those who had quit smoking found that Buddhist

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teachings were a helpful resource for understanding the nature of their smoking habit.

In Chapter 14, I review the results of this study that show that working-class Thais found themselves living life out of balance, being pulled by competing feelings of sabaay. Such a life gives rise to the diseases of modernity and the modern plagues of stress, anxiety, and smoking. I conclude with suggestions about how health promotion directed toward working-class Thais could reach to the core of people's feelings about health and promote healthful ways to feel sabaay.

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PART I

STUDY DESIGN AND METHODS

CHAPTER 1

WHY STUDY THE FEELING OF SABAAY?

From my earliest experiences in Thailand, I noticed that Thais used the word sabaay ubiquitously in everyday conversation. As I struggled to learn a few Thai words, I found that the word sabaay could be used for greetings, exclamations about life's pleasures, references to one's health and mood, and assessments of one's status in life. It seemed that Thais assessed almost everything they encountered in life by whether it made them feel sabaay or not sabaay. In particular, they seemed to use the word sabaay when talking about things that made them feel good or bad, well or sick.

I began this study with a strong interest in understanding how modernization influenced ordinary people's sense of well-being. I was especially interested in the experience of people living in "transitional", middle-income countries that were experiencing rapid modernization. Nearly all of these transitional countries were facing rising trends in the noncommunicable "diseases of modernity", and some countries were becoming interested in using the

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wellness-oriented approach of health promotion as an alternative to the standard disease prevention model. Thailand seemed to be a prime example of these conditions.

This study evolved in four phases spanning from 1990 to 2000. In phase I (1993-95), I began formulating my basic dissertation topic. In August 1993, I traveled briefly to Thailand after completing fieldwork in Indonesia for my Master's thesis. In March 1995, I made a second brief trip to Thailand in which I developed the concept of studying sabaay, discussed these interests with Thai and American academics. I approached Ajarn Thavitong Hongvivatana about my interests and he confirmed that a study of the Thai equivalent of well-being (sabaay) could make a contribution to Thailand's nascent health promotion efforts. I collected pilot ethnographic data, and conducted a literature review on wellness and health promotion.

In phase II (1996-97), I developed and pretested the study protocol. In April and May 1996, I conducted five weeks of fieldwork in Thailand supported by a U.C. Pacific Rim Research Program Minigrant. In this pilot research, refined the specific research questions and objectives and pilot tested the study protocol. I established networks of contacts who would assist me in recruiting participants for the main study. With their help, I conducted three open-ended group interviews with rice farmers in the Lopburi and Ang Thong provinces, with working-class residents in Yannawa, Bangkok. I also interviewed government officials responsible for health and education. Throughout 1996 and the first six months of 1997, this research was supported by a U.C. Pacific Rim Research Program Grant. I analyzed these data and conducted additional pilot interviews with Thais living in the San Francisco Bay Area on the topic of

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sabaay. In September 1997, I completed field statements of the literature, passed the qualifying exam, and became a doctoral candidate.

In phase III, I began conducting intensive fieldwork in Thailand. My fieldwork lasted from October 1997 through September 1998. This phase was supported by a Fulbright grant with institutional sponsorship from the Center for Health Policy Studies, Mahidol University. During the first few months of fieldwork, I talked with colleagues at the Center about ways to refine my research questions and approach given the unfolding socioeconomic crisis. Clearly, I could not study how Thais feel sabaay without addressing the changes in the context. I hired and trained a Thai graduate student to assist me in collecting newspaper and journal articles, and health promotion materials from which make the study current. We performed literature searches for materials at five Thai university libraries, collected secondary data from the Ministry of Public Health, the National Statistical Office, the Planning Department of the Bangkok Metropolitan Administration, the Lopburi Provincial Health Office, and the Yannawa District Office.

In phase IV, I returned to the San Francisco where I conducted my analysis and wrote this dissertation. This phase was supported by a U.C. President's Dissertation Year Fellowship. During this phase, I presented papers I had authored singularly and coauthored with Thai colleagues at several international professional conferences. To disseminate my findings and gain feedback from Thai colleagues and students, I made presentations at the Thai Ministry of Public Health, the School of Health Science at Sukhothai Thammathirat Open University, Mahidol University Faculty of Social Science and Humanities, Mahidol University Faculty of Public Health, and the Faculty

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of Medicine at Ramathibodi Hospital.

The methods in this research were reviewed and approved by the National Research Council of Thailand and University of California, San Francisco Committee on Human Research. All data was collected in accordance with Thai government regulations and UCSF-CHR requirements of informed consent. Although others generously contributed to this research, I accept sole responsible for its content.

What does sabaay mean?

The question: What does sabaay mean? is the central question of this dissertation. Before outlining the approach and methods I have used to answer this question, it is necessary to make some brief comments about using English to write about Thai culture. The feeling of สบาย (sabaay) is distinctly Thai because it flows from Thai culture. In the language of the Central Thai people, the word sabaay expresses a complex feeling that is intertwined with Thai values, belief systems and habits of everyday life. Any careful study of a feeling that is so central to life must go beyond simple translations. Thus, in this study I have chosen to bring the non-Thai reader into Thai language as much as possible, just as Buddhist scholars have preferred to familiarize Western audiences with fundamental Buddhist concepts (e.g., karma/kamma and nirvana/nibanna) using the original Sanskrit or Pali words rather than relying on translations. For many Thais, the feeling of sabaay is as complex as some Buddhist concepts, and cannot be expressed by any single word in English. I have therefore chosen to use "sabaay" throughout this dissertation rather than using a unsatisfactory translation.

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To present research about sabaay to a non-Thai-speaking audience, I face two significant challenges. The first is the challenge of transliteration – using Roman script to transliterate Thai into English i.e., สบาย into sabaay (sá-ba'í, say *sab* as in sabbatical, -*aay* as in bye). This is largely a linguistic problem that all students of Thai culture face when writing in English because there is no widely-accepted standard for the Romanization of the Thai language. The absence of standardization leaves each author to conjure up what are inevitably less-than-satisfying representations of Thai speech. Each system has its limitations because Thai language is tonal and has sounds that do not occur in English, and because the alphabet has 44 consonants and 22 vowels. Most transliteration systems are either too cumbersome in their attempt to be precise, or are too ambiguous in their attempt to be streamlined. I have attempted to find a balance.

Accordingly, these are the principles of transliteration on which I have settled. I have selected compound consonants e.g., ด = dth for those consonants which are not found in the English language because these may help the non-Thai speaker to approximate Thai speech. Vowels are even more difficult to transliterate because many vowel sounds are unfamiliar to an English speaker, and Thai vowels are spoken with attention to duration (short or long) and tone (one of five). For my purposes, I have chosen to represent short duration by a single vowel, and long duration by doubling i.e., the difference in *sabaay* between the first vowel (short “a”) and second (long “aa”). I have chosen to disregard tonality in my transliteration because tones are beyond the level of complexity necessary for most non-Thai readers to understand this research, and because I have presented the transcripts in Thai – the form in which I originally analyzed them.

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Language, of course, lives in culture. Language is a convenient but sometimes vague vehicle for representing and exchanging feelings and ideas, and for reflecting and creating culture. Thus translation is the second, and more formidable challenge of this work. Much of this study is about translation – how Thais translate their feelings, ideas, and views into words and phrases, and how I manage to translate my sense of those into English. I have found that language and writing are iterative and holographic processes. Their iterative nature arises from constant references to what has been said or written beforehand and what is expected to follow. They are holographic in that fragments – words and phrases – contain the meaning of an entire image, concept, or experience, most of which is implicit and assumed, and thus never revealed in its entirety (Wilber 1982). My efforts here to convey the feeling implied in the word sabaay are examples of how iterative, holographic language creates methodological paradoxes. How can a reader understand the findings about sabaay, without first having an understanding of the meaning of sabaay? There is no linear solution. Thus, my suggestion for reading this dissertation is to understand that there is a holographic image of sabaay in the Thai collective unconscious. I have attempted to reveal this holographic image by defining sabaay in multiple iterations throughout this dissertation.

As I have said, the feeling of sabaay is distinctly Thai. There is no exact equivalent feeling in the American experience. Nevertheless, I believe the word sabaay describes some aspects of the human experience that transcend specific cultures. For my translation of sabaay to be reasonably accurate, my challenge is to describe sabaay in a way that relates the feelings of ordinary Thais living in the middle 21st Buddhist century (B.E.) to feelings of English-reading, non-Thais living in the early 21st century (A.D.).

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Definitions of sabaay

Thais use sabaay commonly in greetings such as: Are you all right? How are you? How do you do? Synonyms for *sabaay* are: *suk* (สุข) happiness, and *samran* (สำราญ) to be content. In the New Model Thai-English Dictionary, So Sethapura has translated sabaay (สบาย) as: comfortable (job), (to take it) easy, happy (in one's mind); to be healthy, to be well, to be all right (Sethaputra 1980).

Sabaay, like many words in modern Thai language, can be traced back to Pali, the language of Theravadan Buddhist teachings in much of Southeast Asia.

Phra Payutto, the eminent monk-scholar has translated the Pali word *sappaya*

(สัปปายะ) as sabaay based on its usage in the *Tipitaka* (Buddhist scriptures)

(Payutto 1989, pp. 170-71). As described in the *Tipitaka*, The Buddha taught that *sappaya* has three related dimensions:

- *Sappaya*: To have a clear understanding and awareness of things, actions, and places that are suitable for mental development, that promote practice of prayer, and focus in meditation (DA.I.183; VbhA.347).
- *Sappayagari*: to do what is suitable for oneself, and favorable for good health and a long life (A.III.145).
- *Sappaye*: to be moderate, even in things that are suitable and favorable (A.III.145).

- สัปปายะ: รู้ชัดว่าสิ่งนั้น การกระทำนั้น ที่ที่จะไปนั้นเหมาะสม กับตน ช่วยสนับสนุนการบำเพ็ญภาวนา สมาธิตั้งมั่น (ที.อ.1/228; จิภงค.อ.451).
- สัปปายะการี: รู้จักทำสิ่งที่เหมาะสมแก่ตนเองและสิ่งที่สนับสนุน ให้สุขภาพดีและมีอายุยืนยาว (อภฺปญฺจก. 22/125-6/163).
- สัปปายะ: รู้จักประมาณในสิ่งที่สบาย (อภฺปญฺจก. 22/125-6/163).

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In Theravadan Buddhist teachings, *sappaya* has seven features, called the *Sappaya* 7:

1. *Avasa-sappaya*: suitable place to live, not crowded
2. *Gocara-sappaya*: suitable location and community to find food
3. *Bhassa-sappaya*: suitable, helpful and moderate speech
4. *Puggala-sappaya*: being a suitable, wise person
5. *Bhojana-sappaya*: suitable, healthful food
6. *Utu-sappaya*: suitable climate
7. *Iriyapatha-sappaya*: suitable posture for one's body

(Vism. 124; Vin.A.III.429; MA.II.911)

1. อาวาสป่าละ: สิ่งที่อยู่แห่งเหมาะสม

2. โภการป่าละ: หมู่บ้านที่ชุมชนหาอาหารบริบูรณ์

3. ภัสสาป่าละ: การพูดจาที่เหมาะสม

4. ปุคคลป่าละ: บุคคลที่ถูกต้องและเหมาะสม

5. โภชนป่าละ: อาหารที่เหมาะสม

6. อุตุป่าละ: ดินฟ้าอากาศเหมาะสม

7. อิริยาป่าละ: อิริยาบทที่เหมาะสม

(วิม61/61, วิม.อ.1/524; ม.อ.3/570)

In Thai, the word "feeling" (*kwan ru suk*) literally, but awkwardly translated

means "the state of knowing happiness." This description of 'feelings' uses the

desired state of happiness as a referent and is probably rooted in Buddhist

teachings about the happy Buddha-nature that Buddhists believe all humans

are born with.

I have translated feeling *sabay* as "feeling good and feeling well" because these two phrases, taken together, best capture the essence of this feeling in a way

that English-speaking, non-Thais may be able to understand. I use the phrase

"feeling good" to imply feeling a personal sense of pleasure or comfort. This

aspect of feeling *sabay* comes from living a life that is smooth and easy. For

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some Thais, this feeling may also include the sense of being "well off" as in financially comfortable and secure. It may also reflect how one feels about one's socioeconomic status in a modern, consumeristic society. I have used "feeling well" to mean having good mental and physical health, feel inner peace and happiness, and being physically relaxed. It also includes the socially-derived feeling of being a good person who does good deeds and is rewarded with gratifying personal relationships. I have used "well-being" and "wellness" to describe the states of "feeling well" because these phrases suggest a positive, vital sense of life that resonates in the spirit that dwells within the biophysical body.

So what does feeling sabaay mean? Do Thais feel sabaay in the same way? For the same reasons? This dissertation seeks to clarify the meaning of sabaay for working-class Thais. This research is not designed to compare Thai and American notions of "well being" or "wellness," but to use English words to evoke somewhat analogous feeling in Westerners. Such translation is possible because of the fundamental importance of well-being to the human experience and our common humanity. The importance of good health to feeling sabaay may lie at the core of the human experience of vitality, sickness, and death. Still, the way Thais feel sabaay in its complexity is somewhat unfamiliar to the Westerner because it has been shaped by Thai values, traditions, and environmental conditions. One notes that Thais express this feeling using a single Thai word "sabaay" because of its central importance in everyday Thai life and culture. By comparison, in American culture "well-being" is a somewhat cerebral construct that must be hyphenated to be expressed in English. This comparison illustrates why feelings must be understood in their cultural context.

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Part of the cultural context in Thailand is that 95% of Thais are at least nominally Buddhist. Therefore, this study of Thai feelings of sabaay is framed by Thai Buddhist cosmology in which each person is a spiritual being who has been reincarnated and dwells in a biophysical body. Most Thais believe that mental, spiritual and bodily well-being are intertwined one with another. Because humans are by nature social beings who need to feel a sense of belonging, human values are largely shaped and imprinted by families, communities, and culture. This frame of reference obliges one to study sabaay comprehensively using multiple disciplinary perspectives and methods. I have therefore used an integrated social science approach informed by Theravadan Buddhist teachings to explore how feeling sabaay flows from the convergence of one's life experience within one's own culture and biophysical surroundings. Because sabaay spans across many aspects of Thai life – in the way one is with people, in one's state of mind, in how healthy one feels, and in how much money one has – I have developed a research strategy that is grounded in medical anthropology and draws from social psychology, social epidemiology, political science, and economics.

In June 1997, shortly before I arrived in Thailand to conduct extended fieldwork, the Thai economy and society plunged into a crisis. Thailand was the first nation to catch the so-called "Asian flu" triggered by speculative attacks on the Thai currency (Terdudomtham 1998). The social impact of that crisis became the topic of international interest. When the currency was "floated" and then "sank" with frightening speed on the "Thaitanic",¹ the economy became a topic of real, lived concern for working-class Thais. For those who were part of the nascent Thai middle class, the economy had been in

¹ A pun coined by the English language press in Thailand in reference to the blockbuster movies the Titanic that was released the year of the socioeconomic crisis.

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distress and had been causing distress for more than a year before the baht collapsed. As many Thais began losing their jobs and facing skyrocketing farming costs, they were confronted with the fundamental question: what does it really mean to be sababay? These truly unfortunate events created a unique historical moment within which to ask Thais to reflect on their lives over the previous 20 years, and their concerns about the future.

The health transition in Thailand

Working-class Thais have both prospered and suffered from rapid modernization. Over the last 20 years, agro-industrialization has raised the material standard of living and provided improved health services for many Thais. Yet, with all this progress Thai cultural patterns, values, language and habits have been altered dramatically by the process of modernization and the impact of sophisticated marketing strategies.

Figure 1 shows how Thais have increasing suffered from a burden of the

"diseases of modernity" such as heart disease, accidents, cancer, diabetes, and

stress-related mental illness (Thailand Ministry of Public Health 1997). This

pattern is emerging throughout many rapidly modernizing Asian societies

(Owen 1987; Jamison and Mosley 1991). Although the rising rates of heart

disease and cancer may be partly attributed to the slow but steady increases in

life expectancy at birth, the diseases of modernity have risen rapidly in a

parallel trend with increases in gross national product (GNP) per capita

(Phillips 1991). The figure also shows that the rates of infectious diseases and

malnutrition declined in over the same period due to the kingdom's

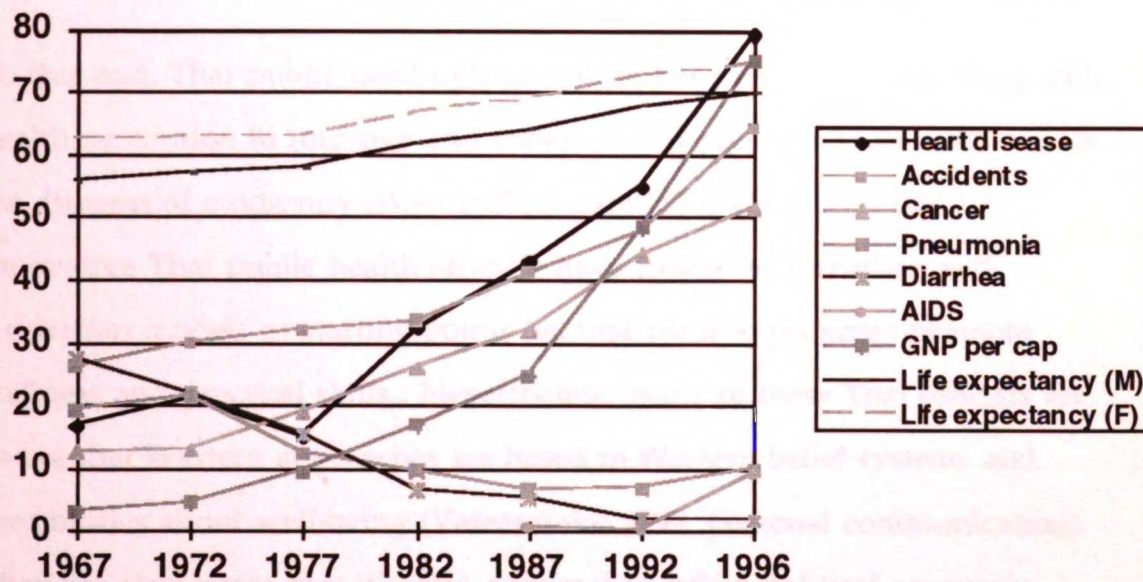
investments in public health infrastructure and services. AIDS death rates are

likely to have been somewhat underreported in the early stages of the

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epidemic and do not reflect the latent burden of much higher rates of HIV infection (Thailand Ministry of Public Health 2000). Mental illness prevalence data are not available for this period, but the demand for mental health services, and death due to homicide and suicide, had risen steadily (Bussaratid and Ruangtrakool 1983).

Fig. 1. Thailand Epidemiologic Transition and GNP Per Capita, 1967-96



Diseases deaths per 100,000 pop.
 GNP per capita in 1000s baht
 Life expectancy at birth (years)
 Source: Thailand Ministry of Public Health

My hypothesis is that the "diseases of modernity" arise largely as a consequence of what people think, feel, and do in their everyday lives. Humans habits are shaped by the sociocultural patterns of everyday life. These habits of daily living have a cumulative impact on the biophysical environment, the social conditions in families and communities, and the physical, mental, and emotional health of individuals. Thus, I have chosen to refer to the diseases of modernity with the neologism "habit-borne diseases."

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Fortunately, the suffering caused by these diseases is not inevitable because human habits are not permanent and cultures are not static. Just as Thais have adopted unhealthy cultural patterns and habits, I believe they can be encouraged to avoid them. The challenge for Thailand, a rapidly secularizing Buddhist society (Von der Mehden 1986), is to reestablish healthful norms and encourage healthful habits that were once commonplace.

To this end, Thai public health professionals have been experimenting with health promotion to improve and enhance Thai people's health and reduce the diseases of modernity (Wasi 1987; Buasai 1995, Wasi, 2000 #392).

Innovative Thai public health officials have looked to Canadian and Australian models as starting points because these approaches promote wellness and practical skills. Nevertheless, many of these Thai officials are aware that Western approaches are based in Western belief systems and sensibilities about well-being (Vateesatokit 1999, personal communication). They are also aware that Western approaches reflect political-economic contexts in the West that are relatively dissimilar to the context in Thailand (Chitanondh 1999, personal communication). Thus, while Thailand can benefit from studying models developed for Western societies, Thai officials are developing a Thai approach to health promotion that will be effective given the realities in Thailand.

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CHAPTER 2

RESEARCH APPROACH OF THIS STUDY

This medical anthropological study focuses on understanding how the lived experience of sabaay (feeling good and feeling well) in contemporary Thai society is shaped by the sociocultural and political-economic context. Within this study of what makes working-class Thais (ethnic Siamese) feel sabaay, I have specified several research objectives and questions outlined below. The main focus is to understand how the desire to feel sabaay gives rise to habits that impact working-class Thais' health status. This study is rooted in the notion that to promote health, one can use social science methods to understand people's feeling of well-being. Such analysis may form a basis for culturally meaningful health promotion programs. To show how this research may be applied practically in health promotion programs, I have chosen to examine the habits of nonsmoking and smoking to identify the influence of sensibilities about feeling sabaay on habits of daily living.

Research Objectives

These are the objectives I have set out to accomplish in this research:

- To explain how sabaay is a product of Thai culture and why Thai culture places a high value on feeling sabaay.

- To describe, in the historical context of the recent economic boom and social and economic crisis of 1997-98 (B.E. 2540-41), how Thais perceived the influence of modernization and globalization on their way of feeling sabaay .
- To identify which aspects of sabaay are universal; and how feelings of sabaay vary by gender, age, education, occupation, social class, economic status, place of residence, family history and self-reported health behavior.
- To determine whether the desire to feel sabaay (a health feeling) has an influence on the habits Thai people develop in everyday life that may impact their health, and to explore nonsmoking and smoking as specific examples.
- To determine if Buddhist psychology can explain how feelings influence health habits and outline how Thais may benefit from health promotion that is rooted in a culturally-meaningful perspective.

Research Questions

The following research questions explore different aspects of the feeling of sabaay and its importance in Thai culture. These questions are organized into levels according to scope starting at: the individual level of personal values and understandings; to the meso level of the regional and community change; to the macro level of national history and international relations; and then to the public policy level. This form of organization provides a useful way of organizing one's understanding factors that influence a complex feeling in Thai culture. Naturally, many of these questions overlap several levels.

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Personal values and health feelings

Feeling sabaay seemed to be ultimately influenced by personality, life experience, personal values and preferences. To build an accurate analysis of the value of sabaay in everyday life and how it overlaps with health, I asked whether the feeling of sabaay is a product of a Thai person's experience living simultaneously in all of these levels, and if feeling sabaay in the present period is connected to sabaay the past. These questions open the gateway to explaining why Thais of varying backgrounds view some aspects of sabaay and good health similarly and why they differ significantly on other aspects.

- How important, in principle and in practice, are good health, feeling well, and feeling good (feeling sabaay gai and sabaay jai) relative to other important aspects of life?
- What are the nature and dimensions of sabaay that have implications for health behavior? How sabaay or not sabaay do these personal and contextual factors make individual Thais feel?
- What do working-class Thais say they do to take care of their health? What can one observe that they actually do in general?
- What are Thais aware of that makes their health good or bad, and how good or how bad? And why? Who and what is responsible for one's health?
- From the points of view of working-class Thais, what dimensions of sabaay overlap with factors that influence health?

Community-level and regional context

Thais experience the impact of changes social and environmental change at the level of the communities and regions in which they live. To understand how change impacted feeling sabaay in everyday life, I explored questions about local surroundings and patterns of social interaction by interviewing people in their communities and comparing their responses with information from official sources and ethnographic studies. The main focus of these questions was to uncover the relationship between socioeconomic development and positive or negative feelings of sabaay.

- What changes were Thais aware of that have occurred in their communities/neighborhoods and their surroundings over the past 20 years? How do Thais explain changes in the environment, social relations, customs and celebrations?
- Had communities/neighborhoods developed for the better, and did Thais feel sabaay or not sabaay living in their communities/neighborhoods as a result of these changes?
- What were the living conditions and patterns of everyday life in Thai rural communities and urban neighborhoods amidst the socioeconomic crisis?

The historical and global context

To understand how working-class Thais defined their feelings of sabaay, I developed questions to uncover the cultural origins of sabaay, and looked at how the value of sabaay is part of, and influenced by, the historical development of Thai society.

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- How does feeling sabaay reflect Thai cultural and spiritual traditions, and is feeling sabaay interconnected with the values in traditional and contemporary Thai society?
- What impact have the predominant trends in modernization had on the health of the Thai people over the past thirty years and in the current era of globalization, particularly as a result of international trade, development policies, and foreign direct investment?
- How did the social and economic crisis unfold? And how did these events impact the lives, health and well being, of working-class rice farmers in Central Thailand and working-class laborers and shopkeepers in Bangkok?

Public health context

To increase the relevance of this research to the public health challenges the Thai people face now, and will likely face in the future, this study takes on an applied approach of producing analysis and recommendations that may be translated into policy and programs. In the 8th National Economic and Social Development Plan (1997-2001) the Executive Committee on Health Development adopted the following “human-centered” image of the health conditions of the Thai population.

“All Thai citizens, regardless of sex, age, occupation, religion, locality, race, educational and economic status, are those who live a normally happy life, physically, mentally and socially, with the following characteristics and/or services:

1. Being born and growing up in a well prepared and warm family environment.
2. Being adequately developed physically, mentally and intellectually, to be capable of adjusting themselves in a rapidly changing world, and able to make rational consumer decisions, maintaining good health behavior and living happily (sabaay jai) with peaceful mind.

3. Having health security or insurance and access to rational and appropriate health services, with good quality and at reasonable, equitable cost.
4. Living in a well organized community where resources are pooled and responsibilities are shared, particularly in taking care of health of individuals, families and communities with emphasis on children, the elderly, and underprivileged and the disabled.
5. Maintaining lives and working in a safe and sound environment.
6. Living a long life with good quality, without any unjustifiable illness, and dying with human dignity." (Thailand Ministry of Public Health 2000, p. 10).

To contribute to these laudable goals, the overriding question is thus, what can one learn about how Thais feel sabaay that will help improve the effectiveness of health promotion strategies in Thailand? To answer this question I have asked:

- Which aspects of personal values, feelings of sabaay, and health awareness (believed knowledge) are consistent among all Thai interviewees, which differ between groups, and how can they be unexplained?
- Which aspects of health awareness can be explained by Thai culture and by individual values, and preferences?
- Which individual attributes such as age, gender, occupation, socioeconomic status, place of residence, self-reported health behavior can explain interviewees health awareness and habits?
- Has modernization reshaping Thai culture and influenced Thais' feelings about is important in live, what makes them feel sabaay, and what makes them healthy or sick?

- **How had the social and economic crisis impacted the Thai sense of feeling sabaay? And what would Thai people believe caused the crisis?**
- **How can future health promotion efforts in Thailand be crafted using the understanding of sabaay to foster physical, mental, emotional, spiritual, social and economic well-being and good health?**

CHAPTER 3

THEORY AND APPROACHES IN HEALTH PROMOTION

In its most progressive form, health promotion is as much a social movement as a revolutionary way of thinking about human health. Health promotion emerged in response to shifts in public health that began in the mid-twentieth century in which public health efforts in America and throughout the world became highly medicalized (Leeuw 1989; Haymaker, Kelly-Hayes et al. 1991). Throughout this dissertation, I will refer to health promotion as a subfield within the larger discipline and practice of public health.

Although the early advances in public health that reduced infectious diseases had resulted from rudimentary epidemiological observation, improvements in living conditions of populations (i.e., water and sanitation) and social development (i.e., poverty alleviation and health education), public health became overtaken by a biomedical orientation to cure disease (Minkler 1989). Prevention shifted away from social and structural approaches toward biotechnological interventions such as immunization, clinical screening, and surgical or drug therapies to retard disease processes (Omenn 1992). Social prevention did not lend itself to individualized biotechnical interventions. In the biomedical framework of the "universal biological body" non-biomedical factors that contribute to health status such as socioeconomic status, culture, ethnicity, environment and behavior were considered largely irrelevant (Heggenhougen and Clements 1990).

Yet, as biomedical approach have increasingly been frustrated by the complexity and chaos inherent in addressing human illness, socially-based prevention has begun to reemerge as a major focus in public health (Downie, Tannahill et al. 1996). After a long period of technically-dominated interventions, the idea of communicating with groups of people to enhance their well-being and address structural and personal barriers to health experienced a renaissance in the form of health promotion (Badura and Kickbusch 1991).

Emergence of the health promotion alternative

In many ways, the health promotion approach to improving health is not new. Health promotion hearkens back to the somewhat forgotten era of the "first public health revolution" sparked by John Snow's observations at the Broad Street Pump and Virchow's conceptualization and practice of social medicine in the 19th century: increase awareness and improve living conditions and you will improve the public's health. Nevertheless, modern health promotion differs from the mission of 19th century public health to supply able bodies for industrialization because it is historically rooted in the convergence of several social change movements of the 20th century (Lupton 1995). The community development movement established the framework for a "bottom up" orientation to government programs in the 1950s. Health promotion was founded on the principles of equity, self-reliance and social justice from the civil rights and women's movement in the 1960 and 70s. As health promotion began to evolve as the 'new' public health approach (Lupton 1995), it was also heavily influenced by Rachel Carson's (1962) seminal work on the environmental damage and health effects of pesticide use, thereafter incorporating an ecological systems approach to understanding human health.

The health promotion movement stimulated new thinking about the relationships between social justice and healthful living. Borne of public health workers frustration with persistent social inequities, health promotion formally emerged in 1974 Canada with the proclamation by Lalonde, the then Minister of National Health and Welfare, and later in Australia and America as a radical challenge to the established curative approach in the biomedical system. It gained greater rigor from the strengthening of social science theory and methodology, particularly from Paulo Freire's (Freire 1970) radical 'conscientization' (*conscientização*) model of educational reform that sought to teach poor people to 'free themselves' from poverty.

More recently in the West, health promotion has responded to the growing public dissatisfaction with a limited biomedical paradigm by offering a more holistic understanding of health. The health promotion movement rejected a highly medicalized understanding of disease in favor of a concept of health tied to wellness. Clinical medicine, both in preventative and curative forms, has had a relatively circumscribed impact on the health of populations because it is concerned with addressing disease in individual patients, and treats those diseases as individually occurring processes often with limited consideration for the patient's social and environmental context. Health promotion has also rejected institutionally-centered approaches in favor of community participation methods that reach populations through mass media and community-based organizing (Bracht 1990; Dhillon and Philip 1994; Barnett 1995). The dissatisfaction with biomedicine has also become manifest in political-economic assessments of health as expressed in David Werner's (Werner 1981) approach to training health promoters.

What is health and how can it be promoted?

Historically, disabilities, injuries and anatomical abnormalities have been wrapped up in definitions of ill health. In the field of public health, Aaron Antonovsky (1979; 1987; 1993) has had the greatest impact of any theorist in redefining health and redirecting the focus in public health from disease prevention to health promotion. Antonovsky, like many others, was dissatisfied with the limited degree of research concerning the nature of health. He was also dissatisfied with the World Health Organization's definition of health: "the complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1981) because this definition was overly optimistic and because of its implied reinforcement of the dominance of medical institutions. From my own point of view, the WHO definition of health simply replaced the vague conceptualization of "health" with an even more vague reference to "well-being" without defining either term. Yet, slogans and programs about "health" continue in abundance: Health for all 2000, Healthy People 2000, Healthy Cities, Healthy Public Policy, Health Maintenance Organizations, not the least of which is the field of *health* promotion itself.

One of Antonovsky's major contributions was to raise the sights of public health professionals to consider theoretical models of *health*. Antonovsky stressed the importance of studying those who were healthy and survivors of illness or traumatic life experiences, rather than those who had fallen ill or died from disease. Antonovsky believed that the focus on epidemiologically-defined risk reflected a medical preoccupation with pathogenesis and distracted public health professionals from understanding how humans achieve and maintain a generally healthy status (Antonovsky 1979; Antonovsky 1987).

His own model of salutogenesis, in contrast with pathogenesis, led a search for the origins of health. The salutogenic orientation sets up a continuum between health and dis-ease to explain how people move in a direction toward health. Rather than investigating risk factors, Antonovsky attempted to identify "salutary" factors which he ultimately linked with a construct called "sense of coherence." Antonovsky recognized that all humans face entropy and unavoidable death, facts that the Buddha observed in the First Noble Truth. He found that those who were able to respond to a world of stressors through an understanding that their world to be comprehensible, manageable, and meaningful tended to be healthier. He associated the notion of the sense of coherence with Kobasa's (1982) analysis of the three components of hardiness: commitment, control, and challenge; Boyce's (1985) concept of the sense of permanence.

"Good health" remains a central, yet unclear goal of public health efforts. Ironically, even today, the understanding of "health" remains enigmatic within the fields of Western public health and Western medicine. Antonovsky's inspiring insights only indirectly unraveled the "health" concept by focusing on a select group of contributory factors described above. His understanding of health remained rooted in the specific contribution of the sense of coherence to health and therefore did not become a unifying theory. It is interesting that Antonovsky's formulations and empirical observations in many ways parallel Buddhist teachings about the nature of human suffering and support the view that systems that make the world coherent, such as those offered in Buddhist teachings, seem to improve health status and contribute to longevity.

Downie, Tannahill and Tannahill (1996) have taken on the more practical task of developing a working definition of health. They have focused on two aspects of the WHO definition to explore different dimensions of health: the *absence* of disease or infirmity (negative) and *presence* of well-being (positive). These thinkers explore the more traditional and limited negative definition of health by framing ill-health as a result of the disorders of disease and illness. They argue that disease, a biological process, and illness, an individual feeling, are unwanted states because they cause suffering. Nevertheless, the definitions of these states are not static because as Young (1982) has asserted in his model of disease, illness and sickness, and individual's consciousness about abnormality and ill health is shaped by the social construction of symptoms and outcomes. This sociocultural process is by its nature dynamic. The socialization of the illness experience generates expectations in which individuals interpret their illness symptoms according to a given age and particular sociocultural and institutional context (Lupton 1995).

In considering the positive dimension of the definition of health, Downie, Tannahill and Tannahill (1996) describe two dimensions of well-being: the "subjective" feeling and the "objective" assessment. They equate the subjective experience of well-being as feelings that are often transitory i.e., momentary euphoria or disappointment. According to this argument, these subjective feelings may be spurious when compared with "true" well-being derived from the lasting experience of empowerment. This "true" well-being is equated with a "good life" in which one has control over one's life and can attain one's goals or realize talents. It may be undermined by undetected disease or social restrictions on self-fulfillment. These ideas are linked to an

idea of physical fitness defined as the combination of strength, stamina, suppleness, and skills.

The resulting model is one in which individuals seek to achieve a balance between the physical, mental and social aspects of "true" well-being thereby improving their state of health. In sum, this theory of health is the basis for a workable definition of health promotion as "the balanced enhancement of physical, mental and social facets of positive health, coupled with the prevention of physical, mental and social ill-health" (Downie, Tannahill et al. 1996).

Theories of rationality in health promotion

Health promotion, by virtue of its public health origins in the Enlightenment traditions, has been dominated by theories rationality and behavioral change derived from social psychology. Because psychology is itself deeply rooted in the pursuit of understanding cognition and is therefore a highly rationalistic, academic discipline, nearly all social-psychological theories place great emphasis on framing individuals' as rational actors and their actions as intentional behaviors that are the product of rational choices governed by rational decision-making processes (Kemmer and Close 1995). As Lupton points out, the very names of these theories – The Theory of Reasoned Action, The Health Belief Model, and Subjective Expected Utility Theory – plainly demonstrate the predominance of rationality in their orientation.

Nearly all of these theories have been employed as the theoretical 'legs' of the more generic Knowledge, Attitude, and Practice (KAP) model which has been replicated faithfully in legions of public health studies across Asia. The Health Belief Model predicts that individuals can be made to perceive their susceptibility of developing a disease and be made to perceive the benefits of

engaging in protective behaviors. According to the related Theory of Decision Balance, individuals can use knowledge in a cost-benefit analysis to choose the 'appropriate' behavior. KAP and Health Belief Model have been adapted in smoking cessation to formulate the Transtheoretical Model that describes a linear progression of 'stages of change' from 'precontemplation' to 'contemplation' to 'preparation' to 'action' to 'maintenance.' An individual's movements across this linear dimension are explained by Bandura's (1971; 1997) Theory of Self-efficacy which suggests that individuals can develop skills to face high-risk situations and make 'appropriate' choices.

These models have made important contributions to understanding the role of knowledge in human decision-making. Still, they tend to be limited to the cognitive domain and attribute a great deal of intentionality to individual actions, considering actions as 'behaviors.' Until recently, the dominance of these cognitive models has overshadowed investigation into alternative models that conceive of most human actions as unconscious habits shaped by human feelings, interpersonal entanglements in a social fabric, shifting cultural patterns, political-economic systems, and a dynamic biophysical environmental. Moreover, cognitive models have tended to be highly individualistic in orientation, treating humans more as autonomous self-regulators rather than highly socially-engaged creatures. Although some theories recognize the influence of social norms, they often treat these norms in the absence of an understanding of culture, or label social norms as 'cultural' and proceed to 'control' for culture, under the assumption that culture is a static, immutable hindrance. Social interactions become reified with terms such as 'peer pressure.' Ultimately, the individual is saddled with the responsibility of developing such cognitive skills as 'self-efficacy.' This may be

because these theories are themselves cultural products of the individualistic American academy.

While the intentions of health promotion are laudable, the common prescription for correcting so-called 'maladaptive behaviors' all too often has been to impart knowledge to the unknowing masses (Bunton, Nettleton et al. 1995). Health promotion has often presumed that people do not know that their health is important, and assumed that by pouring knowledge (i.e., medical facts) into each individual's mind and manipulating their attitudes, desirable behaviors will pop up.

Philosophical distinctions between health promotion and prevention

Prevention and health promotion arise out of similar concerns for improving human health. In practice, the words "prevention" and "health promotion" frequently appear together in the public health literature and in practice, often in the same phase. Although these approaches share sympathetic tendencies, there are important distinctions between them.

In public health, prevention is a well-established belief system that argues for stopping disease before it happens, usually by reducing a narrowly defined range of "risk factors" and changing "risk behaviors" (Omenn 1992; Williams, Popay et al. 1995). The notion of risk lies at the core of prevention programs while being less important in the health promotion approach. In prevention, if there is no expert judgment of substantiated risk of disease, there is no need to prevent (Grinyer 1995). What often varies in efforts to control disease is the socially constructed perception and appreciation of risk (Douglas and Wildavsky 1982).

In contrast to the prevention orientation, risk plays a less significant role in health promotion because of the positive orientation toward supporting health for its own sake. Health promotion, which emerged out of, and in response to prevention, seeks to foster and sustain a healthy state throughout a lifetime (Nutbeam 1986). Primary prevention encompasses health-related efforts which are intended to reduce poor health before it becomes a consequence of detrimental practice (Spencer 1995). Health promotion is an approach that works at the earliest stage of prevention seeking to encourage people to care of themselves to preserve and enhance their health. While the prevention and health promotion approaches are generally complementary, some tensions exist between them because historically health promotion projects have competed ideologically and financially with prevention efforts, which in turn have competed with, and been influenced by curative biomedicine (Nyamwaya 1998).

The health promotion approach recognizes the “total environment” – political, socioeconomic, cultural, biophysical – as the context in which human health occurs (Minkler 1989). At the same time, health promotion focuses on the development of individual understanding and healthful life ways in the process of defining and maintaining health. Health promoters work with communities and populations in an attempt to directly engage individuals in the process of conceptualizing their own health as an integral part of the total environment.

The use of media and mass communications in health promotion

Social marketing has been the most visible form of using of mass media to communicate prevention and health promotion messages. Social marketing

has generally gained wide acceptance in public health, although health promoters caution that social marketing and health promotion are not synonymous (Lefebvre 1992). Lilien et al. (1992) offer the following description:

“Social marketing is the design, implementation, and control of programs seeking to increase the acceptability of a social idea, cause, or practice in a target group(s). It utilizes market segmentation, consumer research, concept development, communication, facilitation incentives, and exchange theory to maximize target group response” (p. 92).

This approach to persuasion has a strong consumer oriented focus on individuals who are lumped into a market segment or “target market.” One of the main tenets of social marketing is that ideas may be promoted through the right “marketing mix” e.g., product, price, promotion, and distribution, to achieve maximum “exchange” of a social concept (Rachman 1985). The main criticisms of the social marketing approach are that the strong consumer orientation focuses excessive attention on individual behavior rather than the social “upstream” causes of poor health (Wallack 1990a) and that social marketing can be a manipulative approach that reinforces the commodification of health as something to be bought or sold (Heggenhougen and Clements 1990).

Media advocacy is a newer yet form of communication used in health promotion (Wallack 1990b). While social marketing tends to focus on delivering information to affect individual behavior, media advocacy places an emphasis on delivering information to affect policy change (Maibach and Holtgrave 1995). As a communications strategy, media advocacy is designed to introduce a public health issue to the public agenda by framing it around root levels of causality. Generally this approach is used to gain unpaid access to the

media by staging newsworthy events. Clever epidemiological descriptions can be used to heighten awareness about health issues such as the American Cancer Society's video statement that "1000 people quit smoking every day – by dying. That is equivalent to two fully-loaded jumbo jets crashing every day and leaving no survivors" (Wallack 1990a). This aspect of health promotion communications is used to advance the political and social justice aspects of health promotion.

Internationalization of health promotion

In 1984, this emerging perspective on health became institutionalized in the World Health Organization through the Program in Health Promotion. Initially, much of the discussion and planning in the WHO focused on chronic health problems in the highly industrialized Western nations. In 1986, the first International Conference on Health Promotion was held in Ottawa to form a charter for action to advance the Health for All 2000 goals and promote health into the future (World Health Organization 1986). The conference was organized in response to the increasing interest in reinventing public health to make it more accountable to people by being responsive to their needs (Lee and Paxman 1997). The Ottawa charter put forth the following definition of health promotion:

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not as the object of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being" (World Health Organization 1986).

While the Ottawa conference continued to focus on health issues in Europe and North America, a group of representatives from the newly industrializing countries (NIC) set out their own priorities for health promotion. Their report stressed the important role traditional community patterns and family ties continue to play in the sociocultural fabric of their nations.

This group articulated four areas of concern and corresponding recommendations for health promotion progress. First, because health is influenced by a constellation of factors including education, agriculture, industrialization, and the environment, this group stressed the importance of intersectoral policy and cooperation. Second, the group admonished the industrialized nations to halt the export of health-damaging products and substances like tobacco to other nations. Third, they cautioned that health promotion activities funded by the industrialized nations should not subvert the indigenous patterns of culture and community. Finally, they stressed that health promotion should be locally managed and based on local priorities. Above all, these programs should be complementary to existing family and community traditions and should work to enable communities and individuals to apply their native potential to better their own health. These have all been concerns in Thailand.

The concerns and recommendations of the representatives of the NICs resonate with Lupton's Foucaudian investigation into the ways public health has used biopower to regulate the health of populations by 'critically interrogating:

“. . . the covert political and symbolic dimensions of these [western] institutions; the ways in which the practices and policies of public health and health promotion valorized some groups and individuals and marginalize others, the concepts of subjectivity and rationality they privilege and exclude, the imperatives emerging from other socio-cultural sites that intertwine and compete with those of public health and health promotion, and the discursive processes by which these institutions are constituted and supported.” (Lupton 1995, p. 5).

Lupton’s argument also supports the NIC participant’s skepticism regarding the implied community development orientation in the Ottawa Charter. All too often, those who advocate community-based approaches have seen that institutions put forward rhetoric about ‘empowerment’ and ‘bottom up’ community development, but ultimately steam roll over community concerns to protect and preserve bureaucratic interests (Lupton 1995).

Toward understanding the sociocultural context of health and healing

In Southeast Asia, anthropologists have made some contributions to addressing these concerns. Researchers have investigated ways in which local people have attempted to maintain or regain their health using indigenous practices and by selectively adopting or rejecting exogenous biomedical practices (Cunningham 1970; Golomb 1985; Brun and Schumacher 1987). As Western public health interventions were introduced into Thailand in the 1950s, anthropologists began to document how these programs transformed Thai notions of disease. Hanks (1962) conducted one of the first sociocultural studies juxtaposing local Thai’s “felt needs” with Western-trained professional’s sense of urgency based on biomedically-perceived health risks.

Dunn’s (1976) seminal analysis of medical systems in Asia places the diffusion of biomedicine in the historical context of the co-mingling of Chinese,

Ayurvedic and Unani (Arabic-Persian) medicine with indigenous medicine. Dunn defined cosmopolitan as a local variant of biomedicine practiced differently in each locale. His conceptualization of "cosmopolitan medicine" resulted from his analysis that "biomedicine" practiced in non-Western cultures is no longer biomedicine as it is practiced in the West, but rather a hybrid produced by the sociocultural interpretation of Western medical theory in the context of indigenous beliefs. Dunn showed how Southeast Asians have modified biomedicine to make it conform to their own cosmologies and belief systems.

Ethics in health promotion

Interventions occupy a pivotal position in public health. Health promotion, an emerging subset of public health, is no exception. One of the main anthropological critiques of health promotion has been that the field has not been sufficiently reflexive about the role of power in intervening in the lives of others. Public health has often resisted a critical examination of this utilitarian tendencies that dictates what is best for others, perhaps because such ethical inquiry may produce equivocal answers to utilitarian questions (Karhausen, 1987).

Nevertheless, unlike other public health fields, health promotion, by its very principles, can escape the ethical trap of utilitarianism. One of the fundamental principles of health promotion is the recognition that political power is an important determinant of the public's health. In order for health promoters to achieve their goals of creating a "new public health" paradigm, they must address the ethics of intervention because intervention is a political act that often involves the assertion of the state's will.

Social scientists have asserted critiques of governmentality and the state's compulsion to exert power through health care (Foucault 1991). Although most health promoters remain on the "radical" side of the public health establishment, the vast majority nonetheless obtain their power through the state or other large institutions (i.e., non governmental organizations, private voluntary organizations). The "targets" of these interventions deserve protection not only against oppressive state power but also against professional and bureaucratic paternalism (Doxiades and Blaney 1987). Given that most health promoters have the upper hand in the relations of power with local communities, this protection must come from an internal assessment of the ethics of intervention.

Medical ethics has served as a reference point for public health ethics, but are of limited value for health promotion because codes of medical conduct (Declaration of Geneva 1948, 1968 and Declaration of Helsinki 1964, 1975, 1983) are centered around the interpersonal relationship between the individual patient and a provider or clinical researcher (Doxiades and Blaney 1987).

Doxiades lays out six ethical considerations that public health interventions in general, and health promotion interventions in particular face. Public health interventions: 1) impact larger numbers of people; 2) impact people's lives over a long term; 3) affect those who are generally healthy; 4) impact disadvantaged groups who are often uninformed and powerless to exert their rights in response; 5) invest the responsibility for actions with professionals working as agents of the state; and 6) are evaluated using criteria for success or failure that are often ambiguous.

Historians of public health credit Rousseau as the first Western thinker to articulate the sociogenesis of disease, having done so in the same period as he put forth lasting notions of individual freedom (Duffy 1992). Still, throughout the 18th and most of the 19th century, Americans and Europeans of means employed arguments of ethical relativism to support their claims that the state had no particular ethical obligation to protect the health of the poor.

Rousseau's notion of the sociogenesis of disease took on new meaning in the wake of the European cholera epidemics which motivated Virchow, Chadwick, Snow and others to rebuff libertarian *laissez-faire* attitudes (i.e., J. S. Mills) and organize the utilitarian sanitary movement. This utilitarian philosophy – do the greatest good for the greatest number – has had a lasting impact on public health.

Western public health emerged from utilitarian notions borne of a social contract and increasing solidification of the democratic nation-state. In the early arguments about the place of public health, Kant's philosophical argument against ethical relativism may have had sway with some. But most influential Americans and Europeans were persuaded by the scientific evidence demonstrating that diseases of squalor affected rich and poor alike. In this vein, Brockington (1975) has argued that the "first public health revolution" occurred because of enlightened self interest rather than social conscience; that is, from the elite class' ability to intervene in the lives of the poor for their own benefit.

The very ambiguity of "their" in the previous statement reflects the subtle slippage between the elite's self interests and paternalistic treatment of the poor. Historians are now largely in agreement about the true intended

beneficiaries of 19th century public health interventions. Hume exposed the sleight of hand in most utilitarian arguments that can trample individual liberty warning that arguments about social conditions, at some point, seamlessly shift from observation to proscription – from “is” to “ought” (Duffy 1992).

The proscriptive tendencies of the sanitary movement carried over into the “second public health revolution” which began in the 1950s with the application of epidemiologic methods to understanding the etiology of noninfectious diseases. Epidemiologists attributed the causes of the most common non-infectious diseases in the industrialized nations e.g., coronary heart disease, cancer, cerebrovascular disease to “lifestyle” choices such as smoking – the “is” of public health. These findings were predictably translated into proscriptive utilitarian interventions that dictated to individuals what they “ought” to do to reduce their risk of disease and premature death.

This is not to say that public health professionals should not intervene *under certain circumstances*. For choosing to do nothing to help people improve their health is itself a form of intervention. Health promotion must therefore strive to protect the individual’s dignity while fulfilling the state’s responsibilities to protect and improve the public’s health.

CHAPTER 4

THE SOCIOCULTURAL AND POLITICAL-ECONOMIC ROOTS OF SABAAY

Having discussed the overall health promotion approach, I turn now to review the context of well-being and health in Thailand. Culture and context shape human sensibilities of feeling well. The anthropological and historical literature on Thai culture provided a foundation on which this study is built.

A brief history of the Siamese people

Emergence of Siamese culture along the watercourses

The feeling of sabaay has been shaped by multiple influences in the water cultures of the ethnic Tai (Northern Thai) and Siamese (Central Thai) (McDowell 1982). Sabaay has its origins in generations of farming and fishing that shaped Tai pastoral and aquatic rhythms of life and social practices.

According to the archeological record, the Tai people are the decedents of the earliest humans to develop agriculture about 4,000 BC in the Ban Chiang area northeast of Central Thailand (Kraus 1972; Henriksen 1982; Pfeiffer 1983).

These people descended from the earliest known groups of humans with material culture living in the same region roughly 10,000 years ago (Chin 1958; Kennedy 1977).

Linguistic maps show that early Tai populations, ancestors of the Siamese, migrated throughout Southeast Asia to as far as Indonesia, Southern China, and Northeast India (Kumar 1979). These people had a strong preference for settling in river valleys from the Red River in southern China and Vietnam to the Maekong River, the Lopburi, the Chao Phraya, and to as far as the banks of the Brahmaputra river in Assam, India (Keyes 1977; Sumet Chumsai Na and Fuller 1988; Reed 1990). Although there is no written record that explains their migrations, one may well imagine the Tais' preference for riverine surroundings arose from the desire to live near cooler, fertile waterways that the Siamese still regard as sabaay (Provencher 1975). From agrarian origins, sabaay is deeply rooted in the sense of being self-reliant, yet interdependent within family and neighbors (Hanks 1972). Pastoral life is also the root of the feeling of sabaay that comes from communion with nature and the aesthetic pleasure of sabaay in natural forms. Thus, Thais value of feeling sabaay may be as old as the human experience itself.

The spread of Buddhist teachings and the roots of early kingdoms

Sometime between the 2nd and 3rd centuries B.C. during the reign of the Buddhist Indian king Ashoka, Indian missionaries brought Theravadan Buddhism to the Siamese people living in Surphanburi, Central Thailand (Loofs 1979; Sinha 1980). Thais have been following the Buddha's teachings and striving to practice them in everyday life for at least 60 generations². The Theravada school of Buddhism is known as the older "southern" school because it took the southern route from India spreading in Sri Lanka,

² One generation equals 30 years

Myanmar, Laos, Siam, and Cambodia (Rahula 1996). Theravada is also known as the “lesser vehicle” by those who practice Mahayana Buddhism which followed the northern route through Asian societies (Nepal, Tibet, China, Korea, Mongolia, Japan and Vietnam) (Robinson, Johnson et al. 1996).

The importance of social status to feeling sabaay is also deeply rooted in the history of the Siamese people (Brummelhuis and Kemp 1984).

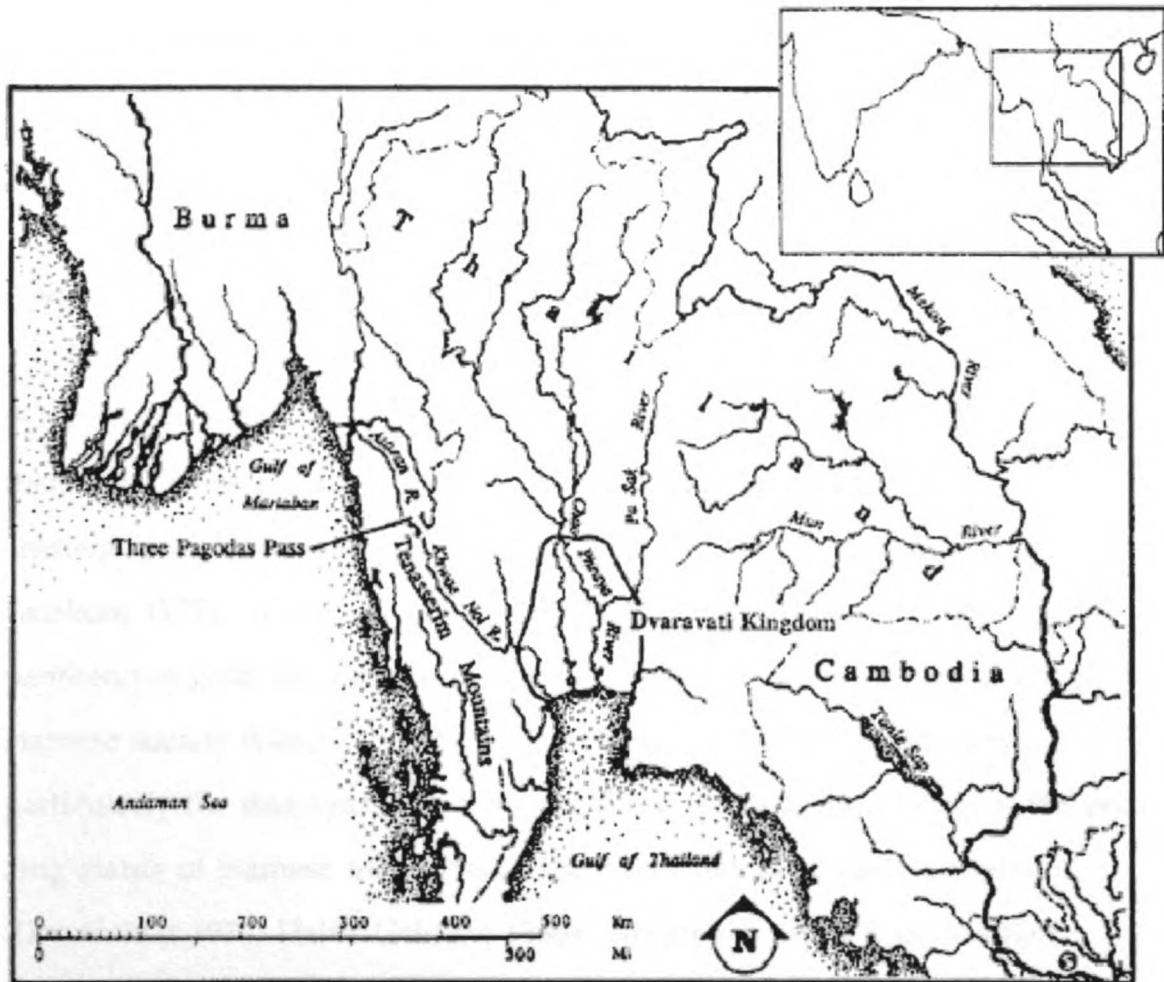
“Indianization” took place with the vast expansion of Indian trading beginning in the first millennium A.D. through colonization and transient habitation (Chandler and Steinberg 1987). This period was one of movement of ideas as much as people (Codes 1966). This current of ideas shifted the worldview of cultures from Cambodia to Bali (Sumet Chumsai Na and Fuller 1988).

Southeast Asians transformed themselves into Indic societies as a result of continual contact with Indian traders and Brahman priests. These Indic Southeast Asian kingdoms (*negara*) appeared from the 3rd through the 13th centuries across the length and breath of Southeast Asia. Hindu/Buddhist thought and mythology (i.e., the adoption of a numeric zero in the 9th century, shift of cosmological focus toward mythic Mount Meru in the 11th century) were conveyed through the Buddhist languages of Pali and Sanskrit (Byrne 1995, Campbell, 1990).

In the Central region in Thailand, the Dvaravati city-states flourished in 6th-11th centuries (Higham 1989). Lopburi, one of the provinces where this study was conducted, became a center of Buddhist religion, and continued as such through the period of Khmer occupation in the 12th and 13th century (see figure 2) (Mudar 1999). In the 13th and 14 centuries, power shifted as the Thai regained control from the Khmer of the territories in the northern Central

region under the Sukhothai (literally “rising happiness”) kingdom. Sukhothai, the first true Siamese kingdom, expanded its sphere of influence and is reported to have offered its subjects a life of freedom and abundance. King Ramkhamhaeng’s famous declaration proclaimed the essence of living sabaay in this period, “This land of Sukhothai is thriving. There are fish in the water and rice in the fields. If any commoner has a grievance which sickens his belly and grips his heart [not sabaay], he goes and strikes a bell” (Neher 1976; National Identity Office 1991).

Fig. 2. Map of Early Dvaravati Kingdoms



Source: Mudar 1999

China has long been considered the other major force in trade and ideas in Southeast Asian cultures (Skinner 1957; Cheu 1993). Although Confucianism did not become a dominant religion in Siam, the presence of Chinese followers fostered the distillation of selected Confucian principles into Siamese culture (Ichikawa 1967; Yoshihara 1987). This is particularly evident in the deep reverence and respect for ancestors in Southeast Asian societies with large Chinese populations (Purcell 1965). Moreover, the Confucian emphasis on scholarship as a pathway to spiritual fulfillment has been translated into a nearly universal appreciation for education throughout the region (Somers 1974; Wang 1991). Chinese mercantile and scholastic traditions created strong influences in trade, investment and education (Deyo 1975; Oxfeld 1993). To have wealth and a university degree is to be very sabaay.

A brief history of the Siamese kingdoms

Thailand has a long history of political linkages between religion and kingdom (Kirsch 1975; Keyes, Kendall et al. 1994). In Siamese and Khmer kingdoms, there was never a sharp distinction between Brahmanic and Buddhist elements which were both derived from Indian traditions (Tambiah 1973; Tambiah 1977). Royal, monastic, and folk Brahmanic elements such as the pantheon of gods expand on the themes of coexistence and commingling in Siamese society (Gesick and Aung-Thwin 1983). Brahmanic allegory, particularly the Ramayana epic, provided the spiritual foundation of the god-king status of Siamese monarchs in the development of early kingdoms (Dhaninivat 1974; Heine-Geldern 1990). Brahmanic influences codified notions of social hierarchy based on class (Siamese did not adopt a caste system), the rule of a king and royal elites, and deference to authority

(Codes 1966). Thus, Thais often talk about the sabaay people who have a high social ranking enjoy.

The historical literature tends to trace the origins of modernization through the policies of successive monarchs and prime ministers. The “Hinduized” period of the 14th century in mainland Southeast Asia gave rise to courtly traditions in Ayuthaya and Angkor (Kirsch 1977). During this period, Siamese society solidified its highly stratified structure; king and nobles ruled with considerable benevolence over the mass of peasants (Evers 1966). The legacy of the Siamese royal courtly tradition may be seen vividly today in the sense of sabaay Thais still derive from attaining higher social status (Brown 1976).

In 14th century the Siamese kingdom was consolidated in Ayuthaya (Central Thailand), which by the accounts of Portuguese and Dutch traders grew to become one of the most advanced and wealthiest cities in Asia (Reid 1988). This prosperous seaport became the envy of the Burmese who sacked it in 1767. During the period of European colonial expansion, Siam was the only state in Asia that did not lose its independence, although the Siamese monarchs conceded territory to the British and French in the 17th century as part of diplomatically adroit policies to play competing colonial powers against one another (Tanabe 1984). The Siamese kingdoms maintained a delicate balance in tradeoffs between independence and concessions to Western powers. To this day, the shrewd diplomatic maneuvering and the Siamese peasant war of liberation from Burmese occupation the 17th century are important parts of the allegory of Thai values of freedom and independence. The Thais experience of feeling free and being the master of one’s own destiny are strongly reflected in the sense of sabaay .

In the mid 18th century, King Rama III moved the capital to Thonburi across the river from Bangkok, the current capital. His successor Rama IV (Mongkut) opened the doors farther to Western civilization, having studied Western sciences and languages (Banks 1976). King Mongkut skillfully courted diplomatic relations with Western nations to avoid colonization. Just over 100 years ago, Rama V (Chulalongkorn) established a Western-style court of nobility and made the first visit of a Siamese head of state to Europe. The 19th and 20th centuries were eras of national reform in Siam that led to the adoption of Westernized bureaucratic and political structures within the royal administration; the opening of Siamese society to modernizing influences and international commerce; and the eventual reformation of the absolute monarchy which was replaced by a parliamentary system under a constitutional monarchy (Ruohomeaki 1992; Reid 1993). During this period, the Kingdom of Siam established railways, a civil service, a legal code, compulsory Western education, and officially adopted the Western calendar (Anderson and London 1985). These processes culminated in 1945 in the establishment of the modern nation-state known as Thailand (see figure 3) (Vandergest 1991).

Fig. 3. Map of Thailand



- 1.
- 2.

Source: Thailand Ministry of Public Health

What does Buddhism teach about the nature of human life?

The following brief introduction to Theravadan Buddhist teachings based on the writings of three Theravadan monk-scholars Ven. Prof. Dr. Walpola Sri Rahula, Ven Phra Dhammapitaka (P.A. Payutto), and Ven Buddhadasa Bhikkhu. I have chosen, at the suggestion of Buddhadasa Bhikkhu, to discuss fundamental Buddhist concepts using their original Pali terms because translations are frequently misunderstood (Buddhadasa Bhikkhu 1989).

Buddhism is as much a way of living life as it is a religion. The Buddha did not claim to be a god; he was a teacher. Buddhist teachings explain the essential truths of life and lay out a path for living well. Theravada doctrine is based on three fundamental aspects of life: *dukkha* (suffering, illness, disease), *anicca* (impermanence, transient nature of all things), and *anatta* (absence of substantial self or essential identity or soul). These three phenomena form the basis for understanding the nature of life (Harris 1998).

It is important to clarify the nature of *dukkha* because “suffering” is an incomplete translation. In the Buddha’s view of life and the world, *dukkha* has a broader connotation and greater significance than suffering has as is understood in English (Rahula 1996, p. 17). While *dukkha* connotes the dimension of ordinary suffering and pain with its opposite being health and happiness, it also encompasses a second dimension, the vicissitudes of change that make happiness and all other states fundamentally impermanent. Thus, *dukkha* describes the transitory nature of all states, objects and beings. These two dimensions are easier to understand because they are common in everyday life. The third dimension of *dukkha* is found in the illusion of “self”

and “I” to which one becomes attached. The Buddha discovered that because of impermanence, what one clings to as “self” or “I” is in reality only “...a combination of ever-changing physical and mental forces and energies...” and therefore experienced as *dukkha* (Rahula 1996, p. 20). He said of human life, “...it is just like a mountain river, flowing far and swift, taking everything along with it; there is no moment, no instant, no second when it stops flowing, but it goes on flowing and continuing.”

According to Buddhism, when one does not understand the truth of *anatta*(impermanence), one’s attachment to the illusion of self causes *dukkha* to arise. Understanding that impermanence or *annica* is a fundamental truth in all states of mind, physical states, or experience, alleviates *dukkha* and opens the gateway to true happiness. Buddhism is a path to discovering that one can become happy by avoiding being attached to a “self.” This path emphasizes an alternative way of being, free from all desire, that is motivated by compassion, a practice of meditation, and moral conduct. This path promises the ultimate liberation from *dukkha* or achieving a state of *nibanna* (*nirvana* or ultimate deliverance from *dukkha*).

In Buddhism, there are Four Noble Truths:

1. There is *dukkha*, which the whole of suffering, pain, sorrow, misery, sickness, attachment to self, imperfection, impermanence, emptiness, insubstantiality, and death.
2. Craving, desire, and greed are the sources of *dukkha*
3. The elimination of craving, desire and greed bring about enlightenment
4. The Noble Eight-fold path is the way to happiness.

The Noble Eight-fold path is grouped into three domains:

Ethical cultivation: right action, right speech, right livelihood,

Mental cultivation: right effort, right mindfulness, right concentration

Insight-wisdom cultivation: right view, right thought.

These teachings show how individuals, communities, and societies can follow a path of spiritual development that will lead beyond *dukkha*, to a life of fulfillment which, through many cycles, can arrive at a perfect state. This path is called the Middle Path, a way of living well, that is, living “the good life.”

The Buddha encouraged each individual to undertake a quest to understand the nature of their own feelings, and to be guided by their own insights saying, “... when you know for yourselves that certain things are unwholesome (*akusala*), and wrong, and bad, then give them up... And when you know for yourselves that certain things are wholesome (*kusala*) and good, then accept them and follow them.”

Buddhism teaches that there are five hindrances to clear understanding.

When overpowered by these hindrances, one cannot understand right from wrong, good from bad. (Rahula 1996, p. 74). These hindrances are:

1. lustful desires,
2. ill-will, hatred or anger
3. torpor or languor
4. restlessness and worry
5. skeptical doubts.

In summary, Buddhism teaches these insights about well-being:

- In a state of unawareness, feelings are our masters.
- As a consequence, good and bad habits result from doing what makes one “feel good” (seeking unproductive pleasures).
- Yet, by cultivating awareness and insight, one can tame one’s unproductive desires and develop habits of good living.

The nature of human feelings, suffering in particular, lies at the core of Buddhism. These feelings are given such centrality because they have a potent influence over what humans do in their lives. Buddhism recognizes sabaay as one such potent feeling.

Buddhism as a source of feeling sabaay in modern Thai society

Today, 95% of Thais identify themselves as Buddhist by culture and upbringing (National Statistical Office 1997). For nearly all Thais, Theravadan Buddhism has been the enduring source of teachings about living well (Kirsch 1977). Because Buddhism teaches the essential importance of feelings, Thais are socialized to take great care and concern for the feelings of those in their social circles (Burr 1977; Khanittanan 1988). The moral context of making merit and the ceremonial role of Buddhist monastic communities are also important aspects of the practice of Buddhism in Thai society (Brand 1975; Reynolds 1976; Tambiah 1976; Kirsch 1982).

The Buddha used the metaphor of the lotus to describe the different states of awareness people pass through as they gain greater insight into the illusion of the material “good life.” For some, Buddhism simply serves a religious

function for important rituals (Keyes 1987). These are the lotus buds that remain submerged below the water's surface. For others, Buddhism is a way of understanding and living life. These are the lotus buds that reach the surface. For a few, Buddhism is life. These are the lotus buds that bloom. Thus, the essence of Theravadan Buddhist teachings flow through Thai society in the ground water that is Thai tradition. This often means that Thais are not fully aware of the particular Buddhist teachings that have given rise to their sensibilities about what is appropriate and desirable, or inappropriate and to be avoided. Buddhist knowledge provides a powerful medium to influence people's values and way for conceptualizing health promotion.

Although the core of these teachings form the basis of the value system in Thai culture, the practice of Buddhism in Thailand has become highly ritualized (Reynolds 1978). Thais have come to emphasize the importance of "tam boon" or making merit by offering food, robes and other essential items to monks or by making donations to build temple facilities (Hanks 1962). Many Thais believe that giving offerings or conducting acts of charity will allow them to accumulate merit and improve their possibility of achieving a higher state of development in future lives (Tambiah 1968; Basham 1989). Thus, making merit has become closely, and some argue incorrectly, associated with improving one's karma – receiving one's just desserts as is often expressed in the idea of "Do good, and receive good. Do bad, and receive bad." Some scholars and Buddhist reformers consider the contemporary emphasis in Thai Buddhism on merit making to be an extension of the modern obsession with the material existence that has obscured the essential teachings (Keyes 1978; Cohen 1983; Swearer 1991).

The Buddha, the Dhamma (teachings), and the Sangha (community of monks) are known as the Triple Gems of Buddhism and are deeply revered by all Buddhists. Buddha images are found, in temples, national monuments, on mountainsides, on home alters and alters in government and corporate offices, on television, in magazines and calenders, on dashboards and bus windows, in amulets worn around people's necks, in restaurants and brothels, and in virtually every other corner of the Thai world. The Buddha taught the principles of a morally pure existence and the practice of meditation which form the core of the Dhamma. The Dhamma is taught to school children and frequently referred to in the media as a framework for understanding events and occurrences in everyday life. The Sangha made up of some 200,000 saffron-robed monks who take vows of chastity and poverty as they live and move through society caring for those in need and training their attention on revealing the joy of the present moment (Evers 1968).

As Thai society has become more secularized, many young Thais have scant knowledge of even the most basic Buddhist teachings described above. Sulak Sivaraksa (1987), the well-known social scientist and government critic has argued that in contemporary Thai culture, science, technology and capitalism have competed for the same psychological space that spiritual values once occupied. Evers (1993) has viewed forms of religious revivalism in Southeast Asia as a form of resistance against Westernization (Darlington 1998). He maintains that religion has become more, not less, important in recent decades. Religion has gained prominence in elite intellectual circles as a countermovement to rationalization and a reaction against the pressures of modernization (Jackson 1988). The rhetoric of some Buddhist and Islamic revivalists has been tinged with strong anti-Western and anti-imperialist

sentiments (Scupin 1987). These anti-imperial sentiments often take the form of calls for stronger national control over economic resources to preclude foreign domination of the Thai economy. Thai Buddhist social activists have observed that Thai society is moving from metaphorical to material. They observe that there is no time to rest, just to be. Thais are just doing, and forgetting the dance of life. Where once each life was distinctive, lives were now becoming standardized.

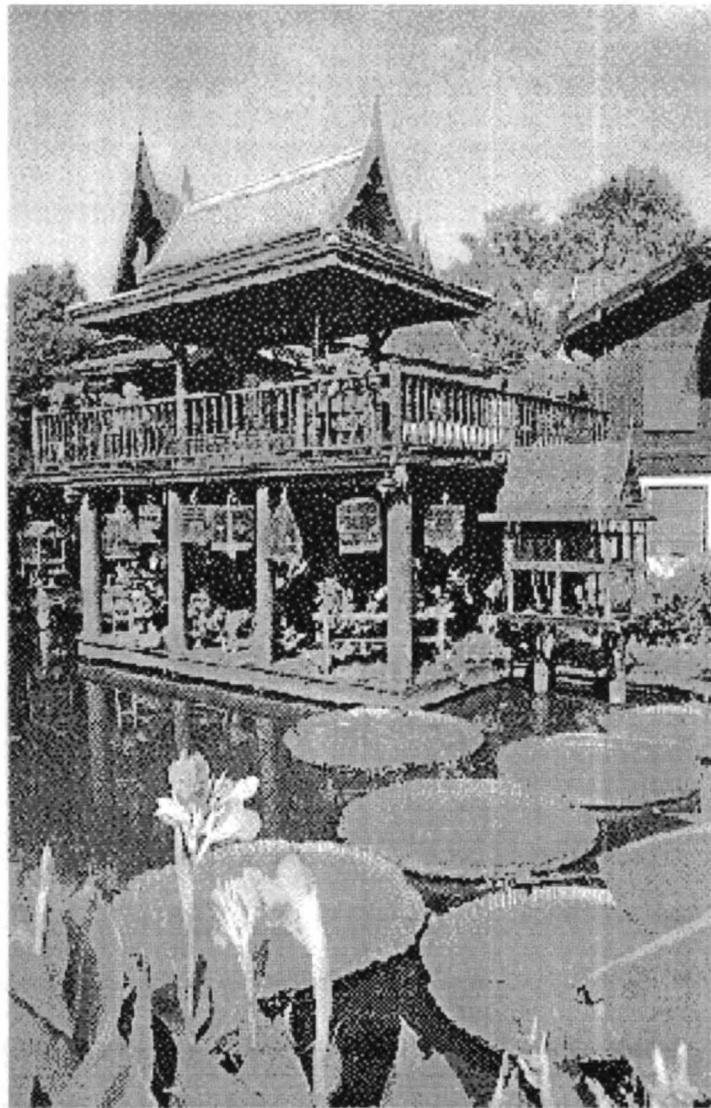
Sabaay found in material culture, aesthetics, festivals and society

Material culture and aesthetics

Sabaay is produced and depicted in many forms of material culture. Monsoons, flooding and a once abundant wood supply led Thais to create a distinctive architectural style typified by steep-pitched roofs covering platforms elevated on stilts (see figure 4). This kind of housing maximized the sense of sabaay by providing protection from heavy rains and a cool, shady dwelling in which large families stayed close together. "Indianization" introduced the aesthetic sabaay of grandeur in the construction of palaces, towering temples and pagodas. These structures have been adorned motifs and mythical figures such as the mythical naga (dragon) (Jumsai and Fuller 1997). Similarly, the high degree of specialization in batik patterns used for sarongs and head clothes may be traced to 16th century Indian and Chinese influences (Lefferts 1992). Woven cotton and silk textiles has become a cultural expression of sabaay in their visual appeal and comfort and Earthenware pottery has been crafted and fired for thousands of years in the region for water collection, finger bowls and dishes. Metallurgy has a similar history with the fashioning of

copper, tin, lead culminating in 17th century bronze castings of colossal statues of the Buddha and religious instruments such as temple bells and gongs (Kraus 1980). Sights and sounds that evoke feelings of sabaay also come from Indian and Chinese theatrical and dramaturgical styles and themes [Raymond Firth, 1967) and the art of shadow play and gamalon orchestral arrangements for which many cultures in the region are so well known (Jennings 1995).

Fig. 4. Traditional Thai Stilt House



Source: Thailand National Identity Office

Songkran festival

Songkran festival is perhaps the most sabaay time of the year. This is when Thais celebrate the Buddhist New Year according to the lunar calendar between April 13 to 15. Just 30 years ago prior to modernization, Thais used to celebrate Songkran for at nearly one week in their communities to say goodbye to the old year and welcome the new year by resting, merrymaking, and enjoying being with extended family and friends (Butt 1978). Making merit or “tam boon” was an important part of the beginning of Songkran (Ingersoll 1975). All family members joined together to offer specially-prepared plates of food and robes to monks at local temples. Offering robes was an important form of making merit on behalf of ancestors to bring good fortune and a sabaay future to the living during the coming year (Sukphisit 1997). Monks would visit homes to sprinkle blessed water on the house and family members and chant sutras in the evening. Those under 60 years of age poured small amounts of perfumed water over the hands of those elders over 60 to pay respect. People also observed the Buddhist practice of pouring water over their own fingertips into a bowl and saying prayers and making wishes. Families attended to making merit on behalf of ancestors by visiting the pagoda where ancestral ashes and relics were kept (Clement-Charpentier 1989). Households would make repairs to these pagodas and conduct a thorough spring housecleaning.

During Songkran, gambling, playing cards, and general merry-making were very sabaay and in full swing but because people were so intent on not losing money, drunkenness was not a serious problem (Sukphisit 1997). The mood was carefree, joyful and easy. Late in the evening, these games played around lamps or bonfires turned into singing and dancing until early hours of the morning (Foster 1976). There was no electricity to power lights, karaoke

microphones, and loudspeakers (Chapman 1978). In the daytime, people released birds and fish for good luck. Thais in the Central region adopted the sabaay custom of throwing water at one another during this dry, hot season when rail and road connections were established with the Northern region where throwing water had been adopted from Burma.

Sabaay of solidarity and shared traditions

The predominant development theories of economic growth and technological advancement have necessitated the development of Western forms of cultural modernity (Bertholet 1964). Development may also erode traditional cultural patterns (Behrman 1969; Bhanthumnavin 1981). In some cases, the modernization process had precipitated local resistance based on a revived sense of cultural pride and concerns about environmental preservation (Cohen 1985). In Thai culture, resistance is based often on the solidarity in relationships of horizontal affiliation (Cohen 1987; Tantuvanit 1995).

Socioeconomic conditions have not been universally sabaay for all Thais. Scott's (1976) shared poverty thesis on the moral-economy of peasant life presumes that Southeast Asian peasants are risk-averse and act in a social order to preserve the "norm of reciprocity" and "the right to subsistence." These guiding principles ensure a predictable, and therefore dependable formula of interpersonal conduct that helps to guarantee some degree of sabaay through the minimal subsistence of all in a community (Mehl 1986). For Central rice farmers, this form of solidarity was probably formed in the first wave of out migration 100 years ago from Bangkok into the Central plains and beyond to pursue a more sabaay life by clearing land and logging timber to establish as home and crop lands (Turton and Tanabe 1984).

Everyday resistance takes the form of small efforts to undermine or exploit the system that has induced poverty. Popkin (1979) argued that peasants were willing to undertake certain risks in times of surplus and did not predicate their behavior on a moral code, but rather on rational economic choices that further their self-interests. Keyes (1983) reported that additional studies did not find all of the conditions Scott proposed in the peasant societies. Feeny (1983) showed how a moral-economy gives rise to peasant rebellions of outrage against excessive self-interest and forced transition to a capital-intensive rice agriculture dislocates small-holders, concentrates land and production in the hands of the wealthy, and causes widespread landlessness. The arguments highlight the tension Thai peasants have faced in trying to achieve a state of sabaay by engaging in collective action and individual pursuits in societies with strong norms of group behavior.

The sabaay feeling of social status in Thailand

It is against this historical backdrop that anthropologists began considering the importance of the social structure of Southeast Asian families, villages, precolonial kingdoms and indigenous political institutions (Lande 1986). Because hierarchy and patron-client relations are a central aspect of Southeast Asian cultures, anthropologists made efforts to decode the subtle patterns of hierarchical relations (Schmidt 1977; Haas 1978; Santasombat 1986). This topic has proven to be challenging, and therefore an enduring areas of inquiry in the anthropology of the region (Geertz 1963; Brown 1976; Potter 1976).

Early ethnographers considered the vertical bonds of obligation between two individuals as the rudimentary building block of social relations and structures (Bilmes 1976). Embree's (1950) original conceptualization of Thai society as a

loosely structured social system stimulated over twenty years of debate among anthropologists and Southeast Asianists (Cunningham 1969; Evers 1969; Kirsch 1969). This debate engendered commentary and counter critiques from many of the social scientists involved in the Cornell studies in Thailand (Brand 1969). Lande (1965) described social relations using relatively static models of power and social control to represent village life. Hanks' (1975) extended work on structural models by defining the circle and entourage, that is, by describing how Southeast Asian societies tend to be organized in central concentrations of power and prestige surrounded by larger groups of affiliated individuals that derive benefits from access to those in the center.

There have been challenges to relativistic notions of "loose" in social theory, and challenges to the use of the construct of social structure to describe Southeast Asian societies in which social relations are inherently fluid (Bunnag 1976). Lynch (1984) articulated an analysis of social conditions underpinned by Marxist theoretical constructs of class exploitation and dialectical materialism. Pye (1985) broadened the historical picture of hierarchy and patron-client relationships by examining the role of individuals in macro political contexts. Pye traces the historical roots of contemporary superior-subordinate relationships that characterize personal relationships in most Southeast Asian culture back to Brahmanic codes of moral authority in courtly and folk practices and the tensions between the local authority and central authority (Keyes 1976). These competing analyses provide a foundation for understanding why Thais have come to feel that holding high social status contributes to feeling *sabaay*.

Gender relations and modernization

The process of recreating a picture of gender relations in earlier times in Southeast Asian cultures has been difficult, in large part because the early travel accounts and histories were written almost exclusively by men. In one of the earliest studies of domestic life in Southeast Asia, Rosemary Firth (1966), established the importance of Southeast Asian women's work as major source the production of material culture. Firth chronicled the conditions of housekeeping, the position of women in domestic concerns, divorce, how money is spent on daily life shopping and marketing, organization of household planning and ceremonial obligations and the transformation of these activities (Bowie 1992).

As in many Southeast Asian societies that have modernized, the dynamics in relationships between men and women have been changing (Porpora, Lim et al. 1989). In Thai culture, relationships between women and men have been defined by new gender roles, the division of labor, and notions of love and family. Modernization has caused shifts in living conditions and introduced foreign cultural ideas that have influenced social norms (Kirsch 1982; Wolf 1992; Bowie 1993).

Anthropologists have noted that Southeast Asian women have gained higher social status than have women in many other societies. (Potter 1977; Ong 1987; Popuang 1994; Sitthiraksa 1994). For example, Southeast Asian women often control household purse strings and are driving forces in organizing their communities. These norms suggest powerful underlying indigenous assumptions about relative gender equality (Keyes 1984; Muecke 1992). Some

authors such as Jayawardena (1977) traced these conditions to the matrilineal kinship structures and inheritance rules in Southeast Asian societies. These gender conditions also partly reflect the Theravadan Buddhist teachings of egalitarian values and the specific religious recommendations for householders to give wives control over household concerns (Payutto 1992). Nevertheless, the institutions of Buddhism still deprive women of access to many important spiritual rights of passage, including becoming a novice monk, which are reserved for men (Keyes 1984; Kirsch 1985; Chatsumarn 1991). The retention of Brahmanic traditions in Thai culture have been more directly responsible for proscribed traditional norms in the separation of roles in the domestic and spiritual realms (Kirsch 1982).

Thai society has always placed great expectations on men to be strong, reliable providers of household income, labor and decision-making authority. Thai society continues to place great expectations on women to maintain Thai cultural traditions and uphold core values (Hainsworth 1981). The value men and women have to one another, and the roles they play in each other's lives, endure as the ideal of a warm, harmonious Thai family (Foster 1975). This ideal has not been easily fulfilled because until a generation ago, families arranged marriages for their adult children (Popuang 1994). As Western values moved through Thai society, greater allowances have been made for young Thais to forge their own relationships based on mutual attraction and romantic love (Khondker 1989; Mason, Efron et al. 1990). Suspicions of infidelity are not uncommon about Thai married couples who maintain appearances of commitment to save face. Rumors and actual cases still abound about married men who have "minor wives" and mistresses (Fuller, Edwards et al. 1994; Vanlandingham and Grandjean 1997).

With 80% of the Thai population being distributed throughout rural areas, scholars have taken considerable interest in understanding the pivotal role of women in agricultural patterns (Mahajan 1987). Korsieporn (1991) produced an assessment of the transition from low-input to high-input market-driven agriculture showing the impact of labor-saving technologies on socioeconomic patterns of familial cultivation and wage labor. These market-driven processes have fundamentally altered women's relationships with one another, their households, and their rural communities (Foster 1984; Thorbek 1988). In nearly all rice farming communities, women no longer gather together to share labor in planting, weeding, and harvesting. Younger women are no longer needed as household labor and have been encouraged to go to school and seek employment in factories or service jobs to support their parents, siblings, and children (Sithiraksa 1994; Mills 1997). Those young women who come from families that are too poor to afford schooling become agricultural wage laborers. Van Esterik's (Van Esterik 1996) ethnographic study of female farm workers demonstrated how labor contractors force women to forego breast feeding, thus being forced to perpetuate their own poverty by sacrificing their children's nutritional status to earn a starving wage.

Modernization has also influenced Thai women's experiences in the capitalist economy (Evers and Korff 1986). Although Thai women have gained more economic independence, they have often borne a greater burden in sustaining their families while trying to cope with the ambiguity of their status and the "pink ceiling" in some organizations (Lim 1978; Blake 1982). Although Thai women still fill the ranks of clerical staff, mundane assembly-line jobs, low-level service jobs, and construction and farm labor, they also hold the highest

positions of authority in elective office, the civil service bureaucracy, academia, and business (Springer and Gable 1981).

In the Western academy, gender studies now occupy a central role in formulation of social theory about the organization of Southeast Asian societies. In the Thai academy, feminism – in the Western sense – has only gained appeal among those women who have come into contact with Western thought or culture through education or travel (Nagata 1996). Postmodernist perspectives in gender studies have largely failed to influence Southeast Asian scholars because some postmodern arguments have attempted to reject absolute categories of female exploitation and abuse, and because Southeast Asian scholars have been reluctant to accept yet another Eurocentric model to explain their world (Wazir-Jahan Begum 1992).

Nagata's (1996) introduction to, and Nagata and Salaff's (1996) conclusion of, a special journal issue on Southeast Asian women's survival strategies describes recent changes in women's lives in Malaysia, Singapore, Indonesia, Thailand, and the Philippines. Ethnographic data, representing the diversity of the region, depict the coping mechanisms women use to deal with externally imposed social and political pressures, and local transformations in kinship and ethnic religious structures (Ong 1987). The majority of the women interviewed dealt with their problems without directly challenging traditional roles. Researchers have argued that although social conditions may be changing, traditional ideology and values have not yet fully adjusted to these changes (Ford and Kittisuksathit 1994). They have also argued that both Western and Asian theorists have frequently overlooked the non-market labor contributions of women. Still, generally feminist researchers find limited

evidence of female exploitation or oppression, noting that, in general, Southeast Asian women are highly skilled at advancing their personal interests through domestic and corporate means. In their estimation, the inequalities and exploitation that affect women in Southeast Asia are largely the product of class prohibitions or particular political situations that impact men also, but disproportionately impact women.

Prostitution and AIDS have become pressing topics in gender studies of the region, particularly in Thailand (Thitsa 1980; Shah 1991). Muecke's (1992) article is a recent addition to her many works of the status of Thai women (Muecke 1976; Muecke 1979; Muecke 1994) in which she provides a cultural interpretation of female prostitution in contemporary lowland Buddhist Thai society. Her critique of research on the heterosexual transmission of AIDS through prostitution has exposed the superficial understanding of prostitution as a sociocultural phenomenon. In a provocative analysis based on ethnographic and literary research, Muecke has argued that the simultaneous rapid growth of a lucrative sex industry and of the Thai economy as a newly industrialized country (NIC) have paradoxically enabled female prostitutes to conserve the basic institutions of society. This phenomenon has occurred at a time when landlessness, rampant commercialism and poverty have threatened the survival of traditional life among the majority rural agricultural population. In an argument that counters Western moralistic assessments of prostitution, Muecke contends that this sociocultural and socioeconomic practice, although illegal, has flourished at least in part because it enables women, through remittances home and merit-making activities, to fulfill traditional cultural functions of daughters, conserving the institutions of family and village-level Buddhism.

Recent history of industrialization, prosperity and consumption

Sabaay appears as an important driving force in development and commercial marketing. The economic history of Thailand over the last 30 years has created the context for contemporary notions of sabaay. Thai culture has a long history of trade. Perhaps because Thais are "water people" (Sumet Chumsai Na and Fuller 1988), they have coexisted easily with the flows of ideas, labor, agricultural products, and capital throughout the region. This fluidity has produced a confluence of cultural changes. For the last 100 years, Thai society has navigated its own course by selectively incorporating ideas and technology which it chooses from abroad (Aseniero 1996; Rhum 1996; Siriyuvasak 1996; Thompson 1996). This is a position afforded because Thailand was neither subjected to the imposition of Western colonial rule nor to the forced extraction of commercial resources.

Thailand has coped with the challenges rapid modernization introduces into a Buddhist society. Here, "modernization" and "development" are shorthand for the whole package of "izations": Westernization, Americanization, urbanization, industrialization, capitalization and commodification. What took the United States more than 80 years to accomplish, Thailand has compressed into the space of less than 30 years. In Thailand, the major cultural response to modernization has been in the political-economic sphere (Pressman 1994). Thailand embraced the early phases of industrialization in the 1940s having built up some base of capital and experience in international trade through the export of agricultural products -- especially teak, rubber, and rice. A small number of families began investing in rice and lumber milling and competing in the international rice trade (Vandergeest 1989). In this

period, only 2 percent of the Thai labor force worked in large manufacturing enterprise in a handful of factories that made cement, paper, tobacco, beer, soap, textiles (Phongpaichit and Baker 1996). Slowly, families of Chinese decent began consolidating their earnings to establish enterprises they would turn into empires in banking, agribusiness, and real estate (Deyo 1975).

Thailand also became an eager partner in the commercial era dominated by America and later Japan (Ichikawa, Cusumano et al. 1991; Deyo 1995). In this period, Thai society selectively embraced Americana and began adopting Western technology (Gable and Springer 1979). In 1945, the Rockefeller Foundation established its presence in health and rural development (Hutaserani and Roumasset 1991). In the 1950-60s, the United States Agency for International Development (USAID) introduced Green Revolution technologies, transforming the Central region into “the rice bowl of Asia” (Motooka 1967).

By the early 1950s, Thai military generals had consolidated their hold on political power and persuaded the increasingly prosperous and powerful bankers and industrialists to put them on their boards of directors. Such “marriages of convenience” became the mode for maintaining political cooperation and financial stability for industrial expansion in Thailand for the next four decades (Thompson 1996).

Generals who controlled Thailand’s government forged an ever stronger relationship with the United States in the late 1950s and early 1960s. They embraced the American model of capitalism and free markets (White 1967). To fend off the “threat of communist expansion” in the region, the US eagerly

provided technical assistance to help Thailand create the physical and commercial infrastructure necessary to build a modern industrial complex (London 1980). This partnership carried over into military cooperation. From 1963-76, Thailand became a major U.S. staging ground for the air and ground war in Vietnam. The United States operated three air force bases on Thai soil from which it flew thousands of bombing missions. This was the era when Thais played host to throngs of cigarette-smoking American GIs, observed an implantation of go-go bars and brothels, and housed refugees from Laos, Cambodia, and Vietnam.

While the United States was prosecuting the war against Vietnam with the cooperation of the Thai military, Sino-Thai entrepreneurs were busy consolidating their business to establish a small group of industrial conglomerates (Evers 1978). Several established joint ventures with Japanese manufactures which others accepted investment capital from American and European companies (Ayal 1963). The Thai government adopted tax and tariff protection policies and contract and licensing schemes that created a favorable climate for these conglomerates to grow. By the late 1970s, about 30 family-based conglomerates had carved out all of the major industrial sectors and established core businesses with related daughter companies.

A recession in 1984-5 prompted the military-led Thai government to shift its focus outward. Thailand adopted the export-driven model of growth and "took off" to becoming a so-called "newly industrialized country" (NIC). This process was driven primarily by the rapid expansion of Japanese, European, and American multinational corporate operations and foreign direct investment. Between 1985 and 1990, the net inflow of foreign direct investment increased

ten times (Bank of Thailand 2000). The quality of the civil service, which runs the country, began to decline dramatically as the “best and brightest” were being lured away by the private sector. Many doubted that democratic traditions were solid enough to undertake difficult political reforms necessary to reduce corruption.

Consistently, growth rates in manufacturing were at least double that of agriculture. This contributed substantially to overall growth, thus transforming the economy from a primarily agricultural base to an industrial base (see table 1). In the period from 1967 to 1996, the contribution of manufacturing to the overall economy went from less than half that of agriculture to nearly triple.

Table 1. Thailand Demographics and Economic Indicators, 1967 and 1996

	1967	1996
Population	31 MM	60 MM
Pop. growth rate	3.3%	1.1%
Life expectancy at birth	F 62, M 56	F 75, M 70
GNP per capita (baht)	3,200	75,500
% GNP from agriculture	33%	11%
% GNP from industry	14%	32%
Source: Thailand National Statistical Office National Economic and Social Development Board		

By the mid 1970s, Bangkok had become a classic Southeast Asian “primate megacity (McGee 1967; London 1986). It remains the center of government, commerce, and culture in Thailand. With rapid industrialization and

commercialization, Bangkok also became a magnet for migrants from all corners of Thailand and beyond seeking work in the booming industrial complex. Manufacturing growth has been concentrated almost entirely in the Greater Bangkok Metropolitan Region (Browder, Bohland et al. 1995).

In the 1980s, Thailand found itself joining a small club of Southeast Asian nations called “tiger economies.” Throughout this period, Thailand’s gross national product (GNP) grew at an average of $\pm 8\%$. By 1985, 75% of all industrial output in the kingdom occurred in Bangkok (Komin, Forbes et al. 1991). In 1988, GNP growth peaked at 13%, the highest growth rate recorded in the world. During these years, inflation and unemployment rates remained low. Great strides were made in improving the lives of ordinary Thais. The percentage of Thais living in poverty declined from an estimated 31.0% in 1976 to 11.4% in 1996 (Thailand Ministry of Public Health 2000).

Growth in Bangkok followed the classic pattern of unbridled urbanization. The rapid industrialization and urbanization of the Bangkok area led to a concentration of wealth in the only large city in Thailand (Hackenberg 1980). One raw measure of economic activity, gross domestic product (GDP) per capita, shows that by 1985 the economy of Bangkok was producing 30,828 baht (US\$1,233) per person compared to only 6,708 baht (US\$268) per person in the surrounding Central provinces. This disparity reflects the political-economy of extractive linkages between urban centers and villages (Kemp 1989).

Thailand in the globalized 90s

In the early 1990s, “developing countries” became “emerging markets.” Under intense diplomatic pressure from the U.S., the “emerging markets” were pried

opened to the full blast of global competition. Nations that wanted entry into the club of industrializing nations removed barriers to allow the free flow of capital to get an admission ticket into the global trading system. Some observers such as William Greider (1997) warned in books such as "One World Ready or Not" that U.S. insistence on the unfettered flow of capital would prove to be dangerous. The U.S. government ignored the warnings and continued to use its trade missions to force countries to accept American trade and investment capital.

In the 1990s, Thailand chose to swim with the rising tide of history and was rewarded with a boom of foreign direct investment for several years. The U.S. Federal Reserve Bank had lowered interest rates to help U.S. commercial banks and stimulate the US economy. U.S. commercial banks could borrow at 3% and enjoy a return to capital of 15-20% by lending to "emerging markets." Thailand became a prime recipient of such capital. In 1993, Thailand led the way in Southeast Asia by establishing the Bangkok International Banking Facilities to channel foreign capital into its commercial and financial markets.

What happens to ordinary people's lives when an economy such as that of Thailand's is infused with massive amounts of foreign capital over a short period? The capital primarily fuels industrial growth. If poorly allocated and regulated, it also fuels speculation in stock markets and "trophy" real estate ventures. These applications of foreign capital create jobs, primarily in urban areas which in turn attract labor, primarily from rural areas. An explosion in commercial and industrial activity creates urban sprawl as factories are built up and newly arrived families seek inexpensive housing in track projects. Modernization becomes widely distributed. By 1994, 93% of the population viewed TV regularly in Thailand (National Statistical Office 1997).

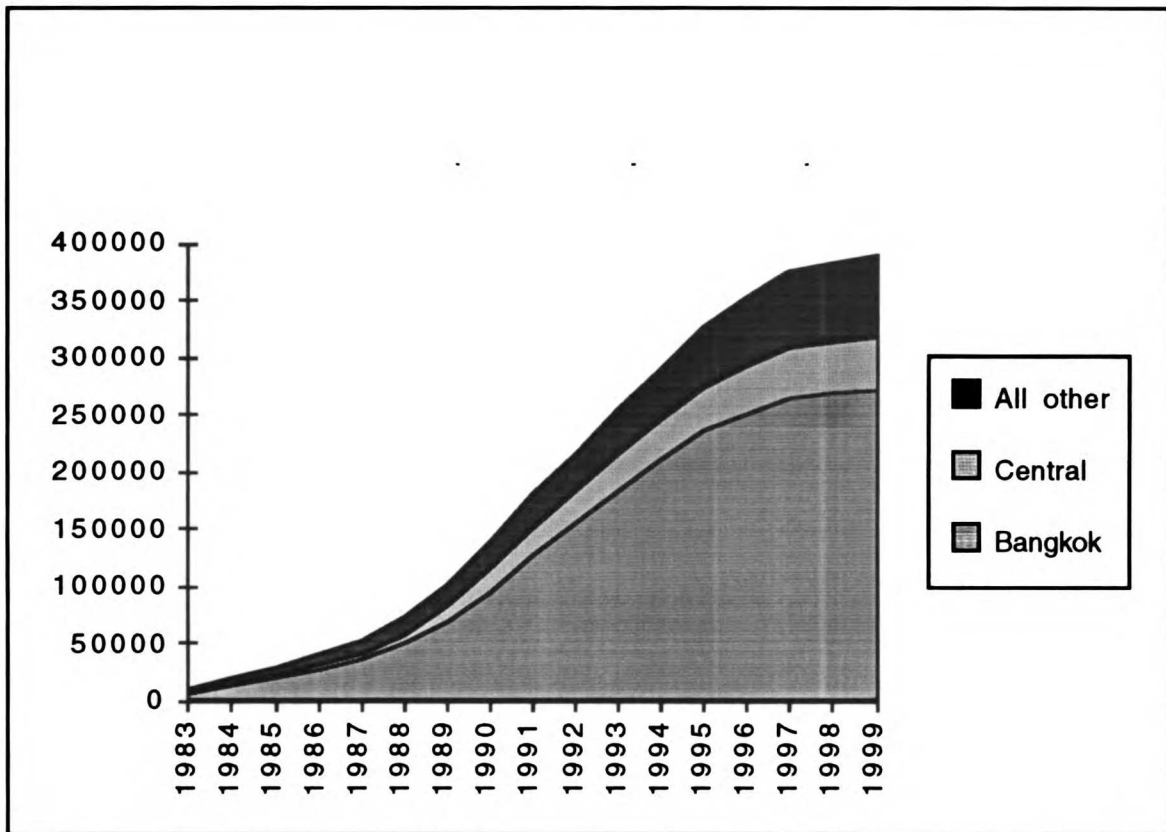
In reality, Thailand was in the process of fomenting what Thais came to call, "the soap bubble economy" based on corporate greed, lax government controls, and unprecedented corruption (Phongpaichit and Phiriyarangsarn 1996). The driving philosophy was that anyone could test their skills and see if they could make it in Bangkok's brokerages, banks, shops, malls and factories. In Thailand, this period was typified by Thongchai Macintosh, the Thai pop star, and his hit single "Sabaay sabaay" in which he can resign himself to losing love floating in an impenetrable bubble of bliss. The disparity in wealth in Thailand increased as the rich got richer and the poor got poorer, making Thailand join the ranks of highly inequitable countries like Brazil. In 1996, the Thailand National Economic and Social Development Board (NESDB) reported that the income gap between the rich 20% of the population and the poorest 20% had become the widest in East Asia, growing from 43.2% in 1975 to 48.5% in 1996 when the wealthiest 20% controlled 53.3% of the income and the poorest only 4.8% (Staff 1999; Thailand Ministry of Public Health 2000).

Although Thailand's public sector debt was only 7.9% of GDP in 1996, the private sector was borrowing heavily in the short-term capital market. Most of the Thai corporations were still controlled by families. These firms borrowed heavily to meet their capital needs. Corporate bond markets were almost nonexistent in Thailand, and the capital market has been insufficient. Many Thai companies were borrowing large sums in short-term credit, so-called "hot money", for non-productive investments in long-term real estate projects. Average debt-to-equity ratios for these companies rose to 1.98. Much of the capital for these loans has been supplied by foreign sources wishing to cash in on the high growth rates here. The private sector had developed an insatiable appetite for foreign capital which foreign investors and bankers were

all too happy to supply on a short-term basis. Local lending rates have been between 16-18% p.a. - with lending rates from foreign sources (passed through local finance companies) being 4-6 %. In 1995, Thailand's private sector absorbed capital amounting to an astonishing 20.8% of GDP, and another 18.2% the following year. Estimates were that by 1996 the country's private external debt was about \$71.7 billion, or a whopping 40% of GDP. In effect, by 1996 economic growth was being fueled largely by infusions of short-term capital rather than exports.

This cheap source of loans fostered a boom in real estate development in the mid 1990s, because property is the most widely accepted source of collateral for more loans. Thus, the "great pyramid" was constructed. By 1995, it became apparent that an enormous oversupply in commercial property and housing stock in the Greater Bangkok Area had accumulated (see figure 5). By the mid-90s, real estate developers were having increasing difficulty selling new stock and suddenly found their creditworthiness eroding as they began defaulting on loans. Thailand's Central Bank became concerned about the quality of commercial loans and raised the prime lending rate to 13.75% in 1995 putting an additional squeeze on the housing sector. The bottom of the property started to fall out in 1996. Regrettably, much of the additional debt taken on by these companies was not used for plant and equipment, and those companies that were publicly traded suffered sharp declines in share values.

Fig. 5. Cumulative Growth in Construction Areas Permitted
(1000s sq. meters)



Source: National Economic and Social Development Board

In recent decades, Thailand has experienced an increasing influence of Western models of wealth accumulation and material prosperity (Bhanthumnavin 1981). Nevertheless, the process of establishing a robust and relatively independent domestic market is largely incomplete. The process is incomplete because the wealth that has been created in the country is due largely to massive foreign investment and credit which is by nature an external source of economic stimulus (Jansen 1995). As Berger (1996) points out, Thai marketeers and industrialists learned how to “manufacture desire” by capitalizing on shifts in values. As early as the 1950s, Thais became enamored with using modern technologies and consuming prestigious brands to feel

sabaay. These trends set up conditions for the socioeconomic crisis of 1997-98 that I will discuss in chapter 7.

Anthropological assessments of globalization

In recent years, anthropologists and other social scientists have taken up the study of globalization, conceptualizing this process as a boarderless flow of people, ideas, capital and products. World systems theorists have called globalization the "new world order capitalism" characterized by a relative decline of U.S. and European economic hegemony; global price competition; stagnation or declines in working-class standards of living; capital mobility; and the extraction of resources in the form of profit.

Even among social scientists, there was great optimism prior to the Asian economic crisis about the dynamism of the region. In asking the question: "Will the twenty-first century be the Pacific century?", Bell (1995) has suggested that in the twenty-first century, the focus of future modernization will be the Pacific region. The importance of these modernizing societies to the global economy guarantees that whatever course of events unfolds in the region will have an impact throughout the world. In looking to the future of globalization to answer the question of the Pacific century, Inayatullah et al. (1992) have discussed the concept of the "Pacific shift," defined as a transfer of wealth, culture and innovation from the Atlantic to the Pacific region. Citing growth trends in East and Southeast Asia, the analysis predicted that the Pacific would become the new economic center of the world. Furthermore, the analysis projected that many social facets of the Pacific century would be based on new technologies, and new uses of telecommunications to bring about a "Pacific telecommunity."

Aseniero (Aseniero 1996) reviewed broader economic trends throughout Asia, noting that in contrast to three decades of steady deceleration in the world economy, Asia's economic performance has been exceptional. But Aseniero cautioned that the Asian "miracle" must be understood as an integral part of the world-system. If the limits of economic growth have been reached and a period of high inflation were to occur in the near future, as some suggest, this will only increase the region's importance.

Although the large-scale forces of globalization and industrialization are important to overall improvements in fundamental conditions such as health and education, different members of Southeast Asian societies experience globalization in their daily lives according to their particular characteristics and circumstances. Among Thais, the quests for modernization have not been uniform. Those elites who dominant the political and economic scene have persuaded economic growth by employing science and technology (Berner and Korff 1995). Those who are more traditionally oriented have been more critical of the dilemmas raised by modernity and enlightenment. Women have experienced additional challenges and opportunities in responding to the demands of globalization as a result of kinship, social, religious, and ethnic proscriptions (Nagata 1996). Mittelman (1994) has discussed the experience of ethnic minorities, peasants and the poor who manage to survive (or not) at the margins of the global economy.

Anthropologist specializing in Southeast Asia are now exploring the current impact and future implications of globalization on the health of peoples of the region (Ong 1987; Herskovits 1999). In recent years, anthropological research has looked at three aspects of contemporary global flows – television, tourism

and scholarship. Although TV was previously considered a somewhat isolated means of advancing local cultural production, often operating under state control, global telecommunications have expanded its influence and reach. Largely because of pressure from media superpowers in the U.S., GATT was expanded to include free trade in audiovisual services. TV may now be used as a means of global indoctrination and cultural imperialism, and as a facilitator of socioeconomic progress, democracy, and global cooperation.

Richards (Richards and French 1996; Richards and French 1996) has framed the seemingly irresistible infiltration of global TV (i.e., CNN and Rupert Murdoch's Sky TV) in Southeast Asia as a potential threat to the maintenance of distinctive national, regional, and local culture. TV services in Southeast Asian have been and will continue to be exposed to foreign competition from transnational media corporations with massive advantages in resources, market share, technology. Richards notes that several Southeast Asian countries have been successful in resisting external pressure and maintaining national TV as a means of localized cultural production, education, and information dissemination. Under these circumstances, scholars, politicians, and entrepreneurs will continue to compete for the legitimacy of their own visions of what TV can and should be.

International tourism has propagated remarkable growth in the flow of people in Southeast Asia, both by foreigners visiting the region, and Southeast Asians traveling abroad (Tang 1990). Much of the literature prior to the 1980s on the cultural consequences of tourism was limited to critiques of Western ethnocentrism and narrowly defined cultural contexts in which tourism occurred (i.e., sex tourism) (Cohen 1988). Two arenas of tourism and culture

change have garnered recent attention. First, new research has considered the expanded cultural role of the Southeast Asian state brought about by tourism (Cohen 1995; Forsyth 1995). Peleggi (1996) explores the relevance of Thailand's heritage attractions to international and domestic tourism. The ideological implications of tourism may be such that the official historical narrative becomes a vehicle for state manipulations of Thai heritage for the consumption of foreigners and Thais (Elliott 1983). Second, anthropologists are now investigating the cultural characteristics of tourism (Pongsapich 1982; Cohen 1992), as opposed to other industries as a medium for face-to-face contact between strangers encountering one another in a "global village."

Finally, Evers (1994) has discussed the impact of globalization and modernity on what he calls the take off of the social sciences in the Southeast Asian Universities. Researchers are now promoting the interdisciplinary exploration of social issues in the region using information technology. Topics range from globalization and modernity; the state, society, and development; culture, religion, and ethnicity; and family, gender, and socialization (Chomchai 1969; Bell 1991). The flow of digital information between scholars throughout Southeast Asia and the world, particularly through the internet, is an anthropological topic sure to be discussed in the near future.

Background of research sites

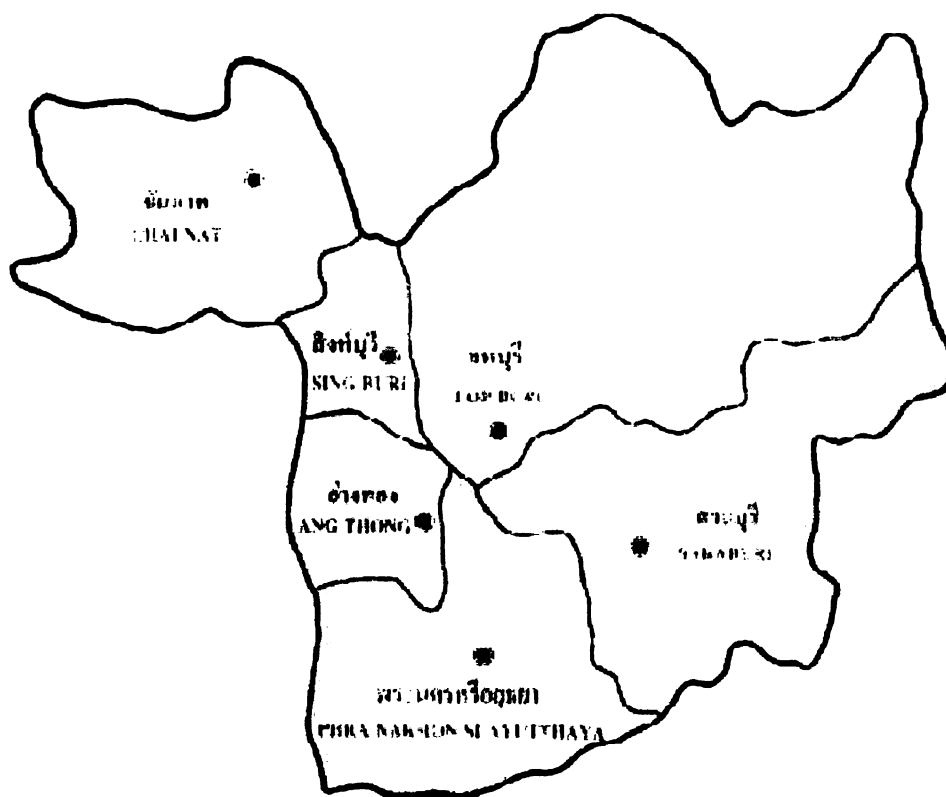
To make a rural/urban comparison, I interviewed rice farmers from the Central provinces of Lopburi and Ang Thong and shopkeepers and laborers living in Yannawa district, in the core area of Bangkok. I choose to work in

these two locations because they are important areas of Central Thailand, the region which has dominated the Kingdom for several centuries. Many Thais claim that the way people think in the countryside is different from the way Bangkok residents think (Korff 1993). This was a perception I wanted to explore. The following sections provide some background about the social history of these two field sites.

Background on Ang Thong and Lopburi Provinces, Upper Central Thailand

The provinces of Lopburi and Ang Thong are located in the Central region near the northern rim of the upper Chao Praya delta – Thailand’s great “rice bowl” (see figure 6). The Central region is home to 23% of the Thai population (excluding the Bangkok metropolis). Ang Thong covers 968 square kilometers and borders the west bank of the Chao Praya river while Lopburi covers 6,199 sq. km and lays slightly to the east of the Chao Praya (National Statistical Office 1997) (see fig. 6). The provincial capital of Lopburi is located 154 kilometers or a two-hour drive north of the core of Bangkok, Ang Thong being 105 kilometers away. The field sites selected for this study in Ang Thong were rice farming villages along the Chao Praya river in Chai Yo district and near the western boarder with Surpanburi in Samko district. In Lopburi, villages were selected in three districts of Ban Mi, Ta Wung, and Muang Lopburi where rice farming is the main agricultural activity.

Fig. 6. Map of Upper Central Provinces



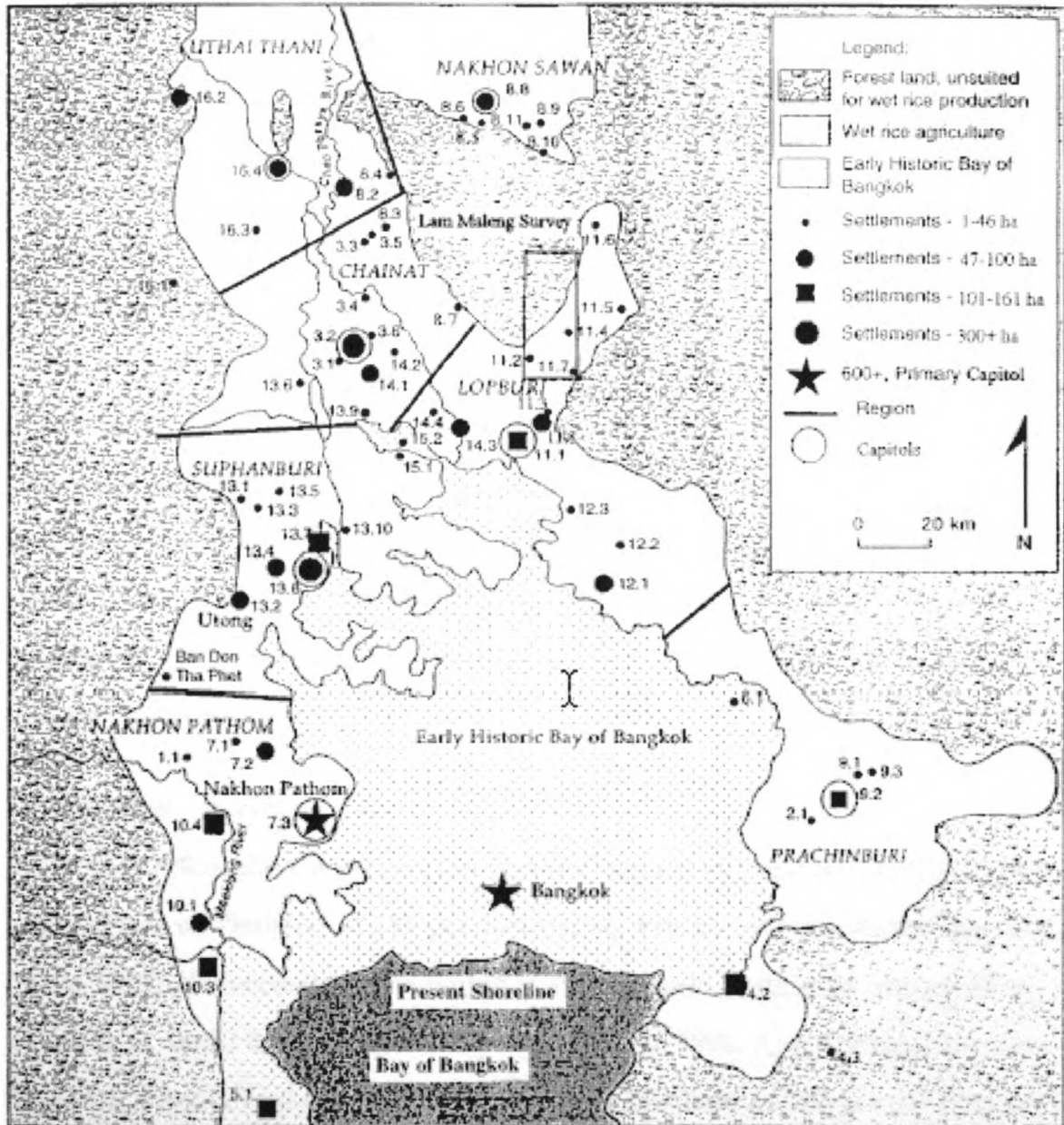
Source: National Statistical Office

Historical background

Lopburi was one of the centers of early Dvaravati Buddhist civilization from the 6th to the 11th centuries. The Dvaravati kingdoms, named for the city of Krishna in the Indian epic poem *Mahabharata*, was strongly influenced by expanding Indian civilization. These small kingdoms, the first complex

polities in these lands, established a network of moated cities around the coastline of what was the Early Historic Bay of Bangkok (National Identity Office 1991) (see figure 7). These settlements were likely supported by broadcast and paddy rice cultivation (Mudar 1999).

Fig. 7. Map of Historic Bay of Bangkok



Source: Mudar, 1999

The Dvaravati produced fine works of art, and were particularly advanced in the aesthetics of Buddhist iconography and architecture. Ruins and statuary from these periods are still preserved in the provincial capital. In the 11th or 12th century, Lopburi was overtaken by the invading Khmers of the Angkor empire and later by ethnic Siamese of the Sukhothai kingdom. It became a religious center of the commingling traditions of Theravada and Mahayana Buddhism and Brahmanism. Ang Thong has a less prominent history because most of the area of the modern-day province was submerged under the Bay of Bangkok until it filled in with sediment. As Ang Thong was settled it became a minor trading hub within the Ayuthaya dominion.

Ethnically, the majority of inhabitants of both provinces are Siamese, many of whom still call themselves "rice folk." Some are the decedents of at least 46 generations of rice farmers. Linguistically, most of the people living in these provinces speak the Central Thai dialect, although there are pockets of Lao-speakers because of past migration. The region is also home to the decedents of ethnic Chinese who immigrated roughly 100 years ago and became farmers and merchants. The Chinese-Thai residents of these provinces are well-integrated into the wider society.

Demographic trends

In the last 1990s, the Central region had the highest population density of the four regions of Thailand at 135 persons per sq. km. in 1996 (National Statistical Office 1997). Nevertheless, the region is still sparsely populated compared to Bangkok at about 3,500 inhabitants per sq. km. In 1996, Ang Thong ranked as the ninth most densely populated province in Thailand at 297 per sq. km. as compared to Lopburi at 121 per sq. km.

Over the past three decades, the population growth rate has declined steadily. In 1966, Lopburi had a population of 441,002 and grew to 662,341 by 1981 for an increase of 50% in 15 years (National Statistical Office 1996). During this period the population of Lopburi was growing at an annual rate of 4.2%, but slowed to 2.1% primarily because of rapid adoption of family planning. By 1996, Lopburi's population had risen to 749,487 having increased by only 13% over the previous 15 year period, and the growth rate had dropped to 0.5%. This shift was due to continued family planning and net out-migration. Ang Thong's population growth rate was low between 1976 (pop. 247,404) and 1981 (pop. 256,854) rising an average of 0.7% p.a. also due to family planning and net out-migration. In the period of 1981-86, the rate increased to an average of 1.3%. By 1996, the population had grown to 288,037 and was growing by 1.7% per year. The populations of Lopburi and Ang Thong provinces are relatively young, with approximately 21% being under the age of 13 (see table 2).

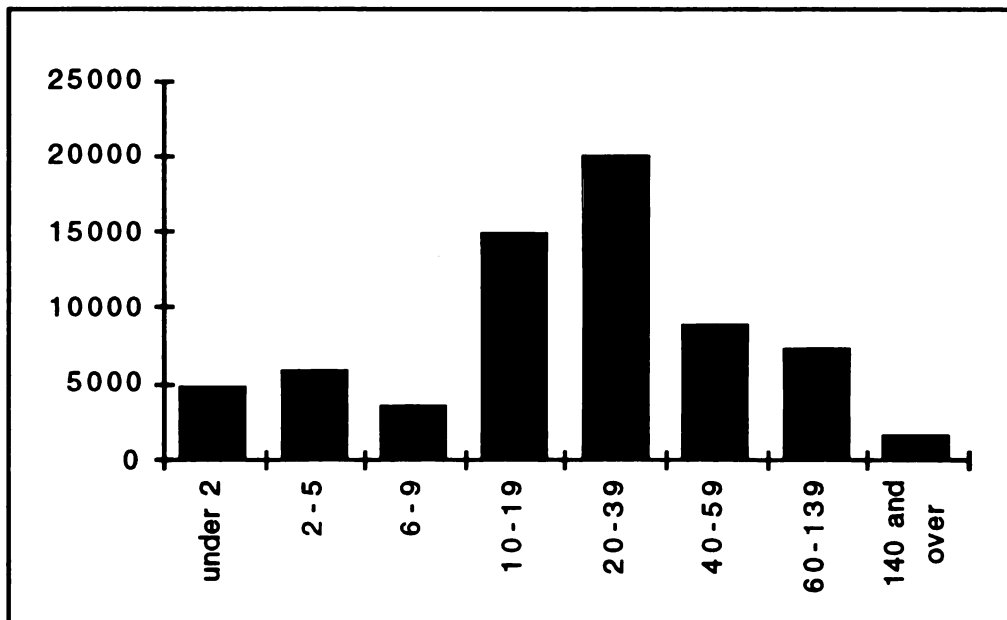
Table 2. Demographics and Economic Indicators in the Upper Central Region, Ang Thong and Lopburi Provinces

	Upper Central Region	Ang Thong	Lopburi
Population in 1996 (1)	2,884,741	288,037	749,487
Birth rate (1)	1.34	1.7	1.24
Death rate (1)	0.57	0.7	0.52
% of pop. that are children under 13 (1)	21.0%	20.5%	21.0%
Total workforce 13 and over (1)	1,536,218	11,192	429,091
% workforce as farmers (1)	34.5%	37.6%	53.3%
% female workers as farmers (1)	35.4%	37.2%	52.8%
% male workers who are farmers (1)	33.8%	38.1%	53.6%
% workforce in manufacturing (1)	26.6%	23.6%	12.2%
% female workers in manufacturing (1)	29.6%	29.5%	14.4%
% male workers in manufacturing (1)	24.1%	18.1%	10.2%
Land tenure			
Total area (rai)	10,370,922	503,808	3,874,846
Total area (sq. km.)	16,593	968	6,199
% land in farm holdings (2)	64.4%	94.9%	64.5%
% of area owned (2)	31.9%	45.7%	31.1%
% or area rented (2)	20.7%	30.8%	15.8%
Gross provincial product 1990 (B1,000)			
GPP 1990 per capita	75,382,617	5,283,458	13,643,186
from agriculture	26,383	18,736	18,587
from manufacturing	14.3%	17.8%	24.5%
	25.9%	15.5%	5.0%
Gross provincial product 1994 (B1,000)			
GPP 1994 per capita	125,674,128	6,461,212	18,337,786
from agriculture	43,984	22,717	24,846
from manufacturing	10.1%	13.5%	20.7%
	41.8%	16.1%	10.7%
Land use in 1996			
Housing (1)	1.7%	4.2%	1.0%
Paddy land (1)	41.1%	76.1%	24.9%
Under field crops (1)	19.1%	2.4%	35.4%
Under fruit trees and tree crops (1)	2.6%	8.3%	1.7%
Upper Central region is Chainat, Singburi, Lopburi, Saraburi, Ang Thong and Ayutthaya			
(1) National Statistical Office Statistical Reports of Region, Sub-Central Region 1997			
(2) National Statistical Office Social Indicators 1997			
(3) constant 1988 prices			

Agricultural conditions

The Central region has become one of the world's great agro-industrial production centers of rice. Farming has completely shifted to the use of "green revolution", high input, mechanized farming of high-yielding varieties of rice and other field and fruit crops. It is fitting that Ang Thong means giant golden bowl because the province has become a basin of agricultural prosperity. In Ang Thong, 76% of the land was used for paddy rice cultivation because the province is flat and has a well-established irrigation system, while in Lopburi 25% of land was used for rice cultivation due to the province's varying topography. Nearly all of the paddy rice cultivation was irrigated, allowing farmers to plant and harvest at least two rice crops per year, and three crops in the northern-most region of Lopburi. In 1993, the majority of the province's 66,888 land holders held between 20-39 rai (3,200-6,240 ha) of land (see figure 8).

Fig. 8. Number of Lopburi Holders Holding Area (in units of Rai)



In both provinces there was virtually full employment before the economic crisis hit in 1997. In Lopburi, slightly over half of the workers were farmers. Of land holders in Lopburi, 75.2% earned income only or mainly from agriculture (National Statistical Office 1996). Ang Thong had a higher percentage of workers, particularly women, working in manufacturing jobs because of its proximity to many large industrial parks and factories in neighboring Ayuthaya. In 1994, the average monthly household income in Lopburi was 6,612 baht (US\$259) for an average family of size 3.8 persons. Of this income, an average of only 17.8% was derived from farm profit and 30.7% from wages and salaries. Average household expenditures were 76.1% of income. In Ang Thong, average monthly household income was considerably higher at 10,309 baht (US\$404) for household of 3.2 persons. Only 4.7% of income was derived from farm profit and 31.7% from wages and salaries. Average household expenditures were 106.6% of income. These statistics confirm that although the majority of households in Lopburi and Ang Thong were farm families with medium to small holdings, farming alone was not economically viable. Many of the households depended on transfers from adult children working in industry and the service sector to stay afloat financially.

Changes in farming

As farmers in the Central region have adopted mechanized, labor-saving farming methods, the number of small tractors, "iron buffalo" as they are called, has increased steadily since their introduction in the late 1960s. As a result, the population of water buffaloes the faithful draft animal of Southeast Asia of which Thailand had highly prized domestic stock, has declined precipitously. In 1959, Lopburi was home to 82,632 head of water buffalo. By, 1979 the number of tractors had risen to 1,931 while the buffalo herd had

declined by 56% to 36,653. In 1995, Lopburi farmers owned 12,986 tractors but only 9,725 buffalo. From 1995 to 1996, Lopburi farmers sold off or slaughtered 73% of the remaining herd leaving only 4,578 head. By time I conducted fieldwork, it was nearly impossible to see a water buffalo, the traditional source of manure, anywhere in this region.

In the meantime, the quantity of government-produced chemical fertilizer sold to Lopburi farmers increased from 2,576 metric tons in 1990 to 4,476 metric tons in 1994, or 74% in only four years. At the time of this study, Central farmers were complaining about the skyrocketing cost of chemical fertilizer and the poor response of their rice crops to increased fertilizer use because of deteriorating soil fertility.

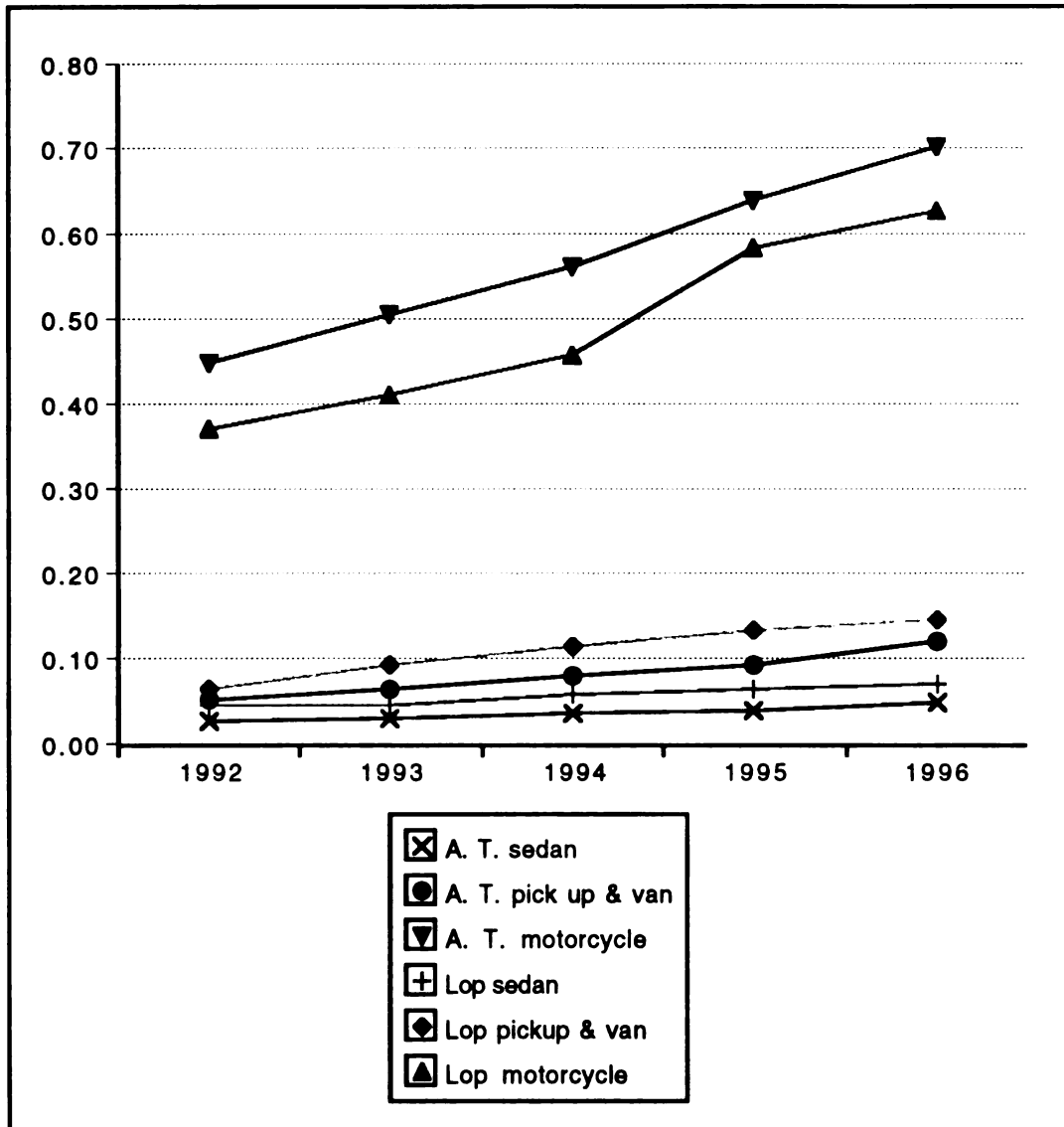
Pesticide usage rates among farmers in the Central region are believed to be among the highest in Southeast Asia (Lopburi Provincial Health Office 1998). Nationally, farmers who were tested for cholinesterase, an abnormal enzyme that results from exposure to pesticides, were found to have high levels in their bloodstream. Over the period from 1992 to 1998, rates ranged from 16.0% to 21.1%. Public health officials in Lopburi province have detected similar prevalence rates among farmers. In five provinces in the Central region, 58.2% of a sample of 545 farmers were found to have developed signs and symptoms of Paraquat poisoning.

Development

Until the 1950s, river and canals provided the primary thoroughfares for travel (Phillips 1965). With the rapid expansion of the highway network beginning in the mid 1970's and secondary, laterite "Kukrit roads" named for the former

prime minister, the travel time and psychological distance between the farmlands and provincial capitals, and between these provinces and Bangkok have shrunk dramatically. Travel has been greatly facilitated by the rapid rise of bus and truck transport as well as use of personal vehicles. Lopburi, like many Central provinces experienced a dramatic increase in the number of motor vehicles owned over the last two decades. Comparing levels over the sixteen-year period from 1970 to 1996, the number of sedans jumped from 1,559 to 14,261, pick-up trucks from 1,729 to 29,089, and motorcycles from 1,590 to 123,668. Within just the short period between 1992 and 1996, the number of pick-up trucks per household more than doubled in both Lopburi and Ang Thong (see figure 9). The number of motorcycles per household increased from 37% to 63% in Lopburi and from 45% to 70% in Ang Thong.

Fig. 9. Vehicle Ownership in Lopburi and Ang Thong Provinces, 1992-96



Source: National Statistical Office

The transition to a mechanized, modernized way of life lead farmers into greater indebtedness. Total loans outstanding from the government Bank for Agriculture and Agricultural Co-operatives (BAAC) to farmers and co-operatives in Lopburi in 1993 was 796.4 million baht (US\$31.2 mil.). This figure does not include loans from private lenders or loan sharks. That year,

only 43.5% of farmers reported being debt-free (National Statistical Office 1996). In just two years, outstanding loans had risen 20.9% to 962.6 mil. baht (US\$37.7 mil.).

Public health situation

Thailand has made great strides in improving public health by expanding the public health infrastructure and instituting prevention programs. For example, the proportion of households nation-wide that had sanitary latrines increased steadily from 33.9% in 1975 to 96.1% in 1995. These coverage rates were typical of Lopburi and Ang Thong. Potable water supply facilities were installed in nearly all of the communities during this period. In the Upper Central Region, the number of hospitals increased from 59 with 4,728 persons per bed in 1986 to 83 with 6,437 persons per bed in 1995. Over the same period the ratio of persons per physician declined from 7,660 to 5,361. For nurses, the ratio declined from 2,283 to 1,118. A network of well-supplied district hospitals, community health clinics and health posts was established and staffed with qualified personnel. Near universal immunization was achieved by the early 1990s. As a result, the burden of infectious diseases and infant and maternal mortality declined substantially.

Today, with the rise in life expectancy and changes in the way of life and environmental conditions, these provinces face a rising burden of noncommunicable diseases (see table 3). Smoking remains a serious problem, although rates have declined slowly but steadily over the last 20 years. Excessive alcohol consumption has emerged as a major public health problem. With the explosion in motor vehicle and tractor ownership, traffic accidents have risen dramatically in the Upper Central Region from 42,583 causing 8,069

deaths and 21,617 injuries in 1988 to a peak of 102,610 accidents causing 15,176 deaths and 43,541 injuries in 1994. This represented an 88% increase in auto-related fatalities in just 6 years. In the years 1995 and 1996, the region witnessed a welcome decline in accidents due to increased public awareness campaigns.

Table 3. Health Indicators, Smoking, and Alcohol Drinking in Lopburi, Bangkok, and Thailand Nationally, 1995

10 leading causes of death in 1995	Lopburi		National
Heart disease	54.4		69.2
Accidents and poisonings	29.8		61.5
Malignant neoplasm, all forms	19.4		50.9
Suicide, homicide and other injury	11.2		7.2
Diseases of liver and pancreas	8.4		11.8
Pneumonia and other diseases of lung	7.4		11.0
Hypertension and cerebrovascular disease	4.7		13.3
Tuberculosis, all forms	3.6		5.8
Diseases of the respiratory system (excl. upper tract)	34.7		27.0
Prevalence of smoking in working-age population			
	Central	Bangkok	National
Total	14.1%	11.6%	19.9%
Male	39.8%	28.8%	42.5%
Female	2.7%	4.4%	4.4%
Prevalence of alcohol drinking in working-age population			
Total	28.8%	22.9%	33.7%
Male	53.7%	40.0%	54.8%
Female	17.8%	15.9%	19.4%
Source: National Statistical Office			

Background on Yannawa District, Bangkok

Historical background

The original settlement that gave rise to the modern metropolis of Bangkok was established on the west bank of the Chao Praya river in 1767. This area, known as Thonburi, was the former capital of Siam until 1782 when the capital was moved to Bangkok on the opposite bank of the Chao Praya river. The west bank was considered less vulnerable to attacks from the Burmese who had sacked the upriver capital of Ayuthaya.

For many years, Bangkok was a small settlement covering only 3.5 square kilometers in the middle of a large floodplain ideal for rice cultivation (Poungsomlee and Ross 1992). Originally, the area known today as Yannawa was open farmland located south of the core of Bangkok. This area was called "*Baan Tawai*" because ethnic Tibeto-Burmese "Tawai" people had settled in this area for sometime before the capital was moved to Bangkok (Yannawa District Office 1997). The Tawai people raised and traded water buffalo for goods with ethnic Siamese living in the area. During the late 18th and 19th centuries, the Siamese also called this area "Baan Kok Kwai" (Village of Water Buffalo Stables). The villagers established a Buddhist temple during the Ayuthaya period (14th and 15th centuries) called "Wat Don Kwai" (Water Buffalo Hill Temple) which became well-known during the Thonburi period.

During the era of King Rama V (1868-1910), the Ministry of Interior decided to formally designate this rural area as "Amphoe Baan Tawai." In 1913, the Minister of Interior decided to change the name of this area because the name "Baan Tawai" was not of Siamese origin. He selected "Yannawa" which can be

roughly translated as “transport vessel” apparently because of the district’s reputation as a hub of trade being located inside this crook of the Chao Praya river close to the mouth of the Gulf of Siam (Yannawa District Office 1997). Most of the commodities bound for export such as rice, rubber, tin and teak passed through the docks and piers of Yannawa. Many ethnic Chinese settled in Yannawa as it became a hub of commerce. The Chinese-Thai society built the Buddhist temple Wat Proman in 1958, adopting a blend of architectural motifs from Chinese, Tibetan, and Western styles not commonly found together at other Thai temples.

Expansion of Bangkok

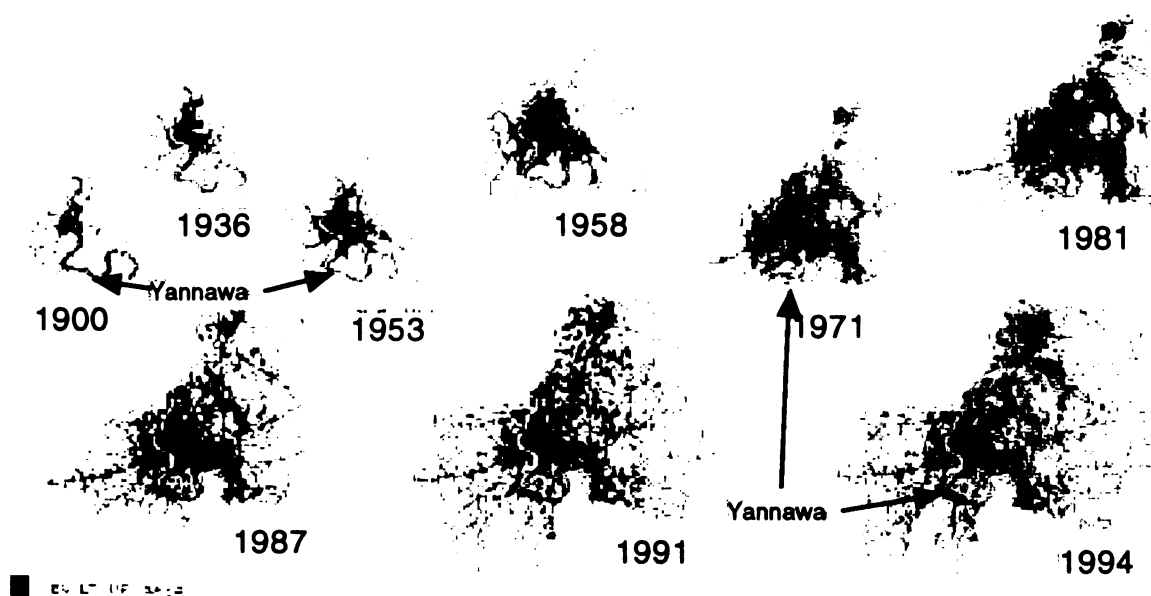
Between the 1950s and the 1980s, Bangkok grew exponentially in population and area (see table 4 and figure 10). By the late 1990s, the Bangkok metropolis covered 1,565.2 sq. km and was home to about 5.5 million Thais or about 9.3% of the total Thai population. Through the mid 1960s, Yannawa was still mostly a wide-open territory sparsely inhabited by farmers. It was famous for its guava orchards (*suan farang*). As Yannawa was being engulfed by the ever expanding Bangkok metropolis, the orchards were uprooted and paved over to make way for garment factories, foundries, shophouse metalworks and streets lined with commercial shops and jampacked with pedestrian and auto traffic.

Table 4. Bangkok Population Growth, 1976-96

	Total population	Density (per sq. km.)	Population growth rate
1976	4,545,600	2,904.5	
1981	5,331,400	3,406.6	17.29%
1986	5,468,900	3,494.5	2.58%
1991	5,620,600	3,582.9	2.77%
1996	5,585,000	3,560.2	-0.63%

Source: National Statistical Office

Fig. 10. Maps of Expansion of Bangkok Footprint, 1900-94

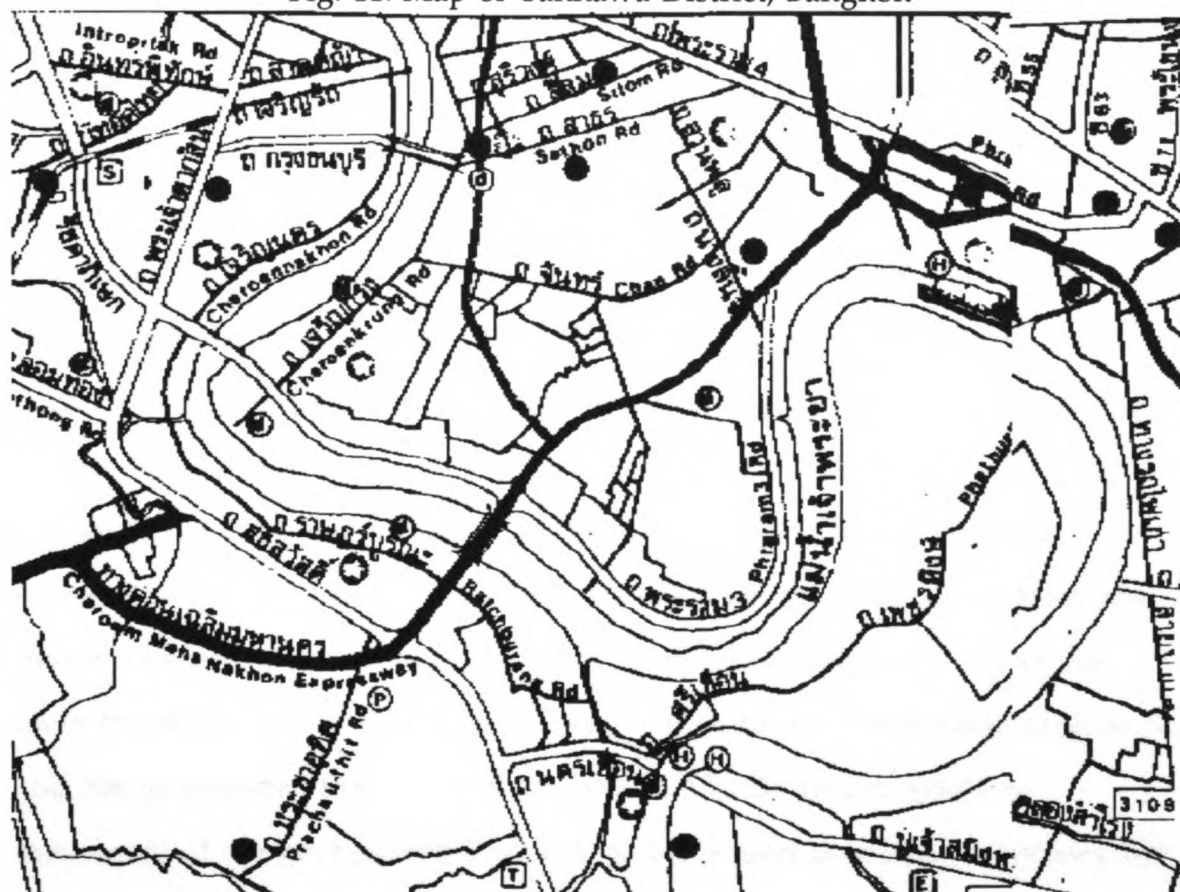


Source: Bangkok Metropolitan Administration

In 1971, Yannawa was incorporated into Bangkok's core under the Bangkok Metropolitan Administration and its administrative designation was changed to the District of Yannawa (*kaad*). As new housing stock was built in areas like Yannawa, household size in Bangkok declined steadily from an average of 6.32

persons per household in the 1960s to 4.45 persons in the 1990s. With rapidly expanding urbanization and increasing population, Yannawa was divided in 1988 into the three separate administrative districts of Yannawa, Sathorn and Bangkolam. Yannawa was bordered by Sathorn district to the north, the Chao Praya to the south, Klong-toey district to the east, and Bangkolam district to the west (see figure 11). Yannawa district covered 16.7 square kilometers or about 1% of Bangkok.

Fig. 11. Map of Yannawa District, Bangkok



Source: Bangkok Metropolitan Administration

This study was conducted in the northern registered subdistrict called Bangpongprang in the area around Chan Road and Wat Paingung. This area is considered to be a high-density working-class neighborhood with a mix of

industrial and residential buildings. In general, the industrial labor force in Thailand is highly mobile and transitory, moving between Bangkok and rural home provinces (National Statistical Office 1997). Because of the constant flux of people moving in and out of Yannawa, it has been difficult even for local officials to accurately describe the demographic profile of this district. Yannawa attracted a large pool of industrial labors who took up residence in three-story concrete shophouses, high-density apartment buildings, dormitories and slums. By 1990, Yannawa had become typical of Bangkok as a whole with 34% of the population having been born outside of the city (Bangkok Metropolitan Administration 1995). At the time of this research, Yannawa had 29 legal communities and 12 squatter communities that had not been registered.

During the 1990s, Yannawa, was one of the most economically active and densely populated areas of Bangkok. Yannawa's district motto sums up the drive to transform this area of farmland into a metropolitan zone: "Beautiful bridge, attractive temples, well-known for industry" (*Sapan suay. Wat-gnam. Namgaduang rungoodsahakum.*). "Beautiful bridge" refers to the first suspension bridge (sapan-kwaan bridge) build over the Chao Praya River that makes Yannawa a gateway to Thonburi. Yannawa also became one of the main founts of cash transfers that flowed from workers particularly in their 20s and 30s to extended family members up country. With the constant movement of people between Bangkok and the rural provinces, Yannawa like many other urban districts became portal of consumerism, new customs, fashion trends, tastes and habits that shaped the "modern lifestyle." All this changed during the economic crisis of 1997-98 when Yannawa experienced a dramatic drop in population due to the mass exodus of young workers and whole families who were laid off from jobs in the construction,

manufacturing, and service sectors (Assavanonda 1998). According to official records, in March 1998, Yannawa had retained only 94,186 inhabitants and 38,523 households, or just 2.44 persons per household.

Traffic and other environmental problems

Bangkok has become famous for its nightmarish traffic. The city was originally organized primarily for boat traffic on the river and network of canals, and not for automobile traffic. With rapid urbanization, a somewhat haphazard road network was laid down at a breakneck pace. Because Bangkok was built up without a master plan, many of the roads were created 10 to 20 years ago by simply paving over the network of klongs (canals). By the 1990s, roads covered a mere 9% of the total surface area of the city compared to 20-25% in other major cities throughout the world (Bangkok Metropolitan Administration 1995). This process transformed Bangkok from being the "Venice of Asia" to being one of the most congested "automobile cities" in the world.

Yannawa is crisscrossed by 10 arterial roads and a maze of countless tiny sois (lanes) in which even experienced taxi drivers get lost. In the years prior to the study, principal thoroughfares such as Rachadapisek road and Chan road had become extremely crowded because of the construction of office buildings, open markets and entertainment activities. Noise pollution became a serious problem with motorcycles, truck traffic and people moving 24 hours a day through Yannawa's streets. Fortunately, with the economic crisis and the flight of many workers to the countryside, traffic congestion declined noticeably. Elevated expressways and tollway bridges have carved through the neighborhood in the last 10 years, displacing people who were living in low-cost, concrete housing. And a massive Central Department store Mall had

been put up almost overnight along side a new elevated expressway and a cluster of luxury condominiums.

As a consequence of filling the canals, Bangkok suffered serious problems with water supply, drainage, and flooding for many years (Poungsomlee and Ross 1992). The city is located on an alluvial pan of clay covered by sediment at an elevation of 1 1/2 meters above sea level. Yannawa was one of the worst areas for flooding because it is situated with the Chao Praya on three sides and is at the southern end of the city closest to the rising tides of the Gulf of Thailand. More recently, the Bangkok Metropolitan Authority has installed sewers, storm drains and operated pumping stations to reduce flooding.

Social and health conditions

The residents of Yannawa are served by nine Buddhist temples, two mosques, one Chinese vegetarian temple, twenty-seven non-profit organizations (such as the red cross), and eleven benevolent societies (such as the Chinese Tajil society). Several temples have open lots that they make available for weekend markets, sport competitions, and other community activities. Bangkokians have only 0.59 square meters of park space per person compared to the WHO standard of four sq. m. per person. There are no community parks in the northern area of Yannawa where this research was conducted. However there are some privately-owned areas for activities close to the Chao Praya river. Six primary schools are located adjacent to Buddhist temples and thirteen private schools ranging from kindergarten to vocational and technical colleges are located in Yannawa.

According to a study conducted by the Office of Housing and Urban Programs in the U.S. Agency for International Development (1990), Bangkok residents have been living for many years with serious environmental health problems. The highest risk problems were particulate matter which substantially reduces respiratory functions and can be a source of cancer; lead in the air, drinking water and food which causes hypertension and reduces mental capacity among adults and children; and a high concentration of infectious organisms which cause respiratory and gastrointestinal diseases. Medium risk environmental factors were carbon dioxide and trace metals. In 1997, Bangkok failed seven out of 23 indicators of a "healthy city" set by the World Health Organization standard. Environmental quality and management in Bangkok was graded unhealthy. The seven indicators deemed unhealthy were air and water quality, waste disposal and open space, public participation, transportation, and income distribution. Based on measurements taken in August 1996, Yannawa was declared the most polluted area in Bangkok with dust levels in the Sathupradit area measured at 4,850 micrograms per cubic meter of air, 15 times the acceptable standard of 330 mg/cu (Staff 1996).

CHAPTER 5

METHODOLOGY

“The cell biologist or membrane biologist poses the problem for the cell or membrane, the social psychologist for the small group, the anthropologist for the culture. In each case, the problem is: How, in the face of the constant seeming wild dance of the reality of the stimuli bombarding the system from subsystems and suprasystems, does one separate information from noise, makes sense of one’s world? For if one does not, if one does not succeed in some adequate level of filtration, “one” – the system – will inexorably go mad and die”

Aaron Antonovsky, Unraveling the Mystery of Health

This study is based on a combination of classic and new anthropological methods. To understand sabaay in everyday Thai life, I used ethnography, that is, the practice of observing and participating in everyday life, and speaking with people about their culture, society, and surroundings (Keyes 1978 Miles and Huberman, 1994; Hammersley and Atkinson 1983). Additionally, I compiled data from written field notes, photographs and videotapes, newspaper clippings, and impressions and memories which are both descriptive and analytical in nature. I also collected and analyzed available historical and official statistical data, and interviewed experts.

Because of the complex nature of sabaay, I developed an informal group interview method I call the “insight group interview” that is tailored to Thai

behavioral patterns and group dynamics. This group interview method generated qualitative and quantitative data that I analyzed using an integrated ethnographic and statistical analysis (Fry 1981).

Participant observation and informal interviews

I used ethnographic observations and informal interviews to generate qualitative data about sabaay in everyday life. This part of the research examined the relationships between change at the global and local levels. I observed Thailand's economic boom and bust through three lenses. One lens was participating in the lives of my wife (a native Thai), relatives, friends and academic colleagues while living in Thailand and the San Francisco Bay Area. The second lens was the academic literature, press and popular media. And the third lens was the specific research undertaken for this dissertation. I also collected anthropological data on the sociocultural and personal nature of being as a working-class Thai nonsmoker or smoker. I used these data to understand who smokes in Thai society, and why. The analysis of these data provided a basis for deeper investigation into the differences between nonsmokers and smokers.

Throughout this phase, I took a 'dragnet' approach to learn where sabaay was discussed in everyday life. This was the phase of intensive observation and what anthropologists call 'hanging out.' I spent time with my Thai family, my wife and my in-laws, and their friends learning about what was happening to Thailand, to their families and friends, and why from their points of view. I drove around and chatted with people in Bangkok, at my sister-in-law's beauty salon in Yannawa and the area where I lived in countryside in the Central

Plains. I went regularly to the malls at Future Park, Rangsit and Central, Lat Pao, and Rama III, local markets in Yannawa, and the massive regional produce market at *Dtalaad Tai* (ตลาดไท). I participated in festivals and funerals. I watched TV, listened to pop rock and Thai country music (luk toun) on the radio. I read books on Thai culture and Buddhism, and read the Bangkok Post cover to cover every day and clipped articles. I also talked with faculty and graduate students in the Health Social science program and the environmental resource program at Mahidol University. I interviewed the Director General of the Ministry of Public Health, MOPH officers and staff working in health education, the Lopburi Chief Provincial Health Officer, attended national meeting on health promotion, and gave guest lectures at several universities.

From all of these experiences, I wrote ethnographic field notes on health feelings, observations of Thai health-related behaviors, and images of sabaay and health in the mass media and everyday life throughout the early stages of the social and economic crisis. These data became the foundation from which I formulated a series of specific research questions to explore in semi-structured, group interviews.

Based on pilot group interviews, I discovered that group discussions offered rich opportunities for data collection because Thais talk naturally about life in group settings. Thais like to be in groups and feel more comfortable discussing feelings among friends. Group interviews offer a natural opportunity to hear Thais exchange ideas and develop their own insights. One-on-one interviews were not suitable for collecting data on personal feelings of sabaay for reasons discussed below.

Comparisons of standard group interview methods

Group methods used in the social sciences range from the highly naturalistic approach (also known as the “focused interview”) to the highly structured focus group interview (Merton 1956; Templeton 1994). In a naturalistic group, participants are often interviewed in a setting that is familiar. Naturalistic groups generally bring together people who are acquainted with one another. The interviewer plays a minimal role in directing the course of discussion and uses a non-directive approach to explore an area of interest by initiating a group discussion and then following leads and cues as they emerge in the interview. This approach is guided minimally by the interviewer, is highly improvisational and relies heavily on the ability of the interviewer to detect explicit and implicit themes and tributaries of information. The main advantages of the naturalistic approach are that it simulates the way in which participants talk naturally in a group about their feelings. It also creates opportunities for the interviewer to hear about and explore areas the investigator might never have considered. The main disadvantage is that it relies heavily on the interviewer’s skill and can easily drift to topics that consume limited interview time.

By contrast, the focus group interview is typically much more structured. Subjects are nearly always interviewed in a controlled, unfamiliar setting where they can be observed, in some cases through a one-way mirror. Focus groups generally bring together total strangers who are selected because they meet some specific criteria of interest to the investigator. A facilitator generally uses a highly structured approach to interviewing in which they follow a specific, investigator-driven agenda, usually by sticking closely to a predetermined interview protocol. The main advantage of the focus group is

that it allows an investigator to systematically cover a series of research topics with each group. For this reason, focus groups have become a preferred method for understanding health problems among some health researchers. Yet using focus groups for health research may be stretching the limits of this method because focus group interviewing was not developed for health research purposes. Originally, focus groups were developed by market researchers to ask Americans about a specific stimulus such as a proposed product rather than to understand broad topics typical in health research (Rachman 1985; Lilien, Kotler et al. 1992).

Regarding the present study, I found in pilot tests of group interviewing methods that naturalistic group interviews can be tailored more easily to suit culturally-specific patterns of group discussion. But, I also found that working-class Thai participants were clearly reticent about exposing themselves to criticism or ridicule, or to be perceived as undermining the authority of those few (usually older men) who spoke the majority of the time. Before proceeding, I should caution that the following generalizations and do not apply to all Thais. They are not intended as stereotypes, but rather as observations about general patterns. Most Thais have limited experience with reflexive, introspective or analytical thinking having been educated in a system that emphasizes rote memorization and skill acquisition (Thailand Ministry of Public Health 2000). I found that without some structure, Thais quickly run out of things to say about broad feelings like sabaay. Furthermore, when I introduced a specific topic, the participants frequently tried to determine what I would like to hear, and then framed their answers to please me accordingly. In a naturalistic interview, participants often lost interest in the topic if they found it boring, and would drift to other topics.

When interviewing Thais, I found that focus groups may be useful for some purposes. The focus group interview, however, presents significant limitations when asking Thais about health values and habits. It is important to note that focus groups are a product of American culture and values in which each individual feels entitled to express their own opinion, and is expected to defend it through debate. In the Thai context, Thai group dynamics are different from American group dynamics (Kaufman 1975). Unlike Americans, Thais who are strangers to one another do not readily form a sense of group identity or rapport when placed in an artificial situation together. In formal settings such as an interview, Thais tend to defer to authority, and to follow the opinion of those at the top of the social hierarchy (Holmes and Tangtongtavy 1996). Thais tend to avoid conflict and disagreement unless they are sure it will not lead to someone losing face, that is, intentionally or unintentionally causing another to feel humiliated, embarrassed, resentful, or ashamed. In Thai society, it is inappropriate to assert one's own opinion forcefully, or to directly criticize others' opinions, because strongly asserting own's own opinion may cause another to lose face. In such a highly unfamiliar and controlled environment, Thais are unlikely to express their frank judgment and reaction to specific questions or stimuli. They are even less likely to volunteer other points of view or ways of thinking which the investigator had not considered. For interviewing Thais about health and sabaay, focus groups proved to be too directed and structured to capture natural conversation. Furthermore, the quality of the data produced in a focus group depends almost entirely on the facilitators' skill to manage these hazards.

To summarize, these are some of the culturally specific reasons why both naturalistic groups interviews and focus groups interviews present limitations

for this kind of research with Thais. These observations are supported by the work of Holmes and Tangtongtavy (1996) on Thais' ordinary behavior patterns in organizations.

- Thais rarely form a sense of group identity spontaneously with strangers
- Thais tend to be restrained in groups when they are asked to reflect on and discuss feelings about health
- Thais tend to defer to authority and to perceived hierarchy
- Thais tend to believe that men should talk before women, and speak with more authority than do women
- Thais tend to avoid conflict and disagreement
- In Thai culture, it is inappropriate to assert one's own opinion forcefully, especially to strangers
- In Thai culture, it is inappropriate to directly criticize others' opinions

The insight group interview method

The observations above set up a methodological puzzle: how can a researcher create conditions that will stimulate natural group discussions that produce insights about priorities, sabaay and health awareness without setting up unfavorable group dynamics or triggering inhibitions? To solve this puzzle, I asked my advisors who have experience interviewing Asians for advice, received guidance from Thai colleagues working in anthropology and public health, and followed my own experience and intuition.

I chose to conduct group interviews rather than individual interviews because Thais naturally like to talk about their views and feelings in familiar groups (Poungsomlee and Ross 1992). I learned early in my pilot research that it was

nearly impossible to conduct a one-on-one interview with a Thai because someone would invariably join the conversation. It was also awkward and unnatural for just two people to be isolated in an ordinary setting.

I developed a group interview method that would create a middle path between a free-flowing, naturalistic group interview and a highly structured focus group interview. I call this method the “insight group interview” because it creates opportunities for participants to discover, interpret and share their own insights about their feelings and views by interacting with one another. The insight group interview adjusts for some of the culturally specific ways in which Thais tend to participate in group discussions discussed above. This method also allows the researcher to explore specific research questions systematically, yet flexibly.

The insight group interview is a hybrid of traditional anthropological and social epidemiological data collection methods that incorporates Likert’s scales (1932; Hayes and Likert 1957) Osgood’s semantic differential (1957; Snider and Osgood 1969; 1975), and Pelto’s pile sorting method (Pelto 1970; Pelto, Pelto et al. 1989). This approach allows the researcher to obtain insights from a combined analysis of qualitative and quantitative data generated by the group interview. The insights that resulted from these interviews are thus those of both the participants and the researcher. The insights the participants produced through self-reflection and talking with one another have been the principal basis for my understanding of sabaay.

Insight group interview preparation

To set up the insight group interview, I asked Thais I was acquainted with to invite a group of four persons in a neighborhood who knew each other to meet in a familiar setting such as a home or office (see sampling and recruitment procedure below). I requested that the persons invited to participate should be within a specific age range and either all of the same gender or balanced with two men and two women (see selection criteria below). The recruiters would make arrangements for the group to meet at a convenient location. I conducted most of the interviews in the afternoons or evenings at one of the group members' homes or at a semi-private place such as a small shop. A confacilitator and I sat with the participants either on the floor in circle or around a table. I introduced the purpose of the research and explained that the participants' anonymity would be preserved through standard procedures of confidentiality approved by the University of California, San Francisco Committee on Human Research. I asked the participants for their consent to tape record and use their responses for research purposes. None of the participants objected. After they gave their consent I started tape recording the interviews.

Insight group interviewers

The perceived characteristics of the interviewers are important for any interview. The participants were curious and eager to talk with a farang (foreigner) about themselves. Many had never met a farang. My wife, a native Thai, and I worked as a team to organize and conduct these group interviews. This provided gender and cultural balance. Her contribution was invaluable for several reasons. First, she was able to help participants who were unfamiliar with social science research understand the purpose of the

interview, and make them feel comfortable discussing their personal feelings and opinions. Second, we conducted all of the interviews in Central Thai dialect, and there were occasions when she could translate questions or clarify subtle points that escaped me because of the participants' pronunciations or use of colloquial expressions. Third, I could facilitate the interview while she took notes in Thai, thus providing a back up record for the audio tape recordings. Finally, she was able to point out aspects of the interview from a Thai perspective, that is, to offer her own insights while we were conducting the interviews and afterward when she faithfully transcribed the tape recordings.

In conducting the interviews, I took care to unfold the interview by following the participants' deeper interests while fulfilling my research objectives. To accomplish this, I attempted to create a balance between what I wished to investigate and what the participants were interested in discussing and learning. In most cases, our interests converged in the course of the interview.

Insight group interview dynamics

This interview method is designed to elicit frank, uninhibited discussion about a health topic from a small group of persons who know each other. The insight group interview is fostered by the selection of persons who constitute a natural group, that is, persons who are friends or neighbors. Combining a series of unfolding questions with activities stimulates discussion and draws out a group's insights about their views, feelings and habits in their daily lives. The games also appeal to Thais' sense of fun (*sanuk*) and their familiarity with, and enjoyment of, playing card games.

The interviews lasted between one and a half hours to two hours. Generally, most participants were somewhat shy and formal in the beginning of the interview, but at the same time comfortable because they knew one another. As the interview proceeded, they relaxed quickly and discussed the topics at hand with little apparent reservation. In some cases, our interview would draw one or two onlookers whom I allowed to stay as long as they did not interfere with the discussion.

Stages of the insight group interviews

The interviews followed a flexible, semi-structured interview guide presenting a sequence of questions and activities (games) that stimulate open, in-depth discussion. In the course of these interviews, each participant played a series of “insight games” to help them first independently map out and clarify their own feelings, and then share their discoveries and compare their views, feelings and habits with others (see detailed explanation below). Participants progressively gained insights into their own feelings. This process stimulates personal discovery (insight) and the exchange of feelings and ideas rather than simply eliciting responses to questions.

I embedded my research questions into an interview guide that would invite the participants to: 1) assess the impact of modernization on their communities and surroundings (history and context); 2) assess the importance of good health and feeling sabaay relative to other important aspects of their lives (values and priorities); 3) rate the degree to which certain health-related habits and conditions in their social and biophysical environments made them feel sabaay or not sabaay (feelings and habits); and 4) assess how certain factors affected their health (health awareness).

As mentioned, the interview guide was designed to stimulate insights within each participant and among the group through an unfolding sequence of questions, insight games, and discussions. I organized the insight interview according to a natural progression beginning with broad background topics, then focusing down into particular areas of interest, and finally broadening to larger themes. Because Thais are especially attuned to looking for meaning through indirect cues by reading the context and a sequence of events (Moerman 1988; Holmes and Tangtongtavy 1996), I structured the sequence of topics and activities deliberately to avoid presenting information early in the discussion that might “contaminate” subsequent activities or discussion.

The insight interview followed eight stages:

- Stage 1. Introduce topic, gather and record basic information on each participant and the community (10 mins).
- Stage 2. Open-ended questions about change in community over the past 20 years (10-15 mins).
- Stage 3. Insight Game 1: Assessment of priorities, rating importance of factors in one’s life, and discussion about each participant’s priorities and views (10-15 mins).
- Stage 4. Open-ended questions about feeling sabaay (10 mins).
- Stage 5. Insight Game 2: Assessment of feeling sabaay, rating factors that make one feel sabaay or not sabaay and discussion about feelings and views (15-20 mins).
- Stage 6. Open-ended questions about about good health (5-10 mins).
- Stage 7. Insight Game 3: Assessment of health awareness, rating how good or bad factors are for one’s health (10-15 mins).
- Stage 8. Open-ended questions and discussion about topics of mutual interest, the current economic crisis, smoking, or life in America (10-15 mins).

Stage 1. Introduce topic, record basic information on community and participants.

In stage one, we introduced ourselves and the general research topic explaining that I was conducting research on the quality of life (*kunapap chiwit คุณภาพชีวิต*) for working-class people in Central Thailand and Bangkok. I assured the participants of confidentiality and asked for their informed consent to participate. We asked each participant to share their personal background with us and the group, and recorded these data on a form.

Stage 2. Open-ended questions about change in community over the past 20 years.

Next, in stage two we asked open-ended questions. I asked the group to tell me about the history and characteristics of their community or neighborhood using the question, “Over the last 20 years, is there anything that has changed in your community/neighborhood?” (*Nai chuwan 20 pi ti pan ma mee arai blean bang rawp rawp mu baan nee? ในช่วง 20ปีที่ผ่านมามีอะไรเปลี่ยนแปลงไปบ้างรอบๆหมู่บ้าน*) I probed about change, including explanations of the reasons and results, in the infrastructure, surroundings, environment, community relations, customs and celebrations. These were followed with the question, “These days, how is it to be living in your community? (*Tuk wan nee kwam pen eu nai mu baan nee ben yang rai? ทุกวันนี้ความเป็นอยู่ในหมู่บ้านนี้เป็นยังไงบ้าง*).

This question was followed with a probe about feeling *sabaay* or not *sabaay*, and why or why not. We then asked specifically about things that made them not feel *sabaay*. At the end of this stage we asked, “If you compare 20 years ago and now, which period is it more *sabaay* to live in.” (*Ta breap teap gab 20 bee ti pan*

ma bag bajuban nee an nai dee gwa gan? ถ้าเปรียบเทียบกัน20ปีที่ผ่านมา
กับปัจจุบันนี้อันไหนดีกว่ากัน).

Stage 3. First insight game : ranking the importance
of factors in one's life.

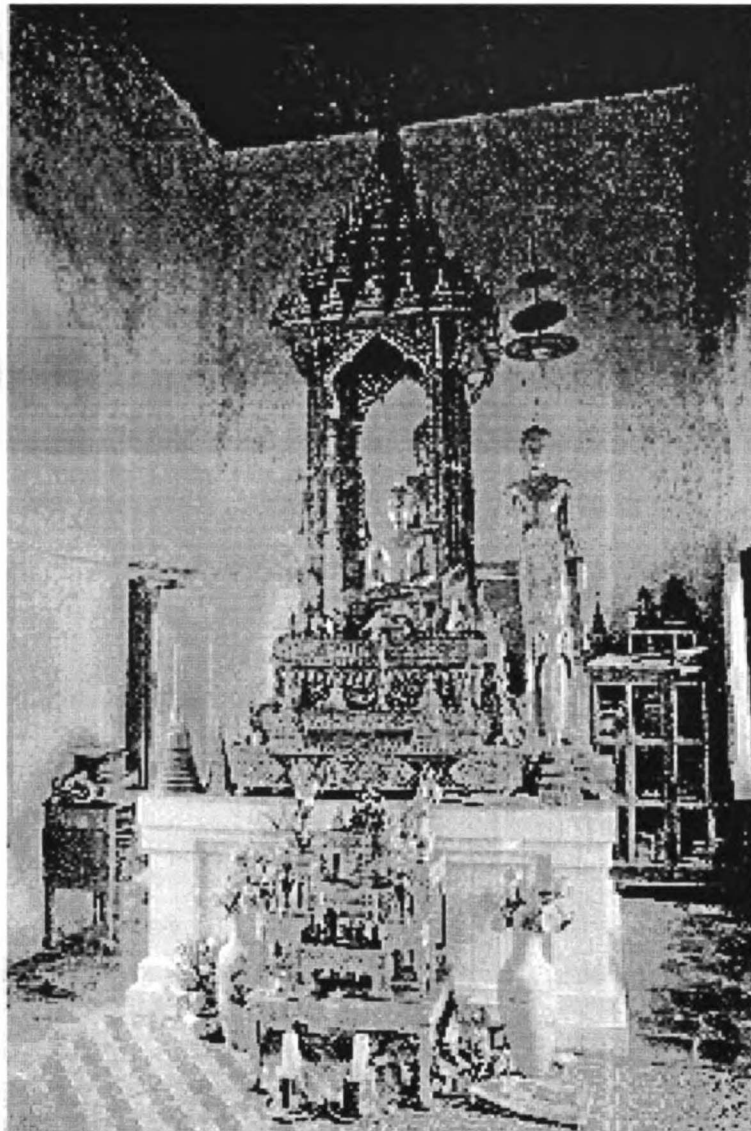
In stage three, we asked the participants to play the first in a series of three insight games. I wanted to determine, in the personal philosophy of these participants, how important sabaay and health were relative to other aspects of life. In reviewing Suntaree Komin's (1990) extensive work on Thai values, I selected 19 factors of life for the participants to rate on importance in their lives (see table 5). These 19 factors covered five aspects of life: health, well being, opportunity, material prosperity, and secure conditions in life. The factors also varied in their sources, some emanating from own's own resources, some from outside, and some being a combination of both.

Table 5. Factors That Are Important In Thai Life

Factor	Translation	Aspect	Source
ร่างกายแข็งแรง	To have a body with strength and stamina	Health	Both
สุขภาพดี	To have good health	Health	Both
สบายกาย	Feeling bodily well or comfortable	Health	Both
สบายใจ	Feeling good inside one's heart-mind	Well being	Both
มีความสุขสงบสุขทางใจ	Happiness and inner tranquility	Well being	One's own
มีคนที่รักเรา	To be loved by another	Well being	Both
มีคนที่เรารัก	To love another	Well being	Both
ทำบุญ	To make merit	Well being	One's own
มีการศึกษา	To have an education	Opportunity	Outside
มีความเสมอภาค	To have equality	Opportunity	Outside
พอมีพอกิน	To have enough to live, enough to eat	Material prosperity	One's own
เป็นคนรวย	To be a rich person	Material prosperity	One's own
มีบ้านหลังใหญ่ๆ	To have a large house	Material prosperity	One's own
มีรถ	To have a car	Material prosperity	One's own
มีมือถือ	To have a cellular phone	Material prosperity	One's own
เศรษฐกิจมั่นคง	Stable economy	Secure conditions	Outside
การเมืองดี	Good government	Secure conditions	Outside
สภาพแวดล้อมสะอาด	Clean surroundings	Secure conditions	Both
มีสันติภาพ	Peace in one's world	Secure conditions	Outside

Based on my observations about the way Thais arrange elements physically in relative order of importance, I developed a scale that was laid out vertically with five levels stacked hierarchically. As shown in figure 12, Thais are familiar with vertically organized hierarchies because of the influence of Buddhist cosmology and aesthetics, as reflected in Thai architecture, Buddhist alters, decorations and language (Jumsai 1997). Kings and leaders are called "heads" referring to the top of the body which is considered sacred.

Fig. 12. Buddhist Altar



Altar showing arrangement of offerings and decorations in a vertical hierarchical with the most important Buddha image being at the top.

Source: Thailand National Identity Office

For the first insight game, we gave each participant their own large plastic folder which opened to form a two-sided board (see figure 13). On the left-hand side of the board, participants were presented with a one-dimensional vertical scale that they would use to map their opinions by rating items printed

on small cards. We explained to the participants the purpose of the activity and showed them how the board was organized.

First, we explained the overall structure of the board and showed them how to use the scale. Using everyday language, we explained that the board was a scale that gave them four types of information about the meaning of each level: position in the vertical hierarchy, a number, a written description, and a color. These stimuli were selected because they are culturally meaningful and appropriate for the educational level of the participants in this study. All four forms of stimulus were harmonized on a consistent gradient.

Fig. 13. Insight Game Board for Rating Importance of Factors

1	The most important	
2	Very important	
3	Important	
4	A little bit important	
5	Not important	

On the left side of each level, a Likert scale was printed vertically from one to five: at the top, “1” being for factors that were the most important in the participant’s life (*samkan mag ti sut* สำคัญมากที่สุด) , then proceeding

downward, “2” for very important, “3” for important, “4” for a little bit important, and “5” for not important. Color was used to visually reinforce the numeric and written scale. We read the scale out loud asking the group to follow along on their boards. Each level was a 10 cm long, 2 cm high band filled with a different color. The colors were organized on a gold-charcoal gradient because in Thai culture gold implies great value and charcoal indicates something charred and of little value. The top level (the most important) was light gold, gold for very important, dark gold for important, rust for a little bit important, and charcoal for not important.

Each participant was given a stack of 19 randomly sorted cards (2 cm x 2 cm). Each card had one of the 19 factors printed on it. On the board, each colored level on the scale was covered with a 10 cm x 2 cm clear plastic flap (modified from a stamp collection album). The clear plastic flap opened at the top and was used to keep the cards in place. We explained to the participants that they should rate the importance of each item by reading the cards and then placing them behind the plastic flaps on the levels where they thought they should go. We demonstrated this process by showed each of the participants how to slip a few random cards behind the clear plastic flaps.

We asked each participant to rate all 19 factors independently according to their own opinions and feelings. We instructed them that they could put as many cards as they wanted on one level, and leave any level blank. We told them this was not a test; that there were not right or wrong answers; that it was natural for people, even friends, to agree about some beliefs and disagree about others; and that we were only interested in learning about their opinions and feelings. Each participant would work semiprivatey on their own board.

We requested that they not look at each other's boards or discuss the items while they were rating them. In practice, a few participants made an occasional comment or joke.

Typically, the participants would first flip through all of the cards to get a sense of the range of elements. Some would spread the cards out on the floor or table and then place them into their board. Five participants had difficulty reading the cards either because of poor vision or low literacy. In these cases, one of the facilitators would sit next to the participant and assist them by quietly reading the cards as they took them from the pile. The participant would determine the appropriate level on the scale by referring to the number, position, and color, and then place the card behind the flap. We would confirm the level to the participant by reading the definition of the level quietly aloud.

When the participants appeared to be finished rating the items, we asked them to check their "map" and make any adjustment they felt were necessary. As they were finishing, we would begin looking over their boards. This gave us an opportunity to make mental notes of interesting variations within the group. Once all four participants had completed this phase of the activity, we asked them if we could compare answers to see how similar and different they were. We randomly asked one of the participants to read aloud the cards they had placed on the highest level to learn which factors were the most important for that person. After giving an affirmational cue to reassure them that their answers made sense, we would ask the next person to read their cards in the first level. As a group, we would take note of which factors were the same and which were different.

For each group, we made sure we had covered the health and well-being factors of greatest interest. Sometimes, we would compare which level they had rated the same factor if it sparked interest. During this process, the participants would usually begin to volunteer explanations of their life philosophy as to what a factor meant to them, and why they rated it at a particular level. We would draw out shy participants with questions as we went on and affirm everyone's opinions. This form of discussion continued throughout the remainder of the game. We would ask the third person to read their cards at the highest level and then make comparisons as a group with the previous two participants. The same was done with the fourth participant. Once the circle was completed, we repeated the process comparing the factors rated on the lowest level as being not important. Again, we elicited explanations of the ratings. The group would develop their own insights about the similarities and differences in their opinions and feelings. From this point, the process would become more improvisational and shift toward natural discussion. In the best circumstances with lively groups, the participants would interview each other with minimal intervention from the facilitators.

Stage 4. Open-ended questions about feeling sabaay.

Stage four provided a transition from the first insight game to the second. At this point, the group had no specific awareness that we were going to focus next on what makes them feel sabaay, or that we would relate these feelings to a discussion about health behavior. We asked the group, "In your life, what does sabaay mean to you?" (*samrap khun, sabaay mai tung wa arai* สำหรับคุณสบายหมายถึงว่าอะไร) We also asked them, "Are sabaay jai (feeling

good in one's heart-mind) and sabaay gai (feeling well in one's flesh), one feeling or can they be separated?" We then asked, "Which of these aspects of sabaay was more important, and why?"

Stage 5. Second insight game: ranking factors that make one feel sabaay or not sabaay.

In stage five, we asked the participants to play the second insight game about what makes them feel sabaay. We gave each participant a second large plastic folder which opened to form a two-sided board to play on (see figure 14). We explained that the left-hand side was for things that made the participant feel sabaay jai (feeling good in one's heart-mind) and right-hand side for sabaay gai (feeling well in one's flesh). In this folder, two printed scales ran vertically down the sides from one to nine: "1" for factors that made the participant feel the most sabaay (*sabaay mag ti sut* สบายมากที่สุด), "2" for very sabaay, "3" for sabaay, "4" for a little bit sabaay, "5" for just the same, "6" for a little bit not sabaay, "7" for not sabaay, "8" for very much not sabaay, and "9" for the most not sabaay. The same system of colored levels and plastic flaps was used. This effectively created a semantic differential grid on which the horizontal axis was binary (sabaay jai, sabaay gai) and the vertical axis was positive to negative across 9 steps (1-4 positive, 5 neutral, 6-9 negative).

**Fig. 14. Insight Game Board for Rating Factors on
Two-Dimensional Sabaay Scale**

		SABAAY JAI	SABAAY GAI		
		INTERIOR/EMOTIONAL	EXTERIOR/BODILY		
1	The most sabaay jai			The most sabaay gai	1
2	Very sabaay jai			Very sabaay gai	2
3	Sabaay jai			Sabaay gai	3
4	A little bit sabaay jai			A little bit sabaay gai	4
5	Just the same			Just the same	5
6	A little bit not sabaay			A little bit not sabaay	6
7	Not sabaay jai			Not sabaay gai	7
8	Very much not sabaay			Very much not sabaay	8
9	The most not sabaay jai			The most not sabaay gai	9

We gave each participant a pile of 40 cards to rate. I selected these factors from the earlier ethnographic work. The cards covered six areas directly linked to morbidity and mortality trends in Thailand (see table 6). These six areas were diet, body care, general health, mental health, transportation, and environmental quality. In each of these categories, I selected a mix factors that I expected participants would rate on the positive or negative ends of the scales. Some factors were chosen because they related to other factors, usually in the opposite direction i.e., getting rest versus working hard. We suggested that the participants ask themselves how the idea on the card made them feel, if the feeling was more jai or gai and then if the feeling was positive or negative. As in the first game, we assisted those who had difficulty reading.

Table 6. Factors That Influence Feeling Sabaay

Factor	Translation	Aspect	Source
กินแมคโดนัลด์เบอร์เกอร์	Eating McDonald's burger	Diet	One's own
กินผลไม้	Eating fruit	Diet	One's own
กินผัก	Eating vegetables	Diet	One's own
กินข้าวน้ำพริกปลาทุ	Eating rice with tuna and chili sauce	Diet	One's own
กินเนื้อสัตว์	Eating meat	Diet	One's own
กินน้ำอัดลม	Drinking soda	Diet	One's own
ออกกำลังกาย	Getting exercise	Body care	One's own
อาบน้ำทุกวัน	Bathing every day	Body care	One's own
สูบบุหรี่	Smoking cigarettes	Body care	One's own
กินเหล้าเมา	Drinking alcohol	Body care	One's own
พักผ่อน	Getting rest	Body care	One's own
นั่งสมาธิ	Meditating	Mental health	One's own
ไหว้พระ	Praying before a Buddhist monk	Mental health	One's own
ครอบครัวอบอุ่น	Having a warm family	Mental health	Both
ได้รับกำลังใจ	Receiving assistance from others	Mental health	Both
มีเรื่องเดือดร้อน	Having a family troubles	Mental health	Both
การแข่งขัน	Competition	Mental health	Both
มีอาชีพที่มั่นคง	Having a stable occupation	Mental health	Both
ทำงานหนัก	Working hard	General health	One's own
มีความรู้	Having knowledge	Mental health	One's own
ไม่มีหนี้	Having no debts	Mental health	Both
กินดีอยู่ดี	Eating well, living well	Mental health	Both
ถูกลอตเตอรี่ 10,000 บาท	Winning 10,000 baht on the lottery	Mental health	Both
เป็นห่วงเงินไม่พอใช้	Worrying about not having enough money	Mental health	One's own
ประเทศไทยเป็นหนี้ไอเอ็มเอฟ	Thailand being in debt to the IMF	Mental health	Outside
โดนริคไถ	Being hit up for money or a bribe	Mental health	Both
ปั่นจักรยาน	Riding a bicycle	Transportation	One's own
นั่งรถเมล์	Riding a bus	Transportation	One's own
มีมอเตอร์ไซด์	Having a motorcycle	Transportation	One's own
มีรถเบนซ์	Having a Mercedes Benz car	Transportation	One's own
ใส่เข็มขัดนิรภัย	Wearing a seat belt	Transportation	One's own
ใส่หมวกกันน็อค	Wearing a motorcycle helmet	Transportation	One's own
ขับรถเร็ว	Driving fast	Transportation	One's own
ถูกรถชน	Being in an auto accident	Transportation	Both
รถติด	Being stuck in traffic	Transportation	Both
น้ำในคลองเสีย	Polluted water in the canal	Environment	Outside
อากาศเสีย	Air pollution	Environment	Outside
สภาพแวดล้อมสะอาด	Clean surroundings	Environment	Both
มีสุขภาพดี	Having good health	General health	Both
ร่างกายแข็งแรง	To have a body with strength and stamina	General health	One's own

As each participant completed the game, we looked over the cards to make sure there were no glaring inconsistencies, and if detected we would ask the participant to reread the card and make sure they were satisfied with the rating they had given it. Once everybody had finished rating all of their cards, we followed the same procedure in the first game beginning with the highest level of sabaay jai. As a group, we would compare similarities and differences among the participants and develop insights into the meaning of the factors and reasons why participants felt as they did. We moved from the most sabaay jai, to the most sabaay gai, and then to the most not sabaay jai and the most not sabaay gai. In covering these four regions on the grid and comparing where the participants had placed specific factors of interest, we managed to discuss the majority of the factors. Because of time considerations, we never attempted to cover all of the factors with each participant. Nevertheless, in the course of the 24 interviews we discussed all of the factors on several occasions.

Stage 6. Open-ended questions about good health.

Stage six provided a transition between sabaay and health. At this point, the group had only a vague notion that we were going to focus on health based on the cards in the second insight game. We used this opportunity to ask questions and discuss maintaining good health. We asked, "What do you normally do to maintain or improve your health?" (*Bogateet tam arai bang pua hai sukapap dee* ปกติทำอะไรบ้างเพื่อให้สุขภาพดี). We also asked, "How is health acquired?" (*Sukapap dee ma jak nai? สุขภาพดีมาจากไหน*) and "Who is responsible for your health?" (*Krai me natee rabpidchop samrap sukapap kong khun? ใครมีหน้าที่รับผิดชอบสำหรับสุขภาพของคุณ*)

Stage 7. Third insight game: ranking how good or bad factors are for one's health.

In stage seven, we introduced the third insight game to identify the participants' level of health awareness (believed knowledge). This game gave the participants a framework within which they could rate how habits, and social and environmental factors impacted their health. We gave each participant another large plastic folder (see figure 15). We explained that the right-hand side was for things that made the participant's health good or bad. In this folder, a printed scale ran vertically down the right-hand side from one to nine: "1" for factors that make their health the best (*Tam hai sukapap dee te sut* ทำให้สุขภาพดีที่สุด), "2" for making health very good, "3" for making health good, "4" for making health a little bit good, "5" for just the same, "6" for making health a little bit bad, "7" for making health bad, "8" for making health very bad, and "9" for making health the worst. The same system of colored levels and plastic flaps was used.

Fig. 15. Insight Game Board for Rating Influence of Factors on Health

	Makes health the best	1
	Makes health very good	2
	Makes health good	3
	Makes health a bit good	4
	Makes no change	5
	Makes health a bit bad	6
	Makes health bad	7
	Makes health very bad	8
	Makes health the worst	9

We gave each participant a pile of 30 cards to rate (see table 7). Many of the cards were the same as in the second insight game on feeling sabaay. I selected these factors from the earlier ethnographic and health research. The same six areas covered diet, body care, general health, mental health, transportation, and environmental quality. In each of these categories, I selected a mix factors that I expected participants would rate on the positive or negative ends of the scales. We suggested that the participants ask themselves how the habit or condition on each card would affect their health. As in the first and second games, we assisted those who had difficulty reading and double checked the participants' ratings. We followed the same procedure of asking them to share

their scores at both ends of the scale and generated insights as a group about how these factors could impact their health.

Table 7. Factors that Impact Health

Factor	Translation	Aspect
กินนมคโคนอด	Eating McDonald's burger	* Diet
กินผลไม้	Eating fruit	* Diet
กินผัก	Eating vegetables	* Diet
กินข้าวน้ำพริก	Eating rice with tuna and chili sauce	* Diet
กินเนื้อสัตว์	Eating meat	* Diet
กินน้ำอัดลม	Drinking soda	* Diet
ออกกำลังกาย	Getting exercise	* Body care
อาบน้ำทุกวัน	Bathing every day	* Body care
สูบบุหรี่	Smoking cigarettes	* Body care
กินเหล้าเมา	Drinking alcohol	* Body care
พักผ่อน	Getting rest	* Body care
กินยาทิฟฟี่	Taking Tiffy brand cold medicine	Body care
นั่งสมาธิ	Meditating	* Mental health
ไหว้พระ	Praying before a Buddhist monk	* Mental health
มีเรื่องเดือดร้อน	Having a family argument	* Mental health
ถูกลอตเตอรี่	Winning 10,000 baht on the lottery	* Mental health
ประเทศไทยเป็นหนี้	Thailand being in debt to the IMF	* Mental health
ไปเที่ยว	Taking a trip or vacation	Mental health
ทำงานหนัก	Working hard	* General health
นวดแผนโบราณ	Getting a traditional Thai massage	General health
มีความรู้	Having knowledge	* General health
ปั่นจักรยาน	Riding a bicycle	* Transportation
ใส่เข็มขัดนิรภัย	Wearing a seat belt	* Transportation
ใส่หมวกกันน็อก	Wearing a motorcycle helmet	* Transportation
ขับรถเร็ว	Driving fast	* Transportation
ถูกรถชน	Being in an auto accident	* Transportation
ได้รับบาดเจ็บ	Being seriously injured in a vehicle	Transportation
น้ำในคลองเสีย	Polluted water in the canal	* Environment
อากาศเสีย	Air pollution	* Environment
สภาพแวดล้อม	Clean surroundings	* Environment

* indicates factors used in the sabaay and health behavior insight games

Stage 8. Open-ended questions and discussion about the economic crisis.

In the eighth and final stage, we asked the participants questions about the current economic crisis. Specifically, we asked, “Why do you think that Thailand is experiencing this economic crisis?” (*Tammai setagit muang Thai ben yan nee? ทำไมเศรษฐกิจเมืองไทยเป็นอย่างนี้*). We also asked about how the crisis had impacted their lives and feelings of sabaay. To learn about their level of uncertainty about the economic situation, we asked, “When do you think the economy will improve?” (*Khun kit wa setagit ja dee kurn muarai? คุณคิดว่าเศรษฐกิจจะดีขึ้นเมื่อไหร่*). In the final discussion we tried to provide some information about economic cycles and the experience of recession in America, and some comfort having raised such a distressing topic. We answered any questions they had about this research and thanked them for their generosity and invaluable participation. Spontaneous questions and comments were recorded and transcribed for analysis.

Benefits and limitations of the insight group interview method

The insight group interview is culturally suitable for interviewing Thais about health values and feelings because it maximizes the positive aspects of group discussion while mitigating against many of the tendencies described above that can produce unreliable data. By giving each participant their own activity to complete before beginning group discussion, the method allows the participants to feel confident and be precise in their comments. Furthermore, this interview method produces conditions that create a natural context for participants to compare their thoughts and feelings. Because the participants

knew each other rather than being selected “at random”, the interview created a sense of being a group. The participants’ insights arose more quickly among persons who knew each other as friends or acquaintances because the group shared a level of rapport and trust. This sense of familiarity was also reinforced because the interviews were conducted in people’s homes or workplaces. Insight group interviews yield qualitative and quantitative data that reflect the insights each individual discovers. In summary, these are some of the specific benefits of the insight group interview method:

- Tailors the interview to be culturally appropriate for Thai group dynamics
- Offers balance and synergies between open-ended interviewing and structured activities that stimulates broader thinking
- Gives participants a framework for discussing the participants’ lives
- Offers some structure to help participants reflect, look inside their feelings
- Encourages participants to discover their own insights with a group
- Provides a strategic and systematic way to delve deeply into a topic
- Allows flexibility in the interview
- Stimulates lively discussion among a small group of friends
- Liberates participants to express their own opinions
- Create a comfortable environment for discussing differences of opinion
- Mitigates against tendencies to defer to authority
- Mitigates against tendencies to privilege men’s participation over women’s
- Allows the researcher to have contact with more people
- Generates qualitative and quantitative data from each participant
- Saves research-related costs and time
- Makes participation in a group interview stimulating and fun

It should be noted that although these group interviews were somewhat naturalistic, that is, they set up conditions for natural discussion, they did not occur spontaneously. Thus, the results of the discussions are the product of the interview process itself. The interview questions and the activities provide the participants with a framework within which they “can think” about things they may or may not have already thought about. The use of scales, as discussed below, imposed a somewhat artificial gradient on feelings. Still, this framework allowed the participants to organize their thoughts according to ranges and dichotomies that occur naturally in Thai language and therefore laid the groundwork for meaningful discussions in natural conversation.

Cautions and limitations of this method

As with all methods, the insight group method has some limitations:

- Some level of self censorship occurs in group discussion
- Some level of alteration of ratings occurs because people may want to be socially acceptable on certain topics.
- Time available for the group may be limited, reducing the possibility of exploring one specific topic sufficiently
- Basic level of self analysis and functional literacy are required
- Can be tiring mentally for participants
- May not be suitable for interviews on sensitive subjects such as sexuality

Above all, caution should used when discussing sensitive topics:

- Take care not to reveal the research orientation early in the interview
- Take care not to let each participant look on to others’ ratings
- Take care not to indirectly suggest answers, leading questions
- Take care not to let “group think” dominate individual opinions
- Take care to keep all cards to avoid losing data
- Take care with time as people are usually busy

Sampling for group interviews

To understand how demographic characteristics influence differing views about sabaay, I decided to make several types of comparisons to see what was universal about sabaay and whether one could explain differences between certain groups. I used a two-stage sampling method to identify ordinary, healthy, working-class, literate, Buddhists from Central farm villages and Bangkok working-class districts.

I conducted 24 insight group interviews with four participants per group (n=96). Within each region, younger Thais (25-35) were selected for 6 groups and older (45-55) for 6 other groups.

I selected groups of rice farmers living in small farming villages in Lopburi and Ang Thong provinces because these provinces lie in the heartland of the Chao Phraya delta, one of the most productive rice growing regions of Southeast Asia (Kyuma 1978). Over the last several hundred years, rice farmers, or “rice folk” (*chao na* ชาวนา) as they call themselves have defined the way of life as a people in Central Thailand (Van Esterik 1984, Watabe, 1978 #218). This makes them an important group to study, particularly in understanding how they have experienced modernization. I worked in one ecological zone where paddy rice is the dominant crop. Groups were selected from communities in different subdistricts (tambon) in these two adjacent provinces to minimize any administrative effect on the results.

In Bangkok, I selected groups of shopkeepers and workers in Yannawa because these districts were settled more than 100 years ago as farmland on the

periphery of old Bangkok, but are now part of the core of the metropolitan region (Browder, Bohland et al. 1995). They have become working-class districts entirely urbanized with high density housing and factories in just the last 20 years (Fuller, Edwards et al. 1993). Groups were selected in different neighborhoods in the district to minimize any effect of local government policies or programs on the results.

Recruitment procedure

Participants were recruited with the assistance of persons familiar with residents in villages and neighborhoods. I did not offer payment to any of the participants for the interviews, but on some occasions I provided snacks and gave them a small, inexpensive gift of appreciation at the end of the interview as is customary in Thai culture. I provided unpaid recruiters with specific selection criteria (see below) for each group, but was in some cases dependent on intermediaries to put together groups without being able to review the participants first. This did not present a problem, but rather eliminated any potential bias I may have introduced in selecting participants. Because the world is not a rigidly ordered place, no individual participant was expected to meet all of these criteria, but all of the participants met nearly all of the criteria.

In the rice farming villages, I received extraordinary support and cooperation from public health staff and school teachers in recruiting participants. Public health clinic workers (satani anamai) assisted me in Lopburi Province and public elementary schools teachers assisted in Ang Thong. To minimize the potential “contamination” of participants, these recruiters explained our research interests generally as being about “the quality of everyday life” (kunapap chiwit). In Bangkok, I was able to recruit many of the

groups through my in-laws' extended networks of friends and acquaintances. I also recruited several groups of participants with whom my wife and our family had no previous association.

Selection criteria

Health status

Participants were selected based on their health status. All participants were generally healthy by their own assessment, although some older participants suffered from chronic ailments such as lower back pain or diabetes.

Socioeconomic and occupational status

I selected participants according to several basic socioeconomic criteria that, in the Thai context, defined them as part of the struggling working class. In Thai society, social class is defined by a mix of educational background, occupation, home ownership, land ownership and vehicle ownership (Fry 1983). In the rural Central region, being working-class generally means having a sixth grade education, being a farmer who owns a wooden or concrete home, owns 10-15 rai (1600 sq m) of land, and owns a tractor and at least one motorcycle. In Bangkok, being working class means having at least a sixth grade education, being a skilled factory worker, office worker or shopkeeper, renting or owning a small apartment or flat, owning some farmland in the countryside or a lot in a suburban development, and owning either a motorcycle or compact car.

Age

To learn about similarities and differences between generations, I attempted to recruit participants for six groups in both areas who were ages 25-35, and six groups in both areas who were ages 45-55 (see table 8). I made every effort to

put together groups in which all four participants were age mates within a few years of one another. Most of the participants fell within these two age ranges, however in some cases I accepted persons who were slightly outside of the age range because I could not find residents who were within the specified range. This created a sample with a bimodal age distribution.

Table 8. Profile of 24 Groups Interviewed, by Age, Gender, and Location

24 groups x 4 participants/group. N = 96			
CENTRAL RICE FARMERS		BANGKOK WORKERS	
AGES 25-35	AGES 45-55	AGES 25-35	AGES 45-55
♀♀ ♂♂	♀♀ ♂♂	♀♀ ♂♂	♀♀ ♂♂
♀♀ ♂♂	♀♀ ♂♂	♂♂♂♂	♀♀♀♀
♂♂♂♂	♀♀ ♂♂	♀♀♀♀	♀♀ ♂♂
♀♀♀♀	♀♀♀♀	♀♀♀♀	♂♂♂♂
♀♀♀♀	♀♀ ♂♂	♀♀ ♂♂	♂♂♂♂
♂♂♂♂	♂♂♂♂	♂♂♂♂	♀♀♀♀
F=12, M=12	F=12, M=12	F=12, M=12	F=12, M=12

Gender

I obtained a perfectly gender-balanced sample within both age ranges and both regions. The gender selection criterion allowed for comparisons to detect differences between the genders. Insight groups were either made up two women and two men, or all of the same gender. In all of the subcategories except older rice farmers, there were two mixed gender groups, two all female and two all male groups. The recruiting process for older rice farmers produced four mixed gender groups, one all male group, and one all female because older participants were more comfortable in mixed groups.

Birthplace, ethnicity and religion

In the rice farming communities in Lopburi and Ang Thong, all of the participants were long-time residents of the communities where they were interviewed. A sizable majority had been born in their community of residence, the others having moved after marriage to the spouse's hometown. The participants in each group were acquainted with one another, and were either neighbors and friends. With the exception of one couple, none was directly related by birth or marriage. All of the participants said that their families had lived in the immediate area since memory, going back at least as far as grandparents on both sides. All identified themselves as ethnic Thai and spoke Central Thai dialect at home, although a few could trace their ancestry to the Northeast (Isan) or Laos.

In Yannawa, the situation was quite different. Because Bangkok had experienced a steady flow of immigration, many of the working-class people I interviewed had been born in other provinces, mostly in the Central and Northeastern regions. All participants, however, considered themselves long-term residents of Bangkok at the time I had interviewed them. Most had lived in Yannawa for at least 10 years. All spoke standard Central Thai.

Ethnicity is complex and muted in Bangkok. Many residents of Bangkok have at least some Chinese ancestry, others being entirely Chinese-Thai. Because interethnic marriage has been so pervasive, I did not attempt to use ethnicity as a selection criteria. The selection criterion for religion was that all participants should identify themselves as being at least nominally Buddhist. This criterion was included because Buddhism is the predominant faith in

Thailand (95%). All participants in both the rural Central region and Bangkok identified themselves as Buddhists.

Sample demographics and attributes

Table 9 shows summaries of the demographic characteristics of the 96 participants we interviewed. The tables show descriptive statistics for the entire sample and break them down by age, gender, and location.

Table 9. Sample Demographics (n = 96)

Age	Min	Max	Mean	SD
Total sample	22	63	39.7	10.5
Men	22	63	40.2	11.3
Women	24	61	39.2	9.9
Rural	22	61	39.7	9.9
Urban	24	63	39.8	11.3
Younger	22	38	30.7	4.5
Older	39	63	48.6	6.4
Born in community	Count	Percent		
Total sample	61	64%		
Men	26	54%		
Women	35	73%		
Rural	44	92%		
Urban	17	35%		
Younger	30	62%		
Older	31	65%		
Marital status	Never married	Married	Divorced	% married
Total sample	19	76	1	79%
Men	6	42	0	88%
Women	13	34	1	71%
Rural	5	42	1	88%
Urban	14	34	0	71%
Younger	14	34	0	71%
Older	4	43	1	90%
Number of children	Min	Max	Mean	SD
Total sample	0	6	1.7	1.3
Men	0	5	1.7	1.3
Women	0	6	1.6	1.4
Rural	0	6	1.8	1.2
Urban	0	5	1.5	1.5
Younger	0	3	1.0	0.9
Older	0	6	2.3	1.4
Years of formal education	Min	Max	Mean	SD
Total sample	0	16	6.9	3.8
Men	0	16	6.6	3.5
Women	2	16	7.2	4.2
Rural	3	16	6.3	3.4
Urban	0	16	7.5	4.2
Younger	3	16	8.8	3.9
Older	0	16	5.0	2.7

Table 9. Sample Demographics -Continued

Own motorcycle	0	1	2 or more	% no m-cycle
Total sample	34	54	8	35%
Men	12	35	1	25%
Women	22	19	7	46%
Rural	8	35	5	17%
Urban	26	19	3	54%
Younger	17	29	2	35%
Older	17	25	6	35%
Own vehicle	0	1	2 or more	% no vehicle
Total sample	71	20	5	74%
Men	36	12	0	75%
Women	35	8	5	73%
Rural	36	10	2	75%
Urban	35	10	3	73%
Younger	36	12	0	75%
Older	35	8	5	73%
Own tractor	0	1	2 or more	% no tractor
Rural	21	25	2	44%
Own house		Count	Percent	
Total sample		75	78%	
Men		37	77%	
Women		38	79%	
Rural		45	94%	
Urban		30	62%	
Younger		36	75%	
Older		39	81%	
Own 1 rai or more of land		Count	Percent	
Total sample		68	71%	
Men		30	62%	
Women		38	79%	
Rural		42	88%	
Urban		26	54%	
Younger		24	50%	
Older		39	81%	
Land ownership (in rai)	Mean rais owned	Own SD	Mean rais rented	Rent SD
Rural	18.729	24.279	15.479	20.351
Urban	1.75	3.79	0	0

Table 9. Sample Demographics -Continued

Smoke cigarettes	Never smoker	Quit	Smoker	Smoker
All	68	7	21	22%
Men	23	6	19	40%
Women	45	1	2	4%
Rural	36	2	10	21%
Urban	32	5	11	23%
Younger	37	0	11	23%
Older	31	7	10	21%
Drink alcohol	Never drinker	Quit	Drinker	Drinker
All	44	1	51	53%
Men	13	1	34	71%
Women	31	0	17	35%
Rural	26	0	22	46%
Urban	18	1	29	60%
Younger	22	0	26	54%
Older	22	1	25	52%

Demographic comparisons between the sample and the general population

For the rural portion of the sample, average household size was a negligible 0.3 persons larger than the average for the provinces. As intended, the sample was somewhat better educated than the general workforce. In 1995, 79.1% of the national labor force had between zero and six years of primary education (Thailand Ministry of Public Health 2000). Only 8.1% had completed lower secondary education and 3.3% had completed upper secondary. In the sample, 38.5% had been between zero to six years of primary education, 33.3% completed upper secondary, and 19.8 completed upper secondary.

The rural sample in this study is just slightly better-off financially than the general population of Lopburi and Ang Thong provinces. Ownership of a

motorcycle is a reliable marker of socioeconomic improvement, that is, fulfilling what Thais have come to refer to as the “fifth basic need” – owning a some form of personal transportation. This is particularly true for Thais living in rural areas, as is reflected in the higher ownership of motorcycles among the sample of farmers compared to Bangkokians in the present study. The weighed average of motorcycle ownership among households in these two provinces in 1996 was 65.1% while 83% of the sample owned at least one motorcycle. The weighed average of sedan, van and pick-up truck ownership was 20.1% compared to 25% in the sample. Regarding tractor ownership among farmers, the sample of farmers was intentionally somewhat better off than land holders in Lopburi engaged in agriculture in that 56% of the sample households owned at least one tractor while approximately 26% of holders own a tractor. Regarding the size of holding among farmers, the ownership profile of farmers in the sample is similar to the population of farmers. Where the mean number of rai owned in the sample is 18.7, among holders mainly or totally engaged in agriculture, the largest number of holders own between 20 and 39 rai. As in the sample, the range of holding size has a large distribution from less than two rai to over 140 rai.

In 1996-97, the Bureau of Health Policy and Planning in the Ministry of Public Health conducted a National Health Examination Survey (Thailand Ministry of Public Health 1997). The smoking rates in the Central region (excluding Bangkok) were 39.8% among men and 2.7% among women. In the present study, among the rural sample, 37.5% of the men smoked and 4.2% of the women smoked. The prevalence of smoking in Bangkok was 28.8% among men and 4.4% among women. Among the sample in the present study, 45.8% of the men in Bangkok were smokers in Bangkok, making males smokers

somewhat over-represented. None of the women in the Bangkok sample smoked regularly, although one was an occasional “puffer.”

The same national survey found in the Central region, 53.7% of working-age males were alcohol drinkers while 17.8% of females drank alcohol. In the present study, among the rural sample 66.7% of the men drank and 25.0% of the women drank. The national survey showed that in Bangkok, 40.0% of males were alcohol drinkers while 15.9% of females drank alcohol. In the present study, in the Bangkok sample 75.0% of men and 45.0% of women drank, meaning that drinking was somewhat over-represented. In summary, when one considers the habits of smoking and drinking alcohol, the rates among the rural participants were similar to those in the Central region. The prevalence of drinking among the Bangkok sample was higher for both men and women. This was expected because smoking and drinking are more common among working-class Bangkokians who were the focus of this study.

Integrated ethnographic and statistical analysis

Opinions in the statistics literature vary as to whether data generated by Likert scales should be treated as being ordinal or continuous, and as to whether the median or the mean is the most appropriate measure of central tendency (Glantz and Slinker 1990). Both treatments of the data have their merits and limitations. In this study, I have treated the data generated from the Likert scales as being continuous because I defined the points on the scale based on naturally-occurring steps in Thai language. These steps were essentially of equal linguistic “distances” from one another.

I have calculated standard descriptive statistics such the mean, standard deviation, and range to produce a analyses of the factors used in the three insight games.

Analytical procedures used on the scale data collected in the insight games on priorities (game 1), sabaay (game 2) and health (game 3) are identical. In the three games, the participants used scales to rate factors. To make comparisons between categorical subgroups (i.e., age, gender, location, education, and smoking status), I used analysis of variance (ANOVA) procedures to test for mean differences between subgroups. I have reported factors that were significant at the ≤ 0.10 alpha level (p value), indicating that the probability is 10% or less that the difference detected between the subgroups could be attributed to chance alone. I have used this slightly less stringent alpha level because the purpose of these tests was to identify probable differences rather than to exclude all possible explanations.

To make comparisons using continuous demographic data (i.e., age and education attained), I dichotomized the sample into cohorts (i.e., younger or older, grade ≤ 6 or >6) and used ANOVA to test for differences between age or education cohorts. Additionally, I analyzed the demographic data in their continuous form and have reported the strength of associations between the participants' ages and their ratings of factors. I have done the same using data on educational level attained. For these tests, I have used a more stringent alpha level of ≤ 0.05 because correlations below this level of significance are too weak to be of any analytical value.

In the sabaay insight game, participants simultaneously rated how the 40 factors made them feel on the sabaay jai or sabaay gai dimension (nominal horizontal scale). To determine whether the subgroups rated the factors differently, I used contingency table analysis (2 x 2). As above, I dichotomized age and education attained. I used Fisher's exact test to determine the significance of the chi square statistic and have reported factors that were significant at the ≤ 0.10 alpha level.

This integrated analysis is conducted in tandem in two directions. From one direction, I used the results from the quantitative analysis as a "rough cut" from which to construct a broader picture of how the subgroups differ in their priorities, feelings of sabaay, and awareness about how much habits and other factors influenced their health. I also used the quantitative analysis to identify the specific factors on which subgroups differed. Using these findings as a guide, I searched through the texts of the 24 insight group interviews, reviewed my field observations and data from open-ended interviews to provide explanations of why the subgroups differed. For most factors of interest, participants in at least one of the 24 interviews had given clear explanations based on their own insights that illuminated the differences I identified later in the statistical analysis.

From the other direction, I analyzed the interview transcripts and my fieldnotes to identify differences between subgroups in their views about their priorities, sense of sabaay and health. When I found something noteworthy in the transcripts and notes, I then ran statistical tests to determine whether the differences I had identified between a different individuals (e.g., a man and a woman) were specific cases of differences that I could detect statistically

between the demographic subgroups to which they belonged (e.g., male participants and female participants). Thus, because the insight group interview simultaneously generates qualitative and quantitative data from each of the participants, the method affords a researcher the possibility to produce a single, integrated ethnographic and statistical analysis.

PART II
RESULTS AND DISCUSSION ABOUT SABAAY AND HEALTH

CHAPTER 6
CHANGES IN THE COMMUNITIES

This first section of results shapes the context for understanding what it means to be sabaay for working-class Thais living in contemporary Thai culture. The best way to understand how life for ordinary Thais has changed in the last 20 years is to hear the participant's own descriptions and consider them within the sociocultural, historical, and political-economic context described above. Therefore, in this section I have selected excerpts from the 24 group interviews that bring out the voices of the participants.

I have organized this section according to themes that emerged based on open-ended questions. I have selected excerpts that are evocative and generally representative of the comments and opinions that surfaced repeatedly in the interviews. The sequence of the themes follows a progression of changes that cascaded down from the introduction of green revolution technologies in the 1970s through the subsequent rapid drive toward modernization, industrialization, and Westernization. These processes sowed the seeds of the economic crisis of 1997-98 from which Thailand has yet to fully recover.

The translations of the interviews are the product of the combined interpretation and judgment on which my field assistant and I arrived. I have tried to remain true to the literal meanings, tone, and level of vocabulary in

the dialogues. For those terms which represent an underlying idea, I have put the idea in parenthesis after the more literal translation. Many English words have seeped into everyday Thai conversation, evidence of the influence of Americana in the media. Words spoken in English have been transcribed in English. I have put clarifying comments in brackets.

Under each theme, I have presented comments from rural participants (groups 1-12) first, followed by urban participants (groups 13-24). Odd numbered groups are younger, and even numbered groups are older. I have denoted phrases spoken in English during the interviews in quotation marks. In the excerpts, "J" denotes me and "N" denotes my wife serving as field assistant. The participants are identified by numbers, followed by "M" for male and "F" for female.

These excerpts are primary ethnographic data. They contain the participants' analysis of their own situation combined with my analysis of themes that emerged across the 24 groups. For the sake of brevity in this initial section, I have added comments only where necessary to clarify or highlight sections of the dialogs that may be unfamiliar to the reader. In the subsequent analysis, I analyze these themes in greater detail.

How has life in your community changed over the last 20 years?

In the rural areas, the transition to the cash based economy has been almost complete. Bangkok has long been the hub of the industrial and financial sectors where workers flock from all regions to earn wages (Odhnoff 1985; London 1986). In the midst of the economic crisis, the participants all talked about how personal financial problems weighed heavily on their minds. The

participants discussed how the economic crisis was not an isolated event, but rather from their point of view the extension of mounting problems with the rising cost of living. They reflected on the irony of how in the period of rapid development, life was becoming more and more difficult.

Group 1 (Younger rice farmers, mixed gender)

1F: In the past it was easy to make money. Things were not expensive. Now, it's hard to find work. A lot of expenses. Can't make enough to cover them. Work a lot, work a little. Still have problems.

1: สมัยก่อนเงินหาง่ายนะ ของไม่แพง สมัยนี้หายากค่าใช้จ่ายเยอะ หาไม่ทันใช้ ...ทำน้อยทำมากก็มีปัญหา

Group 3 (Younger rice farmers, mixed gender)

N: In the last 20 years, is there anything that has changed?

3F: Before we owned the land together, we didn't divide the land. Then the government divided the land into plots.

1M: The government land distribution program.

2F: The government built canals to bring water. Then they build roads to the farms. Then main canals were built. In the past it wasn't like that. It started in the year B.E. 2525 (1982).

J: Has the society in this community changed?

1M: It changed a lot.

3F: Changed. Now there are more people weaving in our village, making cloth, sewing, sideline jobs making baskets. Now we work at home. In the past we didn't have sideline jobs. A lot of people lost their jobs.

2F: People lost their jobs. They don't have work to do.

3F: They were working in the factories. Now they don't have work, so they ask to learn how to do these sideline jobs to.

J: How is the quality of life in this community?

2F: It's better than it was before.

3F: But before living expenses were cheaper. But people didn't have money. Now, you have to be more enterprising to make it (survive).

2F: Income has gone up, but expenses are higher.

1M: Even though you make more money, you are still in debt.

J: These days, how is the quality of life in the community and at

home?

1M: They still love each other. They still steal vegetables from each other (joke). But if you leave your house unlocked, there's no problem.

N: ในช่วง 20ปีมีอะไรเปลี่ยนแปลงไปบ้าง?

3: เมื่อก่อนเป็นพื้นที่ของทำนาเองเราไม่ได้ปักที่นาเป็นของตัวเอง

เขามาจัดรูปที่ดินให้ (gov. divided land)

1: โครงการปฏิรูปที่ดิน (gov. land program)

2: ของรัฐบาลให้มีน้ำส่งตามคูคลอง แล้วให้มีถนนเข้าทุ่งนา มีคลองส่งน้ำ ทุ่งน้ำ สมัยก่อนไม่มีอย่างนี้ เริ่มปี 2525

J: ในสังคมในหมู่บ้านนี้เปลี่ยนไป

1: เปลี่ยนๆ

3: เปลี่ยน จะมีพวกจักรสาน (weaving) ขึ้นมาในหมู่บ้านแล้วก็ทอผ้า เย็บผ้า อาชีพ เสริมจำพวกตะกร้าหวาย ตอนนี้นางานอยู่ที่บ้าน สมัยก่อนไม่รู้ อาชีพเสริมเพราะคนตกงานกันเยอะ

2: คนตกงานเค้าไม่มีงานทำงาน

3: เค้าทำงานตามโรงงานเค้าไม่มีงานทำก็ขอทำด้วย สอนอาชีพให้เค้าทำ

J: ความเป็นอยู่ของคนในหมู่บ้านนี้เป็นไปบ้าง

2: มันก็ดีขึ้นกว่าแต่ก่อน

3: แต่ก่อนค่าใช้จ่ายถูก แต่คนไม่มีสตางค์ เดี่ยวนี้คนชวนขายมากขึ้น (more enterprising)

2: รายได้เพิ่มขึ้น (increase) แต่มันรายจ่ายก็แพง

1: ยิ่งทำมากก็เป็นหนี้เยอะ

J: ทุกวันนี้ความเป็นอยู่ในหมู่บ้านและครอบครัวเป็นไง?

1: เขาก็ลืกันดี ตำลึงยังลืกันเลย ทุ่งบ้านได้ ไม่มีปัญหา

Group 14 (Older Bangkok workers, mixed gender)

3M: For we poor folks, not much has changed at all. Live one day to the next. You have to be rich to know the feeling of losing a lot of assets.

3 เราเป็นคนจนมันไม่เปลี่ยนแปลงอะไรลอกค่าใช้จ่าย
ใช้ไปวันๆ ต้องคนรวยซิดึงจะรู้ว่าสมบัติใช้ไปเท่าไร

Group 19 (Younger Bangkok workers, all female)

J: In the last 20 years, has the society in this community changed?

2F: Things have changed, quality of life, the environment. Food and supplies have gotten more expensive. Before food was cheap, it was easy to eat, easy to live. Rent was cheap. Now if your monthly wages are 2,000 to 3,000 baht, you can't survive anymore. Before, you could live on 1000 baht. Now, you have to be very motivated. It's difficult to live, expensive. There are a lot of thievery and murders because the economy like this. Before, there was no murder. There are murders everywhere. Have to find extra income.

J: ในช่วง 20 ปีที่ผ่านมาอะไรเปลี่ยนแปลงไป

2: เปลี่ยนแปลงสภาพความเป็นอยู่สิ่งแวดล้อม

ของกินของใช้เดี๋ยวนี้แพงขึ้นเมื่อก่อนถูกๆกินง่ายอยู่ง่าย ค่าเช่าบ้านก็ถูก เดี่ยวนี้ถ้าเงินเดือน 2,000-3,000

เดี๋ยวนี้อยู่ไม่ได้แล้วเมื่อก่อนนี้ 1,000 กว่าบาทก็อยู่ได้

แล้วเดี๋ยวนี้ต้องดิ้นรนมาก อยู่ไม่ได้ของแพง สภาพแวดล้อม

นี้การจับกันการฆ่ากันเยอะมากเพราะเศรษฐกิจแบบนี้เมื่อก่อนไม่มีการฆ่ากัน มีการฆ่ากันทุกที่ ต้องหารายได้พิเศษ

Group 20 (Older Bangkok workers, all male)

3M: So they've (creditors) taken it all. When we worked, we made twenty to thirty thousand baht per month. Then the factory shut down. We don't have money to pay the car payments. They took it all. No money to pay house payments.

2M: Hundreds of thousands have been laid off.

J: Around here there are a lot of factories right?

2M: Not any more.

4M: There are a lot of factories. There still are, but they can't build big ones. They (gov..) let them build around the suburbs.

2M: Around here there is a factory that makes ice cream cones. Small factories that produce fabric. They are small, 10 workers. 30 years ago around here there were no houses. It was only guava orchards.

3: ก็ยึดหมดซิ เวลาทำงานเดือนละ 2-30,000

โรงงานปิดไม่มีเงินผ่อนรถก็ถูกยึด ไม่มีเงินผ่อนบ้าน

2: ออกเป็นแสนๆคนเลย

J: แถวนี้อะไรโรงงานเยอะไหม

- 2: ไม่มีแล้ว
- 4: โรงงานมันก็เยอะ มีนะแต่นี้ไม่ให้สร้างแล้วใหญ่ๆ เขาจะให้สร้างแถวชานเมือง
- 2: แถ่นี้ก็มีโรงงานทำถ้วยโถติ่มแบบกรอบๆนะ โรงทอผ้าเล็กๆ มีนิดหน่อย มี 10 คน 30ปีก่อนแต่นี้ ไม่มีบ้านหลอกเป็นสวนทั้งนั้นแหละเป็นสวนฝรั่ง

Many Thais I interviewed saw that while their village or urban neighborhood had developed if measured by infrastructure such as electricity, water, roads, buildings, their quality of life had not improved, and in the eyes of some had decreased. Their view depended on the standard they used as a measure of development. Economically, nearly all said that nowadays one has to earn money to survive, whereas 20 years ago one could live by growing and gathering food. In the past, people could be self-sufficient by relying on the land. These days, the cost of living has risen dramatically such that although one's wages may have increased, they have not kept up with what have become basic necessities such as food, water, electricity, transportation, and medical care.

People felt they had lost net purchasing power, in part because they wished or needed to purchase more. At the same time, with the bad economy, they were selling less or earning less, or earning nothing if they had been laid off. This meant that they felt they were slowly being pulled backwards on a modern economic treadmill. For most participants, this was a discouraging feeling, especially for those who measured quality of life by a broader index than of one's economic situation by taking into account the quality of the surroundings, the status of the younger generation, and the erosion of traditional culture.

Meanwhile, among the general population there were those few who have benefited and whose material standard of living and personal wealth have increased dramatically. They may be divided into two symbiotic groups, business people and corrupt officials. Some were members of both groups.

Changes in rice farming technology and cost.

Rice farmers talked about how the process of rice farming has changed totally over the last 20 years. They link these changes to government development policies which “opened up” the Central provinces to transportation and mechanization – processes that have accelerated the pace of life (Kelleher 1992).

Group 6 (Older rice farmers, mixed gender)

J: In the last 20 years, is there anything that has changed?

1M: Things really have changed a lot. Before there were no roads.

2F: Now the roads have come. Before there were many canals. Before, we used water buffaloes to plow the rice fields. Now, we use mechanical harvesters.

J: ในช่วง 20ปี ที่ผ่านมามีอะไรเปลี่ยนแปลงไปบ้างรอบๆหมู่บ้าน

1: เปลี่ยนแปลงไปเยอะ เมื่อก่อนไม่มีถนนหนทาง

2: เดี่ยวนี้ถนนก็เข้ามา เมื่อก่อนมีคลองเยอะ การทำนาเมื่อก่อนใช้ควายไถ เดี่ยวนี้ใช้เครื่องทุ่นแรง

Group 1 (Younger rice farmers, mixed gender)

2M: We don't have to harvest rice by hand. We've got mechanical harvesters. Before we used our own labor. Now we uses machines. Now, things have developed. We never hold still. [If you don't work] won't make any income.

2: เกียวข้าวเดี่ยวนีไม่ต้องเกี่ยวเพราะมีเครื่องจักร เมื่อก่อนใช้แรงคน ตอนนีใช้แรงเครื่องจักร เดี่ยวนี้พัฒนาไปแล้ว คนเราไม่อยู่เฉยๆ ไม่มีรายได้ ...รุ่นก่อนๆไม่ค่อยได้ใช้บุญสักเท่าไรแต่สมัยนี้ใช้บุญกันเยอะ

These simple statements capture the essence of an extremely rapid transformation in the lives of “rice folk” from the Central region. In just 20 years, Central rice farmers have gone from plowing fields with water buffalo to riding behind a two wheeled mechanical “steel buffalo.” Where 20 years ago the communities shared labor to harvest rice over several weeks by hand, now they hire a harvesting contractor with equipment and labor to do the job in half a day. Instead of a paddling up the canals and rivers in sampans all day to deliver their crops to local markets, they now drive turbo pickup trucks to huge regional wholesale markets going 120 km/hr.

Family and community fragmentation

Thais talked about how their families had been pulled apart by the impact of labor-saving farming technology and the out-migration of younger family members (Fuller 1985; Fuller, Lightfoot et al. 1985). They lamented about how the social fabric of community life had broken down. Urban working-class Thai’s saw the result of this fragmentation in Bangkok where thousands of Thais moved, uprooting themselves from their rural social networks, to seek work and send money home so that their parents and siblings could have a better life (Fuller, Kamnuansilpa et al. 1990; Curran 1993). The rural participants sensed the bittersweetness of how the comforts they had enjoyed (sabaay) from cash transfers from children working in Bangkok have come at the cost of fragmentation in their communities and greater social ills (not sabaay) (Decharin 1988).

In thinking about family life, farmers talked about how the concomitant changes in rice farming and rapid industrialization have changed their family

structures and way of life for the younger generations. They expressed concerns about who will farm rice when they are too old.

Group 6 (Younger rice farmers, mixed gender)

J: Has the society in this community changed?

3M: Yes, it has changed. The government comes to help.

4F: It's changed. Before we had big families. Now we split apart and some go work in Bangkok. Few farm rice. The younger generation doesn't feel like farming rice.

J: สังคมในหมู่บ้านเปลี่ยนไหม

3: เปลี่ยน รัฐบาลมาช่วยเหลือ

4: เปลี่ยน เมื่อก่อนเป็นครอบครัวใหญ่ เดียวนี้แยกไปทำงานกรุงเทพ ทำนาน้อย คนรุ่นหลังไม่นิยมทำนา เมื่อก่อนมีลุงแขก เดียวนี้มาใช้รถเกี่ยว เพราะคนไม่มี

Group 5 (Older rice farmers, all male)

N: These days how is the quality of family life?

2M: Normal, good. Nothing different.

4M: If the economy was not in bad shape it would be the same. If the economy gets bad, you will have it bad too. Problems with "money", like that.

3M: Stuff is expensive. Fertilizer is expensive. Pesticides are expensive. We don't have the equipment to make our own fertilizer.

4M: "Money" [in English].

1M: Don't have the ingredients to make fertilizer.

4M: This village does not have any young people. They're all gone.

They've all gone to work in factories. They worry about work now.

1M: There are some without work.

N: ทุกวันนี้ความเป็นอยู่ในครอบครัวเป็นไง

2: ปกติดี ไม่มีอะไร

4: ถ้าเศรษฐกิจไม่ทำร้ายก็เหมือนเดิม ถ้าเศรษฐกิจแย่งก็คงแย่งลง เรื่อง money ทั้งนั้น

3: ของก็แพง ปุ๋ยก็แพง ยา ก็แพง ไม่มีอุปกรณ์ที่จะทำปุ๋ยเอง

4: "money"

1: ไม่มีวัตถุดิบที่จะทำปุ๋ย

4: หมู่บ้านนี้ไม่มี วัยรุ่นมันหมดไป มีแต่คนไปอยู่โรงงาน เครียดกับงาน

1: ที่ว่างงานก็มีบ้าง

Later in the interview

1M: Making a living is more difficult than before. Cost is higher. There are a lot of "cherry snails" (pest that eats rice). Don't know, maybe from America.

1M: A lot of thieves.

4M: Generosity has disappeared.

3M: A lot of people love themselves more than caring about others. Before, it was not like this.

4M: In the past, we had "long krag" (communal, shared rice harvesting). Now, we don't have it anymore. Sometimes, we help each other, but not too much. When we farm rice using tractor and people come to help.

1M: People still steal vegetables from each other (joke).

1: การทำมาหากินไม่เหมือนเมื่อก่อน ต้องลงทุนมาก มีหอยเชอรี่
ไม่รู้มาจากสหรัฐหรือเปล่า

1: ชโมยมันเยอะ

4: ความสามัคคีมันหมดไป

3: ส่วนมากจะรักตัวเอง มากกว่าคนอื่น เมื่อก่อนไม่เป็น

4: สมัยก่อนมีการลงแขก ตอนนี้ไม่ม แต่มีบ้างที่จะช่วยกันแต่น้อยลง
เวลาทำนาใช้รถเกี่ยวก็ ไปช่วยกันเกี่ยว

1: ตำลึงยังล็กเลย

Group 3 (Younger rice farmers, mixed gender)

J: Is living in this village sabaay or not?

1M: Not very sabaay. We have a lot of responsibility for everything. Household expenses keep increasing.

3F: Both for children and for mother (wife).

J: Is there anything in your village that makes you not sabaay?

1M: We have a problem with drugs here.

2F: Youth, taking drugs. Amphetamines, speed.

3F: But before they took them to give them energy. But now they go crazy.

3F: People of higher social class, they're doing fine. People who are poor have to work very hard to make it. If they have a lot of children they are not sabaay.

2F: These days I'm not sabaay. My children are in school, but I can't make enough money (to pay for tuition). I'm really not sabaay.

3F: Now the economy has fallen apart.

- J: How many people here are poor?
 1M: Almost the whole village. They're all in debt to T.G.S. (government agricultural cooperative bank). There are no rich people here.
 2F: And they are really in debt. They take loans to build their houses. People know how to make a living, but there is one problem. All of the dangerous drugs. It's a serious problem (lit: that's a weight on the chest).

- J: คิดว่าอยู่หมู่บ้านนี้สบายหรือเปล่า
 1: ก็ไม่ค่อยสบายเท่าไร ก็ภาระมันเยอะ (responsibility) ทุกด้าน การใช้จ่ายใน ครอบครัวก็เพิ่มขึ้น
 3: โหนจะลูกโหนจะแม่ (dependents)
 J: มีอะไรอีกบ้างที่หมู่บ้านทำให้ไม่สบาย
 1: มีปัญหาเรื่องยาเสพติด
 2: พวกวัยรุ่น เสพยา ยาม้า ยาบ้า
 3: แต่ก่อนเค้าว่ากินแล้วชยัน เดี่ยวนี้กินเป็นบ้า
 3: คนโหนฐานะดีหน่อยเค้าก็ดี คนโหนเค้าจนต้องชวนชวยหางานทำเยอะ ถ้าลูกเค้าเขาเยอะก็ไม่สบาย
 2: ตอนนี้ไม่สบายลูกกำลังเรียนหนังสือ หาเงินกันไม่สบายเลย
 3: ตอนนี่เศรษฐกิจตกสะเก็ด (fragment)
 J: ที่นี้มีคนจนเท่าไร
 1: เกือบทั้งหมู่บ้าน เป็นหนี้ ธ.ก.ส. ไม่มีคนรวย
 2: แต่เป็นหนี้เขาเยอะ กู้เขามาปลูก ที่อยู่อาศัยดีขึ้น คนรู้จักหากิน แต่มันมีปัญหายอย่างเดียวคือ พวกเสพยาอันตราย มันจะเป็นปัญหาหนักอก (weight on chest)

Group 20 (Older Bangkok workers, all male)

- J: Around this neighborhood have the customs changed?
 2M: Changed a lot. In the past, we could go to any home and eat together. Now, when we go to visit, they close their door. The society has changed, deteriorated. Now everyone to himself. They just look out for themselves. They don't socialize. Each person closes their door. They don't visit each other, and don't share advice with each other.

- J: รอบๆหมู่บ้านนี้สังคมเปลี่ยนแปลงไปหรือเปล่า
2: เปลี่ยนมากเลย สมัยก่อนเราเข้าบ้านไหนกินข้าวได้
สมัยนี้พอเราเข้าไปปิดประตูเลยสังคมนี้เสื่อมโสมลง
ตอนนี้คนละอย่างเลยต่างคนต่างก็เห็นแก่ตัวไม่ยุ่งกัน
ต่างคนต่างปิดประตูบ้านไม่เข้าหากันไม่ค่อยปรึกษากัน

For urban participants, the difficulties of traveling through the city had caused Bangkokians to become more isolated socially. Choices parents made about where they want to send their children to school placed enormous burdens on children. The Bangkok Administration had attempted to ameliorate the morning peak by encouraging a minivan bus service for students. This program had been moderately successful as it provides conscientious parents with a more convenient option than to contribute to the mass of parents delivering their individual children to school. Still, it was a common practice to drive children to and fro, particularly if the child is attending one of Bangkok's elite schools which, during the heyday of the economic boom, seemed to have become runways of conspicuous consumption for the nouveau rich to display their latest model luxury sedan. The year of this study, many of those trophies had been been repossessed by creditors, Consequently, the sois (lanes) in front of many Bangkok schools were less crowded.

Change in social patterns and customs

As the participants felt the need to work harder to keep up with their rising aspirations and rising costs, they realized that they had become more isolated one from another. Those older people who were left in the villages farming rice shouldered a greater labor burden. Women often commuted daily by bus to work in factories in neighboring Ayuthaya Province. They talked about how the few left in the villages have little time to join together in the festivals and

traditional customs. They attributed some of these changes to the shifts from an annual rice farming cycle to a multiple crop cycle. They explained that many of the festivals and customs such as the tradition of showing respect to monks and elders by bathing them during Songkran festival depended on the relationships between three or four generations living together in the same community. They spoke with ambivalence about the tide of Westernization and modernization that has reached their communities.

Group 5 (Younger rice farmers, all male)

J: Have the customs changed?

1M: It hasn't changed but it just disappeared. Very little. Before, when we had festivals a lot of people used to come back to their family's village. Now it's just the people living in the village.

3M: They've all gone to work in other provinces. Young men and women travel to other places. The wife goes to work early in the morning and comes home after dark.

N: Are there still boys becoming novice monks?

3M: Still have the ceremony.

J: Do you still have the custom of asking for blessings from rice spirits?

4M: Now no one does it. You have to grow rice just once a year. Before, we brought the rice from the field to our homes. Now, we send it off to the rice mill.

J: ประเพณีเปลี่ยนไปหรือเปล่า

1: ไม่เปลี่ยนแต่ปล่อยให้หายไป มันน้อย เมื่อก่อนพอถึงประเพณีคนมันจะเยอะ เดี่ยวนี้มีแต่คนในหมู่บ้าน

3: ออกไปทำงานต่างจังหวัด วัยรุ่นหนุ่มสาวไปเที่ยวที่อื่น ภรรยาไปทำงานเช้าเย็นกลับ

N: บวชพระเดี่ยวนี้อย่างบวชหรือเปล่า

3: จัดงาน

J: ประเพณีรับขวัญท้องข้าวมีไหม

4: ตอนนี้ไม่มีทำ ต้องเป็นนาปีถึงจะทำ เมื่อก่อนข้าวเอาเข้าบ้าน เดี่ยวนี้ออกเอาไปโรงสี

Group 3 (Younger rice farmers, mixed gender)

J: Thinking about real traditional Thai customs, in this village has anything changed?

2F: Well, it still exists. But before, it was more fun than now. They used to play around together for a long time. Now, we just do it for a short time. People don't have time. They look after work, but there are some things that are still left.

3F: For example, we still pour water on the monks.

1M: But before we had customs of communicating with spirits. Played "thuy" and hiding the cloth (children's games).

2F: Now it's finished.

1M: Development has come. It's not like in the old times.

2F: In the past, we just took care of water buffaloes. We had a lot of free time to play.

3F: Now Songkran festival (Thai New Year) is more fun because there are bands, but we have to buy food.

J: ถ้าคิดว่าเป็นประเพณีแบบไทยๆในหมู่บ้านนี้มีอะไรเปลี่ยนไป

2: ก็ยังมีมั้ง แต่ก่อนมันสนุกกว่านี้เค้าจะใช้เวลาเล่นกันนานๆ เดี่ยวนี้มันใช้ เวลาสั้นๆแบบคนไม่ค่อยมีเวลา ไปหากินมากกว่าแต่ก็ยังมีให้หลงเหลืออยู่

3: อย่างว่าถ้ามีสงฆ์น้ำพระ

1: แต่ก่อนมีประเพณีเข้าผี เล่นเตย มอนซ่อนผ้า (kids game)

2: เดี่ยวนี้ไม่มีเลย

1: ความเจริญขึ้นแล้วมันไม่เหมือนเก่าๆ

2: สมัยก่อนเค้าเลี้ยงควายมีเวลาเล่นเยอะ

3: ตอนนี้สงกรานต์สนุกกว่าเพราะมีดนตรี แต่ก็ต้องมีอาหารเสริม

Bangkok workers talked about how difficult it was to maintain festivals rooted in a rural way of life. Many of them expressed concerns about how these festivals had lost their original meaning and become perverted in the urban environment. Some of them attributed the rise in social ills to the unraveling of social fabric and traditional Thai culture. Some participants did not see any problem with the changes.

Group 13 (Younger Bangkok workers, mixed gender)

3M: Maybe it has changed a little. Before, we poured water on each other's heads. But now people throw ice water, water balloons. But we still keep the customs.

1F: Before we played longer.

4M: Now it might be better than in the past, more fun. Before we didn't have bands. Before there were just long drums.

3M: On days off, come home and get together to make merit during Songkran festival. Most go home because Songkran is a festival to pay respect to elders and parents. It is a family time. People who come from another province to work will go home to celebrate. Go back to their hometown.

4M: Before Songkran was the Thai New Year during the era of Rama 5. Now we've changed to the Western calendar.

3: อาจจะเปลี่ยนนิดหน่อย อย่างสงกรานต์ เมื่อก่อนล่นน้ำ คำห้ว แต่เดี๋ยวนีจะสาดน้ำแข็ง ฤงน้ำ แต่ยังรักษาไว้

1: เมื่อก่อนเล่นนานกว่า

4: อาจจะดีกว่าเก่า เพื่อให้สนุก เมื่อก่อนไม่มีดนตรี เมื่อก่อนจะเป็น กลองยาว

3: อย่างวันหยุดจะกลับบ้านร่วมกันทำบุญฉลองสงกรานต์ ส่วนใหญ่จะกลับบ้าน เพราะสงกรานต์เป็นงานกตัญญูต่อ ผู้ใหญ่และบิดา มารดา เป็นวันครอบครัว คนที่มาใช้แรงงานจากต่างถิ่นจะกลับภูมิลำเนาไปเฉลิมฉลอง

4: เมื่อก่อนเอาสงกรานต์เป็นปีใหม่ พอ รัชกาลที่ 5 มาเปลี่ยนเป็นสากล

Group 22 (Older Bangkok workers, all male)

J: Have customs changed or do you still keep them.

2M: They've changed a little.

1M: A lot of Western development has come. Now people have a bad temper, just disturbed inside.

4M: Worry much more because of the economy, expenses are getting higher.

J: Has your quality of life gotten better?

3M: If you look at what has happened, in the past it wasn't better.

J: Do you mean that there has been development?

3M: Perhaps there has been more development, but if we talk about quality of life it has not gotten better. In the past, it was better because we had very little money but we could live OK. But now, in these times, if you have very little money it's difficult to live. And then you get stressed out.

- J: ประเพณีเปลี่ยนแปลงไปหรือยังมีอยู่
 2: เปลี่ยนน้อย
 1: ความเจริญทางด้านวัตถุมันเข้ามามาก จิตใจคนมันร้อน ทางด้านจิตใจ
 4: เครียดขึ้น เพราะภาวะเศรษฐกิจ ค่าใช้จ่ายสูงขึ้น
 J: คุณภาพของชีวิตมันดีขึ้นหรือเปล่า
 3: ถ้าพูดถึงที่ผ่านมาในอดีตนี้ไม่ดีกว่า
 J: หมายถึงว่าอาจจะมีความเจริญ
 3: อาจจะมีมีความเจริญเกิดขึ้นแต่พูดถึงคุณภาพของชีวิต ไม่ดีกว่า
 สมัยก่อนดีกว่าเพราะเหตุการณ์ที่ผ่านมา
 ในอดีตนี้เรามีตังน้อยเราก็ออยู่ได้แต่เวลานี้ โอกาสนี้มีตัง น้อยอยู่ลำบาก
 ก็เลยเครียด

Group 14 (Older Bangkok workers, mixed gender)

- 4M: Songkran festival has fallen off, declined a little. About culture, things that are strange, or very new have come in and covered up the meaning of Songkran. Mass communications have been good. Other things have made things change. There are things like drugs, glue sniffing, that come from movies and TV, soap operas, makes the working-class young people or lower class become addicted.
 2F: In the old times, in the past we didn't have them. Now things are expensive so there's more thieves.
 1F: Neighbors still know each other.
 J: Have Thai customs changed?
 2F: We still have boys who become novice monks. And we go make merit together.
 4M: Thai people don't throw away Thai customs. We continue to carry on Buddhism. We're not very interested in other religions.
 3M: We Thai have to make merit and give offerings.
 2F: Make merit. Songkran we still play for about five days.
 1F: Having fun together during Songkran hasn't changed.
 2F: We still pour water on the old people and give them new clothes
 4M: Bathe the monks.
- 4: สังคมจะเสื่อมโทรมลงนิดนึงเกี่ยวกับวัฒนธรรมสิ่ง
 แปลกๆใหม่ๆเข้ามาครอบงำ วัตถุสื่อสารก็ดี วัตถุอื่นๆ ที่ทำให้เปลี่ยนแปลง
 มีสิ่งยาเสพติด ดมกาวมาจากภาพยนตร์ โทรทัศน์
 ละครมันทำให้ปชชนในเกรคปานกลางหรือต่ำกว่ามีสิ่งเสพติดเกิดขึ้น

- 2: พวกเก่าๆสมัยก่อนไม่ค่อยมี สมัยนี้ข้าวของมันแพงก็มีพวกขโมยมากขึ้น
 1: เพื่อนบ้านรู้จักกันเยอะ
 J: ประเพณีไทยเปลี่ยนไหม
 2: เข้าพรรษาก็มี ไปทำบุญกัน
 4: ประเพณีคนไทยจะไม่ทิ้งกันจะสืบสานพระศาสนาให้สืบต่อไป
 ศาสนาอื่นเราไม่เท่าไร
 3: เราคนไทยต้องทำบุญตักบาตร
 2: ทำบุญ สงกรานต์ก็เล่นประมาณ 5 วัน
 1: การเล่นสงกรานต์ก็ไม่เปลี่ยนหรอก
 2: คนแก่เราก็ไปอาบน้ำให้เสื้อผ้าอะไรให้
 4: สงน้ำพระ

Group 15 (Younger Bangkok workers, all male)

- 1M: In Bangkok, the youth ride motorcycles and hang out together. It's another kind of fun.
 2M: The traditions of Songkran festival we would pour water and ask for blessings for older people. In Bangkok, don't have it.
 1M: Youth in Bangkok don't go to the temples.

- 1: กรุงเทพวัยรุ่นขี่มอเตอร์ไซด์เล่นกัน มันก็สนุกไปอีกแบบนึง
 2: ประเพณีสงกรานต์น่าจะรดน้ำขอพรจากผู้ใหญ่ ในกรุงเทพจะไม่มี
 1: วัยรุ่นในกรุงเทพเดี๋ยวนี้ไม่ค่อยเข้าวัด

Group 19 (Younger Bangkok workers, all female)

- J: Have the customs changed over the last 20 years.
 4F: A lot.
 2F: Before we used to circumambulate around temple, play games, now very little. Nobody goes to make merit at temples. For Loi Gratong festival not many people float gratongs judgment (float handmade mementos in rivers to make merit). In Bangkok Loi Gratong festival is not the same as in the countryside where they float gratong in the river. In Bangkok you don't. They float them for five minutes or overnight, then the next morning people come and throw them in the trash, trash them all. In the countryside festivals are fun.

- 4F: You said just what I was thinking.
 2F: Songkran in the North they used powder and jasmine flowers, but now they don't do it anymore. Now they throw ice at each other. A lot of accidents happen. Now it's not fun. It's not natural like before. Before, everything was natural.
 4F: Now men grab women too. I go to the countryside. Bangkok is not fun. In the countryside, we still pour water on the old people.

J: ประเพณี 20 ปีที่ผ่านมาอะไรเปลี่ยนแปลงไป

4: เยอะ

2: เมื่อก่อนมีการเวียนเทียน การละเล่น มีก็น้อย ไม่มีคนไปทำบุญที่วัด ลอยกระทงก็ไม่ค่อยมีคนลอยแล้วเขตลอยกระทงไม่เหมือนบ้านนอก ลอยในสายน้ำในกรุงเทพไม่มี ลอยทำนาที่หรือดินนั้นรุ่งเช้าคนก็มาเก็บขยะเก็บทั้งหมด บ้านนอกเทศกาลอะไรก็ดี

4: พุดเหมือนที่คิด

2: สงกรานต์ส่วนมากภาคเหนือจะไช้แป้งพวกดอกมะลิแต่เดี๋ยวนีไม่มีแล้ว เดี๋ยวนีใช้น้ำแข็งเพียงใส่กัน เกิดอุบัติเหตุเยอะเดี๋ยวนีมันไม่สนุก มันไม่ธรรมดา เหมือนแต่ก่อน เมื่อก่อนของธรรมชาติทั้งนั้นเลย

4: มีการลวนลามกันด้วย จะเล่นที่บ้านนอกกรุงเทพไม่สนุก บ้านนอกรดน้ำคนแก่

Change in women's roles and place in society

As one might expect the opinions about the changes in women's roles depended to some degree on the gender of the participant. Some men remained attached to the ideas of men "having their way" (sexual access) with women, including having a "minor wife" (mistress). In general men, were supportive of women having greater social mobility and opportunity, and appreciative of the contribution women made to the household. Younger Thai women were particularly proud of the equality they were beginning to enjoy and the accomplishments they could make, but still felt an obligation to show some deference to their husbands or boyfriends. A few female participants expressed ambivalence and concern about the fact that the

increasing cost of living or the pursuit of “upgrading oneself” had forced many women out of the home and into the workforce, sometimes leading to the neglect of children.

Group 1 (Younger rice farmers, mixed gender)

J: Is there anything that makes you not sabaay?

3M: Don't have any money. Poor. So not sabaay jai. If I had money, I would be sabaay, be happy. I'd have a minor wife [mistress]. I talked with my wife already. She didn't allow it.

2M: We just live like this.

4F: He means we just live like this. We don't yet have wants for anything else. I mean if we want something, we can get it. Except for things that we have to spend money on.

3M: Just want more money.

4F: Anyone who wants a wife can have one.

J: มีอะไรบ้างที่ไม่สบาย?

3: ไม่มีตั้ง จน ก็ไม่สบายใจ ถ้ามีตั้งก็สบายมีความสุขมีเมียอีกสักคน
ปรึกษาเค้าแล้วเค้าไม่ให้

2: เท่าที่จะเป็นได้

4: คือเท่าที่จะเป็นได้ ยังไม่มีความต้องการอย่างอื่นที่แบบแล้วยังไม่ได้
คือต้องการแล้วได้ นอกจากว่าสิ่งของที่แบบต้องซื้อด้วยเงิน

3: เงินตัวเดียว

4: ใครอยากมีเมียก็มีได้

Group 13 (Younger Bangkok workers, mixed gender)

1F: Parents thought that girls can study for a while, but they should get married, should be a housewife. Now there are some women who are better than men. They are starting to be equal with men.

1: คือพ่อแม่คิดว่าเรียนไปก็เท่านั้นเดี๋ยวก็แต่งงาน ก็ต้องมาเป็นแม่บ้าน
เดี๋ยวนี้ผู้หญิงเก่งกว่าผู้ชายก็มี เริ่มจะเท่าเทียมผู้ชาย

Group 16 (Older Bangkok workers, all female)

- 3F: Housewives have developed. Now they can find work to do. Before, they had to take care of children. Now, they go out and work, dress better, more beautifully. They even wear Thai style clothes and go to work. In the past, they didn't go out into society.
- J: Have customs changed?
- 3F: Women are not shy.
- 4F: We have more self-confidence. Because in the past women didn't go out, didn't go in front of their husbands. Now we can go together anywhere. We still give respect to our husbands.

3: คนแม่บ้านพัฒนารู้จักออกหางานทำ เมื่อก่อนเลี้ยงลูกเดี๋ยวนี้ออกไปหางาน แต่งตัวดีขึ้นสวยขึ้น แต่งชุดไทย ไปออกงาน สมัยก่อนจะไม่กล้าตามสังคม

J: ประเพณีเปลี่ยนไปหรือเปล่า

3: ผู้หญิงไม่ขี้อาย

4: มีความมั่นใจขึ้นเพราะพวกผู้หญิงเมื่อก่อนไม่กล้าออกนอกหน้าสามี สมัยนี้ไปไหนก็ไปด้วยกัน เราให้เกียรติสามี

Group 21 (Younger Bangkok workers, mixed gender)

- 2F: Most of the ones who are addicted to drugs are missing warmth. Their social environment is not good. Parents leave their kids to study alone, and they get lonely. They stay with friends. Before, in Thai society mothers were housewives and fathers went to work. Now, both parents have to work. Why?
- 3M: It's because they have better education. In the past, women didn't have much education, but now women get higher education. So they have to go out and make money for their family, in order to have a better standard of living. If only one works, you only have one income. It's not enough to support a family. Expenses are high. Women now have education and can earn the highest degrees, and they want to work too. So both of them want to work because they want to participate in the society. In the past, men who were the only ones working in the family could not make it in society because they were not rich, and lived in slums, or in flats. If two people help out and work together it means that they can "upgrade" themselves and rise to live in a "townhouse" or in a better place. It's more like that.

- 2: ส่วนมากที่ติดยาเพราะขาดความอบอุ่น สภาพสังคมมันไม่ดี
พ่อแม่ปล่อยให้ลูกเรียนแล้วก็ว่าเหว่อยู่กับเพื่อน
- J: เมื่อก่อนสังคมไทยแม่เป็นแม่บ้านแล้วพ่อออกไปทำงาน
ตอนนี้ครอบครัวทั้งสองต้องออกไปทำงาน ทำไม
- 3: คือการศึกษาสูงขึ้น
สมัยก่อนผู้หญิงจะต่อการศึกษาแต่เดี๋ยวนี้ผู้หญิงได้รับการศึกษาสูงต้องหาเงินเลี้ยงครอบครัวด้วยกันเพื่อความเป็นอยู่ที่ดีขึ้น
ถ้าเกิดให้คนๆเดียวรายได้คนเดียวมันจะไม่พอกินในครอบครัวค่าใช้จ่ายสูง
ผู้หญิงเดี๋ยวนี้การศึกษาได้รับเต็มที่แล้วเขาก็อยากทำงานด้วยคือก็อยากไปทำงานทั้งคู่แหละต่างคนต่างอยากอยู่ในสังคม
สมัยก่อนคนๆนึงหาเลี้ยงครอบครัวไม่ได้อยู่ในสังคมไม่รวย
ไปอยู่สลัมคอนโดที่คนเยอะๆ
แต่ถ้าสองคนช่วยกันทำมาหากินก็ถือว่าupgradeตัวเองหน่อย ขึ้นไปอยู่
townhouse หรือที่ขึ้นหน่อยอย่างนั้นมากกว่า

Buddhism

There was a lack of consensus about the depth of faith among the Thai people. Generally the participants agreed that younger people are far less interested in Buddhism than were younger people in the past. Most agreed that working-class Thais have far less time and energy to visit temples, pay respect to the Buddha (or monks), or make merit. Young Thais men were said to be spending much less than the traditional three months training as novice monks, and many more were opting out altogether because of lack of interest or time. Some participants were quite cynical about the honesty and integrity of monks, and blamed them for a decline in Buddhism. They believed that the religion has been corrupted by ideas which are not traditional and by competition among monks to attract followers who would give donations. Still, there was a belief that nearly all Thais are Buddhist, and that even if they did not practice, in times of distress or need Thais would still take refuge in their temples and consult monks for guidance.

Group 8 (Older rice farmers, all female)

J: How old are Thai men when they become novice monks?

1F: Around 20 years old.

3F: Some people stay for the whole rainy season, some for 7 days, some for 5 days. The rainy season is 3 months long. Now they can't do it so long. Students go work.

J: ผู้ชายมีบวชพระ อายุเท่าไร? โบว์ 1 2 3 บวช อายุ 20 ปี

3: บางคนเป็นพรรษา บางคน 7 วัน 5 วัน พรรษาก็ 3 เดือน ตอนนี้นั้นไม่ได้
นักเรียน ไปทำงาน

Group 21 (Younger Bangkok workers, mixed gender)

J: In Bangkok are there still people who go pay respect to the Buddha (or monks) and make merit.

1M: There still are. This we haven't thrown away.

J: Just the same, or has it changed?

4F: Fewer people go.

1M: People go less because Thai people have to make a living. They have to go out early in the morning, and come home late at night. Those who go make merit are housewives who don't work. They just take care of the house, so they can make merit.

J: People don't have time to go make merit, or don't feel like going. How is it if you compare with the past.

3M: I think it's more that they don't have free time. There are two groups. One group is not interested. The other group doesn't have time.

2F: Monks behave badly. They make the religion decline.

3M: There are monks who have mistresses. The religion prohibits them having wives. Prohibits drinking alcohol.

1M: There are monks who get drunk. There are some monks who destroy the religion. Like the *Suan Moog* temple, and the "Buddha with his foot on the world" temple. (A reference to a recent scandal where a temple built a large statue of the Buddha in a heroic posture with his foot on top of a globe and publicized it to attract visitors. This image was considered inconsistent with Buddhist teachings and offensive, and was subsequently dismantled).

J: Is this good or bad?

1M: It's no good. For Buddhism it's bad.

3M: Buddhism should be peaceful and polite.

J: These days people see monks doing things that are bad. People are not interested in going to temples. They think it has no value.

- 1M: These days people who pray don't pray to monks, they pray to the saffron robes. I mean monks wear saffron robes, but most people don't pray specifically to the monks, but to the robes.
- 4F: Where there is a good monk, people go only to see that monk if he behaves well. If a monk is not good people don't bother to go see him at all.
- J: In the rural areas people don't have extra cash. But I have seen a lot of temples. I have asked around at these temples. Most people who make merit are from Bangkok. Is it true?
- 2F: It's true.
- 1M: It's true.
- J: Why?
- 1M: Temples in Bangkok already have a lot of money. They have a lot of income, like at Lat Pao temple. That temple has a rule that anyone who wants to have a funeral has to pay a certain amount for service. And they have to use the supplies from the temple. They cannot bring supplies from outside. This temple is a "business" temple.
- 3M: It's a business now.
- 3M: Really, temples belong to the people. Thai people donate and build the temples.
- J: Is there competition between temples?
- 3M: Yes there is.
- 1M: Even within the same temple there is competition.
- J: So, today temples are like mirror of the society because there is a lot of competition.

- J: ในกรุงเทพฯยังมีคนไปไหว้พระไปทำบุญ
- 1: ยังมีอยู่ อันนี้ไม่ทิ้ง
- J: เหมือนเดิมหรือว่าเปลี่ยนไป
- 4: คนไปน้อยลง
- 1: คนจะไปวัดน้อยลงเพราะว่าคนไทยต้องทำมาหากินเข้าก็ต้องออกแล้ว มีดก็เข้าบ้านที่จะทำบุญนี่จะเป็นใส่บาตรหรือพวกแม่บ้านที่ไม่มีงานทำดูแลบ้านถึงจะไปทำบุญได้
- J: คนไม่มีเวลาทำบุญหรือไม่ค่อยสนใจเท่าไรถ้าเปรียบเทียบกับเมื่อก่อน
- 3: คิดว่าไม่มีเวลามากกว่ามันมีสองอบางกลุ่มนี่ไม่สนใจอีกกลุ่มนี่ก็ไม่มีเวลา
- 2: พระทำตัวไม่ดี คนทำให้ศาสนาเสื่อม
- 3: พระมีเมีย ปกติเขาห้ามมีเมีย ห้ามทานเหล้า
- 1: พระกินเหล้าเมา มีบางองค์นะเสียพระศาสนาปางค์สวนมวกใจ ปางเหยียบโลก

- J: อันนั้นเป็นยังไง ดีหรือไม่ดี
 1: ไม่ดีศาสนาพุทธแล้วไม่ดี
 3: ศาสนาพุทธจะต้องสำรวมจะต้องสุภาพ
 J: ทุกวันนี้คนเห็นพระทำอะไรไม่ดีไม่สนใจเข้าวัดคิดว่าไม่มีประโยชน์
 1: ทุกวันนี้คนไหว้พระส่วนมากไม่ได้ไหว้ตัวพระ จะไหว้ผ้าเหลือง
 ถือว่าใส่ผ้าเหลืองนุ่งเหลืองห่มเหลืองจะไม่เจอะจงที่ตัวพระนะส่วนมาก
 4: พระรูปไหนดีคนก็จะมุ่งไปแต่พระรูปนั้นรูปเดียวถ้าปฏิบัติตัวดี
 ถ้าองค์ไหนไม่ดีคนเขาจะไม่ยุ่งเลย
 J: ในชนบทคนไม่มีสตางค์เหลือนะแต่เห็นวัดเยอะम्मเคย
 ถามที่วัดนะส่วนมากเป็นคนกรุงเทพสนใจทำบุญจริงหรือเปล่า
 2: จริง
 1: จริง
 J: ทำไม
 1:
 วัดในกรุงเทพมีเงินเยอะแล้วเขามีรายได้เยอะอย่างวัดลาดพร้าวที่ว่าใครจะเอ
 าศพเข้ามาในวัดจะต้องเสีย
 ค่าอะไรเท่าไรแล้วจะต้องเอาของวัดหมดไม่มีการเอาของคนข้างนอกมา
 เป็นวัด business
 3: เป็นธุรกิจกินไปแล้ว
 3: จริงๆแล้ววัดนี้เป็นของประชาชน คนไทยจะศรัทธาบริจาคเงินสร้างกุฏิ
 J: มีการแข่งขันระหว่างวัดไหม
 3: มีเหมือนกัน
 1: วัดเดียวกันยังมีเลย
 J: วัดทุกวันนี้เป็นกระจกสังคมเพราะมีการแข่งขันกันเยอะ

Group 23 (Younger Bangkok workers, all male)

- J: So if you don't have a family problem you don't take much
 interest in going. What is the quality of the temples like?
 1M: They have developed. They have build up a lot. Like the "Buddha
 with his foot on the world" temple.
 N: What do you think about the temple in Chachoengsao province?
 (The temple with the controversial statue of the Buddha with his
 foot on the earth.)
 1M: It's disrespectful to the religion. Such a thing like that really

- shouldn't happen.
- 3M: Their intention is to give. They have good intentions, but perhaps they are doing wrong and bizarre. They are doing something different from other monks.
- 1M: It's not good you know. The image of the Buddha is proper.
- J: The temple in Chachoengsao province sells blessed water?
- 3M: This kind of religion of Thais is based on luck and omens (superstition).
- 1M: For family problems, they go to gain hope.
- J: Has original Thai custom changed or not?
- 1M: It hasn't changed. We have it just the same. It's buried in the ground (never goes away).
- 3M: I say it has changed. In Bangkok we work seven days. And we have forgotten to go to the temples together. If you're talking about upcountry, we would still go because people go together. In Bangkok most don't go to the temples. Those that go are usually older. Youth stay away from temples. I am an example. I used to live upcountry and stay around the temple, but now I am too busy with work which makes a problem for the family. Busy.
- 1M: Making merit in our situation means doing it once you have everything else.
- 3M: I go make merit but not often. I intend to go but I don't go.
- 1M: Thai people don't forget (going to temples).
- 3M: When we have a problem, then we go to the temple.
- 2M: Like Christians who go talk to the priests.

- J: ประเพณีแบบไทยๆเปลี่ยนแปลงไปหรือเปล่า
- 1: ไม่เปลี่ยนก็มีเหมือนเดิมปลูกฝังอยู่ในดิน
- 3: ผมว่ามันเปลี่ยน ในกรุงเทพมหานครมันเจ็ดวันแต่คนเราเริ่มไม่เข้าวัดกัน ถ้าเป็นต่างจังหวัดเราก็จะไปเพราะคนจะไปกัน ในกรุงเทพโดยมากจะไม่เข้าโดยมากจะเป็นผู้สูงอายุ วัยรุ่นจะห่างจากวัดคือผมก็มีส่วนเพราะอยู่ต่างจังหวัดเราจะอยู่กับวัด งานยุ่ง คงเป็นปัญหาครอบครัว ยุ่ง
- 1: การทำบุญนี่คือถ้าเรามีพร้อมก็ไปทำบุญ
- 3: ทำเหมือนกันแต่ไม่ประจำ นึกอยากจะไปแต่ไม่ได้ไป
- 1: คนไทยไม่ลืมนะ
- 3: เวลามีปัญหาจะไปหาวัด
- 2: เหมือนคนคริสต์ไปถ่ายบาป
- J: ถ้าไม่เกิดปัญหาในครอบครัวไม่ค่อยสนใจทำไหว้ คุณภาพของวัดเป็นไง
- 1: เจริญขึ้น สร้างอะไรเยอะ สร้างปรารภค์เขียนโลก

- N: คิดยังไงกับวัดที่จะเชิงเทรา
 1: ตูหมิ่นศาสนา ไม่น่าเกิดการแบบนี้ขึ้นมา
 3: เขาเจตนาจะให้
 เขาเจตนาดีนะแต่เขาอาจจะผิดแปลกแตกต่างไปจากพระรูปอื่น
 1: มันไม่ดีนะ ปรากฏของพระพุทธเจ้านะเรียบร้อย
 J: วัดที่จะเชิงเทราเรื่องชายน้ามนต์
 3: ทางศาสนาคนไทยชาวบ้านเชื่อโชคลาง
 1: ปัญหาครอบครัว มีความหวัง

Changes in the environment

Most of the participants were concerned about the degradation of their environment, although a few thought that things were improving. Rural and urban participants expressed concerns about environmental quality and the health effects of pollution.

Group 3 (Younger rice farmers, mixed gender)

- J: Thinking about the environment in this village has it changed?
 3F: It has gotten much better than before. We have more knowledge than before.
 1M: No pollution.
 2F: There is no pollution. There are many more trees, and fruit. We've planted many more. Now, a lot of chemicals. I'm afraid but I don't know what to do about it, because there are a lot of diseases. We have to use agrochemicals all the time.
 J: Water in the canal, are there people who still use it for bathing, washing? What about now?
 2F: Can't use it anymore.
 1M: Nobody uses it. We use tap water.
 3F: You can't use it. The canal water is full of pesticides. In the news we hear that people who play in the canals get red eyes. Get itchy spots. Mostly kids.
 2F: But they can play. My kids play. I haven't seen them get sick.
- J: ถ้าคิดเป็นสิ่งแวดล้อมหมู่บ้านนี้สิ่งแวดล้อมมีการเปลี่ยนไปไหม
 3: ก็ดีขึ้นกว่าเก่าเยอะเลย คนเรามีความรู้อันดีกว่าเก่า
 1: ไม่มีมลพิษ (pollution)

- 2: เป็นมลพิษไม่มี ต้นไม้ ผลไม้มีเยอะขึ้น จะปลูกขึ้นเยอะ สมัยนี้เคมี
 เยอะมากที่สุด กลัวแต่ไม่รู้จะทำยังไงได้ เพราะโรคมันเยอะ
 ต้องใช้สารเคมีตลอด (agrochemicals)
- J: นำในคลองคนใช้น้ำอาบน้ำซักผ้า แต่ตอนนี้...
- 2: ไม่ได้ใช้แล้ว
- 1: ไม่มี ใช้น้ำประปา
- 3: มันใช้ไม่ได้ น้ำคลองมียา ตอนนั้นข่าวออกคนไปเล่นน้ำคลองตาจะแดง
 เป็นผื่นคัน ส่วนมากเป็นเด็ก
- 2: แต่มันก็เล่นได้ ลูกที่บ้านเล่นไม่เห็นเป็นไร

Group 13 (Younger Bangkok workers, mixed gender)

J: How is the environment?

3M: It's changed a lot. The forest has all but gone. Air is polluted.
 Smoke, dust, a lot.

1F: They make laws but it doesn't produce any result.

4M: There are bad sides and good sides. I mean, development has come.
 But there are bad things that come with it. Because in this area the
 sewage pipes break often. There's a lot more air pollution and
 smoke. In the future maybe it will decrease because the
 government is trying to control smoke. They've made very strong
 laws. But, transportation is convenient. We live close to the
 schools. Live close to the developed areas, markets, buying food is
 easy. If you go to the countryside, you can go in any direction.

J: สิ่งแวดล้อมเป็นไง

3: เปลี่ยนไปเยอะเลย ป่าไม้หายไปเยอะ อากาศเสียควัน ฝุ่นเยอะ

1: ออกกฎหมายมาก็ไม่ค่อยได้ผล

4: มันมีด้านเสีย และ ด้านดี คือ มีความเจริญขึ้นมา มันก็มีด้านไม่ดีเข้า
 เพราะละแวกนี้ ชุกท่อบ่อย มลพิษ ควัน อาจจะมีเยอะหน่อย
 อนาคตอาจจะเบาบางลง เพราะรัฐบาลป้องกัน พวกควันดำ
 ออกกฎหมายเข้มงวดแต่ว่า การคมนาคมสะดวก อยู่ใกล้โรงเรียน
 อยู่ใกล้ความเจริญ ตลาด จ่ายกับข้าวก็ง่าย จะไปต่างจังหวัดก็ไปทุกภาค
 จะขึ้นทางด่วนก็สะดวก

3: ย่าน ย่านนาว่า นี่สภาพแวดล้อมจะเป็น อากาศเสีย ควัน รถติด ฝุ่น
 ความแออัด น้ำท่วม

Group 14 (Older Bangkok workers, mixed gender)

4M: Roads have come in and caused a lot of construction.

3M: The lane used to flood. Now it's been paved higher.

1F: Now it's a bit better. Used to flood.

4M: It was flooded all year long.

1F: The stagnant water used to stay around for months.

3M: I can't work anymore. I ask my kids for 300, 400, 500 baht. Kids are well-off (sabaay) now. They have kids and wives, and have enough to make it. I'm fine (sabaay). I don't have to do anything.

4M: Old now. Kids can share feeding him.

4M: Quality of life in this area is very crowded. Population is crowded. Buildings have been built. When you look around all you see are buildings. Not like in the countryside. It's getting to the point where you feel squeezed. But not too uncomfortable yet. It's OK. But the air circulation is nothing like in the country. In the country, the breeze comes right into the kitchen. But here is about in the middle, but not great.

4: ถนนที่เขามาทำให้ การก่อสร้างต่างๆ

3: ขอยน้ำท่วมเดี๋ยวนี้เทสูงแล้ว

1: เดี่ยวนี้ดีหน่อย แต่ก่อนน้ำท่วม

4: ท่วมเป็นปีๆ

1: น้ำขังเป็นเดือนๆเลย

3: ทำงานไม่ไหวแล้ว ขอเค้า เดือน300-400-500 ลูกๆก็สบายแล้ว มีลูกมีเมียแล้วพออยู่ได้ ผมสบาย ไม่ต้องทำอะไร

4: แก่แล้วลูกๆก็แบ่งให้กิน

4: ความเป็นอยู่ในละแวกนี้ก็หนาแน่นพอสมควรประชากรหนาแน่น ตึกกรมบ้านช่องสร้างขึ้นมามองไปทางไหนก็มีแต่ตึกกรมบ้านช่อง ไม่เหมือนต่างจังหวัดถึงขนาดเจียดตัว ก็ไม่ถึงกับอัดอัด ก็พออยู่ได้ แต่เกี่ยวกับความถ่ายเทของบรรยากาศไม่ค่อยเหมือนต่างจังหวัด ต่างจังหวัดลมจะเข้าถึงในครัวเลย แต่นี่พอได้ปานกลางแต่ไม่ถึงกับดีเลย

Group 19 (Younger Bangkok workers, all female)

3F: The surroundings in Yannawa differ. Before it was a slum. But, now a lot of buildings have been built. "Condo, apartment." I don't like it that much. If it continues like this, the cost of living will increase. Expenses will increase.

4F: There are traffic jams. A lot of air pollution. Can't go anywhere

easily now.

1F: The noise from cars is loud.

4F: Motorcycles are very loud.

3: สภาพแวดล้อมยานนาวาก็มีหลายอย่าง เมื่อก่อนก็เป็นสลัม
ก็มีตึกอะไรขึ้นมาเยอะ เป็นคอนโดพาทเมนต์ ไม่ชอบเท่าไร
ถ้าเป็นอย่างนี้ค่าครองชีพ ก็สูงขึ้นเรื่อยๆ ค่าใช้จ่ายเพิ่มขึ้น

4: รถก็ติด ควันพิชก็เยอะไปไหนไม่คล่องเตี้ยวนี้

1: เสียงรถดัง

4: เสียงมอเตอร์ไซด์นี่แรง

Group 20 (Older Bangkok workers, all male)

J: How is the air?

4M: I can't handle the air in Bangkok anymore.

2M: Air pollution.

J: Before, didn't people use rain water to wash and drink?

4M: In the past, you could still drink water from the canals. Now where
would you dare drink it? In the past, we drank canal water, really!
We didn't have tap water.

J: อากาศเป็นยังไงบ้าง

4: อากาศในกรุงเทพนี่ไม่ไหวหรอก

2: อากาศเสีย

J: เมื่อก่อนใช้น้ำฝน ชักผ้า กิน

4: สมัยก่อนน้ำคลองยังตักขึ้นมากินได้เลย เตี้ยวนี้กินได้ที่ไหน
สมัยก่อนกินน้ำคลองจริงๆประปามันมีที่ไหน

The year of this study, everyone has noticed a reduction in traffic in Bangkok, even in the peak morning hours. This improvement in traffic conditions compared with the previous years was due to the combination of several factors. The economic crisis led to a dramatic drop in commercial activity and the substantial and steady outflow of unemployed construction and factory

workers to the provinces (Hutasingh 1999). Many of these economic refugees traveled out of Bangkok on newly opened elevated expressways and tollways. The completion of these new expressways improved the circulation of traffic considerably by opening up new routes and ending years of traffic-choking construction.

Concerns about specific diseases

The participants discussed health concerns about non-communicable diseases most often, and related their fears about these diseases to pollution, chemical contamination, and stress.

Group 4 (Older rice farmers, mixed gender)

J: What are people in this community worried about when it comes to health?

1M: Cancer, we're really afraid. You can't cure it.

3F: Not afraid of AIDS. There's a lot of drug addiction. Amphetamines [lit. idiot medicine]. Young students are the ones who are addicted. In this village, folks have high blood pressure and diabetes.

J: คนในหมู่บ้านเป็นห่วงเรื่องอะไรถ้าเป็นเรื่องสุขภาพ

1: เรื่องโรคมะเร็งกลัวกันมาก รักษาไม่หาย

3: AIDS ไม่กลัว ยาเสพติด มีเยอะ ยาบ้า ยาม้า วัยรุ่น

นักศึกษาที่จะเป็นกันมากในหมู่บ้านนี่จะเป็นความดันโลหิตสูง กับ เบาหวาน

Group 16 (Older Bangkok workers, all female)

3F: There are more conveniences. It's difficult to find servants. Sometimes you have to do work yourself. Now there are labor-saving appliances, washing machines. So we have time to go get exercise. Now there are a lot of disease, pollution. You can buy fruit any season, but people are living shorter because of the chemicals. Now, people don't share meals together as a family. Cancer [from chemicals] and stress [from social isolation].

3: มีสิ่งอำนวยความสะดวก ถูกจ้างหาขายบางที่ต้องใช้แรงงาน

เดี๋ยวนี้มีเครื่องทุ่นแรง เครื่องซักผ้ามีเวลามาออกกำลังกาย เดี่ยวนี้มีโรคเยอะ

คว้นพิษผลไม้ตามฤดู เดียวนี้เร่งผลไม้
คนอายุสั้นเพราะสารเคมีสมัยนี้ต่างคนต่างทาน มะเร็ง เครียด

In summary, in all 24 interviews, I found the following general pattern in the responses:

- Q: What has changed in your community?
A: Everything. Development, roads, the environment, work patterns, social interactions, customs and rituals, drugs. Everything has changed.
- Q: Are you more sabaay now?
A: Yes, ... and no. More comfortable, but have to work much harder, less time for family and community. I feel a lot of stress.

CHAPTER 7

WORKING-CLASS THAI'S VIEWS OF THAILAND'S ECONOMIC CRISIS

This chapter describes how changes in the global economic system in the 1990s and the 1997-98 socioeconomic crisis in Thailand impacted the lives of ordinary, working-class Thais. During the 1990s, I traveled to Thailand nearly once each year. Having observed the astonishing increases in conspicuous consumption of high-end, brand-name goods, I had a gut feeling that the economic boom in Thailand was going to come to a head, socially or economically. Although it was apparent that the Thai economy would have to slow down at some point, when I was formulating this study I could have never predicted such a sudden crisis would have occurred.

Before the crisis, most working-class Thais' interactions with the economy had been in buying, selling, laboring, earning, borrowing, consuming, and sometimes saving. Many were driven to Bangkok to escape rural poverty, or to try to solve the problems of poverty in their immediate families back home. Almost everyone who migrated to Bangkok had come in search of a better life that was typically defined as having a stable occupation, wage income, and material comforts of modern living i.e., a Western-style house, a car, and a few motorcycles (Guest, Chamrathirong et al. 1994). People from the provinces were also drawn to Bangkok seeking better schools and better health care

(Havanon 1992). Most working-class Thais I interviewed had limited awareness of events that were taking place in the global economy.³

A view from "below": everyday life in the spiraling economy

What happens to ordinary people when their economy suddenly goes into a downward spiral after many years of growth? During the steep downturn in the economy through the second half of 1997 and 1998, most Thais were confused and struggled to grasp what an economic crisis meant. In the everyday reality of most Thais, the "bad economy" reduced their sense of security, purchasing power, and ability to feel sabaay. I found that the participants in this study had almost no understanding of the underlying causes of their country's economic plight. While the economy was unraveling, rather cryptic news reports appeared on television – the medium most working-class Thais relied on for information. Periodically, the proceedings of round table meetings on the economic situation featuring academics and experts were shown on television. Everyone was talking about the economy and the media was full of commentary about leading a cleaner, simpler, less consumeristic life. The national slogan and campaign on radio and TV became

³ In 1994, the U.S. Federal reserve raised its lending rate to 4.5 %. As the spread between capital cost and return on investment began to shrink, U.S. banks began to call in their investments in Mexico. The U.S. government quickly crafted a plan to assure foreign creditors that they would be repaid. They obtained commitments to provide Mexico with a \$50 billion rescue package through the International Monetary Fund (IMF) so that Mexico could service its debt. The plan effectively bailed out American investors who had placed their capital in high risk ventures. In April 1995, the group of seven industrialized nations (G7) met in Washington. American representatives expressed their concern about the stalled Japanese economy. The Japanese Finance Minister agreed to try to restart the Japanese economy by ratifying a U.S. proposal to increase the value of the dollar against the Japanese yen. This would have the effect of making Japanese export product less expensive for Americans and, it was hoped, stimulate economic growth in Japan. The Asian tigers, including Thailand, paid little attention to G7 decision. As the dollar appreciated in value, the value of their currencies which were pegged to the dollar also rose. Their exports in turn became more expensive in the global market. In many countries, export sales began to fall and deficits began to grow.

“Travel Thailand, buy Thai, sell Thai, help the Thai nation.” Commentators made references frequently to attacks foreign currency speculators had made on the Thai currency (baht).⁴

Group 3 (Younger rice farmers, mixed gender)

J: In your opinion, why is the economy like this?

1M: There is a lot of corruption. Every system. They are still taking money. The corrupt ones don't want to help poor people. They build roads, and steal the money.

2F: Supplies are more expensive. I really don't know why. Maybe it's because the money has lost value. But I really don't know. Now, I really don't understand what's going on. It's because Thai money has dropped in value. I heard it on TV.

1M: The system of money is floating (reference to the government policy to “float” the currency. So we are floating too.

N: Do you feel that the economy is not good?

2F: I know. But I can't do anything.

3F: We can't make our opinions known. They (powerful people) come and use our labor. We sell to them. They decide the price. This much. That much. We don't have a chance to set the price at all.

⁴ In early 1997, George Soros, the shrewd investment banker and hedge fund guru, took note of the appreciation of the dollar and began to focus on its impact on Asian economies. Soros realized that the Thai baht was becoming overvalued because it was pegged to a rising dollar. From spring of 1995 to summer 1997 the dollar had strengthened by more than 50% against the Japanese yen and 25% against the German mark. As the dollar strengthened against major currencies, Thai goods became more expensive in the world market. Soros realized that Thailand's trade balance and current account balance were weakening and that Thai government would not be able to endure the inflated value of the baht. Soros then reasoned that after several years of negative trade balances that depleted the dollar reserves, the Bank of Thailand would be in a weak position to support the peg by selling dollars to buy baht. Soros quietly made a series of bets in the international currency markets taking short positions against the Thai baht. Other hedge fund managers took notice of Soros' position and followed his lead, thereby creating a self-fulfilling prophecy. The Thai economic authorities were caught flat footed. The prime minister, General Chavalit Yongchaiyudh, allowed his economic team to engage in a secret and misguided attempt to support the baht. In just seven months, the administration spent \$6.8 billion or 17.8% of Thailand's dollar reserves, in a futile effort to defend the baht. In May, the baht came under attack with hedge funds taking US\$10 billion in positions against the baht in spot, forward and options markets. In June, the Thai government chose to intervene in the currency markets and in one month use another US\$ 2.0 billion in dwindling dollar reserves to buy baht to defend the 10-year-old dollar peg. International investors started calling in their short-term loans and pulling their investments out of the Thai stock market (hence the term “hot money”).

- J: ในความคิดเห็นของท่าน ทำไมเศรษฐกิจเป็นอย่างนี้?
- 1: โกงกินมันเยอะ ทุกๆระบบ ตอนนี้อย่างกินอยู่ โกงกินกันไม่เอามาช่วยเหลือคนจน เอามาทำถนน ถนนทาง ก็เอามากินกันเยอะ
- 2: ของมันแพงขึ้นจัง ไม่รู้สิ มันอาจจะเพราะค่าเงินมันต่ำลง หรือไงก็ไม่รู้
ตอนนี้ไม่รู้เรื่องด้วย มันเป็นเพราะค่าเงินไทยมันต่ำไป รู้จากโทรทัศน์
- 1: ระบบเงินบาทลอยตัว เราก็ลอยตัว
- N: มีความรู้สึกไม่ว่า เศรษฐกิจมันไม่ดี?
- 2: รู้ ของมันแพงขึ้น เศรษฐกิจไม่ดีแน่เลย
- 1: รู้ แต่จะไปทำยังไงได้
- 3: เราออกความเห็นไม่ได้ เขาก็มาใช้กำลังกายกับเรา เราขายของไปให้เขา
เขาก็ตีราคาให้เราว่า เท่านั้นๆ เท่านั้นๆ เราไม่มีโอกาสตีราคาได้เลย

Table 10 shows a summary of the "cold, hard economic facts." In the years just prior to the crisis, Thailand's exports had been declining (25% growth in 1995 and -2% in 1996) and the balance of trade had been weakening (-14.7 \$ billion in 1995 and -16.1 \$ billion in 1996). This meant that the Bank of Thailand's (BOT) dollar reserves were rapidly declining, thus weakening the BOT's ability to manage the value of the baht. Overseas currency traders speculated against the baht won. Foreign investors pulled their capital out of Thailand in a panic. This triggered a crisis in the Thai economy. In 1996, the economy had grown at a 5.9% p.a. After the first year of the crisis, the economy was contracting at a rate of 10%, representing a 16% slide downward in the performance of the economy in just one year. Over the same year, the baht, slid from its average 10-year pegged rate of 25 baht to one U.S. dollar to an average of 43 baht/dollar, for a 72% depreciation in the value of the baht in just one year.

Table 10. Thailand Key Economic Indicators, 1995-1999

	1995	1996	1997	1998p	1999E
% change GDP at constant 1988 prices	8.9	5.9	-1.8	-10	3.0-4.0
Agriculture	2.9	3.6	-0.7	-0.7	3
Non-agriculture	9.7	6.2	-1.9	-11.1	3.0-4.0
Exports (billions of \$US)	55.7	54.7	56.7	52.9	41.1
(% change)	24.8	-1.9	3.8	-6.8	-22.3
Imports (billions of \$US)	70.4	70.8	61.3	40.6	33.9
(% change)	31.9	0.6	-13.4	-33.8	-16.5
Trade balance (billions of \$US)	-14.7	-16.1	-4.6	12.3	7.2
Current account balance (billions of \$US)	-13.2	-14.4	-3.1	14.3	8.9
Total net capital movement (% GDP)	21.9	19.5	-9.1	-9.5	-4.7
Private capital movement (%GDP)	20.8	18.2	-8.1	-15.5	-10.8
Public capital movement (%GDP)	1.1	1.3	1.6	2	2
Prime lending rate	13.75	13.25	15.25	11.75	8.75
Ave fixed deposits (1 yr.)	10.75	8.75	11.00	6.00	4.75
Consumer price index (% change)	5.8	5.9	5.6	8.1	0.4
Ave. exchange rate baht : 1 US\$	24.92	25.34	31.37	41.37	37.52
p = provisional					
E = estimated					
Source: Bank of Thailand					

To be sure, macroeconomics is a complex, sometimes esoteric subject. But because the government and the media could not effectively explain what was happening and why, ordinary Thais experienced great anxiety.⁵ The

⁵ The stability of currencies is crucial to the global economic system. The stability of a currency is also crucial to the economic health of a country. Fluctuation of currencies creates what Greider calls "a poker game in the sky." Currency traders make and lose vast sums of money "evaluate" currencies looking for imbalances in a country's foreign exchange. This form of arbitrage has become like playing video games. Traders sitting in Manhattan were removed from the reality of their split-second profit-maximizing decisions. They did not experience the job losses they trigger. They were removed from actual economy, trying to understand a distillation of the economy on a computer screen. According to Greider (1997), currency traders experienced a migration of perceptions away from the reality of the lived world. In the mid 1990s, \$1.5 trillion was being transferred each day in this global "poker game." Traders frequently bet on the drop in the value of a currency, a practice known as shorting. Attacks, that is massive shorting, cannot be supported by finance ministers who do not have resources to defend their currency. To create an impression of financial stability, countries commit to an exchange rate to ensure trust in investors and speculators. Smaller countries like Thailand attached the value of their currencies by pegging them to the value of the dollar. This is a country's guarantee that foreign investors will not lose profits to an increase in the country's exchange rate.

participants' hazy understanding of the economic situation was not because of a lack of interest in the topic or lack of capacity to understand. Rather, the government was either unwilling or ineffective in explaining the economic situation to the general public in clear, understandable terms. This may have been a deliberate strategy to avoid showing that the crisis was the result of gross mismanagement of monetary policy and corruption in the Thai government.⁶ The abridged story according to an economist at the Thailand Development Research Institute was that although the government deserved a lot of blame, much of the trouble with the Thai economy lay in the excessive borrowing of the private sector to support dubious real estate investments. Despite the participants' lack of understanding of the specifics, neither of these points was lost on them. They had pronounced opinions about the root causes of the economic crisis.

Group 16 (Older Bangkok workers, all female)

J: Why do you think the Thai economy is like this?

2F: They didn't manage the country well. They eat under the table (corrupt).

4F: It's at every level.

2F: If they take so much, there's nothing left in the treasury. Suppose we make a road. 100,000,000 baht. They write the contract for 200,000,000. The contractor takes only 100,000,000. They do only a 100,000,000 job.

4F: In the period when the Thai economy was good, Thai people spent extravagantly.

3F: They liked to eat (embezzle money). They liked to travel abroad.

2F: Preferred to buy high-class merchandise. Handbags that cost many

⁶ It is still not clear why the Bank of Thailand, which had an international reputation for sound management, decided to maintain the dollar peg. The baht had fallen steadily from the peg of 25.8 to the dollar to 45-48 to the dollar on July 1. On July 2, the Thai central bank announced that it had abandoned the dollar peg because reserves were running out, and would adopt a "managed float" exchange rate policy. As Thailand's leading English language daily, the Bangkok Post, declared, "The bubble finally burst." The tiger economy had been shot point blank in the flank. International credit rating agencies continued to downgrade Thailand's credit rating and currency rating based on concerns about the Chavalit administration's sincerity and competence. In early November 1997, Prime Minister Chavalit Yongchaiyudh announced that he would step down from office. The baht rebounded as Chuan Leekpai announced that the Democrat Party would form the next government.

10,000's of baht, or 100,000.

3F: Apparel.

2F: They think that foreign products are good.

3F: They rated each other's "grade". If you have this kind of bag, it means you are a rich person. They look at the outside.

2F: Like Louis Vuitton bags. I call them "Louis TingTong" (pun = Louis Kooky). They spend their money, they're kooky. It's not necessary. My children don't have them.

3F: At Abac University, there are a lot of very rich cliques. If you don't have a car, your classmates don't want to associate with you. If you use things that don't have a brand name, they don't associate. My kid's don't study there. I have heard about it from others.

J: ไม่ทราบทำไมเศรษฐกิจไทยเป็นอย่างนี้

2: คนบริหารประเทศไม่ดีกินกัน กินให้โต๊ะ corruption

4: มันมีตั้งแต่ทุกระดับ

2: ถ้ากินมากๆ คลังไม่มีเงิน สมมุติว่าเราจะทำถนนนี้ร้อยล้าน
เขียนว่าสองร้อยล้านเอาเงินจากคลังมาคนที่ประมูลเอาไปร้อยล้าน
ทำแค่ร้อยล้าน

4: ยุคที่เศรษฐกิจไทยดีคนไทยใช้จ่ายฟุ่มเฟือย

3: ชอบกิน ชอบเที่ยวต่างประเทศ

2: นิยมของสูง กระเป๋าใบนี้หลายๆหมื่น เป็นแสน

3: เครื่องแต่งกาย

2: คนคิดว่าของนอกดี

3: คนวัดกันที่ grade ถ้ามีกระเป๋านี้นะถือว่าเป็นคนรวย ดูกันภายนอก

2: กระเป๋า Louis Vuitton ฉันทเรียก หลุยส์ดิ้งต๊อง เสียเงินแล้วมันดิ้งต๊อง
ไม่จำเป็น ลูกฉันไม่

3: ที่ Abac University เพื่อนๆรวยๆทั้งนั้น ถ้าไม่มีรถเพื่อนก็จะไม่ครบ
ถ้าใช้ของไม่มีชื่อเพื่อนก็ไม่คบ ลูกฉันไม่ได้เรียนที่นั่น ได้ยินคนเขาพูดมา

Shortly after the economic crisis began to unfold, Thailand turned to the International Monetary Fund (IMF) for economic support. Thailand signed a loan agreement with the IMF to stabilize the baht. The agreement required the Thai government to implement a structural adjustment plan to adopt

immediate austerity plans, cut government budgets, and raise interest rates paid to foreign investors. The Thai government suspended the operations of 58 failing finance companies. This triggered a wave of attacks on Asian currencies.⁷ Sky high interest rates slowed down the outflow of dollars but crushed The Thai economy, making once-productive factories vacant.

The ordinary Thais I interviewed had no understanding of the reasoning behind the IMF's policies. But at a gut level, they knew from their own experiences that being in debt was bad for Thais. Many believed that the government was "selling out" ordinary workers to rescue influential Thai industrialists, investors and bankers.

Group 4 (Older rice farmers, mixed gender)

J: You all think that the Thai economy has a problem. Why is it like this?

3F: We country people read the newspaper once in a while. We watch the TV and know bits of this and that. We can't really do much to help because our knowledge is very limited.

1M: We're afraid of being in debt to the IMF. If we sell the whole country (joke), that will be terrible.

3F: They can't sell it because we live here.

4M: I really don't understand why it's like this now.

3F: I just watch TV and see that we are in debt to the foreigners.

1M: The baht was floated. We are really in debt a lot.

4M: Is the news that comes out true or not? We don't know.

3F: We don't read the newspaper everyday. We go work, come back and watch TV for just a little while.

3F: If the government is good, we can survive.

1M: The country is not in good shape. So we are not in good shape.

3F: You live in America. Come help Thai people.

4M: Help reduce the interest (laugh). But we won't return the principle.

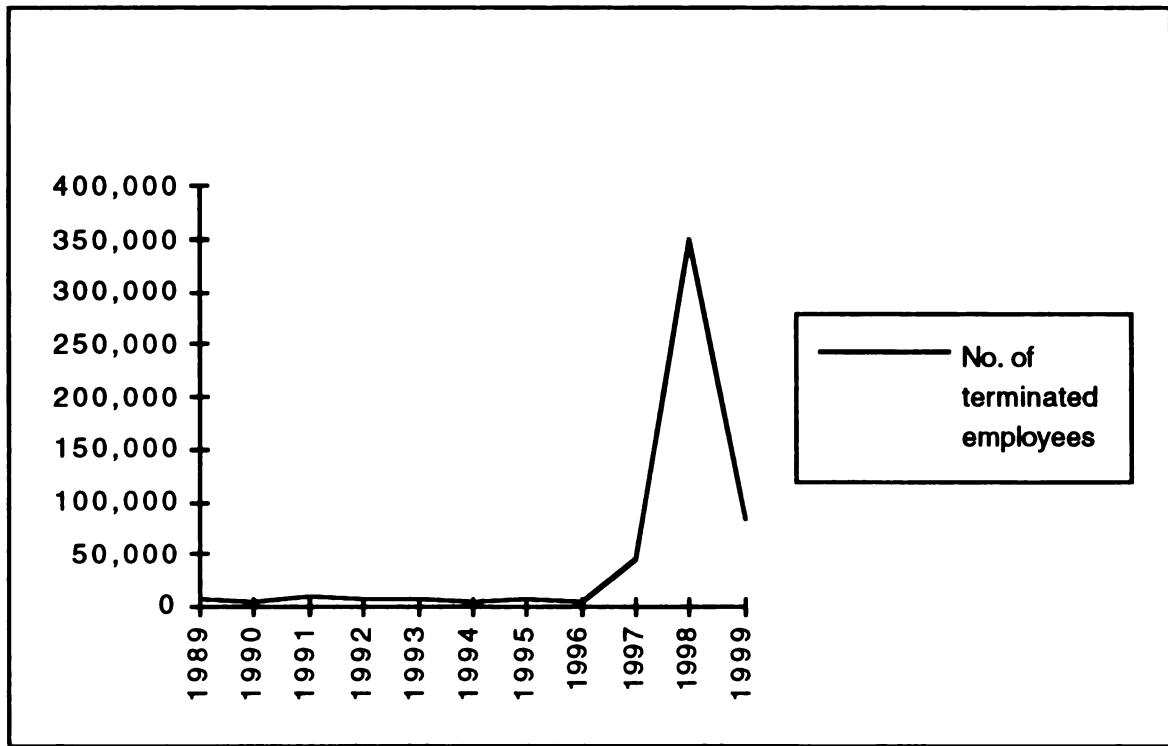
⁷ Within a few days the economies in Malaysia, Indonesia, South Korea all fell into financial disarray. The further erosion of the economic and political conditions created regional instability and a massive sell off in emerging market funds. In the case of Thailand which had very low government debt and was running budget surplus, many criticized the IMF to requiring government austerity in a period when the government should have been attempting to stimulate the economy.

- J: พวกท่านคิดว่าประเทศไทยมีปัญหาเกี่ยวกับเศรษฐกิจทำไมถึงเป็นอย่างนี้
- 3: บ้านนอกเรานานๆได้อ่านหนังสือพิมพ์ ดูโทรทัศน์ก็รู้นิดๆหน่อยๆ จะช่วยอะไรก็ไม่ได้ความรู้เรามันน้อย
- 1: กลัวเป็นหนี้ IMF เอาประเทศไปขายนี่ยุ่ง
- 3: เขาเอาไปขายยากเราอาศัยอยู่
- 4: ตอนนี้ก็ไม่รู้เหมือนกันทำไม
- 3: ดูแต่โทรทัศน์ว่าเป็นหนี้ต่างประเทศเค้า
- 1: เงินบาทลอยตัว เป็นหนี้เป็นสินกันยกใหญ่
- 4: ชาวที่ออกมาเป็นข่าวจริงหรือเปล่านั้นไม่รู้
- 3: หนังสือพิมพ์วันนึ่งก็ไม่ได้อ่าน ไปทำงานกัน กลับมาก็ดูโทรทัศน์แป๊บเดียว
- 3: ถ้าการเมืองดีพวกเรายู้ออด
- 1: บ้านเมืองอยู่ไม่ได้เราก็ออยู่ไม่ได้
- 3: อยู่สหรัฐก็มาช่วยเหลือคนไทยมั่ง
- 4: ให้ช่วยลดดอกเบี้ย (หัวเราะ) แต่ทุนเค้าไม่ยกให้

In the initial months, the crisis did not hit people's pocketbooks too hard because inflation remained moderately low. But as the crisis unfolded, thousands of Thais in the Bangkok area were laid off from their jobs. Thailand experienced a 50% increase in unemployment in one year, and much of emerging middle class was thrown into poverty (see figure 16). In 1999, Thailand's National Economic and Social Development Board (NESDB) announced that the economic downturn had added another one million Thais to the official "poor" bracket, which totaled 7.9 million, with an estimated 3.59 million living below the poverty line.⁵ The number of unemployed in 1998 was up 2.6 times from the previous year to 1.6 million.

⁵ Under the IMF bailout package, lenders did not suffer while borrowers remained unprotected. Most observers believed that the fundamentals of the economy were strong. Thailand had created a large consumer base, maintained its strategic location, had an educated work force, high savings rate, and had built up an adequate infrastructure. The IMF and the U.S. Treasury Department mandated that the Thai government adopt policies that helped the bankers recover their losses by extracting tax revenue from ordinary Thais who neither borrowed the money nor made the deals. One of the main IMF requirements was to raise the value added tax (VAT) from 7% to 10%. This consumption tax is highly regressive and hit middle class and the poor hardest.

Fig. 16. Number of Terminated Employees in Thailand, 1989-99



Source: Bank of Thailand

The number of educated persons made jobless by the slump also increased nearly threefold (Staff 1999). An estimated one million Thais left Bangkok and returned home to the provinces to look for work. This called this the “IMF period.” King Bhumibol Adulyadej took the unusual step of addressing the economic situation during his annual birthday address to the Thai people. In his address, the King admonished government leaders and captains of industry to shift the kingdom’s course toward the “contented economy” model he had been developing over previous decades through his patronage of various rural demonstration projects. Although many people were grateful for the King’s welcomed leadership, most ordinary Thais were more cynical about the depth of the problems in Thai society.

Group 5 (Younger rice farmers, all male)

J: In your view, why is Thailand in debt to the IMF?

1M: Thai people like to sell the country off.

4M: The trees are very big. Thai people shouldn't sell the teak trees.

1M: Should blame the government.

4M: Every government, all of them. All over the country. The money never comes down to us. They are like a little fish that is eaten. They move up to being a village head, then subdistrict head, then at the district, then province. They conspire together. It goes up to the national government and prime minister.

1M: They are corrupt at each level.

J: When do you think the economy will get better?

4M: If the cheating continues, it will take a long time. We have to have a new generation manage the country. Have to change the faces.

J: What do you think about the King's proposal for the "contented economy?"

4M: If you talk about the level of "big big" people they are contented. But at our level, farmers, we're not content because our investment costs are high. Suppose that we sell rice at 6,000 baht, the buyers can export it for 10,000. It's bad.

2M: They don't have to do anything at all. They only have to come pick up the rice. I only get half the value. Sometimes I lose part of what I invest. It's bad. Before it wasn't like this. Now we have to invest a lot. We have to borrow to farm rice. We use equipment. Can't make enough to make the payments, and get behind.

J: If you compare with 20 years ago when you didn't use equipment....

N: Is it good to have equipment?

1M: Nowadays, we have to use equipment. If you don't you can't make it.

4M: Won't get it done on time. Can't get ahead.

1M: Don't develop. If you produce a lot, or produce a little you still just break even. It's enough to live on. Not to the point of being bad.

4M: I'm not in debt. I'm content. Sabaay with everything if I'm not in debt. It's like making a little interest or like putting money in the bank. Health, I still can get out and get exercise. I'm healthy and strong. We should work.

1M: No debt, no problem.

2M: If we have debts, we're not sabaay.

J: ในความคิดของท่านประเทศไทยเป็นหนี้ IMF ทำไม่ถึงเป็นหนี้ IMF?

1: คนไทยชอบขายประเทศ

4: ต้นไม้เป็นไม้ใหญ่คนไทยไม่น่าขายไม้สัก

1: ต้องโทษรัฐบาล

- 4: ทุกรัฐบาลทั้งหมด ทั่วประเทศ เงินมันผันมาไม่ถึงเรา
มันเหมือนปลาเล็กที่ถูกกินพอมมาเป็น ผู้ใหญ่บ้าน กำนัน ก็อึดอีกหน่อย
พอมาน้ำแกอ จังหวัดมันมั่วกันหมด ไปถึงรัฐบาล นายกละ
- 1: มันกินไล่กันมาหมด
- J: คิดว่าเศรษฐกิจจะดีขึ้นเมื่อไหร่?
- 4: ถ้าโกงกันเรื่อยอีกนาน ต้องคนรุ่นใหม่มาบริหารประเทศ ต้องเปลี่ยนหน้า
- J: คิดยังไงกับในหลวงเรื่อง เศรษฐกิจพอเพียง
- 4: ถ้าพูดถึงระดับ big bigพอเพียง
แต่ระดับเราไม่พอเพียงเพราะการลงทุนมันสูง สมมุติข้าวเราขาย 6,000
เขาไปล่อ 10,000 ส่งออกแน่
- 2: เขาไม่ต้องทำอะไรเลยเพียงแต่มีรถมาชนไป ผมได้แค่ครั้งเดียว
บางทีต้องควักทุนแน่เมื่อก่อนไม่เป็นอย่างนั้น เดี่ยวนี้ต้องลงทุน
ต้องกู้เขามาทำนาใช้เครื่องทุ่นแรงไม่พอส่งก็ต้องติดค้างไว้
- J: ถ้าเปรียบเทียบกับ 20 ปีที่แล้วไม่ได้ใช้เครื่องมือ
- N: มีเครื่องทุ่นแรงดีไหม
- 1: สมัยนี้ต้องใช้เครื่องทุ่นแรง ไม่งั้นทำกินไม่ทัน
- 4: ไม่ทันเวลา ไม่ทันต่อเหตุการณ์
- 1: พัฒนาไม่ทัน ถ้าได้มากได้น้อยก็เค้กันไป พออยู่ได้ไม่ถึงกับแน่
- 4: ไม่เป็นหนี้ พอเพียง สบายทุกอย่างถ้าไม่เป็นหนี้
เหมือนกับได้ดอกเบี๊ยนิดหน่อย เหมือนเอาเงินฝากธนาคาร
สุขภาพยังได้ออกกำลังกายสุขภาพแข็งแรงเราต้องทำงานไปด้วย
- 1: ไม่มีหนี้ก็ไม่มีปัญหา
- 2: มีหนี้เราก็ไม่สบาย

While I conducted interviews with Central rice farmers, a debate was underway in the newspapers and on television about the causes of the crisis. These debates seemed to be removed from the reality and opinions of ordinary working-class Thais. I submitted the following piece to the op-ed section of the Bangkok Post, an English language daily (Paknawin-Mock 1998). It was based on the interviews presented in this dissertation.

The Shattered Rice Bowl

Late last week my wife and I were on our way home from Ang Thong province where we have been interviewing rice farmers. We learned that afternoon, among other things, that the farmers were getting ready to go into town to pay their respects at the funeral for an important politician's mother. As we left the rice farmers' modest homes and drove through the freshly tilled fields, we came upon the richly decorated wat (Buddhist temple) where motorcades of dignitaries and officials in their chauffeured Benzs were converging with packs of farmers on motorcycles, each being directed to park and be seated in their respective positions within the hierarchy. The dignitaries and the farmers had come to reenact this ancient funeral ceremony. The distance between the nobility and peasantry which is as old as Siam itself was maintained.

Most anyone who travels through the green pastures and paddy fields of Central Plains of the Chao Phraya Delta, the so called "rice bowl" of Asia, might easily be left with the impression that Thai rice farmers were somehow untouched by the global events that surround them. This is the common perception of many Bangkokians who whiz up and down the superhighways of the Central Plains in their luxury sedans. Late last week, had any of the dignitaries actually spoken with any of the farmers they would have learned that the rice farmers of Ang Thong are not well. Indeed, lest anyone believe that all is well in the heart of Siam, think again.

While the Thai nobility -- politicians and bureaucrats -- may choose to abstain from ever knowing the rice farmers in Ang Thong, they do know this much -- rice farmers have always been the back bone of Siam, and the Thai nation's modern economy. After all, Thai rice farmers year in and year out have produced a bountiful agricultural surplus that has made Thailand the world's largest exporter of rice, and the envy of many not only for the quantity produced, but the famous quality of rice heartily consumed worlds away by none other than the Nigerian world cup team feasting in France. Their bounty has been the tons of grains of rice which have created extraordinary surpluses the nation has stripped away to build superhighways and towering shopping malls where Bangkokians discover the future.

How is it then that the well being of average Thai rice farmers is in such a shattered state? To put it plainly, Thai farmers are not well. They are worried sick. Their hearts are riddled with worries because of threats posed by a host of menacing pests. Together these pests threaten their way of life.

Imagine the alarming irony of listening to a group of rice farmers tell you that these days its getting hard to earn enough money from farming to eat. Mind you, we have been speaking with modern farmers with land, not the impoverished landless. As we look around their communities we see that many of farm families have adequate housing, own a tractor and motorcycle, and live in small extended families of five or six people. They will tell you, from pride mixed with embarrassment, that their ancestors have been farming this land for as long as anyone can remember, perhaps more than 500 years. Their ancestors surely fought in the famous battles with the Burmese to save Siam. How is it that rice farmers in this region can no longer produce enough for their families to get by?

We speak a little more, and then the menace of the modern economy appears in their stories. Thanks to the speculative attacks from the invisible hand of the global marketplace which landed crushing blows on the Thai baht and the hopes of the average Thai farmer, the costs of farm inputs such as fertilizer, pesticides and herbicides have skyrocketed by as much as 40 percent over the previous year. And, thanks again to the lack of liquidity in the financial markets, farmers now find it nearly impossible to borrow money from the formal sector to plant this year's crop, leaving farmers to borrow from money lenders at rates of 12% per month. If that isn't enough to stress out even the cockiest of Wall Street currency traders, there are unpaid debts from previous years which farmers have accumulated as they have become swept up by new equipment and technology that is the tide of modernization. And so now, thanks to modern markets and modern agricultural technology, farmers in the Central Plains will tell you that after most of the bills are paid they don't have enough left over to feed and care for their family. Then there are the bills for schooling children, medicines, and fuel, and basic necessities of life all of which have gotten much more expensive. Their families are unraveling as the younger generation, especially women, have all gone off to work in the factories, leaving no one to learn the art of farming rice. This is the menace of the modern cash economy. Today, many many rice farmers feel trapped in a downward spiral of costly technology and debt, and trapped in an occupation because they do not have the formal education to do anything else. Many would leave rice farming if they could. Many young people already have. For nobody wants to be at the bottom of Thai society, and rice farming is the bottom.

For the independent-minded, self-sufficient farmer these realizations take a big toll on their sense of well being. The result: some rural public health clinics have seen the number of cases of stress-related anxiety increase by more than 100% compared to last year . And then there are

those who never seek care from a clinic, but instead self-medicate by drinking liquor and taking mind-numbing drugs.

In the last two years, rice farmers have had to contend with other two menacing pests that have an insatiable appetite for eating the fruits of their labor. The first is a mollusk called the cherry snail which first appeared last year. Some farmers say someone imported the snail to raise them for export, and then dumped them into a canal when the business failed. This new pest now reproduces at such an astonishing rate that farmers armed only with bottles of chemical pesticides can barely keep up with their proliferation. The snail not only threatens crops, but the farmers' health as well. The soft shell of the snail cracks easily under the bare foot of a rice farmer wading in her paddy, causing a deep and painful wound that festers with more work. The pesticides are highly toxic and kill other important creatures such as fish, which farmers have depended on as a basic source of protein. And the snail returns to eat the fresh sprouts with each liter of water pumped in from the canal.

The second pest is equally as insidious, voracious, and resistant to control measures. Ask any rice farmer why Thailand's economy is now in this state of crisis and they will tell you with certainty it is because of corrupt politicians and officials. Farmers say they are all corrupt, from top to bottom. They will tell you that like the cherry snail, over the last two years corrupt politicians and officials have become so voracious that they no longer eat a little, they eat everything (gin, which means to eat, is the colloquial term for graft). So while farmers work ever harder to grow rice, the snail, the bureaucrat and the politician eat heartily. One wonders which will eat the rice farmers out of house and home first.

So what does wellness mean for the average rice farmer in the Central Plains? When we have asked rice farmers what makes them feel sabaay (roughly translated as feeling well), both in terms of the body and heart, they invariably speak of warm and loving family, and having a strong and healthy body as being the most important. Both are necessities for farming. Being free of debt, and its corollary, winning the lottery, also rank among the highest. Farmers are greatly distressed by debts they can no longer shoulder. It is little wonder that thousands of farmers from neighboring Isan are converging on Bangkok to request that the government give them similar treatment by relieving the pressure they feel from creditors. And when asked about what makes them feel the most unwell, Thailand's debt to the IMF ranks among the highest. Farmers perceive the nation's debt to the IMF not only as a threat to their own psychological sense of well

being and morale, but as a direct threat to physical health. Why? Because now farmers believe they will have to work twice as hard to produce the same amount of foreign exchange given that the baht is worth half as much as it was a year ago. With inflation, they also fear having even less left over to buy basic goods and services such as food, medicines and health care. And who was it that said farmers with a fourth grade education are ignorant and myopic?

The word "IMF" is new in the Thai farmers' vocabulary. Although few are sure of its composition and origins, most are skeptical of its motives and practices. This skepticism comes without ever having read the stinging critiques of the IMF's failed structural adjustment policies which have devastated the health and well being of peasants in many Latin American and African nations. Perhaps Thai farmers have seen too many boondoggled government projects which they knew they would be picking up the tab for in the end. Perhaps they see money being poured into the hands of the very politicians and bureaucrats who have so voraciously eaten surpluses created from farming rice. One cannot be sure of the origins of their skepticism, but to be sure even if the burden of IMF structural adjustment prescriptions and loans from the IMF and World Bank manage to return health to the Thai economy, it will be at the cost of further robbing the average Thai rice farmer of any sense of well being.

Why should the IMF, the World Bank and Thai dignitaries and officials care about the well being of the average rice farmer in the Central Plains? Such informed groups are often quoted as saying that Thailand's problems are not as bad as those in Indonesia because of Thailand's abundant agriculture. If farmers, who are the backbone of the nation's economy and therefore the return to economic health, are not well, then the Thai nation will surely not be well.

In the age of a fresh constitution and emerging democracy, the rice farmers' humble prescription for the recovery of Thai society, of which the economy is just one facet, is for those who hold positions of responsibility to behave according to the traditions of Buddhism that make Thailand so unique. Farmers still feel a great sense of well being from making merit. But this is not just the form of making merit that comes from building bigger Wats and attending funerals, but rather comes from selflessly caring for the Buddhist community, especially for the less fortunate and seeing others as equals. This is a form of behavior, or perhaps more accurately, a way of living which farmers believe dignitaries and officials should emulate. It means leaving behind the desires for greater riches and learning to speak with the common woman and man.

With so many pests plaguing the Central region, the rice bowl of the nation, one wonders if soon there may not be any rice in the fields or fish in the streams, let alone farmers in the plains. To be sure, if there is no rice, or fish, or farmers, there will not be anything left for the menacing pests to eat. This is an avoidable future no one looks forward to. But it is an avoidable future that will take a great deal of moral conviction to avoid and require that the distance no longer be maintained.

With sudden, sweeping layoffs, consumer confidence evaporated. Shopkeepers, sales clerks, and vendors began feeling the crunch because consumer spending for items other than the essentials dried up. The percentage of industrial capacity used dropped dramatically in 1997 in all sectors except for the essentials of food, beverages, and petroleum products (see figure 17). Domestic sales of automobiles and the demand for imported capital equipment plummeted in 1997 and 1998 (see figure 18). The private sector was nearly stalled. Newly-elected Prime Minister Chuan Leekpai and his economic team finally managed to convince the IMF and U.S. Treasury officials that requiring a surplus of 1% of GDP was not a good strategy, and that some of the minimal surplus in government revenue might be better used to stimulate the economy. Even after major restructuring of the economy, the baht continued on a steady and disastrous slide eventually dropping from 50 baht to one U.S. dollar to a low of 57 baht/dollar.

Fig. 17. Thailand Usage of Industrial Capacity, 1995-99

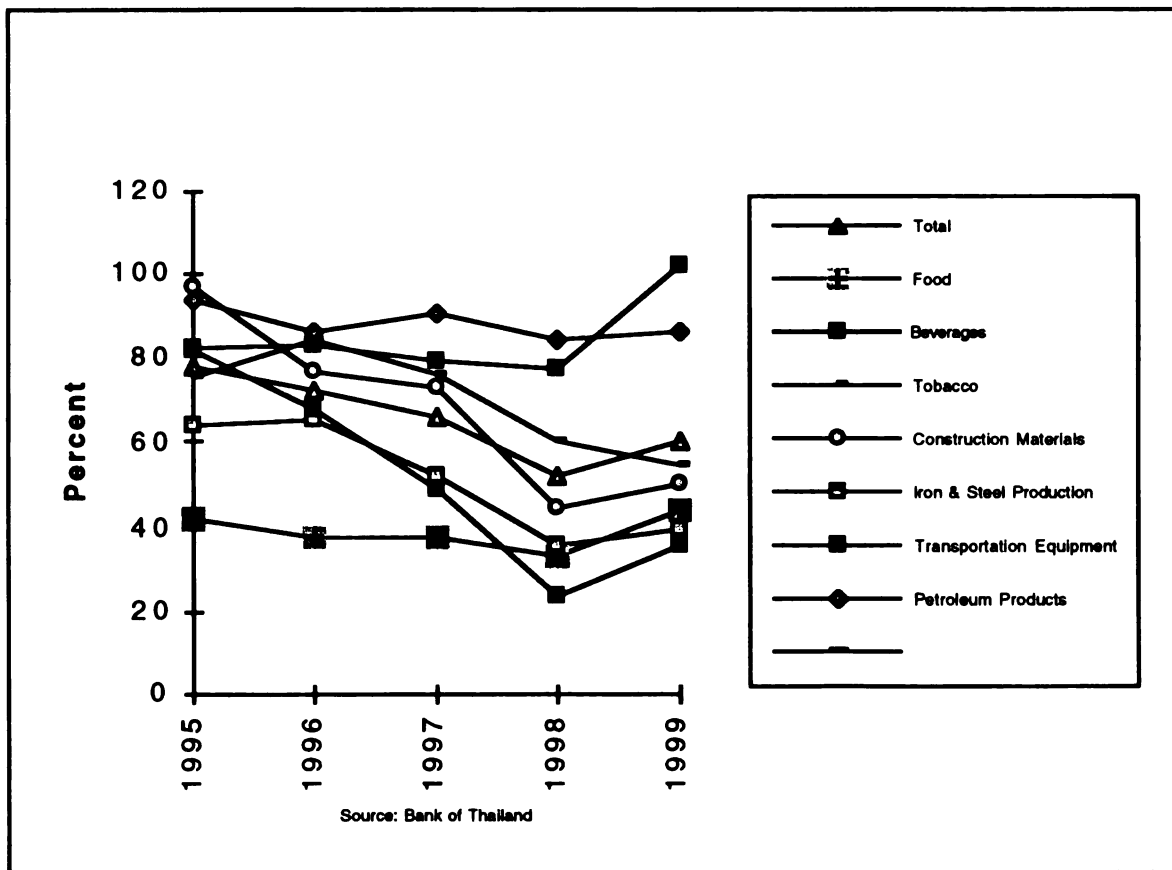
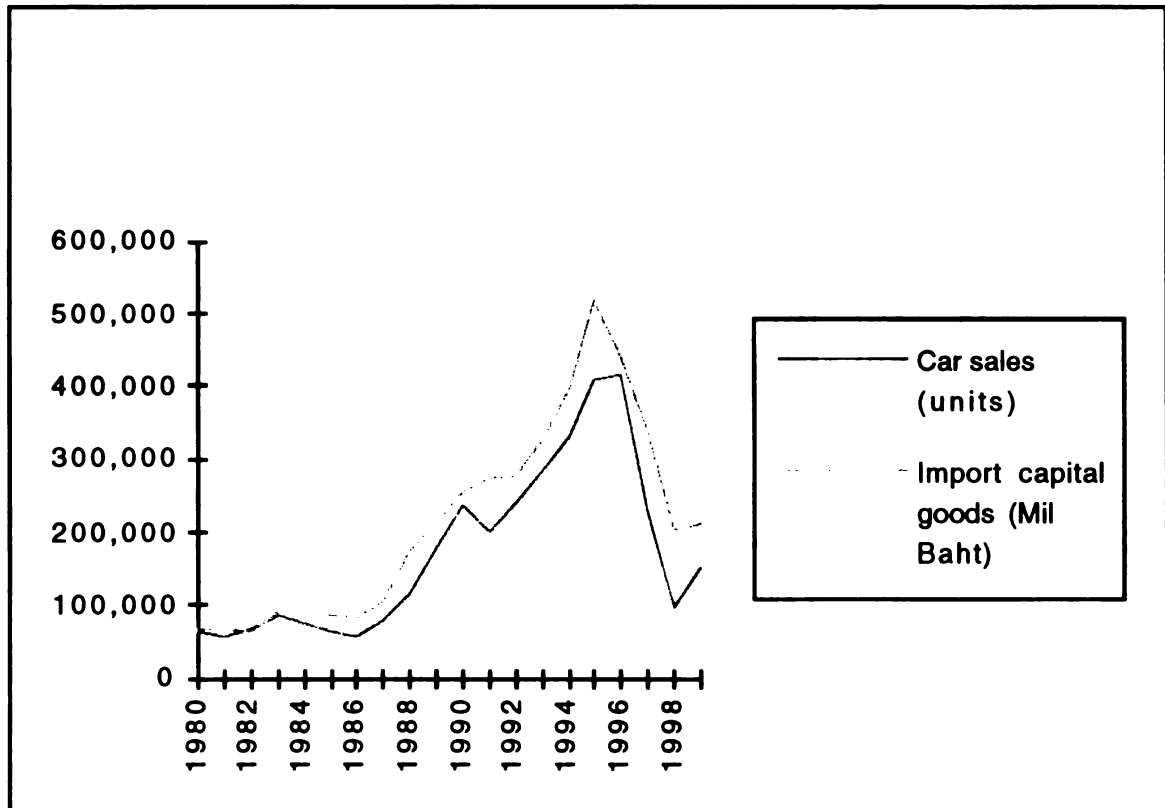


Fig. 18. Domestic Car Sales and Import of Capital Equipment, 1980-98



Source: Bank of Thailand

The National Economic and Social Development Board (NESDB) estimated that the recession had forced 126,000 Thai students to leave school in 1997, and that approximately 276,000 students could not continue their education after completing primary or secondary levels (Staff 1999). Only 46.8 percent of children went to high schools and only 19.3 percent of high school graduates went on to universities – much lower than in neighboring countries. Many participants were aware of the hardships families were facing in providing a basic education for their children.

Group 15 (Younger Bangkok workers, all male)

J: In the last 20 years has anything changed in your community?

1M: It's very different. Problems with the economy in Thailand.

2M: The economy has gotten very bad.

1M: Living in the countryside, there's nothing good. Kids who are 14 or 15 all go to Bangkok. I went home and nothing had improved. It's even worse than before. It's quiet. There's not many people. People don't have money to send their children to school. They have to drop out and work. Their parents can't make enough money. The kids get laid off and have to go back to their village.

J: ในช่วง 20ปีที่ผ่านมาอะไรเปลี่ยนแปลงบ้าง

1: แตกต่างกันมากเลยปัญหาเศรษฐกิจในเมืองไทย

2: เศรษฐกิจมันแย่งลง

1: อยู่บ้านนอกก็ไม่มีอะไรดี เด็กอายุ 14-15 จะเข้ากรุงเทพมหานคร ผมงกลับไปบ้าน ที่บ้านไม่มีอะไรดีขึ้นแย้งว่าเก่าอีก มันจะเจียบไม่มีคน เงินจะส่งลูกเรียนก็ไม่มี ต้องออกโรงเรียนมาทำงาน พ่อแม่หาเงินไม่ทันตักงานก็ไปอยู่บ้านนอก

Stanley Fisher, the IMF's second in command and chief negotiator of the agreements with Thailand, described the situation as follows, "I don't want to minimize the social crisis that has been created, but it is not of a scale that has been suggested by those who have been so vociferously critical of these [IMF] policies" (Fisher 1999). The facts indicated otherwise. I wrote the following description of my neighbor's situation in July 1999 based on our frequent conversations in the evenings playing badminton in the lane in the new townhouse complex where we lived. His situation was typical of many industrial workers living in the Bangkok area.

The Bankrupt Factory

This evening, my neighbor, Pi Nuey came by our house as he usually does. We exchanged our usual greetings, but I knew that this evening would be different. For all his effort to put a good Thai smile on things, I could tell he was not feeling very sabaay jai. I don't recall which one of us broached the subject first, but it didn't take long. Pi Nuey was visibly worried, as indeed one would expect. He has been working for many years as a supervisor at a garment manufacturing factory in Rangsit. The news that over 5000 factory workers, mostly older female workers, had been laid off from Thai-American Textiles, the largest textile factory in Southeast Asia, was a foreboding sign for Pi Nuey. Thai American is the aircraft carrier of the fleet of textile companies, one of which employs Pi Nuey. I think the news must have been like the chilling strong winds that rustle the palms and banana trees around here, raising one's attention to the looming black monsoon clouds which are fast approaching on the horizon. This is a wind foretelling the imminent pelting downpour.

Pi Nuey said if layoffs continued like this for the next two or three years, Thailand's economy will erode to the level of neighboring Lao, one of the poorest in Asia. This is a strong statement, as Thais have always prided themselves as being much more advanced than the Lao, whom they perceive as backwards. Pi Nuey, like almost every other Thai I have interviewed, says the economic crisis is the result of bad government, and corruption, particularly during the Chavalit administration. He notes that this latest wave of layoffs, that has shocked the nation, has come at this time because new protections for laborers guaranteed by the latest constitution, especially more generous severance compensation paid by the employer, are about to come into effect. Many factory workers suspect that management has decided to lay off older workers and underutilized workers now before the law comes into effect so they can avoid paying them the more generous redundancy benefits to which they would be entitled. According to this kind of analysis, if things pick up, the company can hire younger workers at lower wages. Given the timing, it is hard to reject his interpretation of events as just cynical.

Pi Nuey said he has invested most of his savings with his close relatives planting lime and banana trees on a plot of land his family owns in the neighboring province, an instinctive reaction to the situation that makes him feel more secure, and thus better about his ability to weather the storm. His bet is based on the history of the Central Thai farmer. Fruit crops have usually been a dependable source of income that give a reasonable and perennial return on investment with relatively low

maintenance costs. Many working-class urban Thais have never strayed far from their agricultural roots. They say if things get tough, you can always go back to the land and plant enough to eat and sell enough to survive. In theory most everyone else has to eat too. This is a response based on what Dr. Prawase Wasi and others have called the Thai tradition of self-reliance that has become part of the mantra among reform-minded academics of replanting the “contented economy” according to the theory promoted by His Majesty the King in his annual birthday address to the nation last year. It appears that this instinctive response is now being put to the test.

Pi Nuey considers himself one of the luckier ones in his factory, comparing himself to a woman in her 40s who has been supporting her whole family on her salary because her husband is unable to walk. Pi Nuey has land, and like others in higher positions, had already volunteered to take a 25% cut in pay rather than see others like the woman he mentioned be laid off. Now, he worries that the sacrifice may come to naught; there is a real possibility he will be forced to take a 100% cut in pay. He told me, if it goes like this, he can't take it. He worried for himself and others who have become his industrial family. He didn't sleep last night. I told him not to worry too much; the government would have to do something soon. It did not seem that my comments did much to reassure him or give him any relief to get a better night's sleep. As it turned out, it didn't give me much relief either, because worrying is a contagious feeling that undermines the Thai sense of sabaay, and my own for that matter. Hence, I have been up since 1:30 writing the first pages of this dissertation for these last two hours.

Although we were living next door to one another throughout the same crisis, we experienced the crisis differently. Pi Nuey faced the loss of his job. I faced trying to explain sabaay amidst this turmoil. His problem was far more serious than mine, as borne out by the fact that he continued to lose sleep, stopped exercising regularly with me, became thin and wiry looking. In short, he was losing his sense of sabaay.

In same period, Thailand experienced a spate of suicides and a 400% increase in outpatient mental health visits in public hospitals (Assavanonda 1998). The Department of Mental Health found that among those who were most directly impacted by the economic crisis, particularly those who were unemployed or had recently been laid off, 76.0% of those surveyed in September 1997 during

the beginning phase of the crisis reported being under considerable stress, and 8.7% were thinking of committing suicide (Thailand Ministry of Public Health 2000). In a May 1998 follow-up survey, those feeling under stress declined to 35.0% while those considering committing suicide increased to 12.1%.

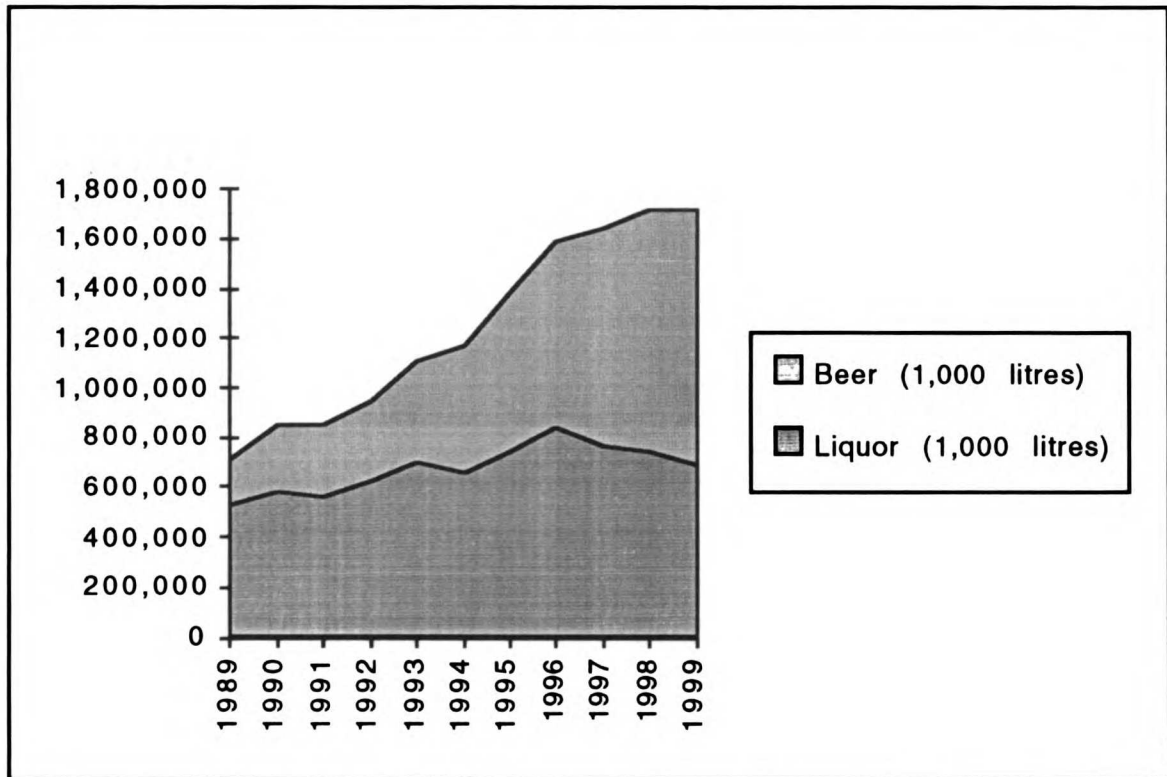
Group 21

- J: Especially with the economy like this...
- 4: "Double" worse than before because many people have lost their jobs.
- 3: Yannawa has a lot of people out of work. There are some who were "laid off." It makes people heavily stressed.

- J: โดยเฉพาะช่วงนี้ เศรษฐกิจอย่างนี้
- 4: Doubleกว่าเก่าเพราะคนตกงานเยอะ
- 3: ยานนาวานี้ก็มีคนตกงานเยอะ มี layoffคนบ้างทำให้คนเครียดหนัก

In Thailand, one of the few sectors to experience substantial growth during the economic crisis was the beer industry (see figure 19). The substantial jump in beer consumption was just one indicator of the way Thais were attempting to cope with increasing anxiety.

Fig. 19. Consumption of Alcoholic Beverages, 1989-99 (1,000s of liters)



Source: Bank of Thailand

Is it sabaay living in your community now?

In the heady days prior to the crisis, working-class Thais had no particular reason to reflect on the nature of being sabaay beyond the level of comfort, style, and material success. The crisis stimulated Thais to begin reconsidering the “go-go” years of high living in more profound ways than I could have ever evoked through my questions. As the crisis unfolded, many Thais who thought that they were living a sabaay life became less certain as they watched their material standards of living decline suddenly. Rural participants generally coped better than urban participants because they were less

dependent on the cash economy to fulfill their basic needs. Most participants tried to remain optimistic and put the best face possible on the situation.⁹

Group 2 (Older rice farmers, mixed gender)

J: These days how is the quality of life in this village?

2M: It's getting better. Water and electricity have come. More sabaay. Roads are more sabaay. Sabaay jai. Fresh. In the countryside we don't have pollution.

J: These days is there anything that makes you all not sabaay?

1M: The economy is not good, so we are not sabaay.

4F: Cost of products have been increasing.

J: ทุกวันนี้ความเป็นอยู่ในบ้านนี้เป็นยังไงบ้าง

2: ก็ดีขึ้นเป็นลำดับ น้ำไฟมาพร้อม สบายขึ้น ถนนหนทางสบาย สบายใจ สดชื่นขึ้น บ้านนอกไม่มีอากาศเป็นพิษ

J: ตอนนี้มีอะไรบ้างที่ทำให้พวกท่านไม่สบาย

1: เศรษฐกิจไม่ค่อยดี ก็ไม่สบาย

4: ต้นทุนการผลิตสูง

Group 7 (Younger rice farmers, all female)

J: How is the quality of life in this village?

4F: Calm, sabaay. We have everything we need. We don't have to worry about anything.

1F: If we need anything it is here in our village? Food, supplies, complete. We cooperate well together.

J: Is there anything around this village that makes you not feel sabaay.

2F: Far from the doctor. Each month we have community meetings. And we go survey householders.

4F: There is no factory in our village. People are very healthy.

2F: Get exercise every day. Farming rice. Those households that don't have rice work in the orchards. Sometimes they hire.

⁹ By late 1998, there were some signs that the fiscal reforms were taking hold. The export economy had been working overtime, and the government reported current account surpluses for four straight months. The country remained solvent and inflation stayed in single digits. Several large Thai banks obtained foreign capital that helped rebuild confidence in the banking sector and relieve some of the liquidity crunch. Despite massive dislocation, the public was very supportive and patient with Prime Minister Chuan Leekpai's administration. The new constitution also has helped clear up some of the political conditions that led to this crisis. Finally, foreign investors began to differentiate between the situation in other Asian countries. Thailand began to experience some buffer effect from the political problems in Indonesia, and the economic problems in Japan and South Korea.

- 3F: Amphetamines, around the community. In this neighborhood we don't have any, but around the community might have it. We don't know. The youth are curious and want to see it.
- 2F: There's not much theft. There's nothing to steal.
- J: What are Thai people stressed about?
- 4F: Issues about money. Money comes first. If you don't have money you get stressed. In debt, get stressed. Don't have a good rice harvest.
- 2F: Stress about money, don't have enough.

- J: ความเป็นอยู่ในหมู่บ้านเป็นยังไงบ้าง?
- 4: สงบ สบาย มันมีทุกอย่างให้เรา จะไม่กังวลอะไร
- 1: เราอยากได้อะไรมันก็มีอยู่ในหมู่บ้าน ของกิน ของใช้ก็ครบถ้วน
ประสานงานกันดี
- J: รอบๆหมู่บ้านมีอะไรบ้างที่ทำให้ไม่สบาย?
- 2: โกลหมอ เดือนนึงก็ประชุมที ประชุมทุกเดือน แล้วไปสำรวจลูกบ้าน
- 4: บ้านเราไม่มีโรงงาน สุขภาพก็แข็งแรง
- 2: ออกกำลังกายกันทุกวัน ทำนา บ้านไหนไม่มีนาก็ไปทำสวนกัน บางทีก็จ้างคน
- 3: ยาม้า รอบๆหมู่บ้าน ในหมู่บ้านไม่มี มันอาจจะไม่มีแต่เราไม่รู้
วัยรุ่นอยาก رؤอยากเห็น
- 2: ชโมยมันไม่มาก ไม่มีอะไรให้ลัก
- J: คนไทยเครียดเรื่องอะไร?
- 4: เรื่องเงินกันมาก เงินต้องมาก่อน ไม่มีเงินก็เครียด เป็นหนี้ก็เครียด ทำนาไม่ดี
- 2: เครียดเรื่องเงินทองไม่มีไซ

Group 21 (Younger Bangkok workers, mixed gender)

- J: How is it sabaay (living here)?
- 1M: New roads and development come and so people come live here. It get's crowded before your even realize it. There are not enough streets. On the banks of the river you used to be able to catch shrimp and fish. Now you can't catch anything. When I first came here, in the orchard there were birds. In the canals there were fish. It was easy to find things to eat. Now if you try to catch them, nothing. Black water, stagnant water. It stinks. The factories release bad water into the canals. Development has come. It's good, but quality of life is not good. Smoke. Pollution. Now it's hard to breathe. You get packed in when you eat lunch at the restaurants. There are few restaurants. There are three factories and about 3,000 employees. So they pack in to get their lunch at the same time.

When you break for lunch you have to squeeze into the best restaurant, and that restaurant can't handle it.

J: Living in Yannawa, is it sabaay or not?

3M: It's easy to find food (earn enough to survive). It's easy to go anywhere. It's easier to make a living. Finding stuff is easy and convenient. You can come and go from here conveniently. There's a "motorway", lots of stuff. Actually, there are a lot of "department stores" so we're sabaay. There are a lot of places to hang out. There is a big public park too, Lumpinee Park.

J: สบายยังง

1: เดินทางถนนตัดความเจริญเข้ามาคนก็เข้ามาอยู่ มันก็แออัดโดยไม่รู้ตัว ถนนไม่เยอะตามกันไป ริมแม่น้ำหาภัตตาคารปลาเตี้ยนี้ไม่มีแล้ว ตอนผมมาอยู่ใหม่ๆในสวนก็มีนกในคลองก็มีปลาหาทานง่าย เตี้ยไปหาไม่มีแล้วน้ำค่าน้ำค่าก็เน่า โรงงานมันปล่อยกันน้ำก็เสีย ความเจริญมันเข้ามาก็ดีแต่ว่าความเป็นอยู่มันไม่ดีควนเสีย มลพิษ เตี้ยนี้หายใจแทบ จะแย่งกัน ข้าวเที่ยงก็แย่งกันเลิกพร้อมกันเที่ยงก็ต้องต่อแย่งกินข้าว โรงงานร้านค้ำมันน้อย โรงงาน3โรงงาน คนงานสามพันกว่าคนก็แย่งร้านค้ากัน ถ้าร้านไหนอร่อยก็แย่งกัน แต่ร้านนั้นมันไปไม่ทัน

J: อยู่ยานนาวาอยู่สบายหรือเปล่า

3: อาหารการกินง่าย การเดินทางก็สะดวกการ กินอยู่หาง่ายขึ้น ของใช้ของกินค่อนข้าง

ข้างจะสะดวกหาง่ายการเดินทางก็ค่อนข้างสะดวกจะไปไหนมาไหนมันก็สะดวกเพราะมีมอเตอร์เวย์มีอะไรเยอะแยะไปหมดพูดถึง department storeก็เยอะก็สบายกันมีที่เที่ยงเยอะที่สำคัญมีสวนสาธารณะใหญ่ๆด้วยนะสวนลุม สาธารณะ ค่อนข้างจะใหญ่

Group 1 (Younger rice farmers, mixed gender)

J: Are you sabaay living in this village?

1F: It's sabaay.

2M: Living in this village is quite sabaay?

3M: Sabaay. When I don't have to work, I can sleep at home. It's quite sabaay.

4F: Twenty years ago compared to now, there are roads.

- J: อยู่หมู่บ้านนี้สบายหรือเปล่า
- 1: มันก็สบาย
- 2: อยู่หมู่บ้านนี้ก็สบายดี
- 3: สบายดีไม่ทำงานก็นอนอยู่บ้านสบายดี
- 4: 20ปีที่แล้วกับเดี๋ยวนี้ ถนนหนทาง

During the crisis of 1997-1998 while I conducted observations and interviews, I met few persons who said they were really sabaay. This was in Thailand, the “land of a thousand smiles” (Khanittanan 1988). Many were preoccupied with the situation of their country. This was a different climate from previous years, when people were still living in the illusion of the good life, in the “soap foam” economy. It was as though the basic sense of well-being of an entire nation had been deflated. Yet, even in the face of the economic crisis, many working-class Thais were remarkably resilient and managed to regain some sense of sabaay in their lives, despite the dislocation, uncertainty, and anxiety. The sense of sabaay that was emerging was based on a more circumspect view of the world. As mentioned above, the participants talked about economic development as having had a mixed impact on their sense of sabaay. Some recognized that development and modernization had reshaped their own definitions and expectations of sabaay, a realization that the crisis had brought them to appreciate.

CHAPTER 8

THINGS THAT ARE IMPORTANT IN LIFE FOR WORKING-CLASS THAIS

This chapter presents an analysis of the how the participants rated the importance of different aspects of their lives. The analysis focuses on comparing the importance of good health and feeling sabaay jai and sabaay gai to other aspects of life. I have analyzed the quantitative and qualitative data to identify where demographic subgroups differ systematically in their priorities. Among the most important findings, the analysis shows that the participants place the highest value on good health and feeling sabaay. Furthermore, the analysis shows that working-class Thais' values are being pulled in opposite directions by the competing paradigms of Buddhist philosophy and materialistic consumerism.

Insight Game 1: What is important in life?

In the first insight game, each participant rated the importance nineteen factors on a scale from 1- 5. Although the distributions of some of the variables were skewed (range -0.4 to 1.1), none were so skewed as to invalidate using the mean as an estimate of central tendency. In general, the participants appear to have rated all nineteen factors independently because none of the factors are strongly correlated (see Appendix 1 for correlation matrix). Several factors are moderately correlated as expected (see table 11). These moderate correlations

between related factors indicate that the participants understood the instructions for the insight game and rated the factors coherently based on their own underlying principles and values.

Table 11. Significant Correlations Between Factors in the Insight Game on Priorities

Factor	Pearson r
Being loved -loving others	0.459
Stable economy - good government	0.445
Own big house - be rich	0.439
Strong body - good health	0.428
Own mobile phone - own a vehicle	0.375
Peace - good government	0.314
Sabaay jai - sabaay gai	0.298
Education - stable economy	0.295
Equality - peace	0.288
Calm heart - being loved	0.281
Calm heart - good health	0.268
Big house - make merit	0.259
Clean environs - equality	0.252

Multidimensional scaling

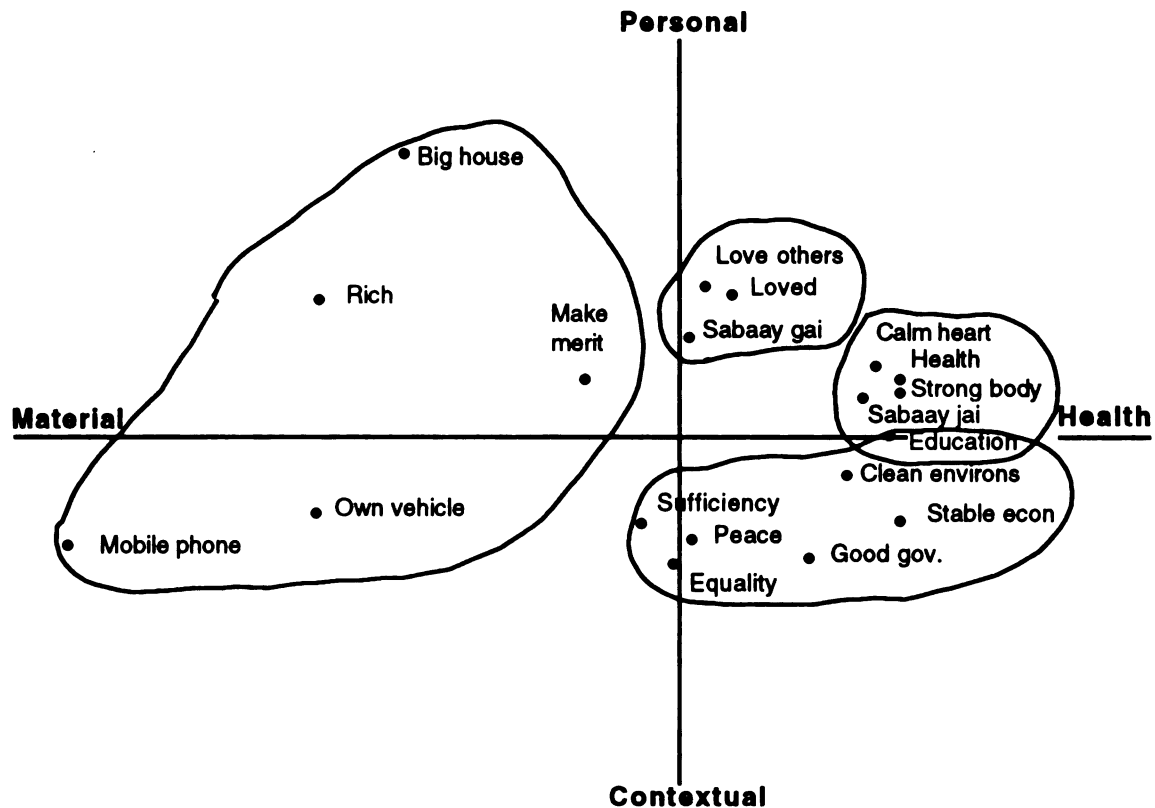
Multidimensional scaling (MDS) analysis of data from this insight game was used to determine if the participants ranked the factors according to a reasonable, coherent framework of values (Euclidian distance model in SPSS v.7). Clustering of related factors indicates that that the participants understood the rating procedure, and the factors connoted similar meanings for the participants.

The results of the multidimensional analysis of these nineteen factors is shown in figure 20. I have interpreted the results of the multidimensional scaling analysis by defining four clusters of similar factors based on the

explanations the participants provided when discussing the factors in the insight group interviews. The clusters indicate domains of similarity based on the participants' ratings, but are not rigid, exclusive categories. The upper cluster, made up of being loved, loving others, and sabaay gai (body), indicates that emotional well-being and the sense of comfort are related feelings. The lower cluster, with clean environs, peace, and good government, shows that broader contextual factors that affect one's conditions in life are related. The looser cluster on the left that includes owning a cellular phone, owning a car, being rich, and making merit appears to be a cluster of factors that reflect a material sense of well-being. Making merit is included in this group because the participants often implied that giving donations to temples was an expression of affluence. The tighter right cluster contains those factors such as good health, strong body, and calm heart which encompass physical and mental health.

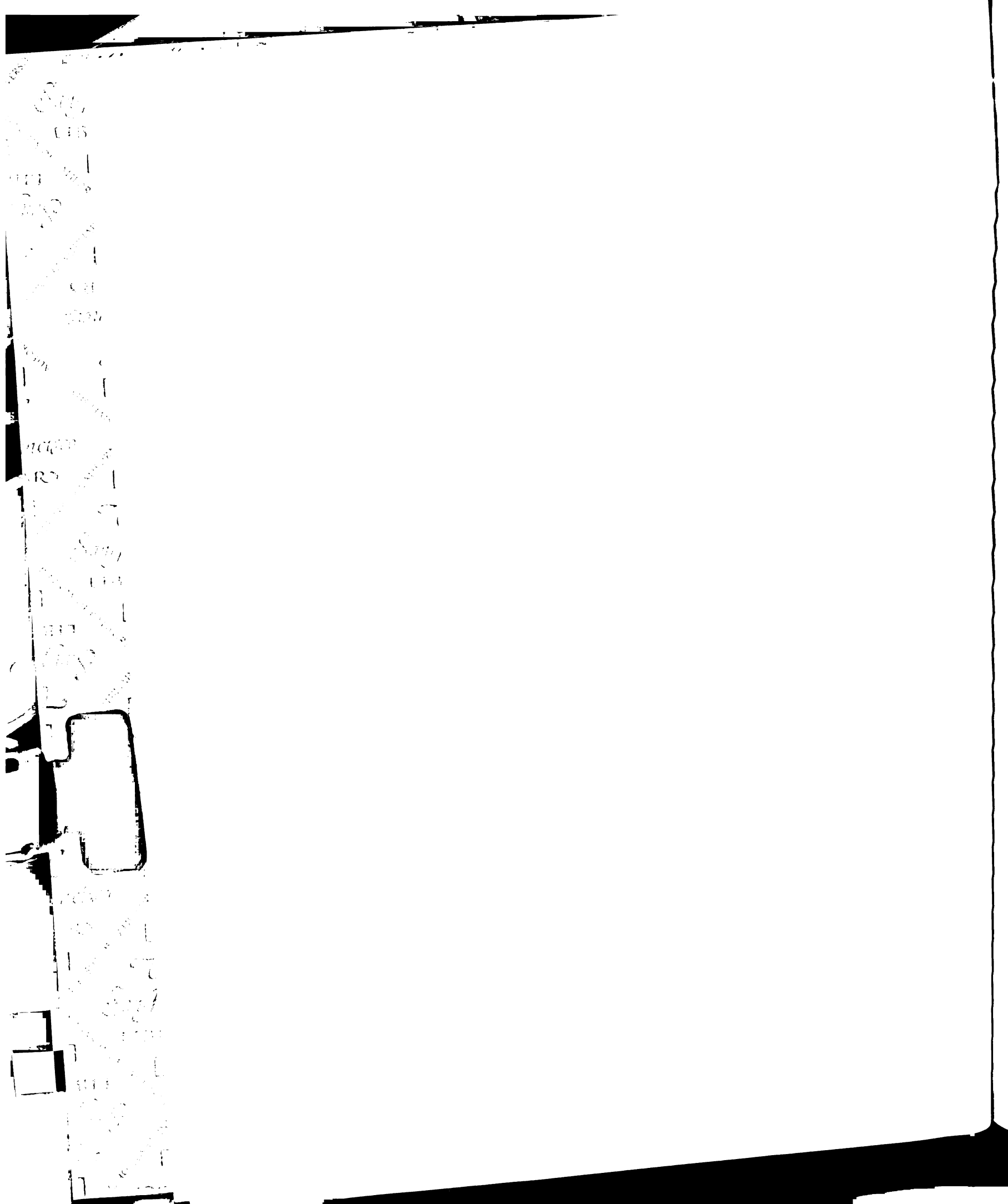
Although the horizontal and vertical dimensions produced by this MDS analysis are open to interpretation, the clustering of factors described above indicates that the participants think about these nineteen priorities on the following two dimensions. In my assessment, participants tended to distinguish between factors based on their personal (top) or contextual (bottom) importance. The participants also tended to make a strong distinction between material factors in life (left) and their health (right).

Fig. 20. Multidimensional Scaling of Important Factors (Game 1)



Participants' ratings of the importance of factors

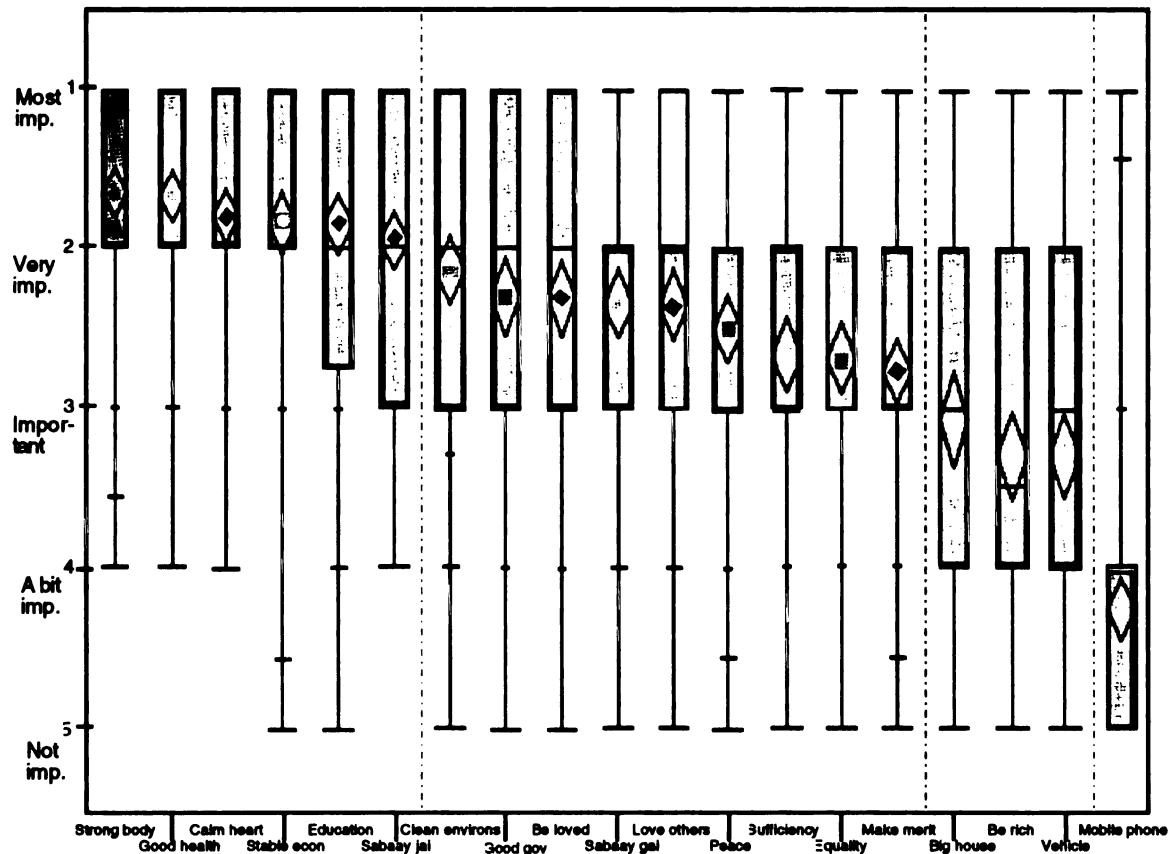
The average ranking of the nineteen factors is shown in figure 21. The 1-5 scale is maintained on the vertical axis (1 = most important, 5 = not important). Using the means, the factors are arranged in descending ranking of importance. Those of most importance on the left and those of less importance on the right. The small, colored geometric point inside the whiskered box plot shows the mean. To understand the shape of the distribution, that is, the level of agreement or disagreement, the orange quantile box is used to represent the quartiles above and below the mean. The middle 50% of the data points lie within this box, thus reflecting the density of



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the center of the distribution. A short quantile bar indicates a high level of agreement among participants, and a taller bar indicates less agreement. The end points of the whiskers show the minimum and maximum values, and the skewedness, if any, of the distribution. Distributions with a longer whisker on one side of the mean are skewed.

Fig. 21. Means and Distributions of Importance of Factors (Game 1)



This analysis reveals two important findings. First, strong body, good health, and calm heart were rated by nearly all participants as being the most important factors of the nineteen. Over 90% of the participants consistently rated these factors as being either the most important (1) or very important (2).

These estimated means are conservative because the means are pulled downward by the moderately skewed distributions.

One possible explanation for this result is that despite my efforts to introduce the research in broad terms and cover a wide range of topics prior to this insight game, the participants somehow detected that this research was focused on health, and biased their ratings of health factors upward to please me. Many researchers interviewing Thais have found that Thai participants have tendency to try to please a researcher by telling the researcher what they (the participant) thinks the researcher wants to hear (Kaufman 1975). Although it is conceivable that some participants biased their responses and I cannot entirely dismiss this explanation, it is my judgment that researcher-induced biasing was at most limited. To reemphasize, I used considerable caution in our recruitment procedure to tell the participants that this study was about the quality of life (ความเป็นอยู่). Furthermore, to avoid potential biasing throughout the first and middle phases of the interview, we discussed broad topics about everyday life (stage 1) and did not place any emphasis on health. In my assessment, we took every precaution possible not to bias the participants and found from the early stages of the discussion that few participants had any idea that health was an important focus of this research.

Thus, these findings show clearly that the nearly all participants recognized that good physical, mental, and emotional health are more important than everything else in life. Following closely behind in average ranking are stable economy, education, and sabaay jai. These three factors have slightly larger distributions, reflecting less agreement about their importance. The

participants have rated these factors highly because they see them as contributing directly to good health.

It is noteworthy that clean environs and good government follow just behind the core six factors. Although somewhat broadly distributed, the high ranking of these factors reflects the increasing concern the participants had about the impact of these factors on their quality of life. The high ranking of these factors is consistent with comments the participants made about changes in quality of life in the open-ended discussion.

The second important finding is that factors related to material life, namely owning big house, being rich, owning a car, and owning a mobile phone, ranked the lowest. Still, on average they were still generally important. The most important of these factors are broadly distributed, with the exception of mobile phone. The participants rated these factors anywhere between most important (1) and not important (5), with the middle 50% between very important (2) and only a little important (4). This finding suggests that although material factors were generally important, there was much less agreement about their importance compared to the core factors of good health.

Differences between subgroups

There are several explanations for why the participants ranked factors differently. Because of the main purpose of this game was to find out how important health and sabaay (jai and gai) were relative to other important factors, we did not discuss each factor in depth. This research was concerned more with general trends, rather than individual psychology. Throughout the

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course of the 24 interviews, we touched on different factors with different groups as they came up in discussion.

This variation reflects differences in three areas: personal preference, personal attributes, and values. In the discussions which we facilitated after the participants had privately finished their own ratings, we investigated the nature of these differences. The participants' explanations revealed that a considerable proportion of the variation reflects natural differences in personal preference. In the course of the discussion, the participants acknowledged and became comfortable with these differences, saying, "It depends on the person. We don't all think the same. That's OK."

Based on the statistical and ethnographic analysis, I have found that a few factors vary by specific demographic attributes (see table 12). I have shown those variables with differences significant at the 0.10 level or less, or with correlations significant at the 0.05 level or less. I have treated age and education as continuous variables to maintain as much detail from the data as possible. Although most of these differences are not strong ($p = .10$ to $.05$), they are worth noting because they reveal differences between subgroups (i.e., age, gender, location, and education) that are of interest in this research.

The statistical results from the insight games highlight some of the subtle differences in the participants' explanations which help us move beyond stereotypes of certain groups. In this sense, the quantitative analysis produces "leads" and confirmation of themes found in the qualitative interviews and observations, just as the experience of playing the games serves as a mirror for self reflection for the participants.

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Table 12. Differences in Factors, by Gender, Location, Age, and Education

Differences By Gender (ANOVA)				
	Women (mean)	Men (mean)	P-value	
Loved by others	2.043	2.583	0.016	
Sabaay gai (bodily wellness)	2.104	2.604	0.016	
Love others	2.167	2.562	0.066	
Make merit	2.604	2.938	0.110	
Own a big house	2.812	3.333	0.081	
Differences By Location (ANOVA)				
	Rural	Urban	P-value	
Stable economy	2.000	1.667	0.107	
Own car	2.750	3.854	<0.0001	
Mobile phone	4.083	4.458	0.043	
Association With Age (Continuous)				
(Pearson Correlations)	Mean	SD	Range	r (p ≤ .05)
Clean environs	2.135	1.022	1-5	0.282
Rich	3.302	1.377	1-5	-0.271
Mobile phone	4.271	0.912	1-5	-0.255
Association With Education (Continuous)				
(Pearson Correlations)	Mean	SD	Range	r (p ≤ .05)
Strong body	1.646	0.767	1-4	-0.276

Differences between women and men

The noteworthy factors on which men and women differed moderately reflect commonly held views among working-class Thais about the genders. On average, women rated “being loved by others” and “loving others” as being more important than did men. This is consistent with views within Thai culture about the more emotional, relationship orientation of women, and the familial responsibilities women feel as compared to men (Mason, Efron et al. 1990). By comparison, according to working-class Thai gender ideology men are allowed, even expected, to be somewhat less committed to love

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relationships and may not seek the same level of satisfaction from feeling loved or loving others (Vanlandingham and Grandjean 1997).

Making merit, which women also rated as more important, reflects another aspect of women's familial obligations, in this case in the spiritual and social realms (Chatsumarn 1991). Thai women were much more actively involved than were men in day-to-day merit making, that is giving alms and offerings to support the monastic community and doing charitable deeds. To be a "good and proper woman", Thai society has placed high expectations on women to make merit on behalf of their families. Traditionally, Thai women have also tended to be somewhat more inclined than men to believe in the spiritual value of making merit regularly. For more wealthy women, making merit publicly may be a form of maintaining social status and prestige within one's community. This is an important way in which certain Thai women maintain their image as a *puu dee*, or proper matron.

Owning a big house and feeling *sabaay gai* are closely related for those who women who find them important. In Thai culture, the house has traditionally been viewed as the woman's domain. Owning a large house is both a sign of material wealth and status, and of personal comfort. Owning a big house becomes important for women both of these reasons. The comfort and luxury that some Thai women associate with having the means to own a big house is reflected in the dimension of comfort in *sabaay gai*. For those who value material wealth, being *sabaay gai* means being physically comfortable.

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Differences between rural and urban participants

The participants differed by location only in economic and material concerns. Both groups rated a stable economy near the top, but rural farmers were slightly less concerned than were urban workers about the importance of a stable economy. This reflects the fact that the economic crisis had not yet impacted the livelihoods of Central rice farmers to the same degree as urban workers, many of whom were laid off from factories and service businesses in large numbers. Nevertheless, many rice farming families were concerned about the economy because their financial situation had already deteriorated prior to the crisis due to the rising costs of inputs and low rice prices. Furthermore, many had become dependent on cash transfers from adult children or relatives working in Bangkok. When urban workers lost their jobs, farm families experienced a “double whammy”: loss of cash transfers from a suddenly unemployed adult child, and another mouth to feed when they came to live at home.

Participants rated owning a vehicle as being generally important. A new car or pickup is still one of the most important status symbols and modern conveniences for Thais. There is a common saying that in Thailand a vehicle is the fifth basic necessity after food, clothing, shelter, and medicine. Nevertheless, rural and urban participants differed on their view of just how important a vehicle is to them. Owning a vehicle, particularly a pickup truck or all-purpose tractor, is an important asset in the life of modern rice farmers. In contrast, for many working-class Bangkokians, owning a vehicle may be a nuisance and a costly liability. This is clearly reflected in the strong difference in priorities between rural and urban participants.

Surprisingly, mobile phones were generally rated as only slightly important because until the crisis, Thailand was one of the largest markets in Asia for mobile phones. The low rating may reflect views that had begun to change in public discourse about excessive, unnecessary consumption of expensive consumer goods. Many respondents said that a mobile phone was extravagant (พุ่มเฟิอຍ). The differences in views about mobile phones reflect the desire for farmers to have any telephone service because telephone land lines have been slow in coming to villages until recent years.

Associations with age and education

In general, the participants do not vary in their rating of these factors based on their age or educational level. There are a several moderately strong correlations worth noting.

The older the participant, the less important the quality of their environment was to them. Many interviews revealed that older participants were less aware than were younger participants of the environmental consequences of modern, high chemical input farming. Similarly, they were less aware of the environmental impact of poorly regulated industrialization. This pattern seems to reflect two underlying differences. First, older Thais had less formal education than did younger Thais ($r = -0.49$) and received less instruction in science. Second, older Thais were much more personally invested in the modern “development package” heavily promoted by the government as the path to a sabaay lifestyle (wealth, national prestige, and material comfort). In contrast, some younger Thais were more critical of the detrimental impact rapid development had had on the environment in Thailand, and believe that

the quality of the environment had a substantial impact on their health, quality of life, and future.

This interpretation is consistent with the way older and younger participants rated the importance of owning a mobile phone and being rich. Older participants felt that these factors were much more important than did younger participants. Again, these results suggest that younger participants were somewhat less sanguine about the benefits of pursuing a life of wealth and consumption.

Regarding the influence of formal education, the only factor that varies moderately by this attribute is "having a strong body." Nearly all participants rated this factor among the most important because working-class Thais generally rely on their own physical labor to earn a livelihood and survive in the modern economy. The moderately strong correlation with education is negative, indicating that better educated participants rated "strong body" as being more important compared to less educated participants. This result may reflect how additional education can raise awareness of the importance of physical stamina and health to a happy and prosperous life. It may also reflect the painful lessons of life experience lower-educated, working-class Thais had learned in times when they lost valuable wages due to illness. All of the participants were well-aware that those Thais with higher education had to depend less on their own labor and were less likely to have to work in hazardous conditions to make a living.

Explanations of the importance of good health

Now having used quantitative methods to describe the variance in factors that are important in life for the participants, I turn to the participants' explanations of why they rated the importance of these factors to gain insight into the overall rankings. The participants' insights into their own views give clarity to the results from the statistical analysis above.

The following text is an excerpt from an insight group interview with a group of four unmarried younger women working in Bangkok. This excerpt reveals the following explanations of the importance of "good health", "strong body", and "calm heart."

Group 19 (Younger Bangkok workers, all female)

AF: Female age 25, 9th grade education, cashier in a mall

BF: Female age 24, 12th grade education, cashier

CF: Female age 26, 12th grade education, office clerk, factory worker

DF: Female age 20, 12th grade education, supervisor in a sewing shop

J: Interviewer

N: Field assistant

J: Let's take a look at what you have at the top level, the most important.

AF: The most important, big, big house, stable economy, clean surroundings, good health, having people that I love like my parents, and strong body.

BF: Having calmness and happiness in my heart, good government, peace, sabaay jai, sabaay gai.

J: You two are different. Is there anything that is the same?

AF: Nothing.

CF: Strong body, having calmness and happiness in my heart, good health, good government, loving others, sabaay gai.

J: Good government is the same, and you...

BF: And [the same] having calmness and happiness in my heart, good health, strong body.

N: Here here, she (D) is like these other two.

- DF: [Reading her most important cards] having an education, having people that I love, being loved by others, parents and brothers and sisters.
- J: But on education, they are different.
- N: Why did you put education at level one, but you others think it is so important?
- DF: If you have education you can do things more easily. When you work and think up something, you know enough so it's easier to do it. If we don't have education, we're like stupid people. That doesn't mean that people who don't have an education are stupid.
- CF: If our body is strong and our health is good, then we won't collapse working, be disheartened.
- DF: If we have good physical health, we can do anything.

ข้อคิดเห็นของผู้ให้สัมภาษณ์

ผู้หญิงโสดทำงานเขตยานนาวา กรุงเทพฯ

ก: 25ปี มัธยม 3 เป็นแคชเชียร์ในห้าง

ข: 24ปี มัธยม 6 เป็นแคชเชียร์

ค: 26ปี มัธยม 6 เป็นเสมียน สาวโรงงาน

ง: 30ปี มัธยม 6 เป็นหัวหน้าแผนกเย็บผ้า

จ: ผู้สัมภาษณ์

น: ผู้ช่วย

จ: ขออ่านระดับหนึ่งสำคัญมากที่สุด

ก: เบอร์หนึ่ง มีบ้านหลังใหญ่ๆ มีเศรษฐกิจมั่นคง สภาพแวดล้อมสะอาด มีสุขภาพดี มีคนที่เรารักอย่างพ่อแม่ ร่างกายแข็งแรง

ข: มีความสงบสุขทางใจ การเมืองดี มีสันติภาพ สบายใจ สบายกาย

จ: แยกกันเลยมีอะไรบางอย่างที่เหมือนกัน

ข: ไม่มี

ค: ร่างกายแข็งแรง ความสงบสุขทางใจ มีสุขภาพแข็งแรง การเมืองดี มีคนที่เรารัก สบายกาย

จ: การเมืองดีเหมือนกัน

ค: แล้วก็ความสงบสุขทางใจ สุขภาพดี ร่างกายแข็งแรง

น: นี่น่าจะคนนี้จะเหมือนกับสองคนนี้

ง: มีการศึกษา มีคนที่เรารัก มีคนที่รักเราพ่อแม่เพื่อน

จ: ถ้าคิดว่าการศึกษาแยกกัน.....

น: ทำไมเอาการศึกษาไว้ที่หนึ่งแล้วสามคนนี่ไม่มีใครไว้เลย

- ง: ถ้าเกิดมีการศึกษาเราจะทำอะไรมันก็ง่ายขึ้น
จะทำงานคิดอะไรก็พอจะรู้ง่ายขึ้น จะทำงาน
ถ้าไม่มีการศึกษาเราก็เหมือนคนโง่แน่ แต่คนที่ไม่มีการศึกษาใช้ว่าจะโง่
- ค: ถ้าร่างกายแข็งแรง สุขภาพเราดีเราก็ไม่ย่อท้อกับการทำงาน
- ง: มีร่างกายที่แข็งแรงทำอะไรเราก็ทำได้หมด
- จ: ถ้าเราไม่มีสุขภาพดีจะเป็นยังไงบ้าง
- ค: ท้อแท้เราต้องร่างกายแข็งแรงไว้ก่อน

The participants rated the three aspect of good health and feeling sabaay as most important (see table 13). "C" (ค) and "D" (ง) offer clear explanations of the importance of good health which is consistent with the explanations in other interviews. Good health brings stamina to do work and happiness, and the possibility to live life and improve one's future.

Table 13. Group 19's Ratings of Priorities

	Good health	Strong body	Calm heart	Have education	Own big, big house	Own vehicle	Mobile phone	Be rich
A	1	1	1	1	1	3	5	3
B	2	2	2	3	1	4	4	4
C	1	1	1	4	2	5	5	5
D	1	1	1	1	4	5	5	4

The participants' explanations of why health is so important to them were clear and consistent throughout the study. Part of the explanation may lie in the fact that the sample is made up of persons who were healthy by their own assessment. Nevertheless, one should not dismiss this observation because almost no research has been conducted on why people generally stay well. Placing a high value on good health in all its dimensions may explain why this

diverse sample is generally healthy. The evidence that in a sample of 96 healthy persons nearly all valued health as being very important suggests that valuing health likely contributes to what Antonovsky called salutogenesis (Antonovsky 1979). The participants who had developed particularly healthful habits of daily living spoke about their lives with an underlying sense of coherence about their condition in their world, even if it was not ideal by their own standards (Antonovsky 1993). The evidence that never-smokers rated all three factors of good health higher than did otherwise-healthy smokers supports this conclusion. Furthermore, through their life experiences working in the urban industrial economy, they had come to realize the importance of good health to their survival and happiness.

Explanations about the importance of health versus material wealth

The question remaining is what explains the large distribution, that is, the lack of agreement about the importance of factors related to material wealth? As discussed above, some of the variation in ratings is accounted for by the participants' demographic attributes. Women thought it is more important to own a big house, farmers thought it is much more important to own a vehicle, and older persons thought it is more important to be rich. But these demographic attributes only explain a minor fraction of the variation in how the participants rated these factors. The participants' own explanations of the variation in their thinking offer considerable insights. Before proceeding further, some background information is necessary to understand the following explanations.

Multinational corporations and Thai companies that manufacture and distribute consumer goods and services have been driving forces in the growth of the Thai consumer market over the last two decades. These companies have been managed and staffed primarily by Thais who have received their MBAs at the most prestigious business schools in America and Europe. Under these conditions, marketing and advertising have become very sophisticated enterprises, with Thai advertising firms winning international awards for their campaigns.

Selling the “sabaay” lifestyle has become big business in Thailand – “The good things in life” (see figure 22). The word “sabaay” and the implied feeling of sabaay have become important devices used in the marketing and advertising of lifestyles products. Sabaay has been used in print media and television to sell anything that is designed to produce a sense of comfort, convenience, American-style modernity, and high social status using slogans like, “Sabaay to the eye. Sabaay for the head. Sabaay in the hand. Samsung” (see figure 23). “Sabaay” products range Mercedes Benz sedans and mobile phones to fabric softener and diapers (see figure 24) . The epitome of the commercialization of sabaay was the television morning show for women called “Sabaay Style” (the English word “style” has been borrowed into Thai) hosted by a thoroughly modern female personality who featured the latest fashionable decorating tips for living the Thai version of the sabaay American suburban lifestyle.

Fig. 22. Advertising Image of "The Good Things in Life"

THE MONARCH-LEE GARDENS

A gentle reminder of the Good things in Life.

Good Food
Good View
Good Access
Good Prices
Good Idea.

The Monarch-Lee Gardens Tel: 238-1991, Fax: 238-1999 188 Silom Road, Bangrak, Bangkok

Source: Bangkok Post, October 16, 1999

Fig. 23. "Sabaay to the Eye. Sabaay for the Head. Sabaay in the Hand. Samsung"

สบายตา

สบายมือ

สบายหัว

SAMSUNG SGH-2400
SAMSUNG SGH-600

Source: Bangkok Post, June 22, 2000

Source: Bangkok Post, June 22, 2000

Fig. 24. "New Blue Classic Comfort Liquid Fabric Softener, Sabaay"



Returning to the interview with group 13, all four of the women in the group had ambitions to convert education into income. "D" clarified her views on the importance of education in creating a future for herself and her extended family. Her high rating of education reflects the high average rating of this factor, and her explanation of the economic benefits of education for personal improvement is typical of the working-class Thais I interviewed.

The participants clearly valued good mental and physical health, yet faced potential tradeoffs of compromising their health to earn income. They all worked very long hours – "eight days per week" (if one divides their average 60+ weekly hours by an 8 hour work day), and support other family members at home and upcountry. Table 13 above shows the four participants' ratings for factors related to being wealthy. Note that "A" ranked the factors of material wealth higher than did the other participants. To find out how if participants saw their ambitions affecting their health, I probed further on the topic of owning a big house.

Group 19 (cont.)

J: What level did you put having a big, big house?

DF: A big house is just a little bit important (level 4).

AF: I want to have a big, big house (level 1, most important) because I want my parents and brothers and sisters to be sabaay sabaay [really sabaay]. I don't want to make them to be looked down on by their neighbors.

J: Why do you ["C"] think that being rich is not important at all?

DF: Rich people, poor people, they're just the same. If you get very rich, you won't have happiness. It's better to be healthy. If you're a poor person, you won't have people watching everything you do. Rich people are in the spotlight.

J: So, do you think that if you were rich you would not be sabaay?

DF: If we are an ordinary person with good health and people that we love, that's better.

1100F 11DDADY

- BF: It depends on each of us. If we are not pretentious. It depends on how one dresses too. It depends on the person. If you're rich, it's not necessary to wear clothes with the designer name. If we were rich, we could still be like poor people, but we wouldn't have to have money problems. Sabaay jai. . . sabaay gai, that's what is most important. Not having any money problems with anyone.
- J: And I see you have sabaay jai and sabaay gai as the most important.
- CF: We do something and it makes us feel sabaay jai, then that's what we do.

- จ: มีบ้านหลังใหญ่ๆเอาไว้ระดับที่ไหนครับ
- ง: บ้านหลังใหญ่ก็สำคัญนิดหน่อย
- ก: มีบ้านหลังใหญ่ๆเพราะอยากให้พ่อแม่พี่น้องสบายๆ
ไม่อยากจะให้น้องหน้าชาวนบ้าน
- จ: ทำไมคิดว่าเป็นคนรวยไม่สำคัญเลย
- ง: คนรวย คนจนก็เหมือนกัน ถ้ารวยไปแล้วไม่มีความสุข สู้มีร่างกายแข็งแรง
อย่างเป็นคนรวยมีแต่คนจับตามอง เป็นคนคนจนไม่มีคนจับตามอง
- จ: แต่คิดว่าถ้าจะเป็นคนรวยอาจจะไม่สบาย
- ง: คนรวยเป็นจุดเด่นเป็นคนธรรมดาสุขภาพแข็งแรงมีคนที่เรารักดีกว่า
- จ: คิดอะไรเกี่ยวกับเรื่องเป็นคนรวย
- ข: มันอยู่ที่ตัวเราเองถ้าเราไม่โอ้อ่า ไม่หว่าหว่า มันอยู่ที่การแต่งตัวด้วย
มันอยู่ที่ตัวเราด้วย ถ้าเรารวยไม่จำเป็น ต้องใส่เสื้อมีหยั่ห้อย
ถึงเรารวยเราก็อยู่อย่างคนจนได้ เราก็ไม่เดือดร้อน
สบายใจ...สบายกายสำคัญมากที่สุดไม่ได้เดือดร้อนอะไรกับใคร
- จ: แล้วเห็นว่าสบายใจกับสบายกายที่สำคัญมากที่สุด
- ค: สำคัญมากที่สุด เราทำอะไรแล้วสบายใจเราก็ทำ

I asked "D" where she has rated owning a big, big house. She said it is only a little bit important. "D" was cognizant that "A" (n) has rated owning a big house as the most important (and has rated being rich and owning a car as important). "D" may not have realized that "B" rated it as most important and "C" at very important because they chose not to say so.

"A" keyed off of "D's" explanation and volunteered her own view about the importance of owning a big, big house. Her explanation is clear: to make her family upcountry be sabaay sabaay, which in this context means comfortable and having high social status. If "A" could achieve this, she implies that she would have felt sabaay jai and felt loved (rated most important) knowing that she had helped provide her family with a comfortable "sabaay" lifestyle. The theme continued with my question about being rich.

"D" offered her rejoinder that health is more important than becoming wealthy, with the implication that if one tries to become rich, one will surely have to sacrifice good health by working too hard. She also indirectly critiqued "A's" idea that people should buy a big house to gain attention and high status. She reaffirmed her view that it's better to be healthy and loved than to be wealthy. Then "B" responded saying that it depends on the person and that one doesn't have to become a snob to be rich, but being rich solves some of the financial pressures in a family, implying that these pressures can cause poor mental health i.e., anxiety and depression. "B" hesitated to accept "D's" view that it is a trade-off. Finally, "C" summed up the discussion by saying that in the end they do what makes them feel sabaay jai based on their own sense of what that means and what will make them feel that way.

This excerpt is a good example of the benefits of the insight group interview method. The excerpt highlights how the insight group method created an opportunity for the participants to engage in natural conversation with the interviewers and amongst each other. The insight game made it possible for us all to see where the participants agreed, and to discuss openly why they disagreed without much prompting from the interviewers.

Personal values are a sensitive subject. The insight group method created a comfortable context and a means for the participants to discuss their feelings and views without risking losing face. In these interviews, nobody felt that their feelings or views were wrong or that their values were unacceptable. Moreover, by using somewhat indirect language, it was possible for the participants to clarify their own thinking about the items, to map out their own feelings, and commit themselves to their feelings and views when they disagreed with others. Furthermore, given that everyone could see the boards in the discussion phase, the participants were less likely retreat from their original ratings because they had already seen each others ratings.

In the previous excerpt, the discussion indicates that working-class Thais differed in the paths they believed would lead to this sense of sabaay. "A" and "D" represent two somewhat opposing views about whether they face a trade-off between feeling sabaay from good health and sabaay from wealth. "B" and "C" seemed to sense the trade-off between good health and pursuing material wealth that "D" presented. But in the context of a debate among Thais, gravitating toward the ambiguous space in between two positions may be either an attempt to find the true Buddhist Middle Path, or an attempt to smooth over conflictedness or a potential disagreement by leaving the problem unresolved.

Ultimately, "C" resolved the discussion by saying that they do what makes them feel sabaay. This comment is pivotal because it shows how Thais use sabaay as an internal compass to point them in the direction they feel they should head. If one is more concerned about the sabaay that comes from good health, then one will pursue one's idea of good health. If one is more

concerned about the sabaay that comes from attaining high social status and feeling comfortable, one will pursue that. This ecumenical attitude avoids the legitimate issue of trade-off between health and status. Do those who value their health and the happiness of loving relationships by unwittingly sacrificing these things to achieve what they perceive as sabaay from social status and material comfort? This is the question the discussion raised to no clear resolution. So everyone is left to follow their own compass of sabaay to find their path. The discussion reflects a core question which nearly all working-class Thais face: what is the true path to living sabaay?

Explanations about the importance of income and wealth to feeling sabaay

Why did working-class Thais face this question? The following excerpts reflect a range of opinions about the nature of sabaay in contemporary Thai society and the participants' own status of sabaay. The first excerpt reflects the comments of those participants who felt that given the current social and economic conditions they were sabaay sabaay, that is, life was generally fine for them. Their sense of sabaay was dominated primarily by their ability to fulfill their aspirations for a comfortable material standard of living. They had, in their view, benefited from modernization and responded favorably. They were not particularly concerned about the quality of the physical environment, or had found ways to cope with it.

Group 13 (Younger Bangkok workers, mixed gender)

J: When you compare quality of life upcountry with Bangkok...

4M: Living in Bangkok is better. Because school is close. It's easy to buy food. Earnings are better than before. At home we have appliances that are more modern than in the countryside, such as washing machines, air conditioners, up to date with the world.

J: Is life here (in Yannawa) sabaay?

4M: Yea, it's sabaay. We can eat and live well. Earnings and schooling are satisfactory. Good neighbors. Thai people are generous.

- 1F: Sure I'm sabaay. Sabaay in everything. I mean living, income, convenience, it's all better than living upcountry. Can save money. Can settle down. I have income and can buy modern conveniences.
- 4M: And another thing, when we wake up we can start working right away (in own shop). Don't have to commute. Traffic jams are not sabaay. If we have work, we do it. If we don't have work we rest. It means sabaay.
- 3M: Can say we're sabaay, but not as much as we could be. Sometimes living in Bangkok too long you can have problems. Stressed a bit. But we can live. But not up to the point of being sabaay. I mean there are annoying little problems. I can handle them. Eating and living are OK. Sleeping is OK. Sometimes were live together too close. Get a bit "serious." But it's normal because we live together.
- 2F: I am sabaay. I have a decent income. Eating is sabaay. If I want to eat something, I eat it.

- J: ความเป็นอยู่ที่ต่างจังหวัด กทม เมื่อเปรียบเทียบกัน
- 4: อยู่ กทม ดีกว่า เพราะ การศึกษาก็ใกล้ อาหารการกินก็ซื้อได้ง่าย รายได้ก็ดีกว่าแต่ก่อนเยอะ ในครอบครัวมีเครื่องใช้ที่ทันสมัยกว่าบ้านนอก ไม่ว่าเครื่องซักผ้า Air ช่างสารพันโลก
- J: ความเป็นอยู่ที่นี้สบายไหม?
- 4: ต้องสบาย การกินอยู่ดี มีรายได้ การศึกษาครบ เพื่อนบ้านดี คนไทยมีน้ำใจ
- 1: แน่นอนสบาย สบายทุกๆด้าน หมายถึงว่าความเป็นอยู่ รายได้ อำนวยความสะดวก ดีกว่าอยู่ ตจว สามารถมีเงินเก็บ สามารถตั้งตัวได้ มีรายได้ ซื้อของที่อำนวยความสะดวก
- 4: อีกประการหนึ่งว่า เราตื่นมาก็ทำงานเลยไม่ต้องไป นั่งรถ รถติดไม่สบาย งานมีเราก็ทำงานไม่มีเราก็พักผ่อนไปในตัว ถือว่าสบาย
- 3: จะว่าสบายเลยมันก็ไม่สบายมากเท่าที่ควร บางทีถ้า อยู่นานๆมากเกินไปมันก็อาจจะมึปัญหา เครียดนิดหน่อยแต่ก็อยู่ได้แต่ไม่ ถึงกับสบายจนเกินไปคือ บางครั้งก็มีเรื่องจุกจิก ก็ไปได้การกิน การอยู่ใช้ได้ การนอนใช้ได้ บางทีอยู่รวมกันหลายๆ Serious นิดหน่อย แต่ว่าเป็นธรรมดาส่วนรวม
- 2: สบายดี ที่ว่ามีรายได้เป็นประจำ การกินอยู่สบาย อยากกินอะไรก็ได้กิน

The second excerpt reflects the comments of participants who were generally sabaay because they were content with their lot in life. Some might have preferred to live in better circumstances, while others thought that affluence would only bring them problems. In general, this group reflects those in Thai society who retained more traditional Buddhist values about the sabaay that comes from moderation, having supportive relationships, and living in a healthy environment.

Group 14 (Older Bangkok workers, mixed gender)

J: Are you sabaay living here or not?

4M: Well I'm sabaay. If you are middle class you are sabaay. If you have money (rich Bangkokians) you're not sabaay for sure. It's better to live upcountry. If you are poor like me, and have very little income, you can be sabaay because you have food to eat.

1F: So he's sabaay.

2F: It's enough to live on. A bit difficult. Pushing my cart is heavy. I have to sell coffee. If I were at a better level than this, I would go live somewhere else.

4M: If I had money I would go live somewhere that has a lot of space. That's better.

J: ที่นี้ขุ่สบายหรือเปล้

4: ก็ขุ่สบาย ถ้าปานกลางก็ขุ่สบาย ถ้าไม่มีเงินไม่สบายแน่
ต้องอยู่ต่างจังหวัด
ถ้าอยู่อย่างคนจนอยู่อย่างผมฐานะรายได้น้อยต้องอยู่สบาย
เพราะข้าวปลาหมักกิน

1: ก็สบายอยู่แล้ว

2: ก็พออยู่ได้ ล้ามากหน่อย เข้าเข็นรถหนัก ต้องไปขายกาแฟ
ถ้าเราฐานะดีกว่านี้ก็ไปอยู่ที่อื่น

4: ถ้ามีเงินก็ไม่อยู่ที่นี่หรอกเราไปหาบ้านโล่งๆอยู่ดีกว่า

1: เราไม่มีเงินก็อยู่ไปก่อน

4: ผมพูดถูกหรือเปล้ล่ะ

The third set of excerpts represents the feelings of those who felt conflicted about the current social and economic conditions. They felt that the Thai idea of sabaay had been corrupted by foreign influences and that many Thais had become consumed with consumption. Generally, they were not sabaay and believed many others in their social group were not sabaay. They felt trapped by their circumstances and resented the influence the modern economy was having on their ability to live a sabaay life. They were also generally quite concerned about the influence of the deteriorating social, economic, and physical environment on their sense of sabaay.

Group 21 (Younger Bangkok workers, mixed gender)

J: Over the last 20 years is there anything that has changed?

1M: More housing complexes. More people. Traffic jams. Now the environment is not good. Exhaust. There is a lot of construction. The government budget is not enough. More building development. People's heart-mind (spirit) is going down. They just look after themselves. If I could choose, I would prefer to go back and live in the past.

3M: Roads. Expressways have all increased. More cars. More traffic.

J: ในช่วง 20ปีที่ผ่านมาอะไรบางอย่างที่เปลี่ยนแปลง

1: หมู่บ้านเยอะขึ้นคนมากขึ้น รถติด ตอนนี้สภาพแวดล้อมไม่ดี ควันรถ มีการก่อสร้างเยอะ งบประมาณไม่เพียงพอสิ่งก่อสร้างเจริญ จิตใจคนเลวลงเห็นแก่ตัว ถ้าเลือกได้อยากกลับไปอยู่ในอดีตมากกว่า

3: ถนนหนทาง ทางด่วนเพิ่มมากขึ้นรถลามากขึ้น การจราจรมากขึ้น การก่อสร้างเรียกว่าเจริญมากกขึ้นมีทั้งดีทั้งเสีย ความเป็นอยู่ดีขึ้น

Group 23 (Younger Bangkok workers, all male)

J: ...Thai people indulge themselves?

1M: Low income, but high-class preferences.

J: Does this have to do with the quality of society or the living status of Thai families.

3M: Really, the Thai family is not at the foundation of this question anymore. But foreign influences have come into our surroundings. Thai people change themselves and follow foreigners. The people who fall hard are the parents, because they don't want to lose face.

1M: In Thai language, we call them lunatics.

J: Where does this lunacy come from?

1M: Compete to top each other. They follow foreign youth fashion. Youth from well-known countries wear "hit" clothes. So Thais follow what they see. Follow advertising.

J: คนไทยตามใจตัวเอง

1: รายได้ต่ำ รสนิยมสูง

J: อันนี้เกี่ยวกับคุณภาพสังคมหรือความเป็นอยู่ในครอบครัวไทย

3: จริงๆครอบครัวไทยไม่มีอยู่แล้วพื้นฐานในตัวนี้ แต่สิ่งแวดล้อมเข้ามา คนไทยปรับตัวตามเขา คือคนที่ตกหนักก็คือพ่อแม่ ไม่ยอมน้อยหน้ากัน

1: ภาษาไทยเขาเรียกบ้าเห่อ

J: เรื่องบ้าเห่อมันมาจากไหน

1: การชิงดีชิงเด่น ตาม fashion นอกของวัยรุ่น
วัยรุ่นต่างประเทศดังใส่เสื้อผ้าฮิตก็ทำตามดูตามโฆษณา

Group 24 (Older Bangkok workers, all female)

N: ...And why hasn't the quality of life developed?

2F: I can't really answer.

1F: In the past, income was about equal with expenses.

J: Is there anything that makes you feel not sabaay living in Yannawa?

1F: It all has to do with work. If we have a good job, then we are sabaay. If work is not good, we are not sabaay. It all has to do with money, you know?

N: ทำไมคุณภาพชีวิตถึงไม่เจริญ

2: ตอบไม่ถูก

1: เมื่อก่อนรายรับมันสมดุลกับรายจ่าย

J: มีอะไรที่รู้สึกไม่สบายอยู่ย้านาวา

1: ขึ้นอยู่กับการงานเรา ถ้างานดีเราก็สบาย ถ้างานไม่ดีเราก็ไม่สบาย
มันขึ้นอยู่กับตัวเงินนะ

The final excerpt is representative of those participants who felt a sense of compromise between their desire to attain a sense of sabaay from material comforts for themselves or their family (as in the first group) and their desire to be content in the Buddhist sense (as in the second group). These comments were from the same group of young women working in Bangkok (Group 19) discussed earlier in this chapter. Their sense of sabaay had become one of floating ambiguously – trying to be sabaay sabaay – within the tug of war between competing paradigms in Thai society (ดิ่งกันเลย).

Group 19 (Younger Bangkok workers, all female)

J: Why did you decide to come to Bangkok?

4F: Because I have seen people who come here before. They go back and have money to give to their father and mother. They improve. But those of us who live in the countryside only have enough to eat from one year to the next, one day to the next. We don't acquire anything new. Not like people who have salaries. They have TVs and refrigerators. So I want to have them too. At my home we can't have them because there's nothing left over to save. When I came to Bangkok, I got a salary every month. So I sent things home. Now I live like this. Nothing has improved. I work month to month. Expenses are high.

[Later in the interview]

J: Nowadays, it is sabaay living in Yannawa?

4F: Not too sabaay. Normally I can handle it. I live sabaay sabaay. Not too "serious" about anything. If I have food, I eat. If I don't, I don't eat. I'm not to the point of starving.

1F: I'm basically sabaay. I wake up and have just the responsibility to go to work. I have a job.

J: ทำไมตัดสินใจมากรุงเทพ

4: เพราะว่าเห็นคนที่เขาเข้ามาก่อน เขากลับไปก็มีเงินให้พ่อแม่ครอบครัว เขาก็ดีขึ้น แต่เราอยู่ที่บ้านนอกได้กินไปปึก กินไปวันๆ ไม่มีสิ่งของเข้าบ้าน ไม่เหมือนกับคนที่

เขามีเงินเดือนมี TV ตู้อยู่กลับบ้านก็อยากได้อยู่ที่บ้านจะไม่ได้เพราะว่าไม่เหลือเก็บพอเข้ากรุงเทพมีเงินเดือนได้รับทุกเดือน แล้วส่งของไปให้ที่บ้าน ตอนนี้อยู่ตัวไม่มีอะไรดีขึ้น กินไปเดือนๆ ค่าใช้จ่ายสูง

- จ. ทุกวันนี้อยู่กรุงเทพฯสบายหรือเปล่า
- 4: ก็ไม่ค่อยสบายธรรมดาที่รับได้ อยู่อย่างสบายๆ ไม่ได้ serious อะไร มีก็กินไม่มีก็ไม่กิน แต่ก็ไม่ถึงกับอดอยาก
- 1: ก็สบายตื่นขึ้นมามีหน้าที่เดียวคือต้องไปทำงานก็มีงานทำ

Interpretation of findings

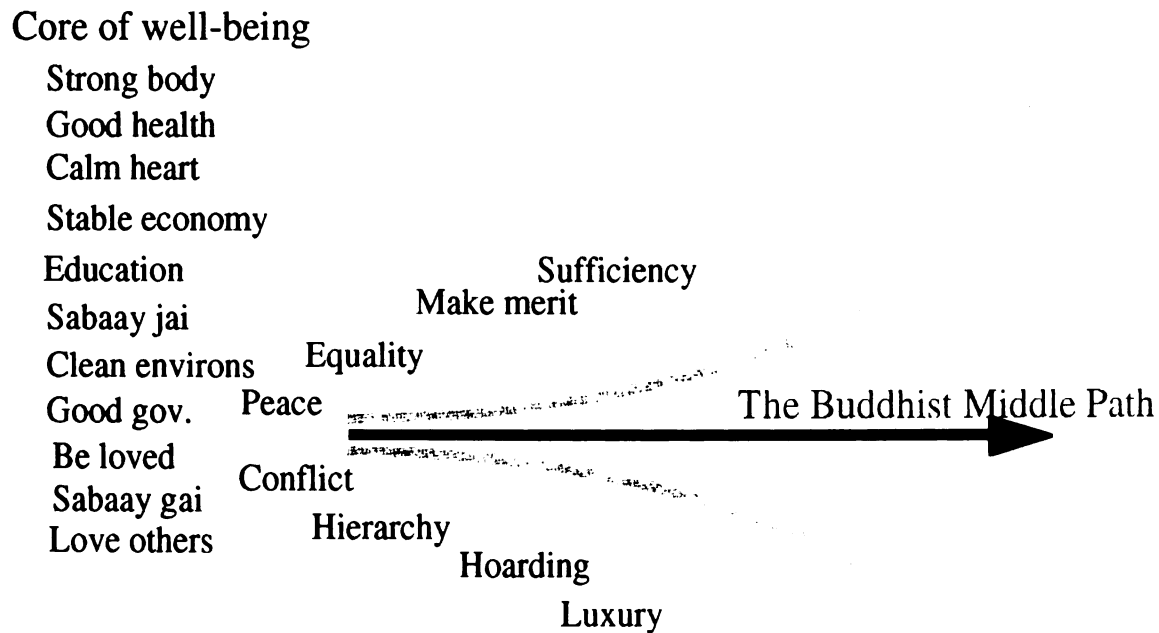
Where values are concerned, ambiguity and ambivalence express themselves in what appear to be untenable contradictions. In this study, many participants expressed seemingly contradictory feelings about wanting to be healthy and have a calm heart while driving themselves to gain material wealth.

Looking at the quantitative and qualitative data as an integrated whole by synthesizing the statistical averages and distributions in figure 21 above with the explanations from the interviews, I have transformed the data into figure 25. This figure illustrates the areas of consensus and divergence of values about sabaay. The left-hand side of figure 25 shows the core of well-being that nearly all participants agreed upon – factors such as having good health, education, socioeconomic stability and feeling sabaay that they rated as the most important or very important. Across the demographic spectrum of participants in this study, these core Theravadan Buddhist values appear to have remained intact. The right-hand side of the figure shows those factors with the largest standard deviation (widest range of ratings) and, as reflected in the excerpts, with the greatest range of opinions about feeling sabaay. To reflect the wide range of opinion, I have shown a wide vertical distance between the factors and their natural opposites (e.g., be rich vs. no wealth). Those factors

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with the greatest difference on the extreme right-hand side are all related to material comfort and wealth. Thus, the figure shows that although the core Buddhist values such as having good health, education, and a clean environment remained in tact, there was much more disagreement about the importance attaining material comfort or becoming wealthy.

Fig. 25. Core of Well-Being and Diverging Paths



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This study shows that many of these Thais faced a dilemma in choosing what kind of “good life” to lead. Because of the economic boom, many paths had become available, ranging from total devotion to a Buddhist monastic life, to total obsession with becoming rich and powerful – “pure materialism.” These working-class Thais clearly understood the nature of these two extreme paths. Yet, the range of opinions about the importance of wealth and material comfort in this first insight interview shows that it is the Buddhist Middle Path that has become the most difficult to follow, and the most obscured.

These findings confirm the assessment presented by the Thailand Ministry of Public Health after this dissertation research was completed. In the report entitled “Thailand Health Profile 1997-1998” under the subject of values, beliefs and culture, the authors of the report state frankly:

The economic expansion and Western influence have made the Thai people have a higher purchasing power with materialistic values. They tend to give more importance to possessing “materials” rather than “contents”, buying materials for keeping their “face”, “status” and “social relationship” rather than for the materials’ real utility. This is to show off their status quo, belonging to a high society sector.

The media, particularly television and newspaper, have played a greater role in reshaping Thai people’s lifestyles and leisure time spending.

Changes in the socioeconomic system have resulted in changes in Thai people’s beliefs and culture. A number of people have distanced themselves away from religious practices. Some are less restrictive in morality, but then to be competitive, exploitative, self-centered, and power-seeking, politically and financially. The Thai culture, previously regarded as being generous, hospitable and seniority-respecting, has deteriorated to such a level that a Thai culture restoration programme has to be launched. The Thai people in general lack a good consumption culture; for instance, they use motor vehicles but lack safe-driving practices. (Thailand Ministry of Public Health 2000, p. 44).



The following lists are summaries of some of the important aspects of the two prevailing paradigms in contemporary Thai society that continued to influence working-class Central Thai's sense of sabaay.

Media-driven materialistic consumerism often promotes the values of...

- Craving (smoking, drinking, meat consumption)
- Competitiveness (stress, isolation, accidents)
- Poor health habits (junk food, inactivity)
- Exploiting the environment (pesticides, automobiles)

In contrast, Theravadan Buddhist teachings the values of mindfulness and promote...

- Eliminating craving (moderation, meditation)
- Cooperation and kindness (warm family)
- Good health habits (vegetarianism)
- Caring for nature (eco-farming)

In the rush to modernize and Westernize over the last two decades, Thai society has been pulled apart by the imposition of modern consumer values which are antithetical to the traditional Theravadan Buddhist values (Cohen 1987). The opposition between these values creates a conflicted sense of well-being and confusion about what leads to true sabaay. Many participants struggled to answer the question, where is the true sanctuary where one can find sabaay? Was it in the *wat* (Buddhist temple), or in the mall (see figure 26)? Can one find a path of happiness by living moderately in between?

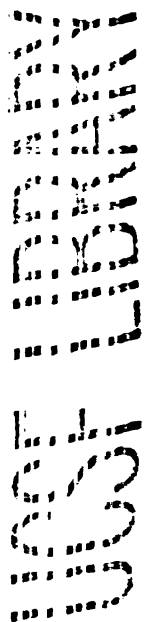
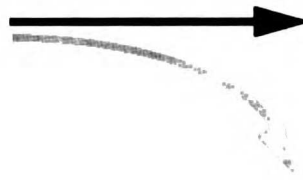


Fig. 26. Conflicted Well-Being

Conflicted Well-Being

Working-class Thais are being pulled between traditional Buddhist feelings of *sabaay* and the allure of modern *sabaay* (consumerism). Where has the middle path gone?

คนรับจ้างและชาวนารู้สึกสับสนเกี่ยวกับความสบายระหว่างพุทธศาสนาและวัตถุนิยม ทางสายกลางหายไปไหน?



???



In summary, working-class Thais were being pulled between traditional Buddhist feelings of “sabaay” and the allure of modern “sabaay” – materialistic consumerism. In the circumstances created by the social and economic crisis, many ordinary working-class Thais were beginning to ask themselves, where has the (Buddhist) Middle Path gone?

(คนรับจ้างและชาวนารู้สึกสับสนเกี่ยวกับความสบายระหว่างพุทธศาสนาและวัตถุนิยม ทางสายกลางหายไปไหน?)

พุทธศาสนา
วัตถุนิยม

CHAPTER 9

ETHNOGRAPHIC FINDINGS ABOUT WORKING-CLASS THAIS' SENSE OF THE NATURE AND DIMENSIONS OF SABAAY

After the first insight game on priorities, I asked a few open-ended questions about the nature of sabaay jai (heart-mind) and sabaay gai (physical-bodily). These questions followed naturally from the first insight game because the participants had already begun to think about the importance of sabaay jai and sabaay gai. At this point in the interview, the participants did not know that the next insight game would focus on what makes them feel sabaay or not sabaay, both in jai and gai.

The main purpose of this phase was to stimulate a natural discussion about the nature of sabaay. This included understanding why sabaay is important, and establishing the degree to which sabaay is one overall feeling versus being separated into jai and gai, and understanding the overlap between feeling sabaay and good health. The responses varied depending on personal opinion. The following excerpts represent typical responses.

Feeling sabaay and good health

Group 20 (Older Bangkok workers, all male)

J: If our jai [heart-mind] is not calm can we manage to live or not?

3M: Can't manage! You get upset and feel like you have to get away. It's like that. If we are sabaay jai, we don't have to worry about anything.

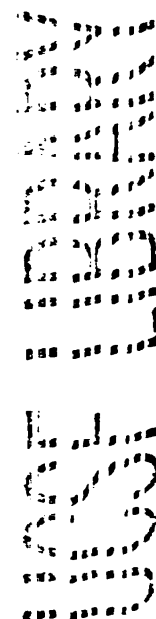
J: Do sabaay jai and good health have the same meaning?

- 2M: They're split. Health is one thing. Sabaay jai has another meaning. They're different.
- 3M: But, they are related, joined together.
- 1M: Everything should be good. Both of them.
- 4M: With good health, we're sabaay jai. But if our health is not good, it makes us feel not sabaay jai. They're related.

- J: ถ้าใจเราไม่สงบจะอยู่ได้หรือเปล่า
- 3: มันก็อยู่ไม่ได้หรอก มันก็ร้อนตัวอยากจะไปทีอื่น อะไรอย่างนี้ ถ้าเรามีสบายใจเราไม่ต้องคิดอะไรมาก
- J: สบายใจกับมีสุขภาพดีมีความหมายใกล้เคียงกันหรือแยกกัน
- 2: แยกกัน สุขภาพดีก็อีกอย่างสบายใจก็อีกอย่างความหมายคนละอย่าง
- 3: แต่อันนี้มันต้องคู่กันนะ
- 1: มันก็ต้องดีหมดทั้งสองอย่าง
- 4: สุขภาพดีมันก็สบายใจ แต่ถ้าสุขภาพไม่ดีก็ทำให้เราไม่สบายใจมันคู่กัน

This exchange shows how important a calm heart and sabaay jai is to living a good life and facing day-to-day challenges. As with sabaay jai and sabaay gai, the participants felt that sabaay jai and good health were distinct, but overlapped. Working-class Thais strove for both, and good health was a contributing factor to feeling sabaay jai. These explanations confirm that these Thais believed that sabaay and good health are intertwined with one another.

In the course of the insight group interview, open-ended discussions about the nature of sabaay anticipated the second insight game in which participants rated how much habits of daily living and social/environmental made them feel sabaay jai or sabaay gai.



Which is more important, feeling sabaay jai or sabaay gai?

Group 22 (Older Bangkok workers, all firemen)

J: Why to you all think that sabaay jai is either the most important or very important?

3M: I think it means important in work. If we're not sabaay jai, can't work. Work doesn't go anywhere.

2M: This is an important principle because if in the case in our jai [heart-mind] we have a feeling of sabaay jai, with that we can finish anything. If it happens that we feel out of joint or not sabaay jai, our body is not worth anything.

4M: Jai [heart-mind] comes before [more important]. It comes before gai [body] can do anything else. Jai has to be sabaay. If we're not sabaay, we won't achieve a successful outcome.

3M: We've got strong [healthy] bodies. I feel perfectly sabaay jai.

J: So if we are sabaay jai and physically healthy, it's not necessary to be rich?

3M: Just need to have enough to live.

J: ทำไมพวกท่านคิดว่าสบายใจสำคัญมากที่สุดหรือสำคัญมาก

3: ผมว่าสำคัญคือการทำงาน ถ้าไม่สบายใจมันทำไม่ได้ งานไม่เดิน

2: นี่เป็นหลักสำคัญที่สุดเพราะว่าถ้าเพื่อนใจเรามีความสบายใจแล้วนี้เราสามารถทำอะไรสำเร็จได้ถ้าเกิดเราเกิดความมุงจริตหรือไม่สบายใจนี้ร่างกายไม่มีคุณค่า

4: ใจต้องมาก่อน ก่อนที่กายจะไปทำอย่างอื่น ใจต้องสบายถ้าไม่สบายไม่ประสพผลสำเร็จ

3: คนเราร่างกายแข็งแรง สบายใจนี้เลิศเลย

J: ถ้าใจของเราสบายใจร่างกายแข็งแรงไม่จำเป็นต้องเป็นคนรวย

3: แค่อ้อมีพอกิน

For these men, feeling sabaay, both jai and gai, gave their work meaning.

Sabaay gave them a sense of vigor and determination. Jai and gai in this context were integral – one dimension influencing the other. Jai, however, seemed to take precedence, that is, one should strive to be sabaay jai. This appeared to believe that one can live happily being sabaay jai (in good spirits) even if one is not sabaay gai (physically ill). But, they felt that it would be

much more difficult to be happy and live well if one were only sabaay gai, but not sabaay jai. This is why the participants often said that jai comes first. The response to my follow-up question about the value of good health demonstrates the wisdom of older men. These men had a clearer sense of the potential sacrifice one makes by compromising health for wealth. They agreed with participant "3M's" sense of only needing enough to live – pursuing the Buddhist Middle Path of moderation. The following excerpt provides additional insight into the relationship between feelings of sabaay jai and sabaay gai.

Group 2 (Older rice farmers, mixed gender)

1: 49 year-old man

2: 51 year-old man

3: 41 year-old woman

4: 42 year-old woman

G: (guest) 50 year-old man

2M: You have to experience tough times before you can really become sabaay.

J: What does it mean to be sabaay?

4F: You have to be sabaay gai and sabaay jai.

1M: Have good health and a strong body. Not afflicted by disease or illness, that means being sabaay.

J: Which is more important, sabaay jai or sabaay gai?

2M: Sabaay jai comes before [more important].

4F: Sabaay jai comes before. If the body is weak, then you'll won't be sabaay gai.

2: Sabaay jai and strong [healthy] body means completely healthy.

GM: You can be sabaay gai, but if you are sad you won't be sabaay jai.

J: Is sabaay one feeling or two?

4F: Two feelings! Something that is not sabaay: I'd like to send my kids to school [but can't afford the tuition]. [Sarcastically] Good economy, good government.

J: Sabaay jai and sabaay gai, are they the same? Or are they different?

2M: It's hard to say?

J: For example, Thai people like to ask "Are you sabaay?" So is that a question about sabaay as one feeling, or about two feelings?

2M: They're totally combined. Sabaay is very broad. You say, "Are you sabaay?" and then they answer, "I'm sabaay." It means sabaay in every aspect. The person who asks feels good. It includes everything. And when the person answers, "I'm sabaay" it means they aren't hurt or ill.

- 2: ต้องลำบากใจถึงจะมาสบาย
J: ถ้าคิดเรื่องสบายเป็นยังไง
4: ต้องสบายกายและสบายใจ
1: สุขภาพดีร่างกายแข็งแรง โรคภัยไข้เจ็บไม่เบียดเบียนมันก็สบาย
J: สบายใจกับสบายกายอย่างไหนสำคัญกว่า
2: สบายใจก่อน ร่างกายมันสู้ไม่ไหว มันก็ไม่สบายกาย
4: สบายใจก่อน
2: สบายใจร่างกายก็สมบูรณ์
G: สบายกายแต่ใจเป็นหนีมันก็ไม่สบายใจ
J: ความสบายเป็นอย่างเดียวหรือเป็นสองอย่าง
4: สองอย่างซิ โอที่ไม่สบายก็อยากให้เด็กมีการศึกษา เศรษฐกิจดี การเมืองดี
J: สบายใจ สบายกายเหมือนกัน หรือแตกต่างกัน?
2: ตอบยาก
J: เช่นคนไทยชอบถามว่าสบายดีไหม แล้วสบายอย่างนั้นเป็นอย่างเดียวหรือเป็นสองอย่าง
2: มันควบเลย มันกว้าง บอกสบายดีไหมแล้วบอกสบายดี สบายทั้งหมด คนถามก็ดี รวมเลยว่าสบายดีไม๊ คนนึงตอบว่า สบายดีไม่เจ็บไม่ไข้

The first statement in this excerpt reflects the notion that lasting sabaay does not come easily and cannot be taken for granted. Understanding what it means to be truly sabaay comes from experiencing some degree of hardship. This view is not specifically Buddhist, but rather a form of folk wisdom. It may have its roots in Buddhist teachings about seeking the illusion of sabaay in self indulgence and the pursuit of comfort.

As in the previous excerpt, these participants felt that jai takes precedence over gai. This reflects an understanding of the distinction between sabaay jai and sabaay gai. Yet, there was recognition that they are not separate. The best characterization is that sabaay is one broad feeling that can be felt along a continuous space that runs from the emotional and spiritual core of the person (jai) out and through the biophysical body (gai) that dwells in the material world. The Thai conceptualization of sabaay begins with the Thai premise that each person is a spiritual being who has been reincarnated and dwells in a biophysical body. This integrated sense of sabaay reflects the Thai notion of one's whole state as human which differs from the Judeo-Christian split of the mind from the spirit, and the Cartesian split of the mind from body.

The many domains of sabaay

Feeling sabaay is best characterized as moderate state of equanimity, vitality and comfort. Sabaay encompasses the essence of these states, but at an everyday, achievable level. Sabaay is a state to be enjoyed in everyday life. One neither has to rise to a sublime level to be sabaay, nor should one go to great efforts to cultivate equanimity or vitality. Being sabaay is just being. As such, sabaay is valued feeling because it may lead to more profound feelings of happiness and good health.

There are many aspects of Thai life that give rise to feeling sabaay. Thais use sabaay ubiquitously in daily conversation. Because Thailand is a predominantly Buddhist country, there are fairly strong social expectations that one should be sabaay. This is not an oppressive sort of expectation, just that Thai people assume and expect that everyone is pursuing their own sense of sabaay. This is why Thais often greet each other with the question: "Are you

sabaay?" Out of custom and courtesy, some Thais will say that they are sabaay, even if they are not entirely.

I have observed and noted many, many situations and conditions that Thais describe as being sabaay, and making them feel sabaay. The partial list I have compiled includes: open, green, growing, near water, wet, breezy, warm but not hot or humid, clean, pristine, unpolluted, fertile, without drought or floods, few people, with friends and family, supportive, neighborly, peaceful, quiet, easy paced, unhurried, unpressured, lyrical, melodic, relaxed, flowing, in harmony with elements and spirits, stable, in balance, tasty, satisfied, feeling loved, loving others.

The aesthetic aspects of Thai life, things that are pleasing to the Thai sensibilities (ความสบายตา) such as the crafts, classical arts, architecture, landscapes, food, and music, are important for evoking a feeling of sabaay jai. Many of these sensibilities flow out from, and reflect the native Thai water-rice culture. Usually things that are soothing to the eye (sabaay dtha) flow, curve, and rise. They also give one a sense of balance, between sweet and salty, spicy and rich (coconut milk). Many of these sense-based feelings of sabaay affect gai, the body being in the world.

Some Thais presume that feeling sabaay is a native state of being, a state that is thought to be close to Buddha-nature of every human. This is reflected in the universal sense that we all come into the world with the potential to feel sabaay as a baby nursing, and that we all feel sabaay in the pleasant, unfettered relaxation of falling asleep. Even as far back as early the Dvaravati civilization in Lopburi (6th - 11th centuries AD), Thais have nearly always represented

Buddha with affect, postures and gestures of being sabaay. Thai artists generally convey the Buddha's feeling of sabaay through representations of the Buddha in a trained, yet unselfconsciously graceful posture, sitting, standing, walking or reclining, and with a subtle smile. These images have been reflections of Thai culture for at least the last fourteen centuries (Diskul 1979).

As some Thais have become thoroughly modern and increasingly global in their sensibilities, their sense of sabaay has taken on connotations of modernity. During first days of my extended fieldwork, I saw a young couple making offerings at a large Buddhist temple in Yannawa. The young man was taking on a cellular phone while walking around the temple making offerings. Meanwhile his partner was somewhat hurriedly praying with jos sticks. Both of them were lost in the perpetual motion that sweeps up most residents of Bangkok, all the while being somewhat engaged in the spiritual, or at least ritualistic pursuit of sabaay.

I also recall listening to two young women who were looking for a job in the newspaper. One of them read about former finance manager who, after the closure of his finance company, had turned *somtam* (papaya salad) vender downturn. The women remarked about his resourcefulness and both agree that at his reported earnings of 45,000 baht (\$1000) per month was sabaay indeed. Clearly, money for some has become a source of sabaay.

Dimensions through which sabaay is experienced

I had distilled the many factors that contribute to feeling sabaay into a constellation of sabaay made up of 14 overlapping domains (see figure 27).

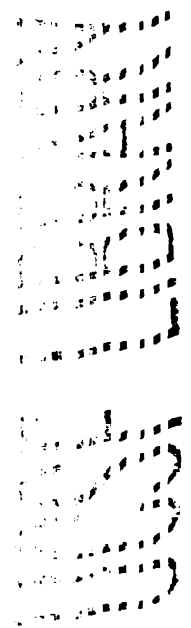
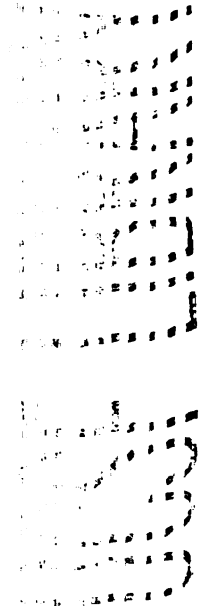
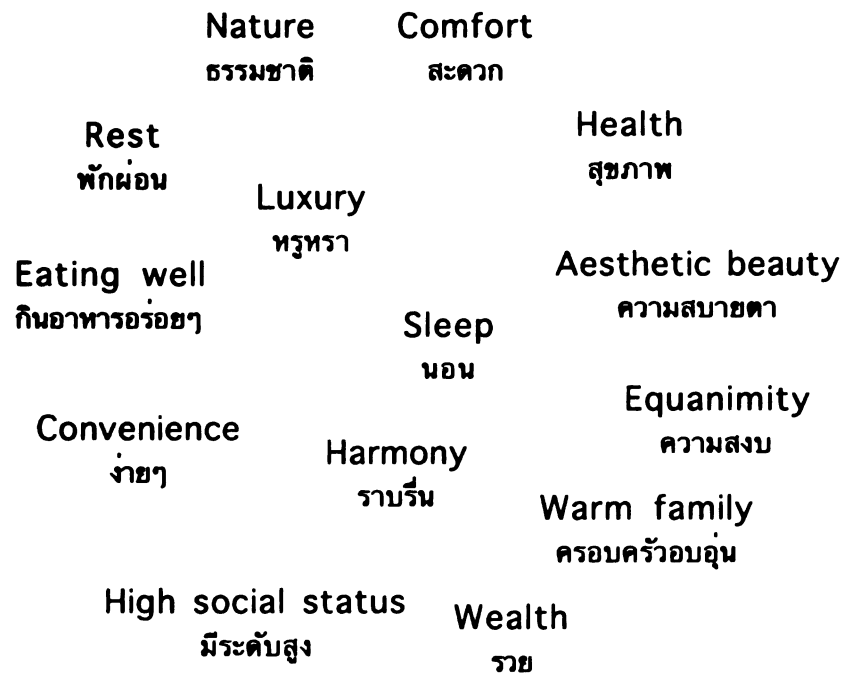


Fig. 27. Dimensions of Sabaay



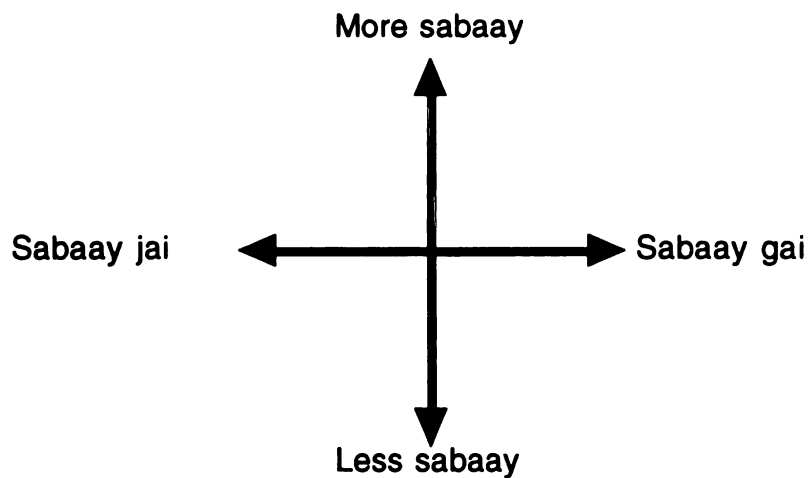
CHAPTER 10

HABITS AND CONDITIONS THAT MAKE WORKING-CLASS THAIS FEEL SABAAY OR NOT SABAAY

Insight Game 2: What influences feeling sabaay?

The second insight game explored what made the participants feel sabaay or not sabaay depending on their point of view. The participants rated 40 factors covering six areas of health-related habits using a semantic differential grid with horizontal and vertical axes (see figure 28).

Fig. 28. Two Dimensional Orientation of Sabaay



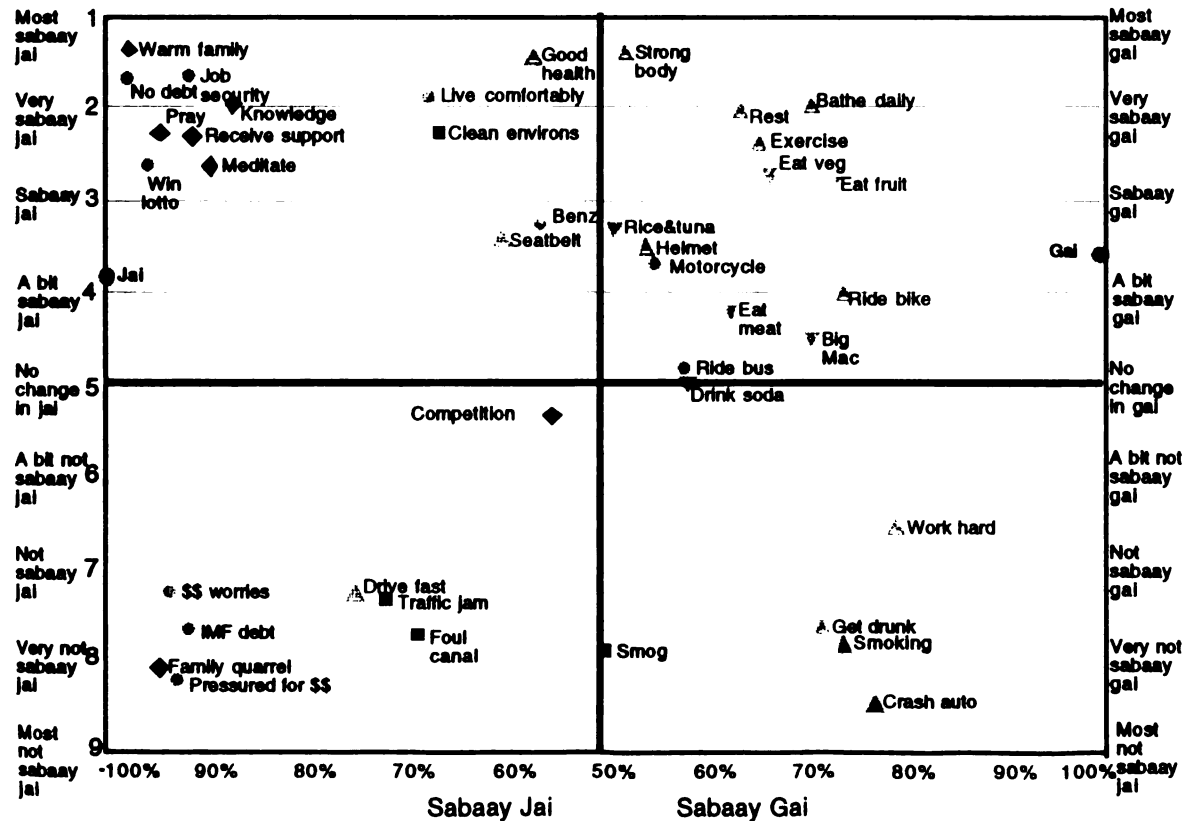
The participants individually rated how each factor made them feel: if the feeling was more in jai or gai, and if the feeling was positive or negative. On the left-hand side, participants placed things that made them feel sabaay jai (feeling good in one's heart-mind) and on right-hand side for sabaay gai

(feeling well in one's flesh). The vertical scales ran from the most sabaay to the most not sabaay.

Figure 29 shows the average rating of the 40 factors. Descriptive statistics for all factors used in this study are in appendix 1. To plot the average rating on two dimensions, I used the mean for the vertical (1-9) rating, and the majority percentage (mean of -1 and 1) for the horizontal positioning which shows the average weighting between jai and gai.

Factors relating to diet are shown in red upside down triangles, body care and general health in light green triangles, mental health in blue diamonds, transportation and environmental quality in dark green squares, and factors related to money in gold circles.

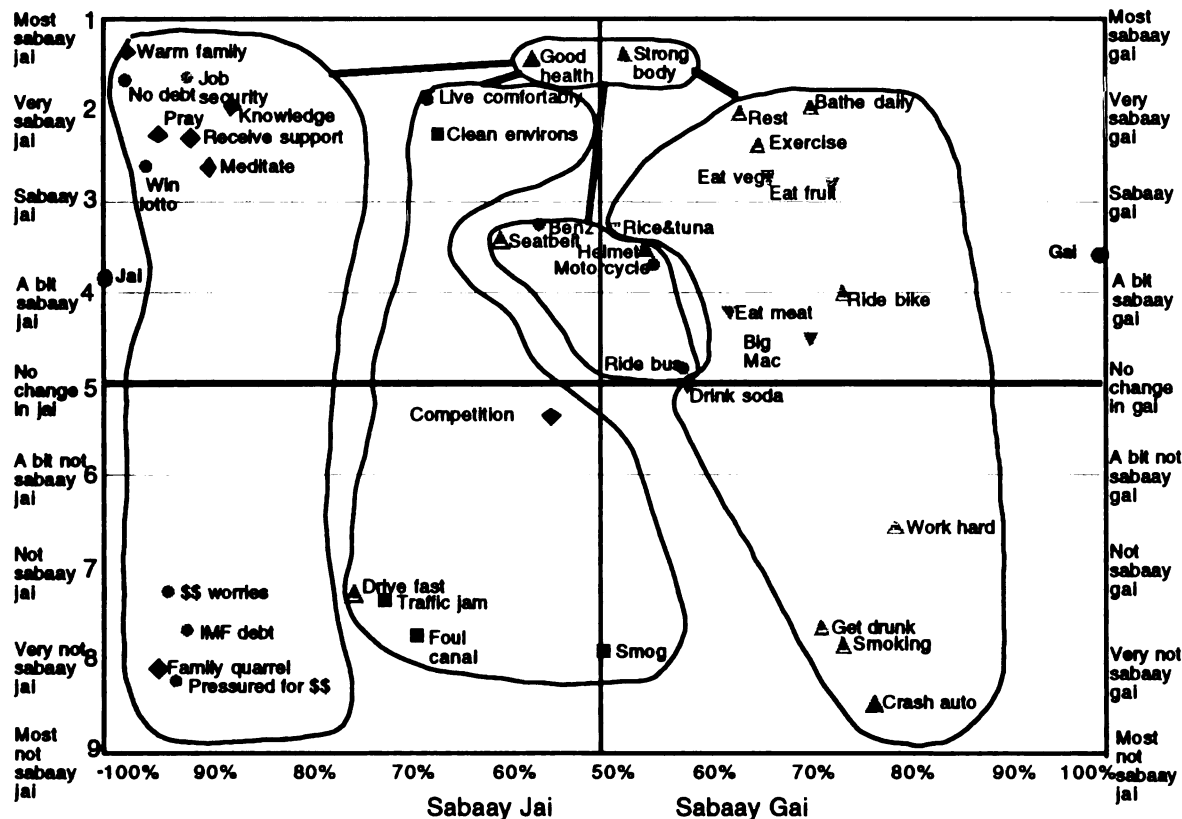
Fig. 29. Average Ratings of Factors Influencing Sabaay on Two Dimensions



The results are consistent with the first insight game, but shed additional light into how the participants' values and overall priorities are reflected in their feelings about habits of daily living and surroundings.

One can better understand the distribution of the average sabaay feelings by grouping variables based on their proximity and similarity (see figure 30). I have grouped factors that are clustered together and similar to one another across the horizontal (positive-negative) scale.

Fig. 30. Groupings of Average Ratings of Factors Influencing Sabaay on Two Dimensions



In the uppermost mid area, on average the participants rated having good health and a strong (healthy) body as making them feel the most sabaay, weighted evenly between jai and gai. This feeling is consistent with the values

expressed in the first insight game in which the participants rated good health as the most important. Generally, for these working-class Thais, good health is the greatest source of feeling sabaay. The other clusters contain factors which, in affecting the participants sense of sabaay, also either promote or undermine good health.

On the extreme jai side (left), feeling sabaay jai is strongly influenced by factors which affect the participants' spiritual status, social interactions, and financial situation. Being in a warm, loving family, having economic security, and no debts give the participants a great sense of sabaay jai. The converse is equally true in the lower left side of the cluster where, on average, the participants felt very not sabaay from Thailand's debt to the IMF, worrying about having enough money to survive, family quarrels, and being "hit up" for money by others. This co-mingling of personal, social and financial factors on both ends of the sabaay scale reflect the intertwining of the matters in everyday modern life. Strong sabaay feelings about factors that influence the spiritual, social, and financial realms are consistent with the high ranking of the importance of calm heart, stable economy, education, and sabaay jai in the first insight game.

Through the middle of the diagram lies a cluster of factors in one's surroundings which impact sabaay. This cluster stretches horizontally along the positive-negative axis. The factors having enough to live comfortably and living in clean environs have a substantially positive effect on feeling sabaay gai and jai. On the negative side, environmental factors such as being stuck in traffic jams, driving fast (or being swept up by speeding traffic), living near a polluted canal, and breathing smog all make the participants feel very not sabaay gai and jai. The strong positive and negative ratings of the impact of

environmental factors on sabaay is consistent with the high rating of the importance of clean environs in the previous game. The participants recognized the connection between good health and the quality of their environment, even though they were often not technically well-informed about how their personal habits or industrial practices damaged the environment. These results suggest that working-class Thais were generally concerned about their environment, much more so than government experts and researchers have assumed.

In this cluster, competition is rated near the middle. The rating of this factor is not easy to explain because we did not spend much time discussing it during the interviews. As in English, the Thai phrase for competition can connote business competition or a sporting competition. Those who interpreted the factor as business competition tended to rate it as having no impact or slightly not sabaay. Those who interpreted it to mean sports competition feel it made them feel somewhat sabaay. In actuality, competition in business and sports are not totally divorced because they reflect the same underlying non-Buddhist value of achieving dominance and influence over others. On average, the participants were somewhat ambivalent about the influence of competition on their sense of sabaay.

Near the middle of the diagram, factors relating to transportation tell a different story. Riding a bus, at best, makes the participants a little bit sabaay, reflecting working-class Thais' experience with overcrowded, sometimes hazardous public transportation. The participants generally thought that owning a Mercedes Benz or a motorcycle would make them feel sabaay jai and sabaay gai.

On average the participants rated vehicle safety habits, i.e., wearing seat belts and helmets, as making them feel moderately sabaay. The very strong not sabaay gai rating for being involved in an auto accident partly explains why seat belts and helmets make the participants feel generally sabaay. Nearly all participants said they truly feared being in an accident. Nevertheless, many participants admitted that they did not wear these safety devices all of the time. In the sabaay insight game, the participants tended to rate wearing a seat belt and wearing a helmet either as very sabaay jai to not sabaay gai. The participants explained that at the moment when they get into a car or on a motorcycle, they may experience an inner tension anticipating both the positive sabaay jai feeling of being protected and the not sabaay gai feeling of discomfort or inconvenience caused by the seat belt or helmet. The participants said that they tended to follow whichever feeling "wins out" in a particular situation. The expected feeling of sabaay becomes the lynch pin in the participants' safety habits. From a health promotion standpoint, although the average rating is encouraging, it is lower than one would wish. Given the reported strong influence of the expectation of sabaay, health promoters would like the distribution shift diagonally away from not sabaay gai (discomfort) toward very sabaay jai (feeling protected).

The right hand cluster encompasses those factors which affect feelings of sabaay gai. These are everyday habits or factors that may affect the participants physically. These are habits that working-class Thais feel will contribute to, or undermine, their physical health. On the positive end, the participants felt very sabaay from getting exercise, resting, and bathing everyday.

On average, traditional foods in the Thai diet such as rice with spicy tuna, fruit and vegetables, make the participants feel sabaay. On average, the participants derive somewhat less sabaay from foods which have been incorporated into the diet of some Thais more recently such as greater quantities of meat, American fast food, and soda.

On the negative end, being involved in a vehicle accident would make the participants feel the most not sabaay for reasons already mentioned. Smoking cigarettes and getting drunk were rated as being very not sabaay gai on average. These factors will be discussed further in the following sections which compare subgroups.

The participants' average rating of their overall level of sabaay jai for the last three months (purple dot on jai axis) was only a little bit jai, clearly reflecting the general anxiety these Thais were experiencing during the swift, uncertain downturn of the Thai economy. Their rating of gai for the last 3 months (purple dot on the gai axis) was similar even though all participants said that they were generally in good health. These ratings of overall jai and gai status are moderately strongly correlated (.65), indicating as in open-ended discussion that sabaay jai and gai "go together", that is that they are interconnected and influence each other.

Open-ended questions about what the participants do to maintain or improve their own health.

The first two insight games established the clear importance of having good physical and mental health among the participants, and the sabaay feelings the

participants felt from being healthy. Nearly all of the participants saw good health as an overall state of life closely connected to feeling sabaay.

As expected, when the participants were asked what they do everyday to foster and maintain good health, they referred to some common health habits that the Ministry of Public Health has publicized widely in the mass media. For nearly all of the groups, the answers to the question, “Normally, what do you do to make your health good?” began with “getting exercise, eating Thai food, getting rest, and seeing a doctor when sick.” Nonsmokers also said “not smoking.” Some participants also referred to the importance of prayer and meditation for maintaining good health. The following excerpts are examples of typical responses to this question.

Group 1 (Younger rice farmers, mixed gender)

J: What do you do to make your health good?

1F: I do everything. Everything I do is good. I farm rice so I don't have time to get exercise.

4F: Get a lot of rest. Exercise. And eat food that has value. I make my spirit very sabaay.

J: Where does health come from?

4F: Getting exercise and resting well.

J: Who “owns” your health?

N: Who has the responsibility for your health?

4F: Myself, I am the “owner.”

2M: We ourselves.

3M: Ourselves, me. I don't go treat myself. If I get very sick, then I go visit the doctor. If it's mild, then I can treat myself.

4F: I get sick myself, then I get well myself. If get sick myself. Why can't I get well myself. I don't get injections [don't go to the doctor needlessly or ask for unnecessary treatment].

๕ ทำอย่างไรให้สุขภาพดี?

1: ทำทุกอย่างมันก็ดีทุกอย่าง ทำนาก็ไม่ค่อยได้ออก

4: พักผ่อนเยอะๆ ออกกำลังกาย แล้วก็กินอาหารที่ดีมีประโยชน์ ทำใจให้สบายๆ

J: สุขภาพของเรามาจากไหน?

- 4: ออกกำลังกาย พักผ่อนดี
 J: ใครเป็นเจ้าของสุขภาพ?
 N: ใครเป็นคนรับผิดชอบ?
 4: ตัวเองก็เป็นเจ้าของ
 2: ก็ตัวเราเอง
 3: ก็ตัวเรา นี่ไม่ไปรักษาเอง ถ้าหนักก็ไปให้หมอรักษา ถ้าเบาๆก็รักษาเอง
 4: เป็นเองหายเอง เป็นเองได้ทำไมจะหายเองไม่ได้ หนูก็ไม่จัดยา

Group 6 (Older rice farmers, mixed gender)

- J: What do you all do to make your health good?
 2F: Talking about get exercise, I don't get exercise, because I work hard so I really don't have to get exercise. I get tired. To feel sabaay jai I pay respect to the Buddha (or monks). I make a little merit sometimes. I pray before going to sleep.
 J: Is there anything you do everyday to make your health good?
 3M: If I have some suffering, I will meditate.
 2F: Plant trees. Go out to the rice fields. Look at the corn. Look at the beans. That makes me more sabaay jai.
 1M: Play a little sport. Play takraw. It reduces stress.
 4F: Go out to the rice fields. Look at the fruit. The kids are playing ball.
 3M: Going out to the rice fields is better exercise. I'll ride my bike. Some people don't have bikes, so they walk. Cut the grass and repair the footpaths in the rice fields. It's exercise.
 2F: There aren't any fat people. Everybody works hard.

- J: พวกท่านทำอะไรบ้างเพื่อให้สุขภาพดี?
 2: จะว่าออกกำลังกายไม่เคยได้ออก เพราะทำงานหนักไม่ต้องออกเลย มันเหนื่อย จะให้สบายใจก็ไว้พระ ทำบุญบ้างนิดหน่อย ไหว้พระก่อนนอน
 J: มีอะไรบ้างที่ทำทุกวันเพื่อให้สุขภาพดี?
 3: เรามีความทุกข์ก็นั่งสมาธิ
 2: ปลูกต้นไม้ ไปนาไปดูข้าวโพด ดูถั่วก็สบายใจชื่นมิ่ง
 1: เล่นกีฬาบ้างนิดหน่อย เล่นตะกร้อ ครายเคียด
 4: ออกไปนา ดูผลไม้ เตะบอลเด็กๆมันเล่นกัน
 3: ไปนาก็ออกกำลังกายดี กว่าจะไปถึงบ้านจักรยานไป บางคนไม่มีจักรยาน ก็เดินไป ถางหญ้า พันหัวคั้นนาออกออกกกำลังกายอยู่
 2: ไม่ค่อยมีคนอ้วน ทุกคนทำงานหนัก

Group 7 (Younger rice farmers, all female)

J: In your life, normally what do you do to make your health good?

1F: Get exercise. Normally, I stay home and sew clothes. In the evening I go out to work in the orchards. Work at home and in the orchards.

3F: Eat lots and lots of food. Vegetables and fruit.

J: ในชีวิตของท่านปรกติทำอะไรให้สุขภาพดี?

1: ออกกำลังกาย ปกติเย็บผ้าอยู่กับบ้าน ช่วงเย็นไปทำสวน
อยู่กับบ้านและทำสวน

3: กินอาหารให้เยอะๆ ผัก ผลไม้

Rice farmers tended to be more independently minded about their health, seeing their health as their own responsibility, and to some degree their own resource to squander. This reflected the farmers' strong sense of self-reliance and self-care. They understood the basic principles of good health such as eating a balanced diet, getting regular exercise, and getting rest. Although they clearly believed in these concepts, it was impossible to tease out whether this awareness was part of local wisdom or ideas they had absorbed from government health promotion messages on television or advice from public health workers in their community. It was probably a combination thereof. Although only about 20% of the Thai population live in urban areas, the Ministry of Public Health has promoted an image of exercise in the mass media in the frame of the urban/suburban lifestyle (e.g., jogging in municipal parks, bicycling on city streets, working out or doing aerobics in an athletic facility).

The participants' comments show that they were aware of this public health formulation of "exercise" because many of them pointed out that they did not need to get "exercise" because they got a lot of physical activity working hard farming. Although it is true that rice farming still required daily physical

exertion, farmers did not seem to fully recognize how much the sabaay-producing labor-saving technologies such as tractors, mechanical harvesters, and motorcycles had reduced their level of physical activity. These changes are the result of changes in the lifeway of farming over the last 20 years.

In some cases they responded to the question about what they do to maintain good health by talking about how the things they do make them sabaay (as in Group 6). These statements confirm that some participants do activities that make them feel sabaay (i.e., planting corn, playing sports, sewing, meditating or praying) with some sense that these activities also will be good for their health. The unprompted comments about the importance of doing things that feel sabaay jai shows a clear understanding that “good health” includes one’s physical as well as one’s mental, emotional and spiritual states. For some participants, feeling sabaay was itself a way of feeling a state of good health.

Group 13 (Younger Bangkok workers, mixed gender)

J: What do you do to make your health good?

3M: Listen to songs, watch shows, and relax. I don’t think to much. Do what makes me feel sabaay jai. It works. Get exercise if I have time. Run. Do a few sit ups. If I have time then I’ll go listen to the monk’s sermon. Make merit. Give offerings. Give offerings in the morning. Get exercise in the morning.

1F: Get up early and massage my face. It makes me relax. It makes you feel better. Getting exercise makes our blood circulate.

J: What do you do that makes your health good?

1F: Say prayers. Pay respect to the Buddha (or monks). It makes the heart-mind (spirit) tranquil. Have consciousness to think and read about something that makes things better.

2F: Normally, get enough sleep. Take a bath. It makes me feel sabaay gai. Eat enough (until full).

4M: Get exercise, jump, breathe deeply. Breathing short is not good. Run in place. Breathing deeply so my lungs will expand. Breathing deeply puts me in a good mood.

3M: If we don't work too hard we don't have to get a lot of exercise. If we live close to a bad environment, it makes things around us, things such as canal, clean air, no dust... [When they are clean] we don't have to be nervous both in our jai (mind) and gai (body). I think "McDonald's burger", this kind of food is not very important for the body. I think other types of food are better such as vegetables and fruit, much better.

1F: I don't ever go to sleep late.

4M: You have to think. My health is already good. If my health is bad, then I go to the hospital. Do you expect it to be very good? Moderately good health is enough to get by because I've still got a lot of stress.

J: ทำอะไรบ้างเพื่อให้สุขภาพตัวเองดี

3: ฟังเพลงดูหนังผ่อนคลายไม่ให้เกิดมากทำให้สบายใจ ได้เหมือนกัน ออกกำลังกายถ้ามีเวลา วิ่ง วิดพื้นอะไรนิดหน่อย ถ้ามีเวลาก็ไปฟังธรรมะ ทำบุญ ตักบาตรตักบาตรตอนเช้า ออกกำลังกายตอนเช้า

1: ดื่นเข้ามาที่หน้าหน้าทำให้เราผ่อนคลายทำให้เรารู้สึกดีขึ้น ออกกำลังกายทำให้เลือดหมุนเวียน

J: ทำไงให้สุขภาพดี

1: สวดมนต์ไหว้พระ ทำให้จิตใจสงบ มีสติที่จะคิดอ่านอะไรได้ให้ดีขึ้น

2: ปกติตอนหลับพักผ่อนให้เพียงพออาบน้ำ ให้สบายกาย กินให้อิ่ม

4: ออกกำลังกาย กระโดด หายใจยาวๆ หายใจสั้นไม่ตีวงอยู่กับที่ หายใจยาวๆปอดจะได้ขยาย หายใจยาวทำให้อารมณ์ดี

3: ถ้าไม่ทำงานหนักเราไม่ต้องออกแรงมาก ถ้าเราอยู่ใกล้สภาพแวดล้อมไม่ดี ทำให้สิ่งรอบตัวเราแม่น้ำลำคลอง อากาศสะอาด ฝุ่นไม่มี เราก็ไม่ต้องกังวลทั้งจิตใจและร่างกาย

McDonald Burger อาหารพวกนี้คิดว่าไม่สำคัญกับร่างกายเท่าไร คิดว่าเป็นอาหารอย่างอื่นเสียมากกว่าอย่างพวกผัก ผลไม้มากกว่า

1: ไม่เคยนอนดึก

4: มันต้องใช้ความคิด สุขภาพดีแล้ว ถ้าสุขภาพแย่งก็เข้าโรงพยาบาล แล้วเอาดีมาเลย

หรือ?เอาดีปานกลางก็พอแล้ว เพราะเรายังเครียดอยู่

Group 16 (Older Bangkok workers, all female)

J: What do you do to make your health strong?

3F: Get exercise. Eat a lot.

4F: Say prayers. Pay respect to the Buddha (or monks). Meditate. Sing songs. Do a few activities.

2F: It relieves stress.

3F: Go sing songs. Go listen to songs. So I forget about everything.

2F: I take a trip then I'm sabaay jai. I go to Surphanburi Province.

3F: Take off and go "shopping."

J: ทำยังไงบ้างเพื่อให้สุขภาพแข็งแรง

3: ออกกำลังกาย กินมากๆ

4: สวดมนต์ ไหว้พระ นั่งสมาธิ ร้องเพลง ทำกิจกรรม บ้างนิดหน่อย

2: คลายเครียด

3: ร้องเพลงไป ฟังเพลงไป ก็ลืมอะไรไปหมดเลย

2: ไปเที่ยวก็สบายใจ ไปสุพรรณบุรี

3: ไปเดินเที่ยว shopping

These comments from Bangkok workers, express how the urban lifestyle has crept into their everyday lives. In contrast to the farmers, "working too hard" meant being sedentary rather than getting too much physical activity. For these participants, work meant sitting at a desk, standing at a cashier counter, or leaning over an assembly bench too long. Too much of this kind of work meant not getting enough physical activity.

The urban participants' desire to get physical activity, which they recognized as important for maintaining good health, was shaped by the physical environment. Because there were so few open spaces or parks, the participants were confined by their limited physical spaces at their homes to do sit ups or "jogging", that is, running in place. Some said they got exercise by going shopping.

Concerns about the urban living environment weighed heavily on many urban participants. The stress of living in a congested, crowded, polluted urban environment often caused urban participants to withdraw inside their home or room to seek cloistered forms of relaxation such as watching TV, singing songs, or massaging one's face to relax (Fuller, Edwards et al. 1990; Fuller, Edwards et al. 1991; Fuller, Edwards et al. 1996). In some cases, urban participants sought to improve their health by escaping the urban environment and taking a trip to go back to the environment where their farmer-relatives were still living. Like the farmers, some urban participants understood prayer and meditation to be ways to relieve health concerns about feeling stressed.

Although nearly all of the participants rated having good health as being the highest priority in life, their answers regarding what they consciously did to maintain or enhance their health were broad and somewhat limited. Some were hard pressed to give more than a few general answers. This suggests that working-class Thais, as I would expect of many people (including social psychologists), rarely *think* about what they do every day and rarely make deliberate, rational choices. Most Thais I observed were not consciously "doing things" or "behaving" to improve their health. The things they did that public health professionals might describe as health behaviors were, in reality, routine habits of daily living. Thais, like most people living in modern societies, were typically preoccupied with other matters that were competing for their attention. Only when something or someone perturbed their routine (such as an American researcher asking questions about health) did they stop and reflect on their patterns.

Insight Game 3: What causes one's health to be good or bad?

The purpose of this insight game was to determine the participants' levels of awareness about how much certain habits and conditions influenced their health. I am using "awareness" here in the Buddhist sense of understanding clearly and valuing an idea or principle, as contrasted with the sense of having a vague notion. I formulated this game based on the preliminary analysis of data from participant observation and interviews that suggested that working-class Thais generally knew many "facts" about health, but had varying levels of awareness about the importance of those facts regarding their own health. Therefore, I was interested in determining what the participants understood and incorporated into their lives, that is, what they knew and believed about factors that could impact their own health.

Preliminary analysis had shown that working-class Thais seemed to make a strong distinction between cognitive information about healthful habits – raw knowledge – and their feelings about those habits. For example, one could know that wearing a seat belt was good for one's own safety, and still feel restricted and uncomfortable wearing a seat belt. This is the distinction I wanted to flush out because all too often health awareness campaigns provide only facts that people incorporate into their "raw knowledge" through the routine of rote memorization. Large scale health surveys have shown that Thai people generally have accurate health knowledge (Raghupathy 1996). The puzzle that frustrates many health educators and health promoters is when they find that people know very well what is good for their health, but yet do not do what is good for their health. From the perspective of Buddhist teachings, knowledge only becomes useful when one develops a deeper sense

of awareness about the value of that knowledge to one's daily life. Feelings often play an intervening role.

For this reason, I wanted to understand the differences between how habits and conditions made the participants feel versus how aware they were of the health impacts of those habits and conditions. To do this, I compared data from the previous insight game on what made the participants feel sabaay or not sabaay with the data on level of health awareness (believed knowledge) obtained in this game.

The factors I presented in this game had been publicized widely in public health campaigns so it was highly likely that they had already incorporated the basic health facts into their "raw knowledge." To determine their level of awareness, the participants were presented with the task of rating how good or bad the factors were for their health. Figure 31 shows the average rating of all participants on a vertical scale from 1 (makes health the best) to 9 (makes health the worst). I have ordered the elements in descending order of the average rating of impact on health from left to right.

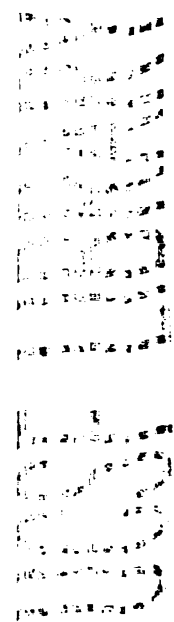
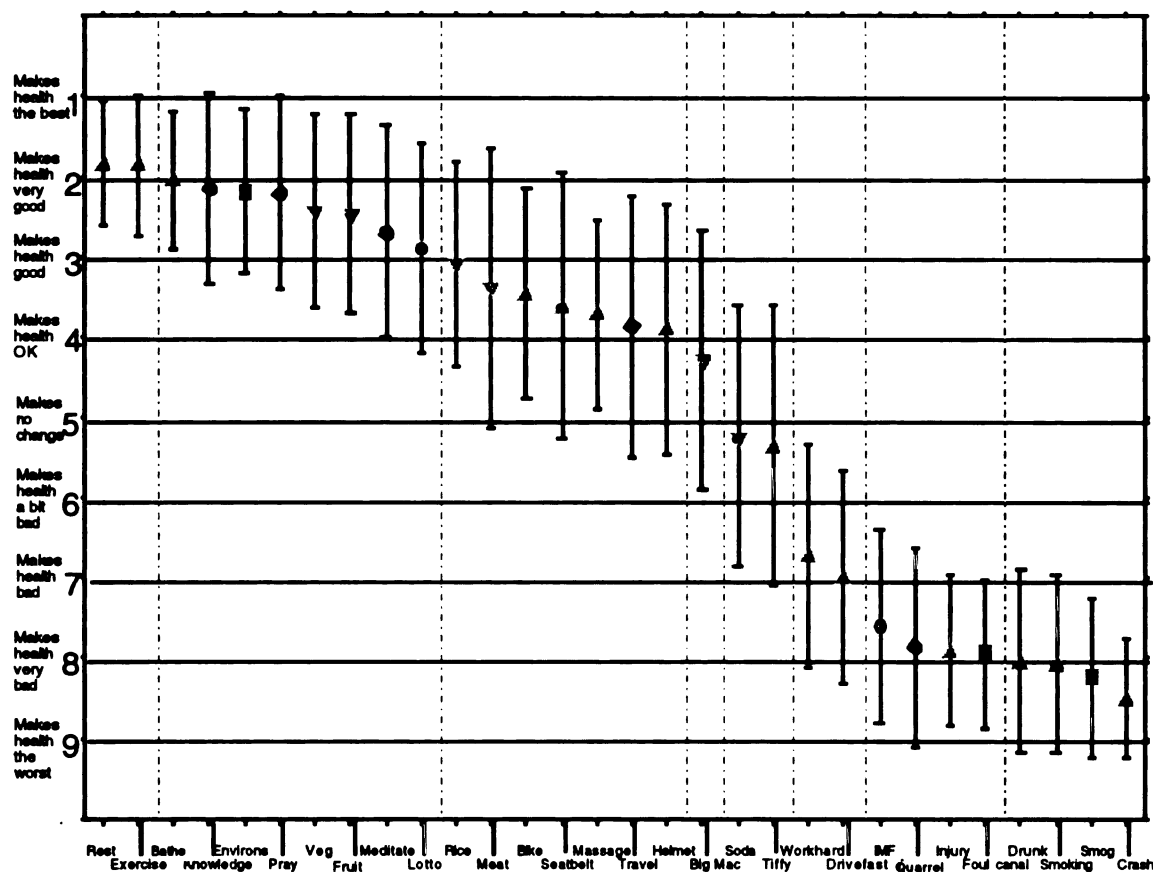
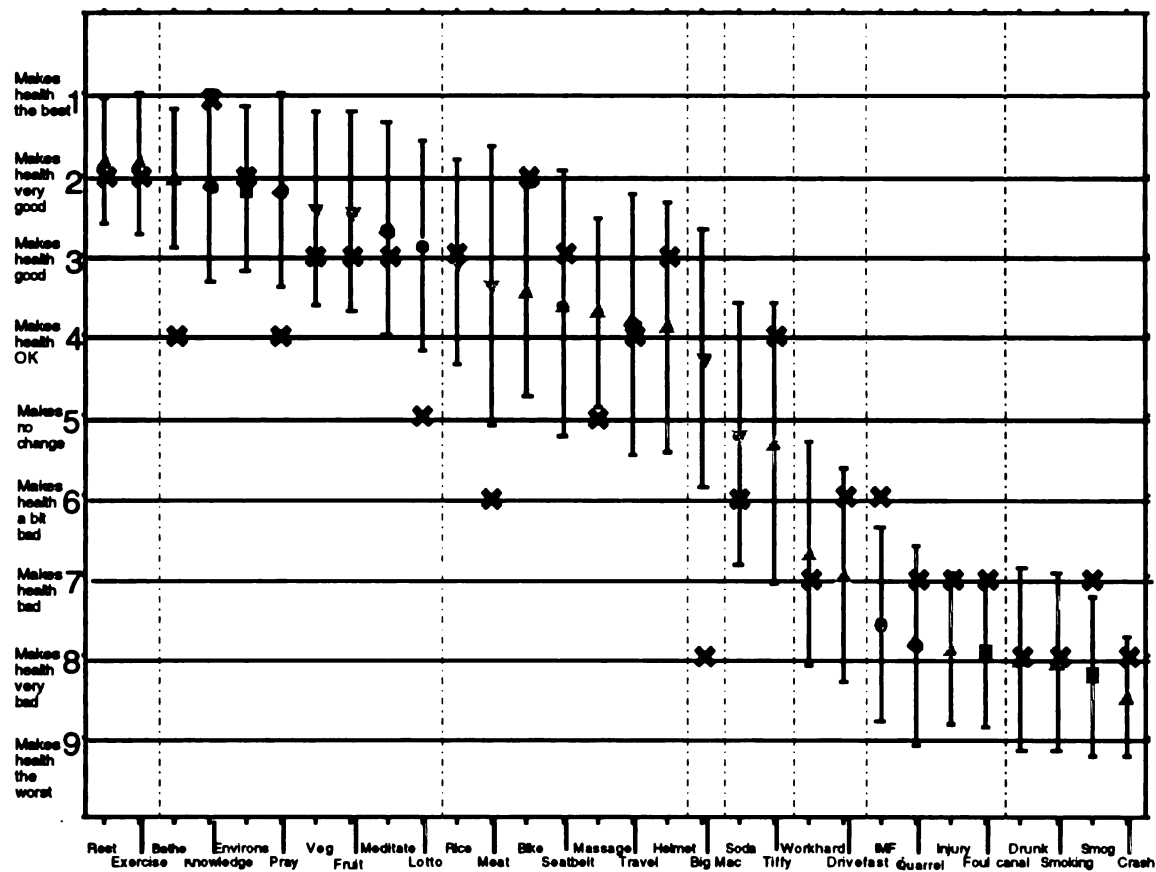


Fig. 31. Average Ratings of Factors that Influence Health



To interpret the reasonableness of these ratings, I asked Dr. Suriya Wongkongkathep, who was Chief Medical Officer of the Lopburi Provincial Health Department, to rate these factors according to his own expert opinion taking into consideration the life-conditions of the participants in this study. Dr. Suriya was familiar with the two groups of participants having been the Chief Medical Officer of Lopburi province where the farmers lived, and having grown up in the Yannawa area in Bangkok. Clearly, these are the judgments of one physician and should therefore be taken as a reference point, not a gold standard. Dr. Suriya's ratings are show in figure 32 as an "X" on the same position as the factors.

Fig. 32. Average Ratings of Factors that Influence Health Compared to Professional Opinion



At face value, the average ratings and distribution of the impact of these habits and contextual factors on health are reasonably close to the expert's opinion. These findings suggest that on average, the participants' health awareness was generally accurate. Comparisons between the participants' average rating and the expert's ratings produced several noteworthy exceptions. Nearly all of the participants rated bathing daily, praying and winning the lotto as being more beneficial for health than did the medical expert. They also rated eating meat and Big Macs as being much better for health than did the expert. These may be important areas where health awareness can be improved.

Bathing daily

Body cleansing is amongst the most important and basic of Thai health practices. Urban Thais bathed at least twice a day and sometimes three and four times during the hot season. In urban working-class households, bathing was done typically indoors in a bathroom standing or squatting. A person used a large bowl to scoop water from a large tile-lined concrete box and poured it over himself or herself. Some families had adopted the modern shower that provided warm water through an electric heating element.

These modern bathing practices have replaced the habit of bathing outdoors using a large ceramic jar (ang) that collected rain water from the rooftops. Until about 10 years ago, residents in Yannawa collected water this way, but they stopped because the air pollution and soot covered roofs contaminated rain water to such a degree as to make rain water gray and oily. Water was once stored in these vessels for up to 15 days and used for drinking, bathing, and washing clothes.

Municipal water piped from central water treatment facilities is now used for domestic purposes. Although the Bangkok Metropolitan Administration claimed that piped water is safe for drinking, nearly all participants still either boiled water for drinking or purchased 10-liter plastic bottles from private delivery services. In just 10 years, household water was transformed from being a ubiquitous natural resource to a costly commodity. An average household of five living in three-story shophouse spent 500-600 baht (US\$20-25) per month on water. This represented two days' earnings for an average laborer. Bottled drinking water from a corner grocery cost 5 baht per liter, nearly the same price per liter as diesel fuel (7 baht per liter).

Prayer

There were at least two reasons why the participants' rated prayer as being important for health. Their reasoning depended on the intent of the prayer. In some cases, prayer was an act directed at maintaining good spiritual and physical health. In other cases, people prayed as a way to delay, or in lieu of, seeking medical care early. Those who did not rate prayer as being very important to health tended either to have a more secularized view of life or to be less oriented toward the actual practice of Buddhism.

The lotto

On average, the participants rated winning the lotto as being far more beneficial for health compared to the expert. The participants' explanations about the health benefits of winning the lotto relate to the well-being they experience from the psychological "high" of winning. Others explain that winning the lotto has an indirect effect by giving them the opportunity to not work so hard and get more rest, which they believe is good for their health.

Eating meat and Big Macs

In the discussions about diet, nearly all of the participants understood the importance of eating fruits and vegetables to maintain good health. Yet, the greatest discrepancy between the participants and the expert lies in the rating of eating meat and Big Macs. On average, the participants believed that eating meat and eating a Big Mac were good for their health, compared to the expert who rated eating meat as being moderately bad of health, and eating Big Macs as being very bad. As seen in the excerpts below, many working-class Thais were not well-informed about the risks of heart disease associated with eating red meat. To make matters worse, they tend to believe that American fast food must be better than Thai food is for their health because American food

“comes from America.” This is because Thais commonly assumed that anything that comes from America must be of better quality than its Thai equivalent. These beliefs have serious implications for Thai public health.

Group 17 (Younger Bangkok workers, female)

- 2: Fruit makes your body strong, your skin glow.
1: Fruit gives you a lot of vitamins. It makes your body energy to fight disease. and glowing skin.
4: Eating vegetables is good for health. It makes the body strong. Circulation good. I think that getting rest is good for health.
4: Having knowledge makes health ... if you can read and write it makes your thinking clear. Having knowledge means not being ignorant. Travel makes your mind relaxed.
N: Do you think “burgers” has value?
2: Foreigners eat “burgers” and get a complete meal. Our food is a lot of types.
1: They eat bread.
4: I think everything has value.
2: Sticky rice, papaya salad and “burgers...” “Burgers” must have more value, but Thai people have to have a lot of variety.

- 2: ผลไม้ทำให้ร่างกายเราแข็งแรง ผิวพรรณสดใส
1: ผลไม้ให้vitaminเยอะทำให้ร่างกายมีภูมิต้านทานแล้วก็ผิวพรรณดี
เปร่งปร่ง
4: กินผัก ทำให้สุขภาพดี มันมีมาก ทำให้ร่างกายดี เลือดลมดี
4: พักผ่อนเอาไว้ที่สุขภาพดี
4: มีความรู้ก็ทำให้สุขภาพ....อ่านออกเขียนออกมันโล่งมีความรู้ดีมันไม่
ไปเที่ยวทำให้สมองปลอดโปร่ง
N: คิดว่า burger มีประโยชน์ไหม
2: ฝรั่งเศสกิน burger กินจานเดียวก็ได้ครบหมดแล้ว ของเรานี้เยอะ
1: เขากินขนมปัง
4: คิดว่าทุกอย่างก็มีประโยชน์
2: ข้าวเหนียวส้มตำ กับ burger burger ต้องมี ประโยชน์กว่า
แต่คนไทยเขาต้องมีหลายอย่าง

Group 13 (Younger Bangkok workers, mixed gender)

- 1: Fruit must be better. It's better for digestion.
- 4: [Burgers] doesn't affect me. Once in a while I eat them. Eat them too much and they make you fat. Not good.
- 2: It's not our food. We eat it just for a snack. We eat rice.

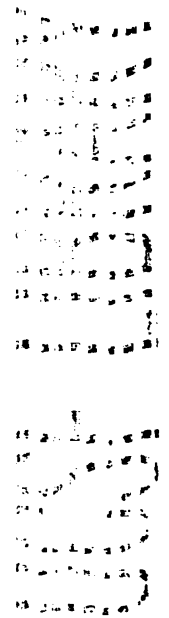
- 1: ผลไม้ต้องดีกว่าทำให้ขับถ่ายดี
- 4: เหมือนเดิมเพราะนานๆกินที ไปกินมากก็อ้วนมันก็ไม่ดี
- 2: มันไม่ใช่อาหารของเรา กินเล่นๆกินได้เพราะ เรากินข้าว

Differences between subgroups about sabaay and health

I now turn to the analysis of differences between subgroups in the sample. I have chosen to report results and discuss them together, as is the convention in anthropology and economics, because it would be meaningless to separate the specific findings from the interpretation of those finds, and tedious for the reader to switch back and forth between two long chapters.

An integrated analysis of the quantitative and qualitative data reveals that subgroups differed in their awareness in important, coherent ways. This section presents the salient findings for comparisons based on gender, age, education attained, and location of residence. I have presented the results on the differences between nonsmokers and smokers in chapter 12. To establish a complete picture of how the subgroups differed, I have shown the results from the first game on priorities, the second game on feeling sabaay, and the third game on health awareness into a single table for each subgroup comparison. I used ANOVA to analyze scale data from each for the games and chi square tests to analyze the dichotomous data produced from the sabaay gai and sabaay jai dimension in the second insight game. I have reported only those factors that were significant and the 10% level (P-value) or below. Each table

summarizing the statistical findings is accompanied by excerpts from the interviews that give descriptive life and meaning to the statistics. I have also presented my interpretation of the findings based on the ethnographic analysis of the observational and interview data.



Differences by gender

Differences between male and female participants are reported in table 14.

Table 14. Differences in Priorities, Sabaay, and Health Awareness, by Gender

Priorities 1-5 scale (ANOVA)		Women (mean)	Men (mean)	P-value
Loved by others		2.04	2.58	0.016
Sabaay gai (bodily wellness)		2.10	2.60	0.016
Love others		2.17	2.56	0.066
Make merit		2.60	2.94	0.110
Own a big house		2.81	3.33	0.081
Sabaay 1-9 scale (ANOVA)		Women (mean)	Men (mean)	P-value
Warm family		1.23	1.48	0.065
Pray		2.00	2.48	0.033
Meditate		2.35	2.88	0.065
Eat fruit		2.56	3.02	0.080
Eat Big Mac		4.17	4.88	0.061
Get drunk		8.02	7.25	0.013
Smoking		8.38	7.25	< 0.0001
Sabaay jai vs. gai (Chi square)		Women (n)	Men (n)	Fisher's exact P
Drink soda	Jai	15	25	0.062
	Gai	33	23	
Own Mercedes Benz	Jai	21	33	0.023
	Gai	27	15	
Smog	Jai	18	30	0.024
	Gai	30	18	
Polluted canal	Jai	28	38	0.047
	Gai	20	10	
Smoking	Jai	8	17	0.062
	Gai	40	31	
Health knowledge 1-9 scale (ANOVA)		Women (mean)	Men (mean)	P-value
Pray		1.85	2.52	0.006
Meditate		2.31	3.05	0.009
Travel		3.35	4.38	0.002
Drive fast		7.23	6.75	0.078
IMF debt		7.83	7.35	0.058
Get drunk		8.54	7.52	<0.0001
Smoking		8.50	7.65	<0.0001

Love relationships

The analysis shows that the working-class Thai women in this study placed a much higher value on love relationships than did men. These women felt that being loved by others, and loving others are very important, and the felt more sabaay from having a warm family life compared to the men.

Group 24 (Older Bangkok workers, all female)

J: In your life do you have equality with men?

1F: We have it. For me, I have total responsibility. I want my children to be able to study. I think I have equality, don't have to ask for anything from him. If he wants to give me something, he can. If he doesn't want to, that's OK. I just want to be sabaay jai. Healthy body, if we have that then we're sabaay jai. Then I can do anything. Having someone that loves me, someone that can join together. If we don't love them first, who is going to love us?

J: ในชีวิตของพวกคุณมีความเสมอภาคกับผู้ชาย หรือเปล่า

1: มี ของพี่เพ็ญนี่รับภาระทุกอย่างเต็มๆเลย อยากให้ลูกได้เรียนหนังสือ คิดว่ามีความเสมอภาค เราไม่ต้องไปเอาของเขา จะให้ก็ให้ ไม่ให้ก็ไม่เอา ถึงต้องการแต่ความสบายใจ ร่างกายแข็งแรง ถ้าเรามีส่วนนี้ทำอะไรเราก็ทำได้ มีคนที่รักเรา หาใครเขาก็ให้ความร่วมมือ ถ้าเราไม่รักเขาก่อนใครเขาจะมารักเรา

The value of these relationships appears to figure strongly in women's feelings about the bad health effects of smoking and drinking, particularly for the health of the men they love. Many women were more aware of the destructiveness of the habits of smoking, getting drunk, and driving fast. The women were deeply aware that these habits are truly detrimental to their male loved-ones' health and therefore undermine the longevity of the love relationships they valued. They had some awareness that "male" habits may also be detrimental to their own health if they were subjected to "down-stream" effects such as being compelled to breathe smoke in enclosed areas,

having to cope with drunken husbands, or being forced to ride as a passenger in a vehicle a man was driving recklessly. In many cases, women accepted these conditions as normative even if they felt discomfort or fear. In some cases, the women became victims. In others, they found a way around the problems, or a way out of the relationship.

Spirituality

Women also felt that spiritual practices such as praying, meditating, and making merit were more important than for men, and these spiritual practices made women feel more sabaay compared to their male counterparts. These feelings reflect the important roles Thai women traditionally have upheld in maintaining families relationships, socializing younger generations by emulating the practice of Buddhist values in daily life, and caring for the monastic community. As shown in previous excerpts, female participants felt that prayer and meditation not only improved their sense of sabaay, but were beneficial for their health. These feelings and awareness reflected Thai women's sense of the connection between spiritual and health-related practices in their more holistic sensibilities about being sabaay. It is precisely these underlying values and feelings that reflect and shape social norms about appropriate and inappropriate habits for women. These values are the basis from which most Thai women decided not to smoke, not to get drunk, and not to drive fast, even when they had every opportunity and self confidence.

Getting drunk

Among working-class Thais, drunkenness among women is highly irregular and frowned upon. In contrast, men are given tremendous social license to drink and become drunk. Thais often expect such behavior from men and

look the other way when men are drunk. For these reasons, alcoholism among men remains high (MacQueen, Nopkesorn et al. 1996).

As expected, the female participants felt that getting drunk would make them feel much less sabaay than felt the male participants. Even though 35% of the women interviewed said they drank alcohol, nearly all of those said they drank moderately and only socially on special occasions.

Group 24 (Older Bangkok workers, all female)

3: Drinking alcohol is not very sabaay.

J: Women do not like to drink.

3: Sometimes, I drink.

3: กินเหล้าเมาไม่สบายกายที่สุด

J: ผู้หญิงไม่ชอบ

3: กินเป็นบางครั้ง

Group 19 (Younger Bangkok workers, all female)

J: In the past was it common for women to get drunk?

2: Well, once in a while, it was a normal thing for women to get drunk. But if they smoked, people didn't accept it.

J: And now when women drink a little once in a while what do they think?

2: It looks good. They can enter the society.

J: Is that male society?

4: Yes, male society.

1: They drink a little in order to feel sabaay jai, because they don't drink everyday. Once in a while we drink at parties with our girl friends. Then the women will drink.

4: If I have to answer this question, it's difficult to answer. Sometime when I'm happy I drink, when I'm sad I'll drink. If friends come, I'll drink to avoid being impolite. When friends invite me to drink, I'll drink. It depends on the environment. When they drink, I'll drink. When they drink, and I just sit around and watch, why am I just going to sit around? I can't find an answer.

- J: กินเหล้าเมื่อก่อนเป็นอย่างนั้นหรือเปล่า
 2: ก็มีบ้าง กินเหล้าเป็นเรื่องธรรมดา แต่ถ้าดูบุตรเขาไม่ยอมรับ
 J: แต่เดี๋ยวนี้ผู้หญิงกินเหล้านิดๆหน่อยๆเป็นไง
 2: ก็สูติเข้าสังคม
 4: คนที่ไม่กินเหล้าก็ไม่เข้าสังคม
 J: เป็นสังคมแบบผู้ชายหรือ
 4: ก็สังคมแบบผู้ชาย
 1: กินนิดเพื่อความสบายใจเพราะว่าไม่ได้กินทั้งวันนานๆกินสังสรรค์
 เพื่อนฝูงผู้หญิงก็กิน
 4: ถ้าให้ตอบข้อนี้จะตอบยากบางครั้งดีใจก็กินเสียใจก็กิน
 เพื่อนฝูงมาก็เอาหน่อยไม่ชัดใจเพื่อนชวนกินก็กินแล้วแต่สภาพแวดล้อมเขากิน
 เราก็กิน เขากินเราจะนั่งดูเฉยแล้วจะนั่งทำไม เลยตอบไม่ถูก

Group 7 (Younger rice farmers, female)

J: Why don't women drink alcohol?

2F: We don't like it. We don't drink together.

4F: And we don't try it. Don't want to know what it's like. Disgusting.

J: ทำไมผู้หญิงไม่กินเหล้า?

2: ไม่ชอบ ไม่กินกันเอง

4: แล้วก็จะไม่ลองกัน ไม่อยากรู้ น่าเกลียด

In analyzing the variance of opinion about the health effects of getting drunk, a factorial ANOVA with gender and drinking status showed that gender had the only significant effect, and not drinking status. This result is consistent with data from observations and interviews that shows that women were more aware and had stronger opinions about the health effects of getting drunk than did men. Nevertheless, the interviews revealed a range of opinions even among men about the health effects of frequent drunkenness.

Group 22 (Older Bangkok workers, all firemen)

- J: Drinking alcohol. He put this one at the worst (for health). Today, I won't take him out drinking (joke).
- 2: Sometimes I go even though I don't feel like it. They take me.
- 4: I like to drink liquor.
- 1: Drinking alcohol is a little bit bad, makes you weak.
- 4: When you drink it raises your social class.
- 3: Getting exercise makes health very good. Eating vegetables is good too.
- 4: Oh, so when you wife calls, be sure to tell her to only cook vegetable dishes (joke).
- 1: Smoking cigarettes is the worst of all. I could not quit and smoked for 31 years.
- N: Why did you start smoking cigarettes?
- 1: I started because I was a kid. I smoked because wanted to show off. If you have a cigarette in your hand you look cool.
- 3: Drinking, that makes health bad...

- 4: กินเหล้านี้เอาไว้ข้างล่างเลยนะ วันนี้พาไปเลี้ยงห้ามไปนะ
- 2: บางทีไปนี้ไม่ใช่ความรู้สึกนะ เขาพาไป
- 4: กินเหล้านี้ชอบ
- 1: กินเหล้าแย่นิดหน่อยมันเปลี่ย
- 4: กินเหล้านี้ยกระดับ
- 3: ได้ออกกำลังกายนี้ทำให้สุขภาพดีมาก กินผักนี่ดีนะ
- 4: เดี่ยวแม่บ้านโทรมาบอกให้ทำผักไว้อย่างเดี๋ยวเลยนะผักอย่างเดี๋ยวนะ (พูดแย่งเล่น)
- 1: สูบบุหรี่นี้แย่มากที่สุด ไม่เลิกหรือสูบบุหรี่มากกว่า 31 ปี
- N: ทำไมถึงเริ่มสูบบุหรี่
- 1: เริ่มเพราะเป็นเด็กสูบบุหรี่เพราะความโก้เก๋มีอยู่ในมือมันเท่
- 3: กินเหล้านี้ทำให้สุขภาพไม่ดี

Group 16 (Older Bangkok workers, all female)

- J: How is it getting drunk?
- 3: It makes health bad.
- 2: If I drink it squeezes my heart.
- 3: Some people drink and get wild. They like to cause a hassle.
- 1: How can people stand the taste?
- 4: "Wine" is it alcohol. "Beer" is bitter.

- J: กินเหล้ามาเป็นใจ
- 3: ทำให้สุขภาพแย่
- 2: กินมากๆทำให้บ๊อบหัวใจ
- 3: บางคนกินแล้วพาล ชอบมีเรื่อง
- 1: มันร่อยตรงไหน
- 4: Wine นี่ถือเป็นเหล้าหรือเปล่า Beerนี่ชม

Group 14 (Older Bangkok workers, mixed gender)

- J: What does drinking alcohol do to health?
- 3: Drink and then you're strong.
- 4: Alcohol, if you drink a little then it has some value. If you drink a lot...
- 1: It's like medicine. If you drink a lot it makes your health bad.
- 3: If I have a problem I go get a little drunk, then it makes me forget everything.
- 4: If I really drink a lot, my body gets weak. First I get chest pain, second headache, third do not have energy, and have family problems.
- 4: Having a arguments in the family, I don't like it.
- 1: Getting drunk causes family arguments.

- J: กินเหล้าทำให้สุขภาพเป็นใจบ้าง
- 3: กินเหล้าแล้วแข็งแรง
- 4: เหล้าถ้าหากจิบนิดๆหน่อยๆมันก็เป็นคุณประโยชน์ ถ้ากินมากๆเป็นโทษ
- 1: เป็นยา ถ้ากินเยอะก็ทำให้สุขภาพแย่
- 3: ถ้ามีปัญหาไปกินเหล้าเมาน้อยก็ทำให้ลืมไปหมด
- 4: ถ้าเรากินเหล้ามากๆร่างกายมันจะโทรม หนึ่งเจ็บหน้าอก สองปวดหัว สามจะไม่มีกำลัง มีปัญหาในครอบครัวมากมาย
- 4: มีเรื่องเดือดร้อนในครอบครัว ไม่ชอบ
- 1: กินเหล้าทำให้ครอบครัวเดือดร้อน

In interviews, some participants talked at length about the destructive impact frequent alcohol use can have on a family. Women found that episodes of drunkenness among male family members greatly undermined the sabaay the

women value from having a warm family because male drunkenness commonly led to disputes, accidents, and in some cases, philandering or domestic violence.

Values also differed between drinkers and nondrinkers. Drinkers, ranging from occasional to heavy, tended to rate "loving others" as some less important compared to nondrinkers. Further analysis shows that this result is not confounded by gender differences. This finding shows that some drinkers' own assessments of the importance of loving others corresponds to the broader perception in Thai society about how drinkers think. The lower rating drinkers gave to the importance of loving others seems to reflect a somewhat lower expectation of benefit from offering love to others. The drinkers' values parallel the common perception among Thais that those who drink regularly (usually men) indulge themselves in drinking activities at the expense of their health, attending to their family responsibilities, or showing affection to their spouses. Nevertheless, it is important to note that the drinkers did rate loving others as being generally important, and the mean differences between drinkers was not large.

Food preferences and habits

Regarding food habits, women rated eating fruit as making them feel more sabaay than did men. The prized fresh fruit of Thailand remains at the center of the Thai diet. Eating delicious fruit, particularly Durian, appeared not only to give Thai women pleasure from taste, but often provided a pleasurable social experience for women who gather together to prepare and share fruit. The elaborate forms of Thai fruit preparation and sculpting remain an important domestic art form practiced primarily by women. Yet, many of these

same women were more enticed than were men by the prospect of eating a Big Mac, even though few participants had actually ever eaten at the fast food restaurant. Several participants rated their expected feeling of sabaay based on the influence of the marketing hook, "It must be delicious, it comes from America."

Group 6 (Older rice farmers, mixed gender)

2F: I don't like to eat burgers. I like eating fruit. Its very sabaay.

2: กิน burger ไม่ชอบ กินผลไม้ชอบ สบายกายมาก

Group 19 (Younger Bangkok workers, all female)

4F: Hamburger I put at a little bit sabaay (level 4). It's not very important. If I don't have anything to eat, I'll eat it. The quality of the food is good, but I don't like it. I've eaten them, and they are not tasty.

1F: If I could it it, I would be sabaay jai, a little sabaay gai.

4: hamburger ໄວ້ເບອ໌ 4 ກິນກິ້ງນ໌ ໄມ່ສ໌າຄ໌ຸງ

ໄມ່ມີອ໌າ໌ກິນລ໌າວ໌ຖິງຈະກິນຄຸນຄ໌າພອາຫ໌າກກິດ໌ແຕ໌ໄມ່ຂອບ ກິນລ໌າວ໌ໄມ່ອ໌ຣ໌ອຍ

1: ດ໌າເກີດໄດ໌ກິນກິສບ໌າຍໃຈ ສບ໌າຍກ໌າຍນິດ໌ນ໌ອຍ

Group 23 (Younger Bangkok workers, all male)

1M: Eating McDonald's hamburger, how is it? Eating it must be sabaay gai. It's not Thai food. But eating meat is hard to digest.

1: ກິນ McDonald hamburger ກິນລ໌າວ໌ເປັນໄງ ກິນລ໌າວ໌ມັນກິດ໌້ອ໌ງ
ສບ໌າຍກ໌າຍນີ໌ໄມ່ໄຂ໌່ຂອບຄນ໌ໄທຍ໌ນ໌ະ ກິນເນືອ໌ສ໌ຕ໌ວ໌ດ໌າຍຍາກ

Differences by age

The participants differed by age in their ratings of the factors shown in table 15.

Table 15. Differences in Priorities, Sabaay, and Health Awareness, by Age

		ANOVA (22-33 vs. 35-63)		
Priorities 1-5 scale (ANOVA)	Pearson r * p ≤0.05	Younger	Older	P value
Clean environs	0.28 *	1.83	2.44	0.003
Be rich	-0.27 *	3.63	3.00	0.021
Own mobile phone	-0.26 *	4.46	4.08	0.043
		ANOVA (22-33 vs. 35-63)		
Sabaay 1-9 scale (ANOVA)	Pearson r * p ≤0.05	Younger	Older	P value
Clean environs	0.26 *	1.96	2.40	0.019
Win lotto	-0.27 *	3.06	2.19	0.001
Debt to IMF	-0.19 *	7.92	7.44	0.086
Sabaay jai vs. gai (Chi square)		Younger	Older	Fisher's exact P
Good health	Jai	23	32	0.098
	Gai	25	16	
Strong body	Jai	17	29	0.024
	Gai	31	19	
Get exercise	Jai	10	23	0.009
	Gai	38	25	
Get rest	Jai	12	23	0.033
	Gai	36	25	
Eat vegetables	Jai	11	21	0.051
	Gai	37	27	
Meditate	Jai	47	39	0.015
	Gai	1	9	
Own Mercedes Benz	Jai	21	33	0.023
	Gai	27	15	
Own motorcycle	Jai	17	26	0.100
	Gai	31	22	
		ANOVA (22-33 vs. 35-63)		
Health effects 1-9 scale (ANOVA)	Pearson r * p ≤0.05	Younger	Older	P value
Get exercise	-0.20 *	2.00	1.71	0.106
Eat fruit	-0.17	2.73	2.19	0.033
Wear seat belt	0.30 *	3.23	4.00	0.022
Win lotto	-0.36 *	3.35	2.42	0.001
Receive Thai massage	-0.25 *	3.96	3.48	0.044

Clean environs

There was a pronounced generation gap on views about the quality of one's surroundings and the environment. Throughout the course of the interviews, I found that environmental quality was a much greater priority and concern for younger working-class Thais than it was for those of their parent's generation. Younger participants had a higher level of awareness about the importance clean environs and felt more distressed about the degradation of their environment. These differences were more apparent in the first phase of the open-ended interviews when we had discussed changes in the communities. Often, a younger participant would speak with greater concern about pollution of the air and water in their community than did an older participant living in the same community. This difference reflects the degree to which older working-class Thais have accepted the standard development model with little understanding of, or willingness to recognize, the environmental consequences (Hirsch 1989). Younger Thais were better informed, more skeptical, and often much more alarmed by the recent degradation in the air and water quality in their communities. Thus, they had a greater appreciation, that is, felt more sabaay from living in clean environs.

Wealth and the lotto

Older participants felt that being rich was more important than did younger participants. The older participants' stronger desire to become rich was reflected in their higher average rating of feeling the most sabaay from winning 10,000 baht (US\$250) in the lotto (legal or underground). This may have been because older people frequently played the lotto as a pastime, and because younger people were often short on cash. The younger participants were also better educated and more skeptical about the odds of winning.

Among older participants, the importance of money also was related to their concerns about medical expenses.

Debt and the IMF

The differences between older and younger participants' feelings about winning the lotto ran parallel to differences in how they felt about Thailand's rapidly increasing indebtedness to the IMF. Thailand's debt to the IMF weighed heavily on everyone's minds because Thais were fundamentally uncomfortable about taking on any form of debt, personal or national. The older participants were not as concerned about the increasing debt to the IMF as were the younger participants. Many younger participants explained that they were more concerned about the debt because they knew they would have to shoulder the additional burden of paying back the loans during their lifetimes. The younger participants were also better informed about the gravity and implications of Thailand's mounting debts to the IMF.

Health

To identify factors that the older and younger participants rated differently between sabaay jai and gai, I transformed continuous age data into a categorical data for older and younger generations. I found that many of the differences in views between these two generations reflected the participants' stage in the life course. Older participants no longer took for granted having good health and a strong (healthy) body. They also did not simply define the bodily feeling of sabaay gai as being equivalent to feeling strength and stamina. Instead, the majority of older participants felt sabaay jai (emotional well-being) from good health because they appreciated good health more having experienced the

aches, pains and diseases that accompany aging (not sabaay gai). In parallel, the majority of younger participants tended just to feel sabaay gai (bodily well-being) from getting exercise, resting, or eating vegetables. These healthy, younger participants still considered having good health, physical strength, and stamina as a given.

Meditation

Regarding the effect of meditation on sabaay, the few older participants that rated this factor on the gai side did so because they felt that sitting meditation made their stiff bodies uncomfortable and felt that meditation was not worth the potential benefits of increased sabaay jai. In contrast, most of the older participants felt that owning a Mercedes Benz sedan would have made them feel very sabaay jai. This result is rooted in the comfort and prestige older working-class Thais equated with owning a luxury vehicle. As in the rural vs. urban comparisons, the younger participants tended to view a motorcycle as a mere convenience that was more sabaay gai (convenient and comfortable) than walking or riding a bicycle.

The physical discomfort older participants reported feeling from meditation provides a clue as to why they were also aware that wearing a seat belt was only slightly beneficial for their health. Many participants reported that wearing a seat belt made them feel not sabaay gai, that is uncomfortable and inconvenienced. Older participants made stronger connections between their feelings about wearing a seat belt and their sense of how good or bad seat belts were for their health. In short, older participants trusted the logic of their bodies – if it does not make one feel sabaay gai, it must not be very good for one's health. Older participants justified their feelings by clinging to popular

myths about how people in auto accidents involving fire or water were unable (supposedly) to free themselves and perished as a result. These fearful stories reinforced their bodily reaction of feeling restrained, that is, feel not sabaay gai.

Differences by education

Table 16 shows the main differences between old and younger Thais interviewed. I have dichotomized education into two categories: none up to sixth grade (end of primary education), and secondary and beyond. Ending one's formal education after the sixth grade was common, and had substantial implications for the kind of employment one could obtain. For the scale of impact on health (game 3), I have retained education in its continuous form to calculate correlations.

Table 16. Differences in Priorities, Sabaay and Health Awareness, by Education

Priorities 1-5 scale (ANOVA)	Pearson r * p ≤0.05	≤6 grade	> 6 grade	P value
Strong body	-0.28 *	1.80	1.41	0.014
ANOVA				
Sabaay 1-9 scale (ANOVA)	Pearson r * p ≤0.05	≤6 grade	> 6 grade	P value
Live well	0.25 *	1.66	2.12	0.006
Win lotto	0.39 *	2.17	3.35	< 0.0001
Own Mercedes Benz	0.12	3.00	3.68	0.057
Eat meat	0.26 *	3.86	4.73	0.034
Ride bike	-0.17	4.31	3.51	0.043
Ride bus	0.19	4.64	5.35	0.049
Smog	0.18	7.80	8.20	0.063
Crash vehicle	0.24 *	8.37	8.68	0.064
Sabaay jai vs. gai (Chi square)		≤6 grade	> 6 grade	Fisher's exact P
Have knowledge	Jai	55	29	0.054
	Gai	4	8	
Strong body	Jai	33	13	0.060
	Gai	26	24	
Exercise	Jai	25	8	0.048
	Gai	34	29	
Ride bike	Jai	19	6	0.098
	Gai	40	31	
Get rest	Jai	28	7	0.005
	Gai	31	30	
Eat fruit	Jai	20	6	0.064
	Gai	39	31	
Eat rice & spicy tuna	Jai	34	13	0.038
	Gai	25	24	
Drink soda	Jai	29	11	0.088
	Gai	30	26	
Own Mercedes Benz	Jai	38	16	0.057
	Gai	21	21	
Ride bus	Jai	29	11	0.088
	Gai	30	26	
Own motorcycle	Jai	33	10	0.007
	Gai	26	27	
ANOVA				
Health effects 1-9 scale (ANOVA)	Pearson r * p ≤0.05	≤6 grade	> 6 grade	P-value
Win lotto	0.33 *	2.52	3.46	0.001
Ride bike	-0.17	3.66	3.13	0.057
Eat Big Mac	0.20 *	4.05	4.65	0.078
Drink soda	0.15	4.95	5.70	0.025
Debt to IMF	-0.17	7.80	7.27	0.037
Smog	0.19 *	8.09	8.49	0.056

Living well, the lotto, and debt

The strongest associations between the participants' years of schooling and factors that they felt affected sabaay were with the factors of living well and winning the lotto. This result is consistent with the socioeconomic attributes of lotto players in Thailand. Less-educated participants said they would feel very sabaay, that is, "feel good" in the pleasurable sense, from winning the lotto. They also believed that winning the lotto would improve their health. Their explanation was that a windfall of cash would allow them to a few take days off from work, or stop working altogether if their winnings were large enough. None of the participants discussed using lotto winnings to purchase more or better health care services. Several less-educated participants said they believed the mounting national debt to the IMF would negatively impact their health because they believed they would have to work harder to purchase goods made more expensive by newly imposed value added tax.

Living well and the modern diet

The term "living well" is a broader translation for the literal phrase "eating well, living well" which often implies living a modern, comfortable life depicted in television shows and advertisements. For example, those with lower education felt that owned a Mercedes Benz sedan would make them feel the most sabaay. Yet, short of winning the lotto, they had almost no chance of fulfilling the pursuit of being sabaay, that is, living well by this definition. Their sense of living well was thus distorted by the dominant trends and marketing images. They could hardly ignore their neighbors' burgeoning affluence and the frequent advertisements selling "the good life" of luxury. For similar reasons, some less-educated participants reported feeling sabaay from "eating well" which has come to mean eating a diet laden with meat and

processed foods. Eating meat does not appear to have made the better-educated participants feel nearly as sabaay as it did for the less-educated participants. This difference reflects the fact that better-educated participants had higher incomes, and therefore generally were able to afford eating meat regularly. In the view of the less-educated participants, eating meat not only meant having achieved a higher standard of living, but it also meant living a healthier life. The majority of less-educated participants believed that eating a Big Mac and drinking soda were beneficial for their health.

Getting exercise

The less-educated participants' distorted beliefs about what types of food are good for health are linked to their feelings about activities which give them exercise. When the participants were asked to rate the general factor "get exercise", I found that nearly all of them seemed to be in favor of exercise and said that exercise made them feel very sabaay. Still, when I asked them to rate the specific factor of "riding a bike", those with less education said that they only felt a bit sabaay or not sabaay at all, although they were aware that cycling was moderately good for health. This response reflects the reality that many less-educated participants depended on a bicycle for daily transportation, even on hot, humid days, and did not enjoy using a bicycle for exercise. By comparison, the better-educated participants said that riding a bike made them feel more sabaay, largely because had and awareness that cycling was a healthful form of exercise. Those that ever cycled tended to do so for recreation and associated cycling with the emerging modern upper-class sport of mountain biking which is frequently featured on television shows geared toward elite urban audiences.

The environment

The influence of education on feelings of sabaay from lifestyle, diet, and exercise are also reflected in feelings about the quality of the environment. Better-educated participants also reported that both their sense of sabaay and health were much more adversely affected by air pollution than those with less education. This result partly reflects earlier findings among older participants who had less awareness about the health consequences of environmental degradation and lower standards about cleanliness of their environs.

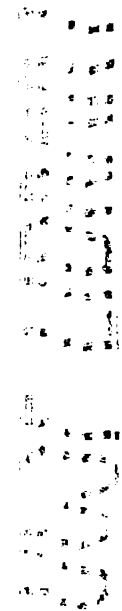
Safety

Regarding safety, auto-related accidents are one of the leading causes of injury and death in Thailand (Thailand Ministry of Public Health 1997). Better-educated participants felt that crashing a vehicle would make them feel much more not sabaay compared to those with less education. This reflects the great awareness those with more education have about the risk they face from being harmed in an auto accident. Those with more education tended to pay closer attention to reports and statistics about auto-related fatalities presented in the mass media. In contrast, those with less education tended to discount the harm they might experience if involved in an auto accident while either driving or riding in a vehicle.

Gai and jai

To identify the influence of education on differences in what makes one feel sabaay jai versus sabaay gai, continuous educational data were converted to categories using grade 6, the end of primary education, as the cutoff. Factors related to good health, diet and exercise follow a consistent pattern; the

majority of better educated participants rated these factors as having more influence on sabaay gai than jai. This may reflect the better-educated participants' sense of health as primarily a bodily feeling. It may also be an artifact of the less-educated participant's lack of experience using modern frameworks of thinking, as presented in the insight activity board, to discriminate between jai and gai in this insight game. Transportation factors also followed the same pattern. In this case, those with better education and higher socioeconomic status tended to view transportation as a mundane physical experience rather than one which brings as sense of excitement, pleasure or happiness. Not surprisingly, those with more education felt that riding a bus is quite uncomfortable.



Difference by location

The participants differed depending on their location of residence, which also reflects their occupational category, on the factors shown in table 17.

Table 17. Differences in Priorities, Sabaay, and Health Awareness, by Location

Priorities 1-5 scale (ANOVA)		Rural	Urban	P-value
Stable economy		2.00	1.67	0.107
Own vehicle		2.75	3.85	<0.0001
Mobile phone		4.08	4.46	0.043
Sabaay 1-9 scale (ANOVA)		Rural (mean)	Urban (mean)	P-value
Win lotto		2.19	3.06	0.001
Get rest		2.23	1.81	0.046
Meditate		2.96	2.27	0.014
Own motorcycle		3.35	4.10	0.022
Eat meat		3.52	4.88	0.001
Drink soda		4.52	5.44	0.010
Ride bike		4.58	3.42	0.002
Worry about money		7.10	7.54	0.091
Smog		7.71	8.19	0.019
Get bribed		8.00	8.50	0.007
Crash vehicle		8.29	8.69	0.012
Sabaay jai vs. gai (Chi square)		Rural (n)	Urban (n)	Fisher's exact P
Receive support	Jai	40	48	0.006
	Gai	8	0	
Knowledge	Jai	47	37	0.004
	Gai	1	11	
Debt to IMF	Jai	41	47	0.059
	Gai	7	1	
Own Mercedes Benz	Jai	32	22	0.064
	Gai	16	26	
Health effects 1-9 scale (ANOVA)		Rural (mean)	Urban (mean)	P-value
Clean environs		2.40	1.99	0.038
Pray		2.42	1.96	0.063
Eat meat		2.58	4.19	<0.0001
Meditate		3.10	2.23	0.001
Eat Big Mac		3.96	4.60	0.050
Drink soda		4.75	5.73	0.003
Get drunk		7.83	8.23	0.088
Smoke cigarettes		7.88	8.70	0.080

The analysis reveals some important differences between rice farmers and Bangkok workers in how the factors influenced their sense of sabaay. Many of these differences reflect differences in the way of life and conditions people experience living in these two distinct environments. It is important to note, however, that although rural and urban participants differ in specific aspects of sabaay, they remain quite similar in most aspects. When comparing working-class Bangkokians to rice farmers from Central provinces, I found that the rural vs. urban dichotomy is much weaker than expected. This finding reflects the interconnectedness between life in Bangkok and the periphery which results from the frequent movement of people along an ever-expanding highway network between rural and urban environments (Douglass and Zoghlin 1994). This also reflects the penetration of urban commercial patterns and mass media into rural environments as industrial parks, housing estates, car dealerships, shopping malls, theme parks, and movie theaters crop up amid rice fields throughout the Central region (Bhanthumnavin 1981).

Macro and micro finances

Economic concerns tended to weigh more heavily on urban workers. Bangkokians felt that a stable economy was extremely important and felt very not sabaay from worries about having enough money to survive. Not surprisingly, the Bangkokians loathed being bribed or coerced to give money to relatives and associates. These feelings are related to differences in average ratings about worrying about being short on money or being "hit up" for a bribe. Many urban workers felt isolated being unable to depend on extended networks for support. The economic stress urban workers experienced was reflected in the stronger negative sabaay feelings caused by these factors. Working-class Bangkokians had to survive in a cash/wage economy and were

more concerned with attaining knowledge to become more sabaay doing
“mental work”, e.g., cashiering, accounting, or light assembly work.

Group 15 (Younger Bangkok workers, all male)

J: If you compare life in the countryside with life here (city) how is it?

2M: Living in Bangkok is better. In the country its hard to make money.
It's bad. It's easy to make money in Bangkok.

1M: In the countryside eating is sabaay. But, it's difficult to earn
anything. You lose money every year if you farm rice. Come to
Bangkok and you can find a way to earn something for yourself.
Your parents don't have to be concerned about you.

2M: Aside from money, you can do anything living in countryside, if
you don't have to be concerned about money. You can make it.
You don't have to be too motivated. In the countryside it's more
sabaay. The weather is good. Don't have to buy food. Don't have to
rent a house. So you can live sabaay. But I can't stand it in
Bangkok, hot and cold. Traffic. Pollution. Smoke from cars. Bad
traffic. Bad environment. When it rains, it floods.

J: ถ้าเปรียบเทียบชีวิตต่างจังหวัดกับที่นี่เป็นยังไงบ้าง

2: อยู่กรุงเทพจะดีกว่า บ้านนอกจะแยหาเงินหาทอง จะแย กรุงเทพจะหาง่าย

1: บ้านนอกมันกินสบาย แต่มันไม่มีรายได้ทำนาขาดทุนทุกปี
มาอยู่กรุงเทพหารายได้ ของเราเองไม่ต้องเดือดร้อนพ่อแม่

2: ถ้าไม่พูดถึงเงิน อยู่บ้านนอก มีอะไรก็ทำไปถ้าไม่เดือดร้อนเรื่องเงินก็พอทำได้
เราไม่ต้องดิ้นรนอะไรมากที่บ้านนอกมันก็สบายกว่าอากาศก็ดี
ข้าวไม่ต้องซื้อบ้านก็ไม่ต้องเช่า มันก็อยู่สบาย

แต่ที่กรุงเทพนี้ไม่ไหวเดี๋ยวร้อนเดี๋ยวหนาว รถก็ติดสิ่งแวดล้อมเป็นพิษ ควันรถ
รถติด สิ่งแวดล้อมไม่ดีฝนตกมาน้ำท่วม

Farmers were slightly less concerned about the economy, although they still ranked it as very important, because they felt less vulnerable to the vicissitudes of sudden economic misfortunes. Farmers reported that they could survive off of the land even when times got tough. They also knew that they could enjoy physical relief – sabaay gai – and sense of concern and cooperation – sabaay jai – from receiving support from others.

The lotto

Rural participants also felt that winning 10,000 baht (+/- US\$250) in the lotto (legal or underground) would make them feel much more sabaay jai than urban participants because the farmers' cost of living and typical earnings are much lower, meaning that the windfall would have a greater impact. In contrast, urban workers felt that 10,000 baht was not much money compared to their cost of living in the city.

Rest and meditation

The Bangkok workers rated getting rest and meditating as making them feel more sabaay than the rice farmers. Their feelings about meditation are also reflected in their awareness of the physical and mental health benefits of meditating. This result is consistent with explanations about the influence of one's surroundings on sabaay. Bangkok workers felt that the dense, polluted urban living conditions and frenetic pace of life in Yannawa had an oppressive effect on their sense of sabaay. They longed for "some peace and quiet" the prospect of meditation and rest offered. Although they desired this form of sabaay, most of them confessed that did not meditate or get rest regularly.

Material consumption

In contrast, rice farmers tended to have their attention trained more on consumption of material products. Owning a vehicle was a much greater priority for participants living in rural areas, and this priority was partly motivated by their stronger expected feelings of sabaay from owning a motorcycle. They explained this as a mix feeling of sabaay jai from the thrill of buying a motorcycle and having achieved a certain standard of living, and the

feeling of sabaay gai from the convenience of traveling quickly here and there and the cool sensation of the breeze from riding, usually without a helmet. In farming communities, the motorcycle is a status symbol showing that a family has achieved a certain economic status and joined the new class of consumers.

Modes of transportation

The average ratings of sabaay from riding a bicycle and owning a motorcycle are inversely associated for both groups. These ratings parallel differences in motorcycle ownership; 83% of farmers owned 1 or more motorcycles versus 46% of Bangkok workers. Those living in rural areas saw bicycles merely as an antiquated means of transportation. Farmers typically viewed riding a bicycle as an annoyance because of the discomfort of exerting oneself in the intense heat and rutted dirt roads.

In contrast, Bangkok workers felt that riding a bicycle would be quite sabaay and that owning a motorcycle was just a bit sabaay. These feelings reflect what Bangkokians associated with these modes of transportation. Motorcycles are ubiquitous in Bangkok. The urban participants' feelings about motorcycles are based on their experience in breathing exhaust fumes in traffic, as reflected in their stronger negative feelings about smog and health concerns about pollution. Also, riding a motorcycle in Bangkok often involves avoiding near-death collisions. Hence their stronger negative feelings about auto accidents. For the urban worker, riding in an air conditioned sedan, not a motorcycle, is the marker of having arrived into the consumer class -- all the better if it is a comfortable Mercedes Benz (as reflected in their stronger gai feeling). For these Bangkokians, the image of riding a bicycle invokes a sense of escape and leisure because they are deprived of open, tranquil public spaces. Mountain biking is

frequently pitched to upwardly mobile Bangkokians as the latest trend in recreation. Each group seems to crave what the other has: the rural farmer desires modern, personal transport; the urban worker desires leisurely excursions in clean, open spaces.

Modern diet

Regarding food preferences, farmers tended to feel somewhat more sabaay from eating meat and drinking soda than their urban counterparts. They also believed that eating a Big Mac and drinking soda are good for their health. Nevertheless, it is somewhat encouraging that the average level of sabaay derived from these foods is quite low.

Group 4 (Older rice farmers, mixed gender)

J: Eating "Burger McDonald" ?

3F: I've never eaten one. But it should be sabaay gai.

2F: I say only a little sabaay gai because I have never eaten one.

1M: Eat one then you'll be sabaay jai. But I don't really know how it is.

2F: I say not very sabaay at all because I've never eaten one.

J: กิน Burger McDonald หรือเปล่า

3: ไม่เคยกิน แต่ก็สบายกาย

2: สบายกายนิดหน่อยเพราะไม่เคยกิน

1: กินแล้วสบายใจดี กินแล้วเป็นใจไม่รู้

2: ไม่สบายกายมากเพราะไม่เคยกิน

Group 7 (Younger rice farmers, female)

3F: [Eating burgers] doesn't make any difference. I haven't eaten them.

1F: I think they have a lot of vitamins. Ham, food like this. At home we don't eat it. If we eat ham it's like eating meat.

3: เหมือนเดิม รู้สึกเฉยๆ เพราะไม่รู้ว่ามันเป็นยังไง ไม่เคยกิน

1: คิดว่ามันมีวิตามินเยอะ พวกแฮมอะไรอย่างนี้ บ้านเราไม่กินกัน
เรากินแฮมก็เหมือนกินเนื้อสัตว์

Group 17 (Younger Bangkok workers, female)

J: Where did you put eating McDonald's hamburger?

2F: Just average

1F: I can't stand them. They make me throw up. I don't let my son eat them. He wants to but I don't let him. He really likes them.

3F: If I get to eat one then I'll eat it. If I don't, no problem.

2F: I don't eat them. Rice with spicy tuna is better.

J: กิน McDonald's hamburger เอาไว้ที่ไหน

2: อรรมตา

1: ไม่ชอบเลย จะอวกแตก ลูกชายไม่กิน หลอกแต่อยากได้ ของเล่น

3: ได้กินก็เอา ไม่ได้กินก็ไม่เป็นไร

2: ให้กิน ข้าวกับน้ำพริกปลาหูดีกว่า

Group 19 (Younger Bangkok workers, all female)

4F: I but "hamburger" at level 4 [a little bit sabaay]. It's not that important to eat. If I don't have anything to eat and I am really hungry then I will eat one. The quality of the food is good, but I don't like them. I eat them but they are not tasty.

1F: If it happens that I can eat one them I am sabaay jai, but only a little sabaay gai.

4: hamburger ไวเบอร์ 4 กินก็ยังไม่สำคัญ

ไม่มีอะไรกินแล้วหิวถึงจะกินคุณภาพอาหารก็ดีแต่ไม่ชอบ กินแล้วไม่อร่อย

1: ถ้าเกิดได้กินก็สบายใจ สบายกายนิดหน่อย

Getting drunk

Regarding the health consequences of drinking alcohol excessively, there was a slight difference between rural and urban participants. In general, the rural groups were somewhat more tolerant and accepting of drunkenness and did not see it as such a serious threat to maintaining good health. Some urban participants had strong views against drunkenness. Age and gender did not appear to explain these differences. It may be the case that the health effects of drunkenness among farmers is less self-evident because those that drink

heavily can often still manage to farm if other aspects of their life generally promote good health. In contrast, urban workers face many environmental and workplace assaults on their health. In these conditions, it appears that some urban workers drink to self medicate for stress and depression (Keyes 1985). Thus, drunkenness may have more serious consequences by pushing an urban worker's health "over the edge."

The subtle difference in views can be seen in the following comparison between young female rice farmers and young female Bangkok workers.

Group 7 (Younger rice farmers, female)

- J: Is there drinking around here?
2: Very little. Drinking around here is the same as it was 20 years ago. People from outside come to party here.
3: I don't drink often, you know? If I go hang out and party I don't drink as a routine.
- J: เรื่องกินเหล้าเมา แถวนี้อมีไม?
2: ส่วนน้อย เรื่องกินเหล้า 20 ปีแล้วแหละ เดี่ยวนี้เหมือนเดิมคนนอกบ้าน มาสังสรรค์ในบ้าน
3: ไม่ค่อยกินนะ ถ้าจะมาตั้งหลักฐานกินกันไม่มี

Group 17 (Younger Bangkok workers, female)

- J: About drinking alcohol...
2: The worst. If you drink it means that you must already not be sabaay jai.
1: A little bit. I don't like it too much. I want to drink when I want to have fun.
3: Very bad. A few times. When I am not sabaay jai I drink, to forget. It helps relieve stress a bit.
4: Getting drunk is really bad.

- J: กินเหล้า
- 2: เบอร์ 9 ถ้ากินเหล้าหมายถึงต้องไม่สบายใจแล้ว
- 1: เบอร์ 4 ไม่ชอบเท่าไร อยากรกินอยากให้มันร้อนแรง
- 3: เบอร์ 8 เป็นบางเวลา ไม่สบายใจจะกิน เพื่อให้ลิ้มมันทำให้คลายเครียดได้บ้าง
- 4: กินเหล้าเมาก็แยแล้ว

Sabaay and ideas about health that the participants generally agreed upon.

Before considering the more universal factors above, it is important to recall that this study focuses on Thai rice farmers living in the Central region and shopkeepers, clerks, and manual laborers living in Yannawa, Bangkok. The findings in this study therefore apply primarily to Thais of similar backgrounds, and should not be misconstrued as reflecting the feelings and ideas of Thai society as a whole. Given the variations in feelings and values within this sample and the socioeconomic and regional diversity of Thai society at large, it would be inappropriate to make any generalizations about the values of all Thais based on this research.

Table 18 shows those factors for which no significant differences were found from comparisons within the four demographic subdivisions presented above. For those factors that have small standard deviations (<1.25), it is reasonable to assume that the participants held similar opinions regardless of their age, gender, location, or educational level. This indicates the factors for which there is a considerable consensus based on shared cultural values. For those factors with large standard deviations (>1.25), the participants generally did not have similar opinions. This analysis could not identify specific demographic

may have been the result of other attributes that I did not consider, or natural variation based on personal opinion, preference or taste.

Table 18. Similarities in Priorities, Sabaay and Health Awareness

Priorities 1-5 scale (ANOVA)	Mean	SD		
Good health	1.67	0.79		
Calm heart	1.80	0.88		
Have an education	1.84	0.93		
Sabaay jai	1.95	0.89		
Good government	2.30	1.19		
Peace in one's world	2.50	1.06		
Enough to live, enough to eat	2.68	1.11		
Equality	2.69	1.11		
		Sabaay (1-9 scale)	Health effects (1-9 scale)	
Factors (ANOVA)	Mean	SD	Mean	SD
Having a strong body	1.37	0.63	-	-
Having good health	1.43	0.69	-	-
Having a stable occupation	1.65	0.88	-	-
Having no debts	1.68	0.88	-	-
Getting rest	-	-	1.83	0.79
Having knowledge	1.94	1.07	2.14	1.21
Bathing every day	1.96	0.92	2.06	0.87
Receiving assistance	2.27	0.97	-	-
Getting exercise	2.37	1.13	-	-
Eating vegetables	2.72	1.13	2.43	1.21
Eating rice and tuna with chili	3.30	1.32	3.09	1.28
Wearing a seat belt	3.40	1.78	-	-
Wearing a motorcycle helmet	3.50	1.75	3.90	1.55
Competition	5.35	2.06	-	-
Taking decongestant (Tiffy)	-	-	5.35	1.74
Working hard	6.56	1.76	6.73	1.40
Driving fast	7.25	1.52	-	-
Being stuck in traffic	7.38	1.20	-	-
Polluted water in canal	7.76	1.50	7.95	0.93
Being seriously injured	-	-	7.91	0.94
Having a family argument	8.09	1.10	7.87	1.24
Being in an auto accident	-	-	8.50	0.75
- indicates not included in set of factors				
blank cell indicates demographic difference found				

Commonly held values, sabaay feelings and ideas about health

For these working-class Central Thais, the importance of having good health, and the very sabaay jai and gai feeling of having good health did not vary within any of the demographic categories of gender, age, education, or location. These findings provide some insight into the broadly shared value of health held among the participants. What is more, the results demonstrate that participant's sense of good health encompasses having a strong body, feeling sabaay jai and having a calm heart, all of which were also very important to these different groups. The participants also agreed that equality, good government, and peace were important conditions that made it possible to attain good health and be sabaay.

Knowledge and a good education

There are several factors that the participants agreed contribute to good health and sabaay jai. These Thais realized that gai and jai are favorably influenced by having an education and knowledge. Knowledge and a good education were recognized as keys to living a happy life because they provided gateways out of mental strain and excessive physical labor. Throughout the interviews, I found that the participants were receptive and willing to learn how to live in such a way as to achieve good health and sabaay jai. Nevertheless, as the interviews show, those participants who lacked knowledge or education tended to rely on their feelings about what made them sabaay as their indicator of what would be good for health. In some cases, this led them to unwittingly adopt habits that were detrimental to their health.

Gai and jai

For many participants it was not possible for them to make a clear division between jai and gai. Generally, there was broad agreement that jai was favorably influenced by having a stable occupation, no debt, and getting rest, and that jai was unfavorably influenced by driving fast, being stuck in traffic, and having a family argument. Gai tended to be favorably influenced by bathing every day, getting exercise, getting rest, eating vegetables and rice with tuna and chili. On the negative side, gai was unfavorably influenced by working hard, polluted water, being seriously injured and being in an automobile accident.

Safety

Of particular public health concern, I have found that most participants agreed that wearing a seat belt and wearing a motorcycle helmet made them feel only slightly sabaay and was only slightly good for health. This result reflects the persistent view in Thai society that these safety devices are inconvenient and of limited value for health (Thailand Ministry of Public Health 1997). While the participants rated these elements on average as being of moderate importance to feeling sabaay or maintaining good health, these elements had large standard deviations (1.55 to 1.78) for both sabaay and health effect. This indicates that there was substantial variation in opinion.

The following extended excerpts illustrate differing personal views about the perceived benefits and inconveniences of using seat belts and helmets. These excerpts are good illustrations of working-class Thais' views about health and safety habits among their own social groups they referred to as "Thai people." The participants' comments about the important influence educational status

could have on life-patterns and habits supports the assumptions in this study that working-class people have a substantially different orientation toward health than those of upper classes.

The discussions of seat belt and helmet use are particularly valuable because they show how Thai people's habits are largely the product of how sabaay (or not) they feel when they do something. Clearly, their "raw knowledge" and positive attitudes about the health benefits or negative effects of habits had some effect. But without clear awareness, their feelings were ultimately more important. Working-class Thais' feelings about wearing seat belts and helmets tended to run along a "diagonal" axis ranging from not sabaay gai (feelings of discomfort and inconvenient) to very sabaay jai (feelings of safety and security). Those who rated wearing a seat belt as having a greater influence on gai (body) on average rated the level of sabaay at 3.79 (only a little sabaay) with a large standard deviation of 2.12. In contrast, those who rated wearing a seat belt as feeling sabaay jai (heart-mind) rated it as making them feel much more sabaay on average at 3.14 with a smaller SD of 1.48, indicating more agreement.

The excerpts below also illustrate how working-class Thais responded to regulatory and enforcement approaches to changing habits of daily living. In general, the participants believed that most Thais only wore seat belts or use helmets when they feared that they would be cited by the police. I have also observed that many Thais did not use these safety devices as soon as they felt the risk of being cited was minimal. This reflects the difference between knowing that one may get a hefty fine for not using a helmet or seat belt (fear-induced behaviors) and being deeply aware of benefits of using them (wisdom-invoked habits).

Group 19 (Younger Bangkok workers, all female)

J: Where did you rank wearing a seat belt?

J: Level 4, two people. Level 1. Level 5. Not the same at all.

N: What do you think about wearing a seat belt?

4F: It's a little bit safe. It makes health a little bit good. If it happened that you had a collision, and there was a fire, then you'd die. A little bit safe. It makes health a little bit good. It makes me sabaay jai to wear it. I'm not sure, because if I have an accident I would not be able to get out.

1F: Wear it, don't wear it either way. It's not important.

2F: It's very important. If you have an accident it makes us safe. Those who drive say that if you don't wear a seat belt you will be thrown from the car, or die for sure. I think it's important.

J: Nowadays, is Thai custom going to change about wearing seat belts?

4F: The majority of people don't like to wear them. If you don't wear one, you can get pulled over by the police. Then you pay a fine. Wearing one is stifling. If you have an emergency and have to go to the restroom, sometimes you want to run but can't get out because you are trying to take off the seat belt. Sometimes you might see a 500 baht banknote and cannot get to it. The majority of people don't like to wear them. Wear it because it's necessary. If you don't wear it you have to pay a fine. This is more the reason. When we go to upcountry we put them on for sure. Stifling irritant.

J: ใส่เข็มขัดเอาไว้ที่ไหน

J: เบอร์ 4 2คน เบอร์ 1 เบอร์ 5 ไม่เหมือนกันเลย

N: คิดยังไงเกี่ยวกับการใส่เข็มขัดนิรภัย

4: มันก็ปลอดภัยนิดหน่อยแบบทำให้สุขภาพดีนิดหน่อย ถ้าเกิดถูกรถชนตมไฟไหม้ระเบิดนี่ก็ตาย ปลอดภัยนิดหน่อยทำให้สุขภาพดีนิดหน่อยให้สบายใจที่เราได้รัดแล้วไม่มั่นใจถ้าเกิดรถชนแล้วไฟไหม้มันก็ออกไม่ได้

1: ใส่ก็ได้ ไม่ใส่ก็ได้ ไม่สำคัญ

2: สำคัญมากถ้าเกิดอุบัติเหตุนี้ทำให้เราปลอดภัยมันมีเยอะมากเลยคนที่เขาขับรถเขาพูดกันถ้าไม่คาดจะกระเด็นออกนอกรถหรือตายเลย คิดว่าสำคัญ

J: ตอนนี้ประเทศไทยกำลังจะเปลี่ยนเกี่ยวกับเรื่องใส่เข็มขัด

4: ส่วนมากคนไม่ชอบใส่ ถ้าไม่ใส่ก็ถูกจับแล้วเสียตังใส่แล้วมันอึดอัดถ้าเกิดเหตุฉุกเฉินอยากเข้าห้องน้ำบางทีวิ่งปัดไปก็ไม่ได้เลยมีวแต่ปลดเข็มขัดอยู่บางทีเจอแบ้งหาร้อยเราเอาไม่ทันคนส่วนมากเขาไม่ชอบใส่

- สที่ใส่เพราะว่ามันจำเป็น
ถ้าไม่ใส่ก็เสี่ยงตั้งเป็นข้อนี้นี้มากกว่าพอออกต่างจังหวัดตลอดเลย อัดอัดเกาะ
- 3: เหมือนกัน ชอบทำทายเป็นมากกว่า
ถ้าเกิดอุบัติเหตุตอนนั้นก็คิดว่าเป็นคราวช่วยเราไม่จำเป็นจะต้องมี
- J: ใส่หมวกกันน็อคเอาไว้ที่ไหน
- J: เบอร์ 6 เบอร์ 1 เบอร์ 4 เบอร์ 4
- 1: ใส่ได้แต่ไม่รัด
- 2: ป้องกันไว้ก่อนดีที่สุด เพราะชีวิตมีค่าไม่ยอมเสี่ยง
- 4: ใส่หมวกนี่คือหักได้ แต่ถ้าคอไม่หัก หน้าก็ไม่เสียโฉม

Group 23 (Younger Bangkok workers, all male)

- 3M: [Discussing safety]. They build pedestrian overpass bridges but people don't use them. Thai people don't think about safety. They just think about convenience (sabaay). They carry a helmet to protect themselves from the police (fines). They wear helmets but don't fasten the chin strap. Thai people don't have discipline. Like about obtaining necessities for the future, they only teach children to get by.
- J: Thai society has changed a lot?
- 3M: Especially in Bangkok, you know?
- J: Everywhere kids have motorcycles.
- 3M: Yes. In Bangkok they don't think about safety. They think that if they wear a helmet it's not attractive.
- J: Do Thai people wear seat belts?
- 1M: When passing the police booth they wear it.
- 3M: The people who are cautious are the ones who have a higher level of education. They are more concerned about this. People who have moderate education are not too cautious. The commercial class and working-class people are not too concerned about wearing them. Education has a big impact.
- J: If you compare men and women...
- 3M: Women in Bangkok are brave about riding on the back of motorcycle taxis.
- J: Women ride but don't wear helmets right?
- 3M: Women don't wear helmets because they are afraid of messing up their hair.
- J: If you think about safety...
- N: Do you think that women think about safety more than men?
- 3M: It depends on education. Those with lower levels don't normally wear them.

- J: Men mostly wear them, but only some women wear them.
 1M: If the couple just started to like each other, then the guy will make her wear it. After they have been married for 2 or 3 years, the guy will still wear it but the woman will be without one.
 J: We don't know what it will be like in the future, but we know that society changes very quickly. And that views don't change as quickly.
 3M: That's right. I mean that conditions change but Thai people's habits stay the same. The environment changes but people's behavior changes just a little.

- 3: สะพานลอยทำก็ไม่ใช้กันคนไทยไม่คิดถึงความปลอดภัยคิดถึงแต่ความสะดวกสบาย หมวกกันน็อคมีเอาไว้กันตำรวจ ใส่หมวกก็ไม่คาดคนไทยไม่มีการปลูกฝังอย่างเรื่องมีความจำเป็นในอนาคต สอนเด็กแค่ผ่านๆ
- J: สังคมไทยเปลี่ยนไปเยอะ
 3: ในกรุงเทพฯ
 J: ทั่วไป เด็กๆส่วนใหญ่มีมอเตอร์ไซด์
 3: ใช้ในกรุงเทพฯปัจจุบันไม่คิดเรื่องความปลอดภัย ใส่หมวกคิดว่ามันไม่สวย
 J: คนไทยใส่เข็มขัดนิรภัยหรือเปล่า
 1: ผ่านด่านก็ใส่
 3: คนที่จะระวังจริงๆคือคนที่มีระดับการศึกษาเขาจะจริงจังนี้มาก ถ้าคนที่มีการศึกษาพอสมควรจะไม่ค่อยระวังตรงนี้สักเท่าไร พวกระดับบริหาร ระดับล่างๆจะไม่เน้นหนักสักเท่าไร เรื่องการศึกษามีส่วนมาก
- J: ถ้าเปรียบเทียบผู้ชายกับผู้หญิงเท่ากันหรือว่าต่างกัน
 3: ผู้หญิงกรุงเทพฯกล้านั่งมอเตอร์ไซด์รับจ้าง
 N: ทำไม
 3: เพราะความรวดเร็ว เพราะต้องการไปทำงานเร็วคิดว่าตรงนี้saveค่าใช้จ่าย ผมยังไม่กล้า นั่งเลขระยะยาวไม่กล้า นั่ง 200-300เมตรก็นั่ง
- J: ผู้หญิงนั่งไม่ใส่หมวกกันน็อคด้วย
 3: ผู้หญิงไม่ใส่หมวกเพราะกลัวเสียทรงผม
 J: ถ้าคิดเรื่องความปลอดภัย
 N: คิดว่าผู้หญิงคิดเรื่องความปลอดภัยมากกว่าผู้ชายไหม
 3: อยู่ที่การศึกษา ระดับล่างๆก็ปกติ
 J: ส่วนใหญ่ผู้ชายใส่ มีผู้หญิงบางคนใส่

- 1: ถ้าผิวเมียชอบกันใหม่ๆนี่จะให้ผู้หญิงใส่พอดแต่งกัน
แล้วอยู่กับสองสามปีผู้ชายใส่แล้วผู้หญิงหัวเปล่า
- J:
เราไม่รู้อะไรในอนาคตรู้ว่าสังคมเปลี่ยนเร็วมากแล้วก็ความคิดเห็น
ไม่ได้เปลี่ยนเสมอกัน
- 3: ถูกต้อง คือ วัตถุจะเปลี่ยนแต่นิสัยคนไทยจะเหมือนเดิม สภาพแวดล้อมเปลี่ยน
นิสัยคนจะเปลี่ยนน้อย

Some additional thoughts about feeling sabaay

I return briefly to the question: How does sabaay feel to working-class Thais in the everyday life? As I have said at the outset of this dissertation, I believe the translation “feeling good and feeling well” best captures the sense and breath of sabaay. To understand the modern feeling of sabaay, it is useful to reflect again on the roots of this word in Pali, the language of Theravadan Buddhist teachings in much of Southeast Asia.

- *Sappaya*: To have a clear understanding and awareness of things, actions, and places that are suitable for mental development, that promote practice of prayer, and focus in meditation.
- *Sappayagari*: to do what is suitable for oneself, and favorable for good health and a long life.
- *Sappaye*: to be moderate even in things that are suitable and favorable.
- สัปปาเย: รู้ชัดว่าสิ่งนั้น การกระทำนั้น ที่ที่จะไปนั้นเหมาะสม กับตน
ช่วยสนับสนุนการบำเพ็ญภาวนา สมาธิตั้งมั่น
- สัปปาเยการี: รู้จักทำสิ่งที่เหมาะสมแก่ตนเองและสิ่งที่สนับสนุนให้สุขภาพดีและมีอายุยืนยาว
- สัปปาเย: รู้จักประมาณในสิ่งที่สบาย

In Theravadan Buddhist teachings, *sappaya* has seven features, called the *Sappaya 7*:

1. *Avasa-sappaya*: suitable place to live, not crowded
2. *Gocara-sappaya*: suitable place community to find food
3. *Bhassa-sappaya*: suitable, helpful and moderate speech
4. *Puggala-sappaya*: being a suitable, wise person
5. *Bhojana-sappaya*: suitable, healthy food
6. *Utu-sappaya*: suitable climate
7. *Iriyapatha-sappaya*: suitable posture for one's body

1. อาวาสสัปปายะ: สิ่งที่อยู่ซึ่งเหมาะสม
2. โคจรสัปปายะ: หมู่บ้านที่มีอาหารบริบูรณ์
3. ภัสสสัปปายะ: การพูดคุยที่เหมาะสม
4. บุคคลสัปปายะ: บุคคลที่ถูกต้องและเหมาะสม
5. โภชนสัปปายะ: อาหารที่เหมาะสม
6. อุตุสัปปายะ: ดินฟ้าอากาศธรรมชาติที่เหมาะสม
7. อิริยาปถสัปปายะ: อิริยาปถที่เหมาะสม

For some Thais I have interviewed, *sappaya* appears to have been retained in their modern sensibilities about being *sabaay*. Being *sabaay* meant having a positive, buoyant cast or disposition as one goes through life, faces situations, and interacts with people. From this perspective, the potential for *sabaay* lives within all of humans. Those that thought of *sabaay* in this way expressed their feelings of *sabaay* in terms of contentment (*sabaay eu lew*). Those who thought of *sabaay* as portrayed in advertising expressed *sabaay* in terms of the desire for more (*sabaay style*) which has little to do with *sappaya*.

Having returned to consider the linguistic roots of *sabaay*, the following are some of observations about *sabaay* in everyday modern life. Everything Thais encounter in life can be classified by how it affects their state of *sabaay*, that is, if it makes them feel *sabaay*, not *sabaay*, or neutral. This is a common, unconscious practice for all Thais I have met. This may reflect the evaluative

nature of sappaya, to identify what is suitable or not suitable. In this sense, some Thais used their sense of sabaay like a compass to determine if a habit or situation would lead them in a suitable direction in life. One example was of the older farmers who trusted the logic of their bodies – if it does not make one feel sabaay, it must not be very good for one's health.

The Thais I interviewed saw each person as a fragile being. Sabaay is one important indicator of a person's emotional status. Thais could read every person, Thai or non Thai, and assess if that person was sabaay, not sabaay or neutral. Being sabaay was normative, that is, it was the expected state. So Thais became distressed when they saw someone they cared about that was not sabaay, and if possible they made some effort to console or assist that person to return to feeling sabaay. Despite their efforts to maintain a state of sabaay, Thais recognized that feeling sabaay can be transient. One's feeling of being sabaay can change from one moment to the next. This is why feeling sabaay is not seen as some ultimate state like nirvana, but perhaps as a way to live and enjoy a taste of nirvana in this lifetime.

What makes it possible for the Thais, and nearly impossible at first for uninitiated outsiders, to be sabaay are two interrelated forms of sensitivity which are inculcated into Thais at an early age. The first is a heightened sense of awareness of one's place within the total space that is at once physical and social. I liken this awareness, this keen sense of place, to what I call "Thai whiskers." Just as Siamese cats use their whiskers to determine whether they can pass through an opening, Thais have a sense of space and ability to assess whether they will be able to pass through an opening, be it between people or in traffic, which may be in the process of closing quickly at tolerances of less than

a few centimeters. They tended to place a high social premium on sensitivity to place and position within social circles. This awareness of place makes it possible for Thais to minimize the unintentional impact of their presence, movements, or statements on others while pursuing their own feeling of sabaay. By sensing the possibilities and limits of any give situation, they can find contentment in their circumstances.

The second sensitivity is a sense of fluidity. Thais are trained from childhood to be agile and graceful. Children learn at a young age to walk softly up and down stairs and not to have heavy foot as these are signs of boorishness. The highly stylized forms of classical Thai dance as well as folk dance nearly always stress fluidity and surefootedness in movement. These sensibilities are translated into a sense of sabaay that comes with fluidity in, for example, one's speech, gestures and driving. One example of fluidity in sabaay may be seen in the motorcycle driver who floats and weaves through traffic with extraordinary agility. This sense of fluidity is essential to the value of "going with the flow" and making sure others are content, as Thais' say *tam sabaay*, or do as you please and make yourself sabaay. Thus, being sabaay is about being at once aware of, and content with, one's place and at the same time being fluid in the moment.

PART III
THE NATURE OF SMOKING

CHAPTER 11

TOBACCO CONTROL AND HEALTH PROMOTION IN THAILAND AND
SELECTED ASIAN-PACIFIC COUNTRIES

"It is the height of hypocrisy for the United States, in our war against drugs, to demand that foreign nations take steps to stop the export of cocaine to our country while at the same time we export nicotine, a drug just as addictive, to the rest of the world"

C. Everett Koop, Former U.S. Surgeon General

The World Health Organization considers tobacco use the leading preventable cause of death in Asian-Pacific countries (Gray 1992). Since the appearance of machine-made cigarettes throughout the Asia-Pacific region early in this century, tobacco consumption and lung cancer have increased substantially. While tobacco consumption per capita in the United States peaked in 1964 and has declined since then by more than 35%, rates in nearly all Asian-Pacific countries, with the notable exception of Thailand, have continued to rise significantly (Corrao, Guindon et al. 2000). These increasing rates of tobacco use in Asian-Pacific nations have been recognized as an impending public health epidemic for more than two decades. As early as 1979, the WHO expert committee on tobacco control issued its report advising Asian nations to undertake concerted efforts to reduce smoking rates (Breslow and Johnson 1993).

In Thailand, as throughout most of Asia, smoking is now the leading preventable cause of several “habit-borne” diseases such as heart disease and lung cancer. Today, Thais are three times more likely to die from tobacco-related heart disease or cancers than all infectious diseases combined (Thailand Ministry of Public Health 1997). The Thai Ministry of Public Health and several Thai nongovernmental organizations (NGOs) have recognized that this reality makes smoking prevention worthy of concerted effort.

Opium wars and ominous trends: a brief history of tobacco in Asia

Why did smoking rates escalate so quickly throughout the Asia-Pacific region? Among many Asians, there is a common misperception that tobacco use, both smoking and chewing, is rooted in the ancient traditions of Asian cultures. Although it is true that tobacco has become deeply rooted – like a weed – in many contemporary Asian cultures, tobacco use is not an ancient tradition in Asia. Tobacco was introduced to Asians by the Portuguese traders in the late 1600s after Columbus brought it back to Europe from the Americas (Mochizuki-Kobayashi 1999).

The roots of increasing tobacco consumption in Asia are commercial as well as cultural. In Western Europe and North America, seven major international companies have controlled the tobacco markets. In contrast, until the late 1980s most Asian nations like Japan, Taiwan, South Korea and Thailand operated state-owned tobacco monopolies that engaged in minimal marketing activities. These nations also maintained trade barriers that restricted the importation of foreign tobacco products. During this era few Asian women or adolescents smoked. The majority of smokers were men, but they smoked far fewer cigarettes per year than their counterparts in the West.

In the mid 1980s, transnational tobacco companies based in the United States and Great Britain employed various techniques to open Asian markets, including applying trade pressure through their governments (Reynolds 1991). The American tobacco industry lobbied successfully to obtain the support of the United States Trade Representative to use the Section 301 trade law to investigate what the tobacco industry claimed were unfair Asian trade practices. Under the threat of trade sanctions, Asian nations capitulated to U.S. government pressure and allowed aggressive Western-style advertising and sales in their nations (Vateesatokit 1990). Moving systematically from the wealthiest nations down the list, the U.S. Trade Representative facilitated the entry of the American tobacco companies into Japan in 1986, Taiwan in 1987, South Korea in 1988, and Thailand in 1992.

Over the last decade, American and British tobacco companies have intensified their marketing efforts in this region like no other (Chen and Winder 1990). Connolly (1992) has argued that transnational tobacco companies from the United States and Great Britain turn to cigarette markets of the Asia-Pacific region to replace American and European smokers who have quit or died from smoking. Once a market is open, Western cigarette advertising and promotions target women and children. Retail tobacco outlets increase, smoking rates rise, and more death and disease result. The Food and Agriculture Organization has estimated that if these forces are left unchecked, Asian-Pacific nations will account for 85% of the growth in global demand for tobacco through the year 2000 (FAO 1990).

Chen and Winder (1990) joined several critics of U.S. trade policy (Vateesatokit 1990; Mackay 1993) by writing a scathing account of the U.S. government's trade

efforts on behalf of American tobacco companies. In Chen and Winder's commentary titled, "The opium wars revisited as U.S. forces tobacco exports in Asia", they have drawn parallels between the opium wars a century and a half ago in China and the current threat of the tobacco invasion in the Asian-Pacific region. Their analysis focus on three issues: 1) the development of an atmosphere of invasion; 2) resistance to invasion in Asia; and 3) the change in the image of the United States in Asian nations from that of a leader in health to that of an "exporter of death."

Cancer incidence, including those cancers caused by smoking, is rising rapidly in the Far East as Asians gradually adopt Western diet and lifestyle (Liu, Hai et al. 1993). There has been a rapid increase in coronary artery disease in most Asian countries in association with rapid economic development (Janus, Postiglione et al. 1996; Singh, Mori et al. 1996). The proportion of deaths due to cardiovascular diseases in Asians may be about 15%, but there are wide variations within the region.

The International Clinical Epidemiology Network (INCLIN) conducted a multicentre collaborative study to identify associations between socioeconomic status and risk factors for cardiovascular disease (INCLIN 1994). Of the 12 centers in seven countries, three are located in Thailand. Each center examined approximately 200 men aged 35-65 drawn at random from a population within their locality and assessed several risk factors including cigarette smoking habits. Education, occupation and current income were grouped into ordinal categories of socioeconomic status and comparisons were made between levels of risk factors within each of these categories. Cigarette smoking tended to be negatively associated with the measures of

socioeconomic status, in line with the direction of association seen in the United States. INCLLEN concluded that high levels of risk factors found in these populations, particularly the increasing prevalence of cigarette smoking in Asian nations suggests that cardiovascular disease is emerging as an epidemic in Asian countries.

Most Asian-Pacific nations now have emerging national smoking-control programs that have begun to address tobacco use (Plianbangchang 1995; Orwin 1996). These programs typically work with budgets much smaller than the Western tobacco industries' marketing resources. Some nations have taken more advanced steps to reduce tobacco use through regulation and smoking-related health promotion through mass media or community-based interventions (Brooks 1997). Interventions in several Asian countries have used Western-style tobacco control strategies to fight Western-style tobacco marketing. In Thailand, communities and health officials have gone further to develop indigenous approaches drawing on cultural traditions and rituals. Hamann and Raymond (1990) have commented on the importance of establishing an agenda for action to create a social movement to broaden tobacco control efforts in Thailand. Collective leadership for health has also begun to take shape particularly as health officials and activists explore the positive orientation of health promotion within their own cultures (Hamann and Charoenca 1998). Hamann and Raymond advocate an intersectorial approach with a focus on "proactive measures to promote positive behaviors for health and to prevent a pandemic of unprecedented proportions." Tobacco has become ingrained into patterns of this modernizing culture.

Anti-tobacco forces in the Asia-Pacific region face a leadership challenge as they work toward health for all. In response to American trade policy, the Asia-Pacific Association for Control of Tobacco was formed in 1989 to establish a smoke-free Asia by the year 2000 (Chen and Winder 1990; Mackay 1993). International efforts are underway in the Asia-Pacific region to carry out multidisciplinary prevention research, with an emphasis on understanding health-related behaviors (Raymond, Chung et al. 1991; Chung, Chung et al. 1992). In partnerships with the U.S. Centers for Disease Control and Prevention, the U.S. Public Health Service, international health agencies, governments, and universities in the region, researchers at the University of Hawaii have pursued a paradigm for international, multicultural prevention research in the field of health promotion and disease prevention.

The epidemiological evidence shows how individuals and societies suffer when cigarette smoking becomes ingrained into patterns of a modernizing culture. But, smoking is not inevitable. Just as detrimental cultural shifts have lead to high prevalence of smoking in Thai society, these same shifts can be corrected.

Health promotion emerges within tobacco control in Thailand

As in many Asian nations, the government in Thailand has had economic interests in the distribution and sale of tobacco to its citizens. Since 1943, the Thai government has operated a state-owned tobacco company that had a monopoly in the Thai market until 1992 (Mitacek, Brunnemann et al. 1991). Consumption of tobacco products nearly tripled between 1965 and 1987.

However, in the mid 1980s, the Thai Rural Doctor Foundation began to organize no-smoking campaigns. Then in 1986, the first NGO was established that focused entirely on reducing smoking (Supawongse 1999). In response to marketing pressure from transnational tobacco companies, the Thai government formed the National Committee for Control of Tobacco Use in 1989 to administer a national smoking control program and the same year the Thai Cabinet reaffirmed the ban on the importation of foreign tobacco products in keeping with the recommendation from the Thai Ministry of Public Health. In the 1990s, Thailand implemented the most comprehensive tobacco control legislation in Asia by banning tobacco advertising and placement in television, radio, magazine and newspapers. Smoking was also banned in public venues and government buildings. The Office of Tobacco Consumption and Control was established in 1990, and then in 1992 the Thai government enacted a law banning cigarette sales to minors. Thai Buddhist Monks and government leaders became involved in promoting nonsmoking and healthful activities. Then in 1992, Thailand was forced to capitulate under pressure from the United States trade authorities and open its market to foreign tobacco companies (Reynolds 1991; Skolnick 1992).

Thai health officials and physicians have been among the most vocal critics of transnational tobacco penetration in Asia (Vateesatokit 1990; Vateesatokit and Wilde 1990). Although the Thai market was forced open by foreign manufactures, the government has maintained a strict ban on tobacco advertising. Thailand's restrictions on marketing and distribution of tobacco products, restrictions on smoking in public places, and taxes on tobacco products have contributed to a slow secular decline in smoking rates among Thai men from 48.8% in 1986 to 38.9% in 1999, from 4.1% to 2.4% of women

over the same period (Thailand Ministry of Public Health 2000). Still, if current trends continue in Thailand, an estimated 9 million children will become smokers, and more than 2 million will die prematurely as adults from smoking-related illnesses (Thailand Ministry of Public Health 2000).

Accordingly, Thai investigators have now begun to produce research on tobacco use and put efforts into smoking prevention and health promotion.

Suriyawongpaisal et al. (1996) have investigated retailer compliance with the law to determine its impact. Students aged 9-17 years were sent into 773 stores in five major cities to buy a pack of cigarettes. Over 90% of the retailers violated the law 10%. Ten percent displayed a sticker stating that "cigarette sale to children under 18 years is banned" This report demonstrated the difficulties inherent in establishing tobacco control through regulation by reported that after three years these laws have not been actively enforced, just as in many parts of the United States. The investigators recommend that greater efforts must be focused on mobilizing politicians and authorities to assure compliance. A recent a study of Thai cigarettes and local tobacco used for rolled cigarettes found high levels of "tar," nicotine, and carbon monoxide (Mitacek, Brunnemann et al. 1990). Given these circumstances, the investigators urged labeling of cigarettes stating "tar" and nicotine contents along with educational programs dealing with the harmful and addictive effects of these substances.

Vatanasapt et al. (1995) have conducted assessments of cancer registries in Bangkok and three different regions of Thailand and from a cancer survey in the 1988-1991. These data were used to estimate the incidence of cancer for the country as a whole. The relative frequency of lung cancer in Thailand remained high in both urban and rural areas, and increased in both males and

females. Lung cancer was second behind liver cancer in frequency, with the highest rates in northern Thailand, where the incidence in women (age-standardized rate, 37.4 per 100,000) was among the highest in the world.

Deerasamee et al. (1999) conducted a comprehensive analysis of 5 regional population-based cancer registries for the period of 1992-94 and found that the estimated age-standardized rate of lung cancer was 26.5 in Thai men and 11.1 for in women, again also finding much higher rates in the Northern region. A link with tobacco smoking is suggested by similarly elevated rates, especially in women, for cancers of the larynx and pancreas.

Using a mobile health unit, Swaddiwudhipong et al. (1996) conducted a survey to determine the prevalence of social and medical problems among an elderly population in rural Thailand. Interviews were conducted with 3302 persons aged 60 years and older from 54 villages in a northern Thailand province. The proportion of current tobacco smokers was slightly higher in men (55.5%) than in women (51.4%).

The level of tobacco-related health promotion activity reported in the English-language literature is larger for Thailand than any other Asian nation reviewed. Thai health officials have reported on efforts in three critical areas of tobacco control related to health promotion: media and mass communication messages, regulation, and community-based advocacy. This year, the government approved the formation of the Thailand Health Promotion Fund that will use tobacco and alcohol tax revenue to support smoking prevention and health promotion activities.

Regulations have not been enough to help Thais protect their well-being from the more corrosive aspects of modernization, most notably insidious

marketing strategies that associate smoking with being seductive, successful, cosmopolitan, athletic or masculine. Even with the enforcement of strict marketing regulations, transnational tobacco companies have increased their market share in the past few years (Thailand Ministry of Public Health 1997).

Tori and Siripanich (Tori and Siripanich 1994) assessed the prevalence and connotative meaning of cigarette smoking among Thai 527 adolescents and young adults in order to assess the efficacy of Thailand's mass media anti smoking campaign. This study was designed to understand the participants' reactions to smoking by the father, mother, boys and girls using a semantic differential measure. The investigators reported that nearly all participants had seen anti smoking ads on television and the overall perception of smoking was highly disapproving with significant gender and age differences being present. Older males were more likely to smoke and had less critical attitudes about this harmful behavior than their younger peers and female participants. Reactions to female smoking (mother and girls) were more derogatory than to the same behavior among males (father and boys). The investigators interpret their results to suggest that smoking may continue as a serious problem among Thai males. This study points out the disconnect between the users' own increasingly negative attitudes about smoking, reinforced in part by the media campaign, and their own smoking behavior. This disconnect is attributed to the addictive nature of cigarette smoking.

Thai officials and NGOs working on tobacco control have explored more creative methods of addressing tobacco use by promoting health within an indigenous cultural framework (Swaddiwudhipong, Chaovakiratipong et al. 1993; Frye 1995). In 1987, officials learned that a Buddhist abbot in a rural

community in northern Thailand was encouraging villagers to abstain from smoking through Buddhist health promotion teachings and local regulation of sorts. The abbot counseled smokers on the unclean habit of smoking, posted health messages and warning signs in the temple area, and prohibited novice monks and followers from smoking in the temple areas. Furthermore, the abbot requested that villagers refrain from smoking during Buddhist ceremonies in the village.

To evaluate the effects of the monks' efforts on change of people's smoking behavior and attitudes, Swaddiwudhipong et al. (1993; 1993) conducted a survey of adults in Thai villages where monks were actively encouraging villagers to avoid tobacco. The study compared this "intervention" village with a randomly selected "control" villager nearby having a similar socioeconomic profile. The investigators interviewed 372 individuals in the intervention village and 664 in the control village. In their paper, A Thai Monk: an Agent for Smoking Reduction in a Rural Population they report that the proportion of ever smokers who had tried to quit was significantly greater in the intervention sample (79%) than in the control sample (72%). The proportion of former smokers who had stopped smoking for more than one year was also significantly greater in the intervention sample (25% of ever smokers) than in the control sample (16%). Of current smokers in the intervention village, 45% reported smoking less tobacco during the year preceding the survey than in the previous one-year period compared with 35% in the control village. Many former smokers (80%) in the intervention village cited the suggestion of a monk as one important reason for quitting compared with 25% in the control village. The proportion of individuals who were well aware of the harmful effects of smoking on health was greater in the

intervention village than in the control village. Based on these findings, the investigators concluded that religious leaders can be helpful in establishing a indigenous, community-based smoking prevention program.

Other examples of culturally meaningful smoking prevention

One of the most interesting smoking-related health promotion interventions discussed in the literature on Asia and the Pacific was a community-based smoking cessation program in a traditional Fijian village (Groth-Marnat, Leslie et al. 1996). The study discusses an indigenous approach to smoking cessation and relapse prevention based on native traditional rituals. In 1986, visiting medical professionals began a village-level health promotion and treatment program in Fiji based on the approach in David Werner's (1981) book, "Where There Is No Doctor." They encouraged smokers in a village (31%) to quit and offered some incentives including a promise to build a community center. The visitors were, however, reluctant to impose a Western program of smoking cessation because foreign medicalized approaches had been unsuccessful. At the end of the health workers' stay, village members told the visitor that the entire village had decided to give up smoking. The community took a group pledge and village leaders crafted an indigenous approach to smoking cessation that included a social contract that became publicized in the local media and a ritual taboo that prohibited smoking through the kava ceremony. Remarkably, after 21 months, all smokers in the village had quit permanently as relapses were discouraged through explanation supernatural consequences. The village became known in Fiji as "the village that gave up smoking."

This study considered the ethical implications of using health promotion to intervene in the lives of other human beings. The Fijian study was also unique in that it explicitly discussed intervention as an assertion of political will. The absence of such ethical consideration from the other health promotion studies reviewed owes partly to the legacy of intervention in traditional public health. This is a legacy largely devoid of reflexivity.

Health promotion faces this same inherent conflict between scientific statements of "is" or "true" and ethical concerns about "ought" or "justifiable." Practically speaking, health promotion will not succeed unless health promoters give careful consideration prior to proposing an intervention as to its ethical propriety. In the Fijian example, Groth-Marnat and colleagues learned from the failures of others who tried to introduce exogenous smoking interventions in Fijian villages. They carefully considered the ethics of imposing another intervention and opted for a limited approach – encouragement. This encouragement evoked a response from the community that took the form of an endogenous "intervention." Young people in the community who had been the most alienated by outside interventions proposed the kava ceremony and other culturally significant approaches to promoting health through smoking cessation. The success of this locally crafted "intervention" speaks for itself and is beyond what most public health workers would think possible. It also demonstrates the importance of assessing the ethics of a potential intervention before it is implemented.

CHAPTER 12

WORKING-CLASS THAI NONSMOKERS AND SMOKERS

Smoking, I consider to be a vice. It deadens one's conscience and is often worse than drink in that it acts imperceptibly. It is a habit difficult to get rid of when once it seizes hold of person. It is an expensive vice. It fouls the breath, discolors the teeth and sometimes even causes cancer. It is an unclean habit.

Mahatma Gandhi, Young India January 13, 1921

In this chapter, I explore the differences between nonsmokers and smokers who participated in this study by comparing their values, feelings about sabaay, and ideas about their health. I have placed an emphasis on explaining why the nonsmokers have lived their lives without using tobacco.

In considering potential approaches to health promotion and smoking prevention, it is important to consider why the majority of Central Thais choose not to smoke. The Thai nonsmokers' way of being can provide specific signposts toward the path of promoting a smokefree Thai society. If norms are to shift in a healthier direction, the shift should be toward the nonsmokers sense of life. This analysis will first seek to identify what has "protected" nonsmokers from taking up the smoking habit, and then discuss ways smokers, and potential smokers, might be afforded the same protections.

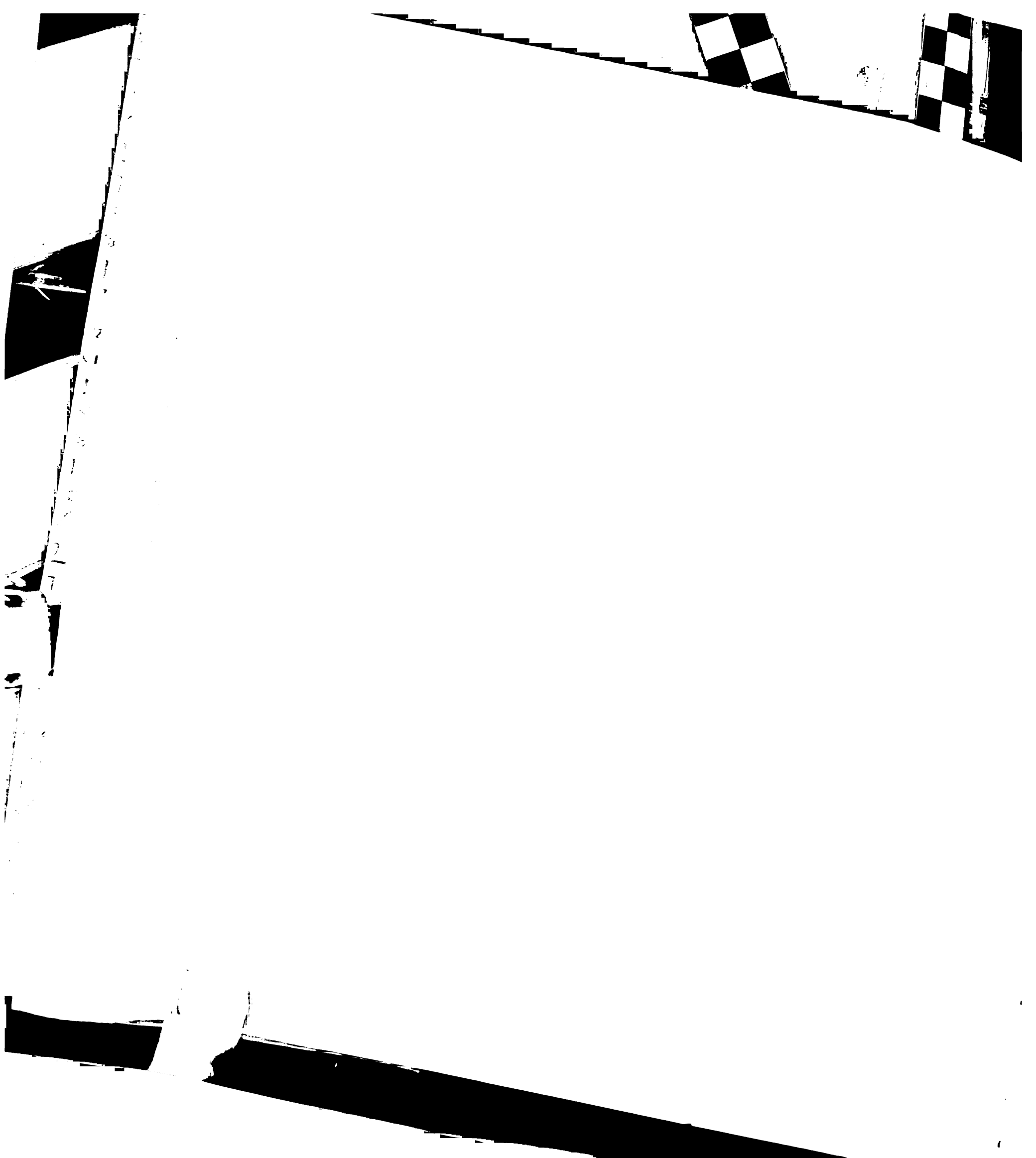
At the same time, I have ventured to understand why smoking has become part of Thai culture, and thus some Thais' habits of daily living. The following analysis begins with the premise that the becoming a nonsmoker or smoker is the result of a complex, ongoing negotiation between personal values, individual life experience, local traditions, foreign cultural influences, and the commercial interests of tobacco companies and retailers.

The cultural and commercial roots of gendered smoking in Thailand

In Central Thailand, as throughout most of Asia, modern culture has shaped people's views about who smokes and why. The habit of smoking in Siamese (Central Thai) culture was adopted almost entirely as a male behavior.

Smoking became a symbolic expression of masculine powers. Among elites, smoking was popular at least as far back as the reign of King Chulalongkorn (Rama V) who introduced many European mannerisms into Thai culture (Supawongse 1999). Rama V is still revered by many Thais for his long and distinguished reign (1868-1910). Today, in private homes one can still find alters of worship which typically have a statue or picture of the King Rama V surrounded by a variety of offerings and garlands. Among these offerings, one commonly finds small glasses of whiskey accompanied by a cigar, a pack of cigarettes, or rough cut tobacco. In Bangkok, many people make similar offerings of whiskey and tobacco to the statue of Rama V near Amporn Park. Several popular pictures of the King also show him in regal poses and in moments of relaxation smoking a cigar.

Many Central Thai men of the older generation began smoking while they were novice monks living at wats or serving in the military. When I asked



men of the older generation how they got started smoking, many recalled the days of their youth when they went for training as a novice at their *wat* (Buddhist temple) during the three-month-long rainy season. Many took up smoking and drinking tea as ways to achieve a relaxed but awakened state for long periods of prayers, chanting, sitting meditation and temple chores. Until just a few years ago, it was common practice for community members to offer novices cigarettes together with daily necessities in alms baskets (or the modern version – saffron-colored plastic pails). As discussed earlier, an important shift in attitudes among some members of the Buddhist monastic community (Sangha) has begun to take place; some senior monks such as Long Paw Khuun Baresutto (หลวงพ่อกุณ ปริสุทฺธ) have become involved in encouraging smokers to quit (see figure 33).

Fig. 33. Senior Monk (Long Paw Khuun Baresutto) on Cover of Smoking or Health Pamphlet

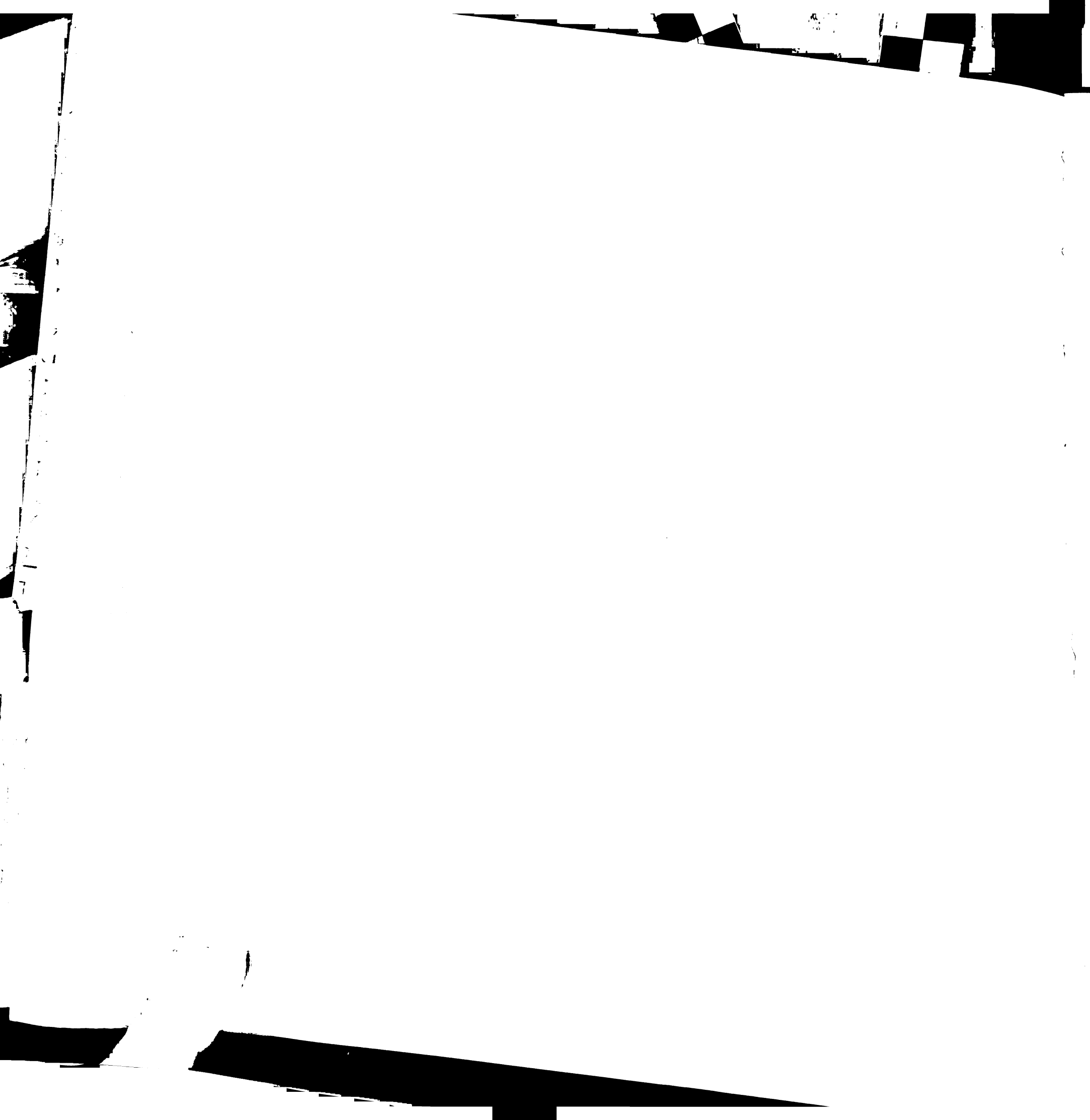


Source: Thailand Ministry of Public Health

Many men who are now in their late 40s or early to mid 50s also picked up the habit serving during their youth in another male-dominated institution – the Thai military. These men were young soldiers serving during the Vietnam war era when the U.S. had a large presence in Thailand, particularly at air force bases in the Northeast, and in Bangkok and Pattaya during R&R breaks. Cigarette smoking was very much part of the macho American GI image at that time and American brands such as Lucky Strikes and Pall Malls were popular and readily available to young Thai men through contacts with American military. In the military, young Thai soldiers had ample time to fraternize with American GIs and were often eager to emulate a familiar macho image to “enter the society” (*kao sangkom* เข้าสังคม).

The American military presence during the Vietnam era stimulated smoking, drinking, and sex services in Thailand, particularly in Bangkok and the beach resort town of Pattaya. The older men I interviewed all agreed that the popular image of a woman who “doesn’t look good or proper” (*Du mai dee* ดูไม่ดี) was associated with the popular image of a prostitute and that this image of women became widely recognized during the Vietnam era. Many sex workers took up the smoking habit, perhaps for similar motives as their young Thai male counterparts in the military, that is, to become accepted in the military fraternity, or because they were simply around men and women who smoked a lot. In either case, smoking became a conspicuous behavioral marker of their occupation and as such has been passed down.

The striking differences in smoking rates between the genders (39% of Thai men smoke, while only 3% of women), have occurred in part because Thai



culture has informed Thais which groups are permitted, even expected, to smoke, and which are not (Thailand Ministry of Public Health 2000). For the last three decades, smoking has become part of the identity of five groups:

1. "Masculine" older men
2. "Masculine" younger men
3. "Untraditional" older women
4. "Prostitutes"
5. "Fashionable-modern" younger men

In Thai society, there were people from other groups who smoked such as older women and monks, but smoking was still frowned upon for these groups. Over the last few decades as social norms had begun to erode, smoking had become part of the identity of an additional group:

6. "Fashionable-modern" younger women

In the following excerpt, participants from a group of older Yannawa residents explained the gender ideology of smoking. The group was made up of the following participants:

Group 18 (Older Bangkok workers, mixed gender)

1F: 52 year-old female lotto ticket vendor, nonsmoker.

2F: 42 year-old female lotto ticket vendor, nonsmoker.

3M: 63 year-old male who sells birds at a temple, smoked since teen.

4M: 51 year-old male taxi driver, smoked for more than 20 years.

J: Myself as the interviewer.

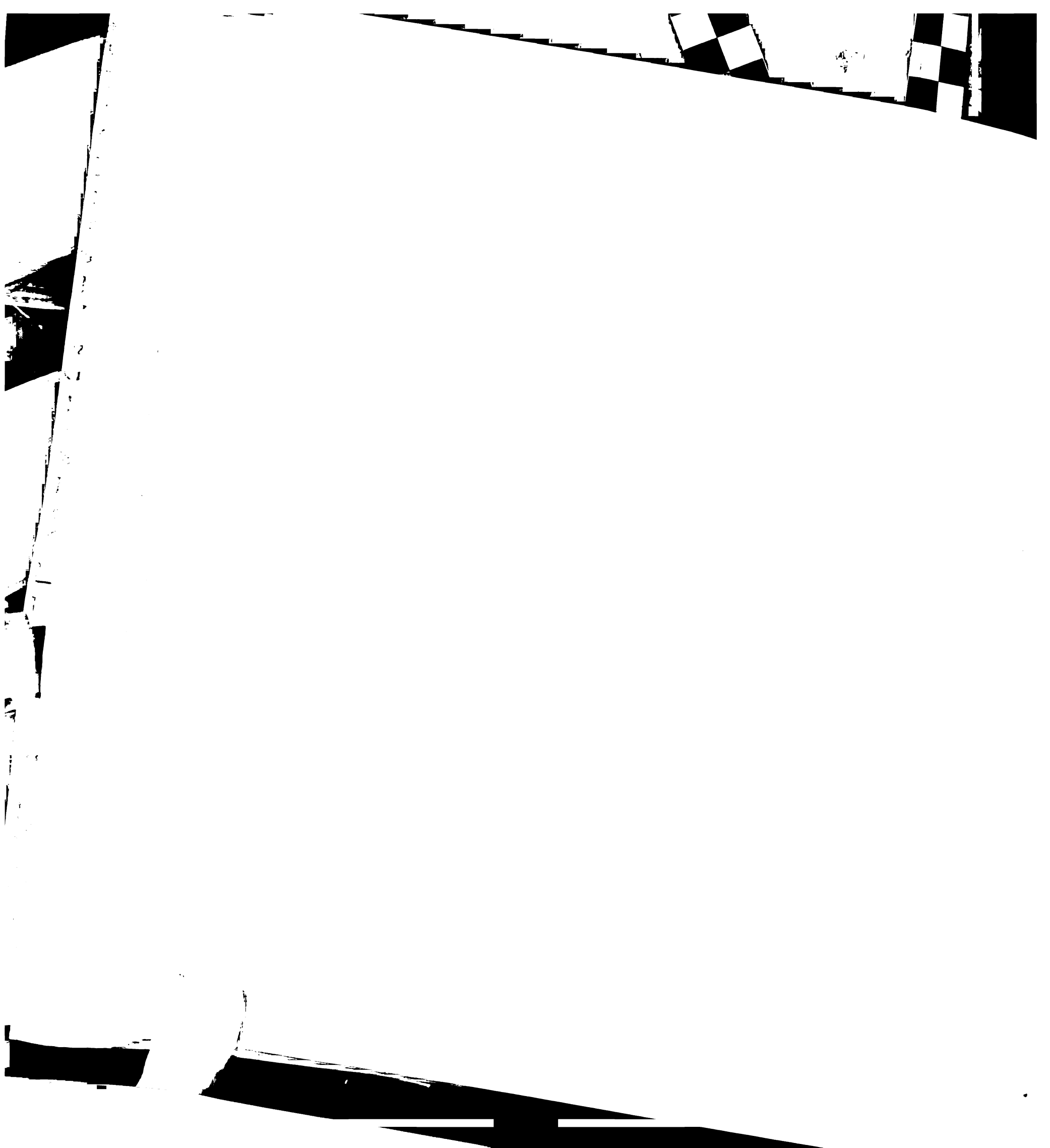
J: I'm confused as to why most Thai women don't ever smoke cigarettes. Abroad, quite a few women smoke.

4M: Thais have the custom that society does not accept women who smoke.

1F: That means that if Thai women smoked cigarettes in the past, according to our customs people would say that she is a not a good woman, she is a prostitute. That's how they would see her.

J: Why is it that men can smoke?
 4M: Society accepts them. It been that way since our ancestors.
 J: If Thai men smoke, do they look good or not?
 2F: Well, it looks good. He looks like he is a man. Men should have the image like they are a lady's man. Smoking, drinking, then they're a real man. If a man doesn't smoke, don't you think he is a fairy? Society really won't accept him. Guys have to maintain their image because in Thai society we tend to try to fit in and compete with each other.
 J: Does that mean that men smoke because there is competition?
 2F: That's part of it.
 J: So men look good like that when they smoke?
 4M: That depends on the kind of man your talking about. Some men don't smoke because they have a reason. Others smoke because they are lady's men. There are some who don't smoke. But some men smoke because it's cool. I'm cool, so I smoke.

J: ผมงงจริงๆผู้หญิงไทยส่วนใหญ่ไม่ค่อยสูบ ถ้าเป็นเมืองนอกผู้หญิงบางคนสูบ
 4M: คนไทยมีประเพณีสังคมนาหารับไมได้ ถ้าผู้หญิงสูบบุหรื
 1F: คือถ้าผู้หญิงไทยสูบบุหรืสมัยโบราณประเพณีที่มีมา
 เขาว่าเป็นผู้หญิงที่ไม่ดีคือเป็นผู้หญิงโสเภณีจะมองไปแบบนี้
 J: แต่ภาคเหนือจะมีประเพณีสูบบุหรืจะเป็นผู้หญิง
 2F: ธรรมดาผู้หญิงไม่ค่อยมี
 J: ทำไมผู้ชายสูบบุหรืได้
 4M: สังคมนาหารับมันมีมาแต่บรรพบุรุษ
 J: ถ้าผู้ชายสูบบุหรืดูดีหรือดูไม่ดี
 2F: ก็ดูดี ก็ดูสมเป็นผู้ชาย ผู้ชายก็ต้องมีครบรูปแบบมีเจ้าชู้ สูบบุหรื กินเหล้า
 ก็เป็นผู้ชายแล้ว ถ้าผู้ชายไม่สูบบุหรืไม่สำอองคิดว่าเป็นตุ๊ดหรือเปล้า
 สังคมนาหารับไม่ค่อยยอมรับ เจอหน้าไม่ค่อยได้ สังคมนาหารับแย่งชิงแข่งขันกันมากกว่า
 J: คิดว่าผู้ชายสูบบุหรืเพราะว่ามีการแข่งขันกันหรือ
 2F: ก็มีส่วน
 J: ผู้ชายดูดียังไงถ้าสูบบุหรื
 4M: มันก็แล้วแต่คนผู้ชายคนนั้นจะเป็นคนอย่างไรบางคนเขาก็ไม่ดูเขามิเหตุผล
 บางคนเป็นคนเจ้าชู้ไม่ดูก็มี แต่บางคนอยากดูเพราะมันเท่ห์
 ภูเท่ห์แล้วสูบบุหรื



Women were obviously capable of smoking, and a few did, but most had not. There are several reasons why few working-class Central Thai women have smoked. Two reasons that are discussed most often are the gender ideology and social expectation that Thai women should be proper and morally upright. Another reason is the stigma of prostitution with which smoking has been associated. Thai society has told Thai women that smoking is unacceptable and a sign of being an immoral woman. When I asked older men why women their age and younger did not smoke, they gave a similar response to the women of their age: "It doesn't look good. It's not proper for women who should be good mothers at home" (*Du mai dee. Mai dee samrap mae baan ดูไม่ดี ไม่ดีสำหรับแม่บ้าน*). When I asked them to define why it does not look good, all replied either directly or by innuendo that women who smoked looked like "women who look for something to eat" (meaning prostitutes) or were vain and upity, that is, trying to look modern.

Although it is beyond the scope of this dissertation to explore the roots of the strong stigma against sex workers in Thai society, I will try to explain this phenomenon to a degree necessary to understand the historically strong social prescriptions against smoking for Central Thai women.¹⁰ This explanation is based on data collected from interviews and observations.

Thai people are known for their kindness and discretion. Yet, it is difficult to express in words how harsh and deeply penetrating Thais, particularly Thai women, can be with their verbal and nonverbal treatment of women whom they suspect are sex workers. It is even more difficult to grasp the source of ill

¹⁰ This explanation does not apply to women from other regions of Thailand, particularly for Northern women who have historically smoked in greater numbers.



will behind this treatment. Many mixed couples in which the man is of Anglo-European descent and the woman is Thai have encountered countless situations in which Thais have either assumed the wife is a sex worker currently, or had been in the past. In social situations, Thais are quick to ask how a mixed couple met, which invariably is a means of determining whether they met under circumstances where the wife had been a sex worker. Their calculation often depends upon whether the couple had met in Thailand or America. Couples that had not met in Thailand under a specific "approved of" scenario (such as having been students together at a foreign university), would often face being slighted in social settings and in some occasions could even be subjected to subtle insults. For most Thai women, alienation and insult have been high social costs to pay for the habit of smoking.

As in many Asian societies, Thai society had accepted that men smoke, and had even come to expect smoking as a typical male behavior (Swaddiwudhipong, Lerdlukanayong et al. 1996). The statements above from "2F" expressed how smoking has become a symbol of masculinity, even a sexy and desirable attribute for men. She also suggested that those men who do not smoke were not "real men" and appeared to be homosexuals (fairies). She went on to refer to the social pressure and competitiveness among men to smoke in order to be part of Thai male society. This highlights the traditional separation of the Thai men's world from the Thai women's world, and how smoking has been considered a prerequisite for membership into the men's world. At the end of the excerpt, "4M" made a concession for men who did not smoke, but then went on to associate himself with the cool, sexually potent image of the masculine smoker.

The majority of men I interviewed lamented that they were unable to quit smoking because their male buddies offered them cigarettes when they got together to chat or to drink beer or liquor. It appears that for older men, the day-to-day habit of smoking retained important fraternal value, not only for one's individual masculine identity, but moreover for meeting greater ritualistic expectations in the sociocultural environment. "Masculine-modern" younger men – many of whom had picked up smoking trying to replicate Thai "male" identity – grasped at cigarettes to associate themselves with modern-Western self-image. When I asked Thais why men smoked, I often encountered the Marlboro rationale "... because real men smoke." I found this even after The following interview illustrates these points.

Group 1 (Younger rice farmers, mixed gender)

1F: 33 year-old female, nonsmoker, did not drink.

2F: 24 year-old female w/ college education, nonsmoker, does not drink.

3M: 35 year-old male, had smoked since he was 20, drank alcohol.

4M: 31 year-old male, had smoked since he was 20, drank alcohol.

J: And about smoking cigarettes...

4M: I little bit bad.

J: And getting drunk...

4M: Number 4 [Makes health a bit good]. Drink a little and it's like medicine. It's a little bit good. When I get the urge, then I smoke. If I don't drink it's bad. I get weak. I drink then I feel good inside [sabaay jai]. We don't get hooked on it, it gets hooked on us.

1F: That means he's hooked.

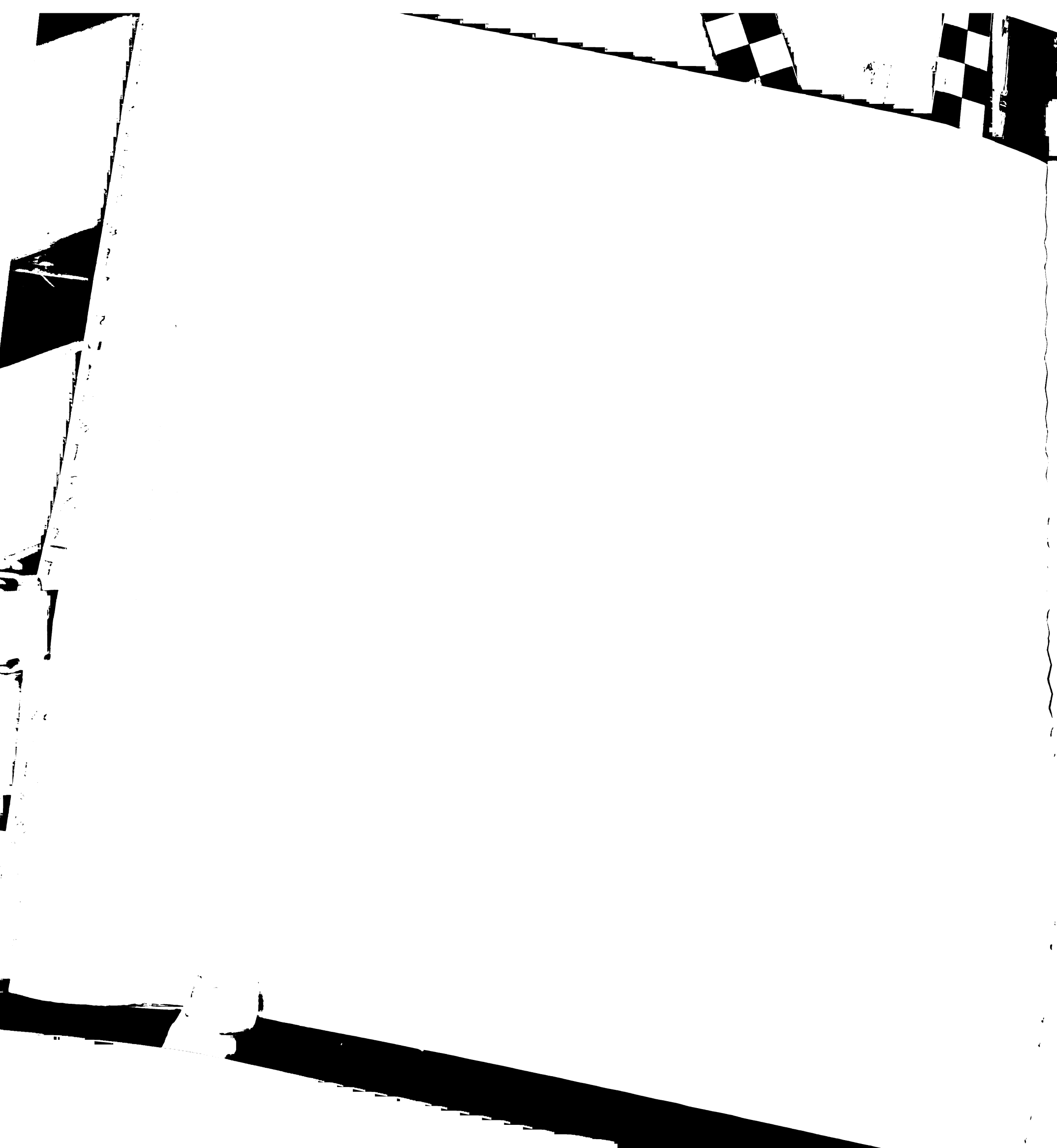
4M: Smoking cigarettes destroys your health. But the [national tobacco] factory never shuts down because the government will go broke. The tax is expensive, 30 baht a pack [US\$1.10]. Expensive. But I don't quit, at 50 baht I wouldn't quit.

2F: He can't survive. He gets stressed.

1F: It depends on the mind of the smoker.

2F: They smoke and they feel good (sabaay). If they put a bolapet herb on the smoker's tongue, think how bitter it's going to be. If you say it like this (suggest that they quit) then they keep smoking.

3M: If I'm in a group that smokes, I have to smoke.



4M: I don't have to socialize to drink. I can stay at home alone and drink.

3M: I'm fine smoking alone. Drinking you have to get together in a group. Our gang had to split up.

J: สูบบุหรี่---

4M: แขนัดหน่อย

J: กินเหล้า---

4M: เบอร์ 4 กินน้อยเป็นยามันก็ติดนิดหน่อย หิวมากก็สูด ถ้าไม่กินก็แยะ
โรยไปหน่อย กินแล้วสบายใจ เราไม่ติดมันติดเรา

1F: ก็เค้ดิด

4M: สูบบุหรี่มันเสียสุขภาพอย่างเงี แต่โรงงานไม่ขุบ เตี่ยรัฐบาลเง็ง ภาษีแพง
ของละ 30 แพง แต่ก็ไม่เล็ก 50บาทก็ไม่เล็ก

2F: มันไมไหว มันเครียด

1F: มันเป็นที่จริตใจที่คน

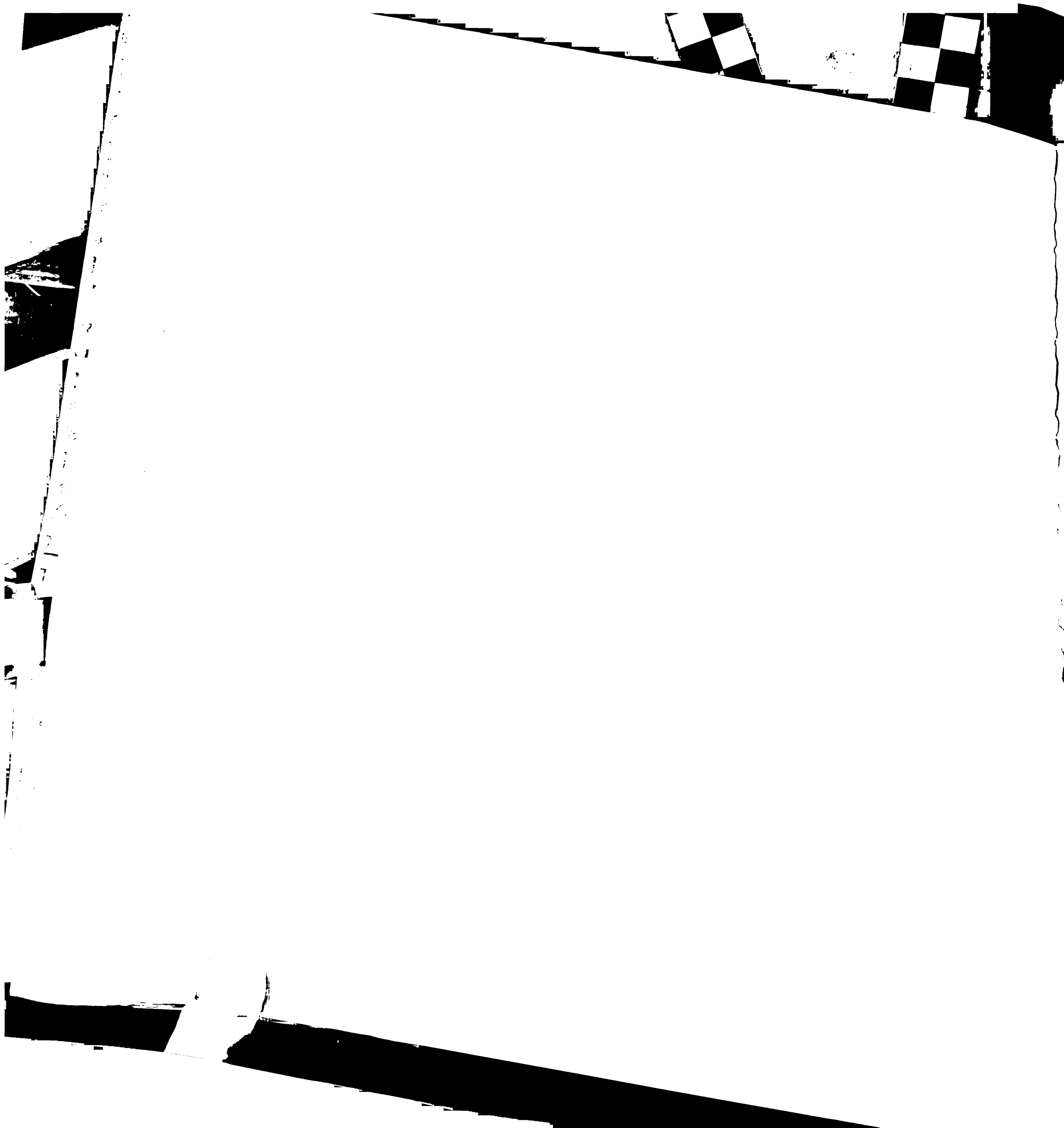
2F: สูดไปมันก็สบาย ถ้าใช้บรเพ็ดตะลันมันจะขมขนาดไหนพูดอย่างนี้ก็สูดต่อไป

3M: ถ้าอยู่กับกลุ่มที่สูบบุหรี่ก็ต้องสูบ

4M: ไม่เข้าสังคมก็กิน อยู่บ้านคนเดียวก็กิน

3M: ถ้าสูบบุหรี่นี้คนเดียว กินเหล้านี้ร่วมกลุ่ม ต้องแยกย้ายกันเล็ก

This exchange reveals that male smokers tended to blame their friends, the social environment, and even cigarettes themselves for their continued smoking. "4M's" comment, "We don't get hooked on it, it gets hooked on us." is telling because it is a clever phrase which diverts the responsibility for smoking to the smoking habit, as though cigarettes have a life and power of their own. The women who are well-acquainted with these men offered a more pointed explanation: that these men are addicted to cigarettes and desperately need to smoke to cope with stress. The men did not dispute "2F's" assessment that the men smoke to achieve a state of sabaay jai, even if they knew the bitter health consequences.



Shifting norms

Thais in the younger generation are breaking out of traditional roles. They are entering the wage-earning labor force in greater numbers, moving away from home, going where they please on motorcycles and in cars, and being exposed to Western patterns of behavior projected through the mass media. As their way of life shifts in new directions, so do the social norms. Some younger Thai women I interviewed pointed to the breakdown of traditional patterns as the precursor of slowly increasing smoking rates among Thai women their age.

Group 7 (Younger rice farmers, all female)

1F: 33 year-old female rice farmer, nonsmoker.

2F: 35 year-old female rice farmer, nonsmoker.

3F: 34 year-old female rice farmer, nonsmoker.

4F: 29 year-old female rice farmer, nonsmoker.

J: Do women smoke cigarettes?

3F: I've never seen it at all. Never in our village.

2F: Around here very few.

4F: They (women) don't like it. Men are the ones who are seen doing it (image of smoking), they are the example, so they learn it from each other over time. In the past, parents didn't let us go anywhere, so a lot of us when together, 10 or 20 people.

2F: Now, young people don't have to tell their parents anything at all. [Later in the sabaay game...]

J: How about smoking?

1F: Just a little bit bad (a little not sabaay).

3F: I don't smoke cigarettes. It's not good for health. Waste of money.

J: ผู้หญิงสูบบุหรี่ไหม

3F: ไม่เห็นเลยนะ บ้านเราไม่เคย

2F: แถวนั้นน้อยมาก

4F: เขาไม่ชอบ ผู้ชายมีให้เห็น เป็นแบบอย่าง ก็เลียนแบบกันไป
สมัยก่อนพ่อแม่ไม่ให้เที่ยว ไปไหนก็ไปกันเยอะ 10-20 คน

2F: รุ่นหลังๆไม่ต้องบอกพ่อแม่เลยใจ

[Later in during sabaay game]

J: สูบบุหรี่เป็นอย่างไร

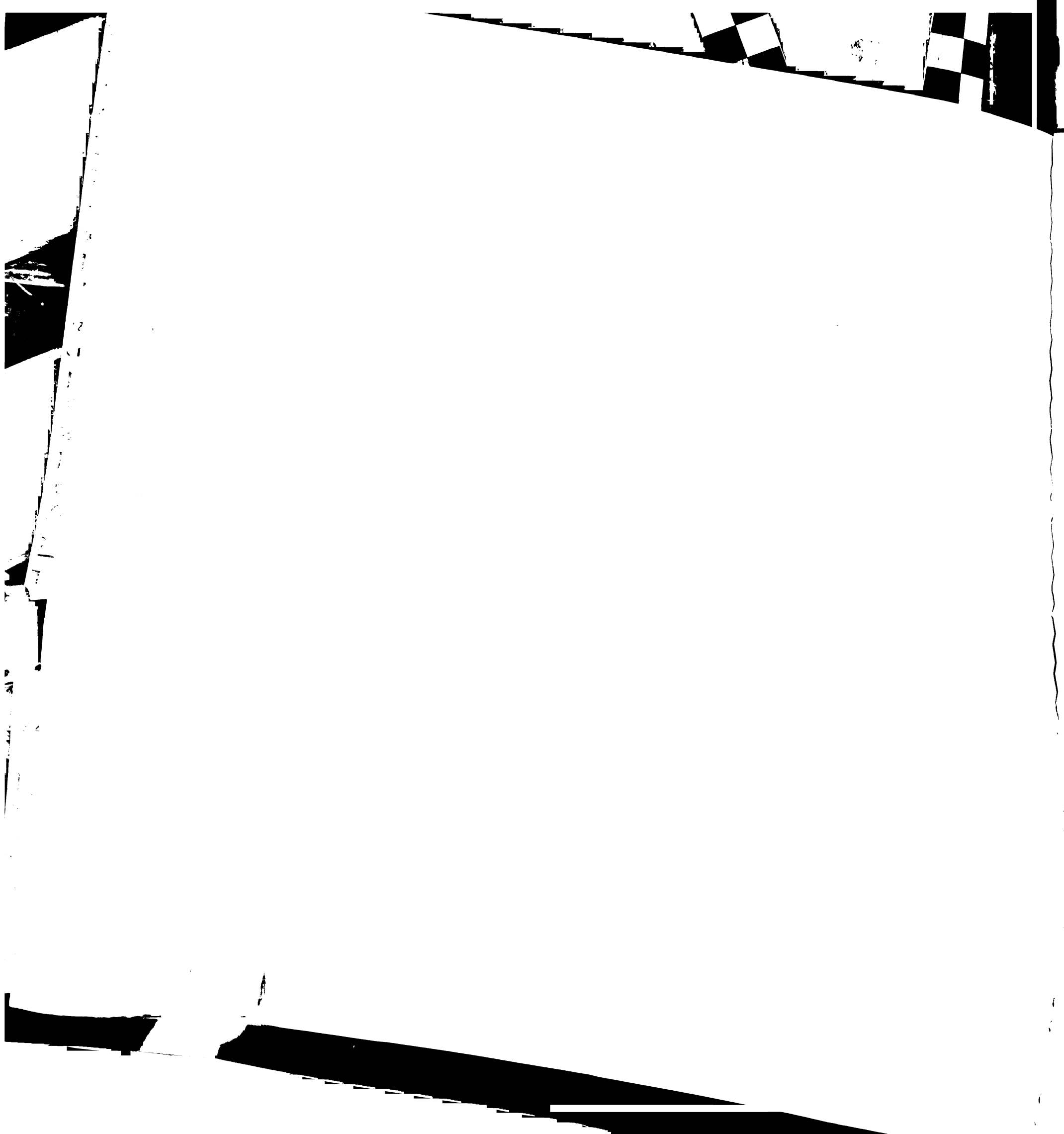
1F: ไม่สบายกายนิดหน่อย

3F: ไม่สูบบุหรี่ ไม่ดีกับสุขภาพ เปลืองเงิน

This excerpt shows an awareness about how much more freedom young women have enjoyed compared to their parents' generation. "2F" expressed her sense of being able to do whatever she wants, even as a woman living in a rural village. I did not find anyone who believed that younger Thai women were smoking to rebel against society. The trend seems to be more subtle, primarily based on the erosion of stereotypes about young female smokers being prostitutes. There was an acceptance of the image of young women who are less concerned about maintaining appearances and shifting toward Western habits, particularly as they became absorbed into the industrial work force and faced the stress and boredom of working in repetitive assembly or clerical jobs.

Later in the interview during the discussion about sabaay, "1F" offered a comment that smoking made her feel only a little bit not sabaay, which is uncharacteristic of nonsmoking women. This may indicate that she was a "cloistered puffer", or that she does not object to smoking. In either case, it is clear that she considered smoking to be a reasonable habit for young Thai women.

This perception may have come from exposure to international fashion magazines and images of international pop culture transmitted through the mass media with the arrival of MTV Asia through cable and satellite TV. For the last decade, young Thai women have clearly been taking fashion cues from their Western and Japanese counterparts whom they perceive as being affluent and up-to-date (Hamilton and Hamilton 1989). Young Thai women with means have also traveled overseas to study at universities or take holidays (Gerner 1992). Young Bangkok women have also been exposed to legions of



European, Australian, and American female tourists, some of whom smoke publicly while walking on the streets, shopping, visiting tourists attractions, and enjoying Bangkok's night life. Through their presence, many of these female tourists inadvertently "broadcasted" the recent, rapid spread of the 70's "retro" fashion trends from California to Japan, and then to Bangkok, which include sleeveless "spaghetti strap" tops and platform shoes. Cigarette smoking has become part of this retro trend.

In recent years, young Thai women, as across much of Asia, appear to be taking up smoking to project an image of modernity and being part of the fashionable-cosmopolitan "in" group. Thai women are redefining these norms with the insidious enticement of the tobacco industry. In just the last few years, smoking has emerged as part of the identity of a new group – "fashionable-modern" younger women – many of whom have picked up smoking to emulate their modern-Western counterparts who are concerned with appearing chic, independent and slim.

Group 21 (Younger Bangkok workers, mixed gender)

1F: 33 year-old female office clerk, nonsmoker.

2F: 32 year-old female office clerk, nonsmoker.

3M: 38 year-old male delivery driver, smoking for over 10 years.

4M: 32 year-old male small business owner, smoked, quit 10 years ago.

J: Why don't women smoke, when men can smoke?

1F: She is not good women. She's a prostitute [lit: woman that looks for food].

J: Why?

4M: Now it's "fashion" [in English] more than anything.

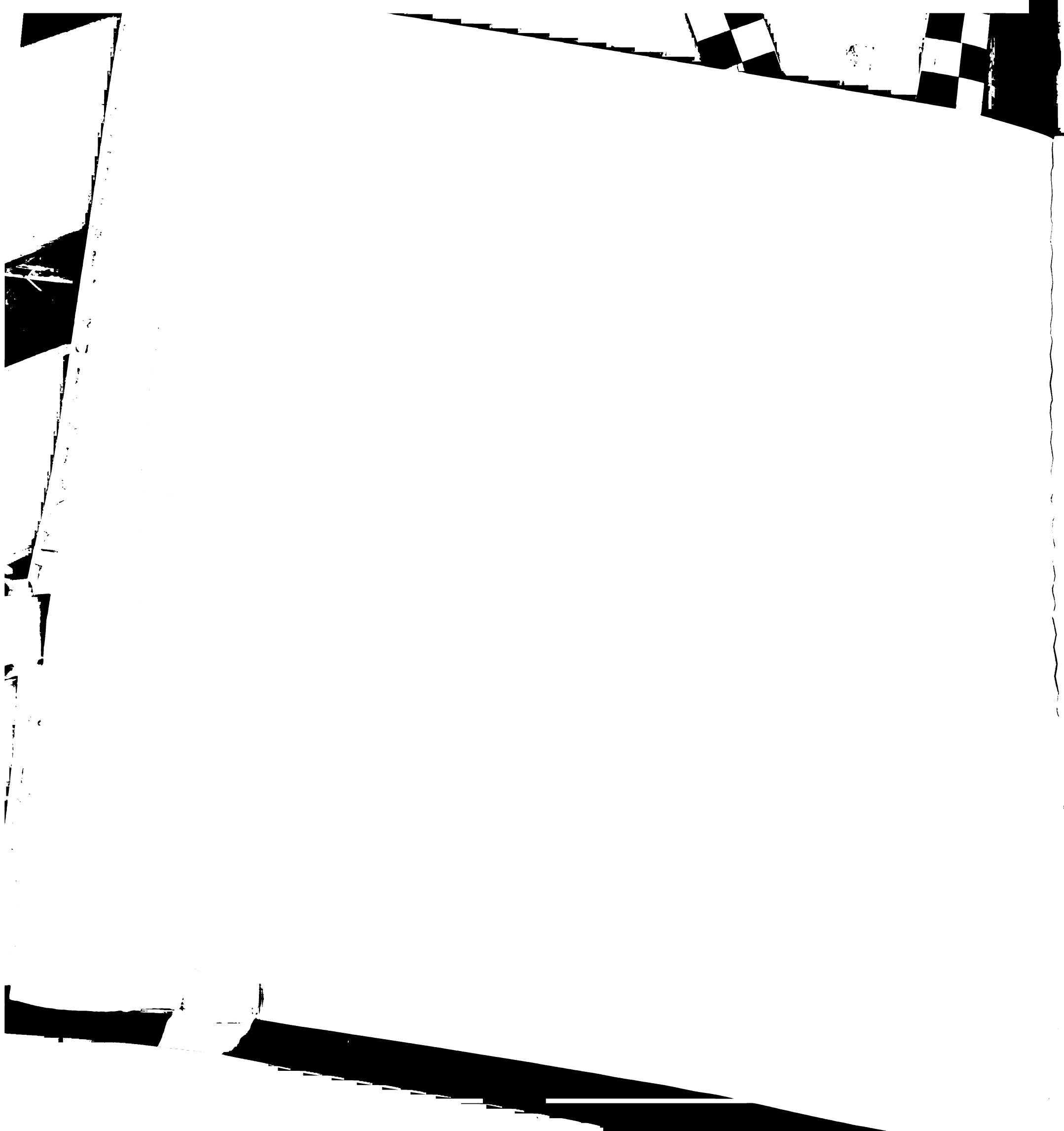
1F: Young people want to show they follow "fashion."

J: Don't they smoke foreign cigarettes?

1F: Thai cigarettes, they don't smoke them. Only foreign.

J: Are they they kind of young people who are hooked on brand names?

4M: "Marlboro Light" is for women like "Spy wine coolers."



- J: ทำไมผู้หญิงไม่สูบบุหรี่ชายสูบบุหรี่ได้
 1F: เป็นผู้หญิงไม่ดี เป็นผู้หญิงหากิน
 J: ทำไม
 4M: เดี่ยวนี้เป็น "fashion" มากกว่า
 1F: วัยรุ่นอยากโก้ตาม "fashion"
 J: สูบบุหรี่นอกไซม์
 1F: บุหรี่ไทยไม่สูบ กระจอก
 J: เป็นวัยรุ่นติดยี่ห้อไซม์
 4M: "Marlboro Light" สำหรับผู้หญิง "Spy wine cooler."

Group 17 (Younger Bangkok workers, female)

- 1F: 28 year-old female civil service clerk, nonsmoker.
 2F: 29 year-old female owner of small jewelry business, nonsmoker.
 3F: 36 year-old female factory worker, occasional smoker (puffer).
 4F: 33 year-old female housewife, nonsmoker.
 J: Thai women rarely smoke.
 4F: Yes, they rarely smoke.
 1F: Very few smoke.
 J: Well, I'm kind of confused because more foreign women smoke.
 2F: Their cigarettes are not like Thai cigarettes. Western cigarettes smell nice. They're not the same. It's the same thing with liquor.
 3F: Yeah, it's just the same as with liquor.
 2F: Western liquor tastes better than Thai liquor. And I believe Western cigarettes are not as dangerous as Thai cigarettes, you know?
 1F: I think that foreign liquor is better than Thai liquor. Foreign cigarettes and liquor smell nicer. They taste a bit better. Thai liquor is bitter.
 2F: It makes you dizzy.
 4F: Very dizzy and very bitter. It makes you feel like you don't want to drink it. Something that is smooth, smells nice makes us really want to try it.
 1F: Like "Whiskey V.O."
 2F: A bottle will cost 1000 baht, but a 10,000 baht bottle tastes better. That's why it's expensive. A bottle for 100 or 500 baht is not too great.
 1F: At the level of wine, that's really expensive.
 J: Why is it that Thai women don't smoke?
 4F: Thai custom. They don't smoke.
 1F: Thai custom. Women still don't smoke cigarettes.

- 4F: Since the past, women have had the obligation to become a wife. It's not her place to get involved in smoking cigarettes.
- 2F: Abroad, they are more equal.
- 3F: Thais are strict about customs. These [Thai] cigarettes don't taste good like Western cigarettes.
- 2F: People will say that she is not a good woman.
- 1F: A prostitute [lit. woman that looks for food].
- 4F: But now it's not like that anymore. From the movies, women can do anything that men can do. They do everything men do.
- 2F: I don't know why I should smoke. I just stay at home.
- J: Do you smoke with your friends?
- 3F: With all my women friends. But at home I don't.
- 2F: Westerners can do what ever they want. But in Thailand you can't.
- J: Do you think that Thai customs will change?
- 3F: I think that they will go down the bad path.
- 2F: Women will want to smoke, for sure. Those that will smoke will be the rich ones.
- 1F: They smoke foreign cigarettes.
- 2F: Thai cigarettes don't taste good. Foreign cigarettes are thin and long. You smoke them and they smell nice.
- J: You have to have the cash to smoke them?
- 4F: No, you don't have to have extra cash. You have to be part of the their social group, and follow them.
- 3F: Just follow them.

J: ผู้หญิงคนไทยส่วนใหญ่ไม่ค่อยสูบบุหรี่

4F: จะไม่ค่อยสูบบุหรี่น้อยคน

1F: น้อยคนที่จะสูบบุหรี่

J: ผมมองจริงๆเพราะว่ามีผู้หญิงฝรั่งจะสูบบุหรี่มากกว่า

2F: ยาสุบบุหรี่เค้าไม่เหมือนไทย ยาสุบบุหรี่ฝรั่งจะหอมจะนุ่มน่าสูบบุหรี่ จะไม่เหมือนกันนะ

3F: ก็เหมือนกับเหล้าแหละ

2F: เหล้าฝรั่งก็อร่อยกว่าไทยไม่เหมือนกัน แล้วคงจะไม่มีอันตรายเหมือนเมืองไทยด้วย บุหรี่นี่

1F: คิดว่าเหล้าเมืองนอกมันจะดีกว่าเหล้าเมืองไทย บุหรี่

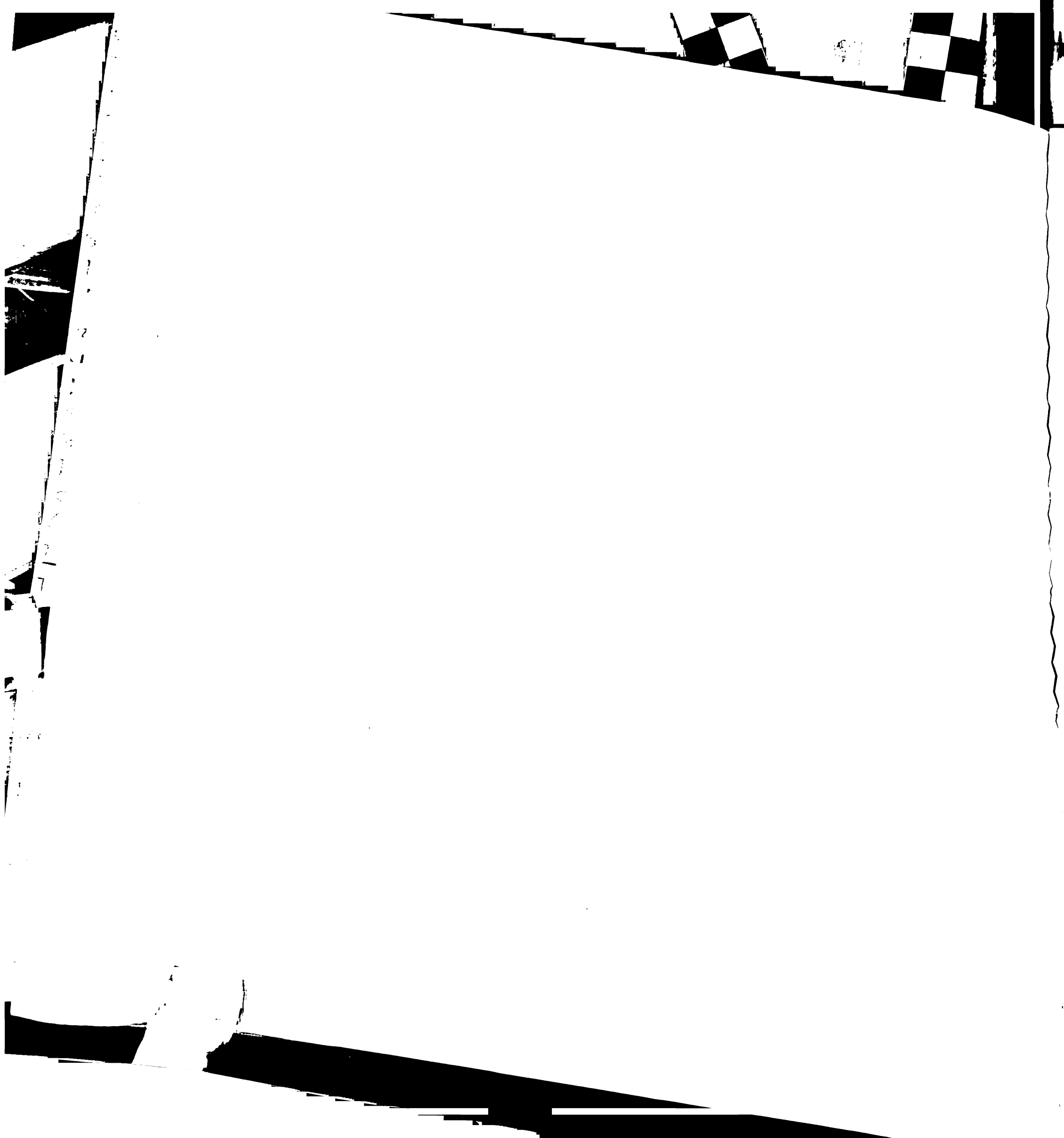
เหล้านอกกลิ่นมันจะหอม มันจะอร่อยหน่อย เหล้าเมืองไทยนี้จะขม ผาด

2F: มันมีน

4F: มีนๆ ขมๆ ทำให้เราไม่อยากกิน อะไรที่มันนุ่มหอม ทำให้เราอยากกินใหญ่

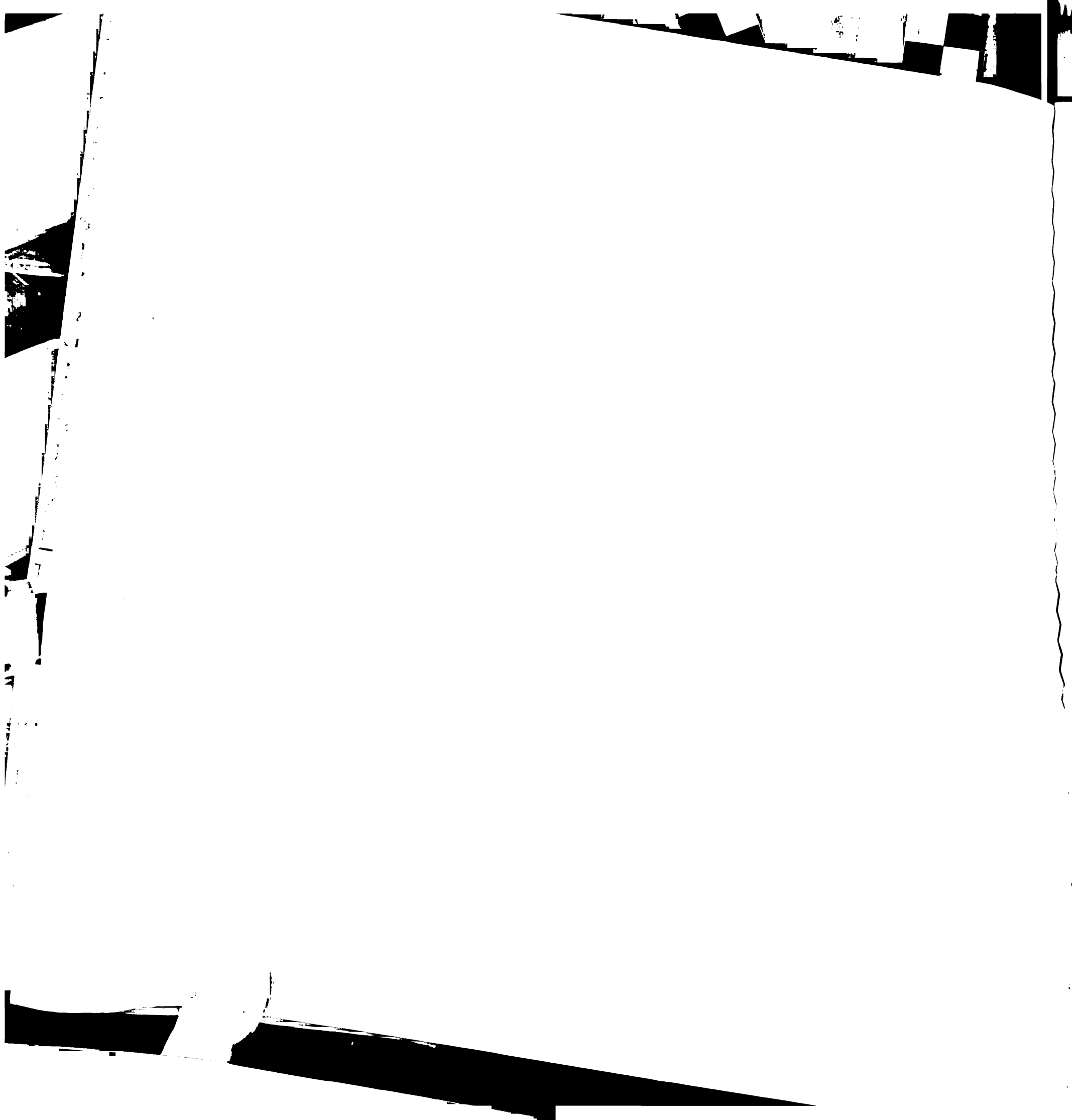
1F: Whiskey V.O.

2F: ชาตินึงเป็น1000 หรือ 10,000 ถึงจะอร่อย ไม่งั้นมันจะแพงทำไม ชาตละ 100-500 มันยังไ้ ไ้ ไ้ ไ้



- 1F: ขนาด wine ยังแพงเลย
 J: ทำไมผู้หญิงไทยส่วนใหญ่ไม่สูบบุหรี่
 4F: ประเพณีไทยจะไม่สูบ
 1F: ประเพณีไทยผู้หญิงจะไม่สูบบุหรี่อยู่แล้ว
 4F: ตั้งแต่สมัยก่อนผู้หญิงมีหน้าที่เป็นภรรยา ไม่มีหน้าที่ถูกสูบบุหรี่
 2F: ต่างประเทศจะเท่าเทียมกัน
 3F: คนไทยจะเคร่งครัดประเพณี บุหรี่นี้มันไม่ร่อยเหมือนของฝรั่งก็ได้
 2F: เค้ายะพูดเป็นผู้หญิงไม่ดี
 1F: ผู้หญิงหากิน
 4F: ตอนนี่ไม่มีแล้ว จากหนึ่งผู้หญิงทำได้อย่างผู้ชายทำ
 เค้ายะทุกอย่างอย่างผู้ชายทำ
 2F: ไม่รู้จะไปสูบทำไม เราอยู่แต่ในบ้าน
 J: สูบบุหรี่กับเพื่อนๆ หรือ
 3F: ผู้หญิงทั้งนั้น แต่ในบ้านจะไม่ทำ
 2F: ฝรั่งอย่างไรก็ได้ แต่ประเทศไทยไม่ได้
 J: คิดว่าประเพณีจะเปลี่ยนไปไหม
 3F: คิดว่าจะเปลี่ยนไปในทางไม่ดี
 2F: ผู้หญิงจะต้องสูบนั่นนอน พวกที่จะสูบจะต้องเป็นคนรวย
 1F: เค้ายะสูบบุหรี่นอก
 2F: บุหรี่ไทยมันไม่ร่อย บุหรี่นอกนี่มวนนิคนิ่งแล้วยาวดูคมาแล้วหอมด้วย
 J: ต้องมีสตังเหลื่อแล้วดู
 4F: ไม่ต้องมีสตังเหลื่อก็ได้ ต้องเขาสังคมาตามเค้าไป
 3F: ทำตามเค้า

The participants' comments capture many of the underlying social and personal dynamics around smoking. That it was not uncomfortable for these women to talk about smoking, and that one of them revealed that she was an occasional puffer, is itself evidence of the shifting norms about Thai women smoking.



The interview begins with the observation that few Thai women smoke. When asked why this is the case when compared to Western women, "2F," a nonsmoker, and "3F," an occasional puffer, began to describe Western cigarettes in precisely the terms that the foreign tobacco companies have been marketing them. "Their cigarettes are not like Thai cigarettes. Western cigarettes smell nice. And I believe Western cigarettes are not as dangerous as Thai cigarettes." Their arguments suggests a subtle but important shift in social norms in Bangkokian society. The participants did not object strongly to Thai women smoking cigarettes, so long as they did not smoke unrefined, low-class, "dangerous" (read domestic) cigarettes. They likened Western cigarettes to V.O., a well-known and highly advertised imported brand of liquor or wine and recent addition to the "cultivated" palate of the emerging middle class. As with so many fashion trends in Thailand, the expense of the imported product only adds to its cachet and confirms the product's value as a high-status good. The long slender shape of the cigarette seemed to have an appeal for young Thai women who often aspired to fulfill the Thai image of beauty by accentuating their own long, slender lines. These comments are alarming, especially coming from a group of younger women who live in marginal conditions and work for modest wages. Somehow "2F's" perception of Western cigarettes had been distorted to such a degree that she even believed that foreign brands were less of a threat to her health than domestic brands.

As I reexplored the participants' explanations for the gender differences in smoking, they offered this illuminating sequence of exchanges, "Since the past, women have had the obligation to become a wife. It's not her place to get involved in smoking cigarettes. People will say that she is not a good woman.

But now it's not like that anymore. From the movies, women can do anything that men can do. They do everything men do."

There is a clear sense that these women felt that Thai customs had constrained Thai women's ability to fully express themselves and have autonomy equal to Thai men. "2F and "3F," the puffer, associate smoking Western cigarettes with a broader effort for women to assert their individuality, while "1F" and "4F" were more skeptical suggesting that smoking Western brands was just another trend of the fashionable elites.

These perceptions may be the product of exposure to Hollywood movies saturated with images of Western women smoking as a way to defy norms, redefine or burst women's boundaries, and handle stressful situations. Thai women living in Bangkok saw the "real life" manifestation of these images as they came into contact with the throngs of Western women who travel and shop in Thailand. These Thai women observed Western women wearing, by Thai standards, "immodest" clothes (sleeveless tops, occasionally without a bra, and shorts) and smoking and drinking quite without any self consciousness in public. These observations only confirm the images Thai women had seen in the mass media and in the pages of imported fashion magazines, despite the best efforts of the Thai public health community to screen out smoking and tobacco brands from television programs.

Thai women were not the only ones watching Western movies and Western women. Thai men were also taking in these observations. It is not clear from the interviews the degree to which young women were smoking specifically to appear attractive to potential suitors. My own observations are that over just

the previous three or four years young women in Bangkok had taken up smoking Western brands in certain public places such as pubs, night clubs, and beer gardens. They smoked with male and female friends, and the men did not appear to be turned off by this behavior. The women did not appear to be concerned about being mistaken as prostitutes. Perhaps to establish that their smoking was with the trend, these women often conspicuously placed their packs of Western brand cigarettes on their table neatly beside their cellular phones. Young Bangkok elite women were rapidly incorporating Western cigarettes into their fashion accessories which I call the "3M's" of modernity -- Mercedes, Motorola, and Marlboro.

But beyond the notions of independence, fashionability, and trendy behavior, the following passage hints at an important underlying cause, perhaps the root cause of increased smoking among young Thai women, that is often missed in the analysis of shifting gender norms in smoking.

2F: I don't know why I should smoke. I just stay at home.

J: Do you smoke with your friends?

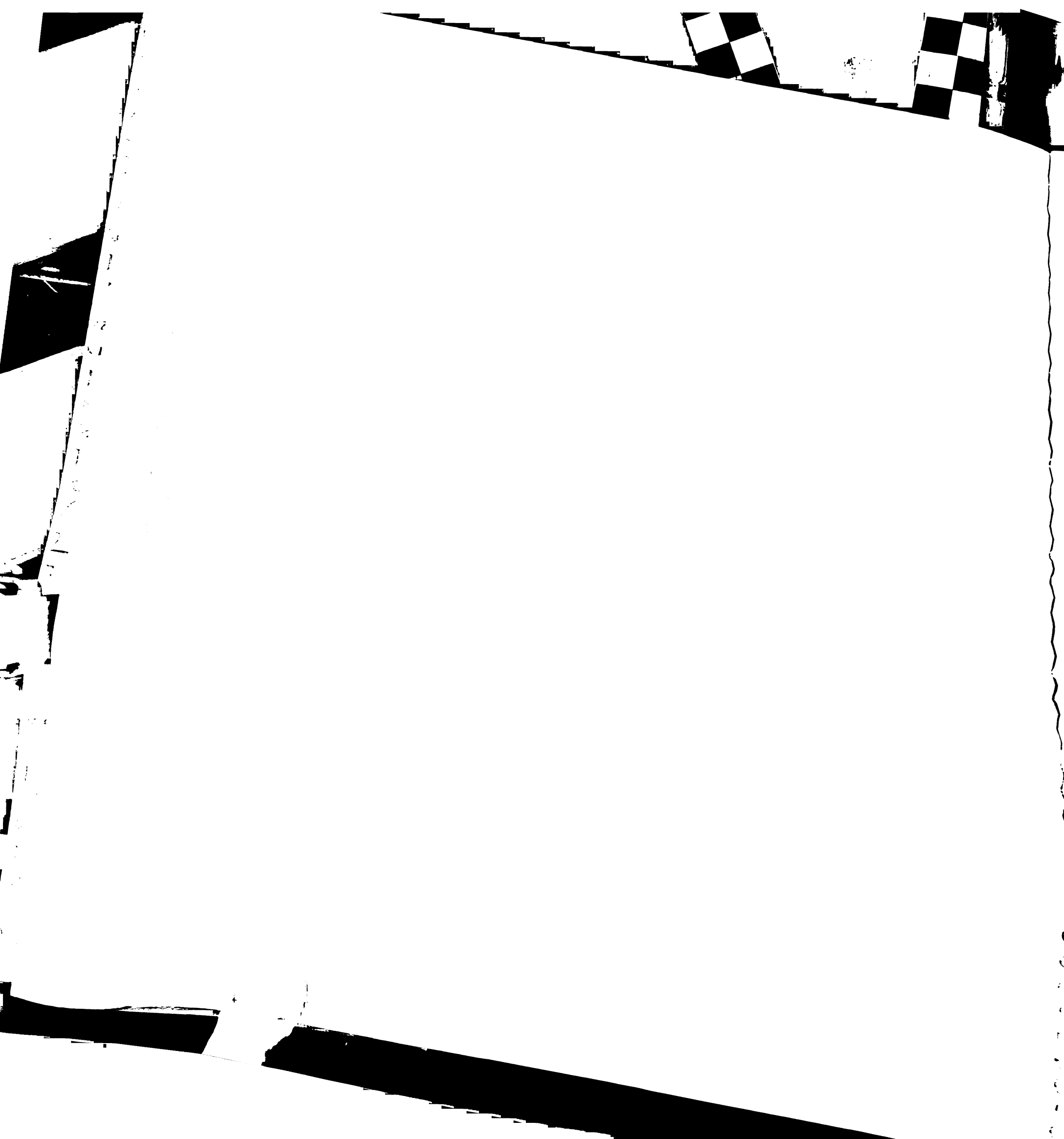
3F: With all my women friends. But at home we don't.

"2F's" rhetorical question and her own response speak to the sense of stability and calm that many Thai women have derived from their mastery of the household domain. Amidst the last three decades of dramatic, often unsettling socioeconomic changes, those women who have been able to stay at home have found it a refuge from the pressures of modern, industrial society. Thai men were thrust into the process of rapid modernization and industrialization more than thirty years ago. They had a long-established history of self-

medicating with tobacco to cope with the stress and anxiety associated with competing in a wage labor market.

The excerpt from the rural group above shows that men were using tobacco to manage anxiety and depression brought on by financial worries. Thai women may have been following the men's pattern for the same reasons as they moved into the workforce. As Thai women enter the wage economy in greater numbers, they face concerns not only about competing and keeping their jobs, but about straddling the strong social expectations to be "proper" wives and mothers and their need to develop their own identities. Those who stayed at home, even if they work at home, as was "2F's" case, appeared to take refuge and avoid smoking. They did not feel the need to smoke because they did not face the same intense internal conflictedness and particular stresses of the working world.

The participant "3F" had taken up puffing with her women friends at work. Her smoking was contained in the work domain of her life, and she did not bring it into the household domain. This pattern was becoming more common as young Thai working women would light up together after lunch or on the back steps of a loading dock on a break. These women, as their male counterparts before them, appear to be self-medicating with cigarettes to relieve stress, and using the cover of their workplace and their Western fashion habits to distinguish themselves from prostitutes. "3F's" predicted that this phenomenon will increase over time, that is, that more young Thai women will go down the "bad path" she herself had started down.



In summary, smoking Western brands has become popular among young “fashionable” Bangkok men and women. Today, young Thai women become smokers not because they have made rational choices to behave as a smoker. They start smoking Western brand cigarettes because friends, media, and the tobacco companies suggest to them that smoking will make them feel like a “modern” women.

Nonsmokers and smokers in this study

I turn now to look more closely at what distinguishes nonsmokers from smokers. I have focused particularly on understanding the attributes, values, feelings and health awareness of nonsmokers who, as a group, are rarely studied. Nonsmokers can tell researchers a lot about what causes a person not to become a smoker because although they have lived among smokers, they have not taken up the habit. Instead, they have followed the path of “healthful breathing.” Understanding why they have not taken up smoking opens a gateway to developing health promotion approaches and to preventing smoking among younger persons who may be inclined to try a cigarette. Similarly, understanding smokers’ attributes, values, feelings and health awareness can tell researchers a lot about why people take up smoking and continue to smoke. Understanding the stories of those who have quit also opens a gateway for developing more effective smoking cessation approaches.

I have contrasted nonsmokers with smokers. Of course, “nonsmokers” and “smokers” are categories of people within which one finds a lot of variation. These two groups are not entirely homogeneous. Nevertheless, individual

Thai nonsmokers and smokers I interviewed, as is consistent with Thai society, recognized that the sociological groups called “nonsmokers” and “smokers” are in some ways different. In this study, smoking status was determined through self-reporting. For the purposes of this analysis, I have defined “nonsmokers” as never-smokers and those who had quit for at least twelve months. “Smokers” were defined as those who smoked several cigarettes on a daily basis and had been doing so for more than one year. I have used the terms “nonsmokers” and “smokers” to compare and discuss the persons I interviewed who identified themselves as being in one of these two groups. The following sections present these comparisons.

Sample attributes

Education attained

A Student’s *t*-test of the mean differences in educational level attained between nonsmokers (7.4 years) and smokers (5.2 years) reveals that smokers in the sample are significantly less well educated ($p = .023$). Of the 19 participants who have completed grade 12 or have some advanced education, 94% (18) were nonsmokers. In contrast, of the 43 participants who are functionally literate or have completed the 4th grade, 26% (11) were smokers.

Gender

A comparison of smoking rates among men and women in the study sample shows a dramatic gender differential (see table 19).

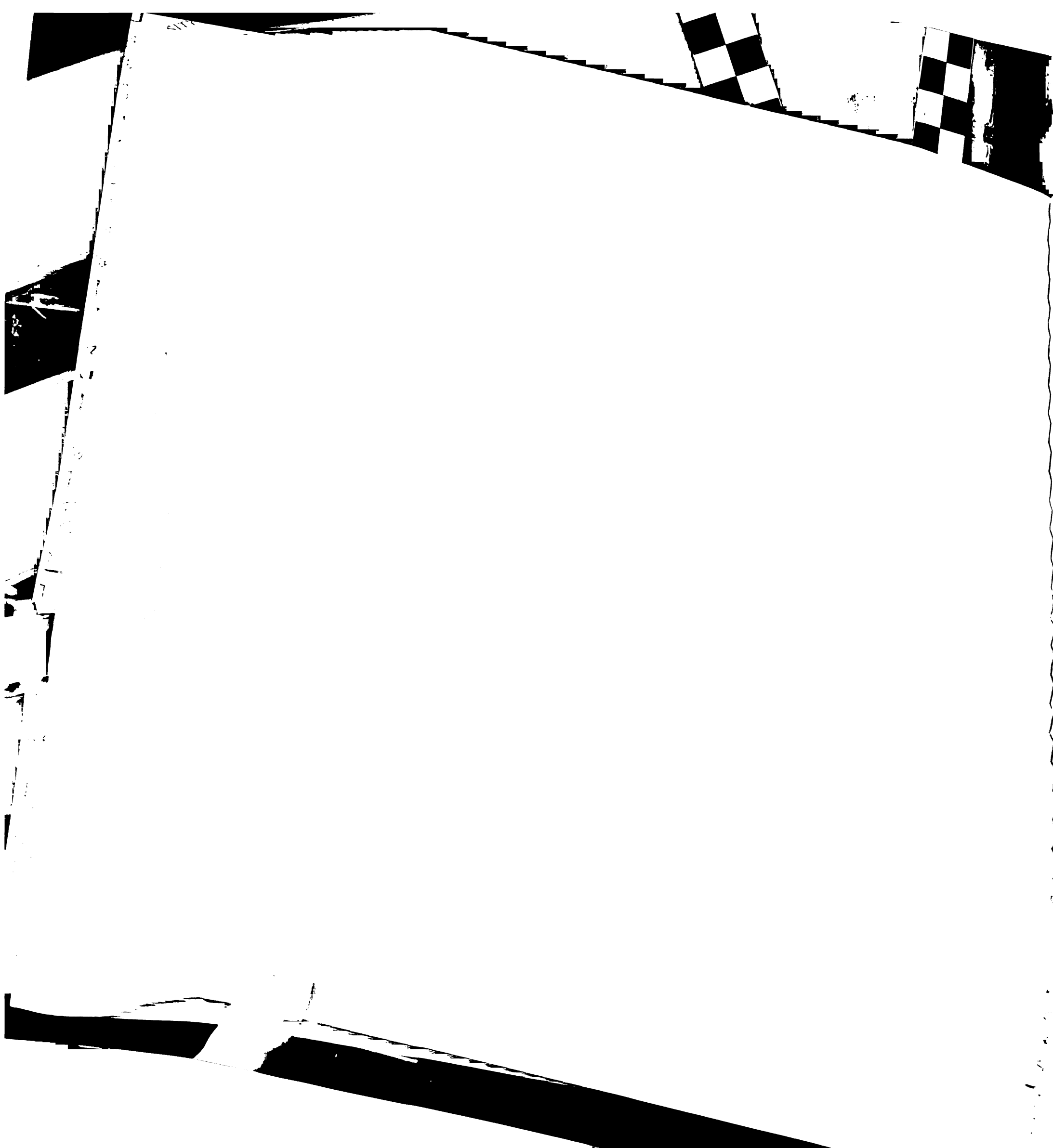


Table 19. Comparison of Smoking Against Gender

		Male	Female	Totals
		0	1	
Nonsmoker	0	28	47	75
Smoker	1	20	1	21
Totals		48	48	96

The chi square statistic for differences between the genders in smoking status is 22.004 and the Fisher's exact test is highly significant ($p < 0.0001$). Although smoking status was not used in the selection criteria for this study, the sampling frame generated an overall sample in which the proportions of smokers are almost identical to smoking rates among men and women in Central Thailand (Thailand Ministry of Public Health 2000).

Gender differences in the effects of smoking on sabaay and health

An analysis of variance (ANOVA) showed that the differences in smoking between men and women reflect strong different feelings about how smoking affects their sense of sabaay and their level of awareness about the health consequences of smoking (see table 20).

Table 20. Differences in Views About Smoking, by Gender

Sabaay 1-9 scale (ANOVA)		Women (mean)	Men (mean)	P-value
Smoking		8.38	7.25	< 0.0001
Sabaay jai vs. gai (Chi square)		Women (n)	Men (n)	Fisher's exact P
Smoking	Jai	8	17	0.062
	Gai	40	31	
Health effects (ANOVA)		Women (mean)	Men (mean)	P-value
Smoking		8.50	7.65	<0.0001

Of the 40 factors influencing sabaay, women and men differed more in their feelings about how smoking affected their sense of sabaay than on any other factor. Given the gender differences in smoking rates in the sample, one might expect that gender is conflated with smoking status. A factorial ANOVA (see table 21) reveals that gender (Sex01, 0=men) is a strong determinant of how smoking influences the participant's feelings of sabaay. This confirms the strong gender difference between smokers and nonsmokers. The interaction of gender and smoking status has a stronger effect than smoking status alone (Smoke01, 0=nonsmoker). The statistical significance of the interaction term indicates that gender and smoking status combined have a non-additive relationship to how smoking influences a person's sense of sabaay. This means that a participant's rating of the impact of smoking on their level of sabaay was more of a function of whether they were, for example, a nonsmoking woman than simply being a nonsmoker or a woman. In short, one's gender and smoking status are intertwined.

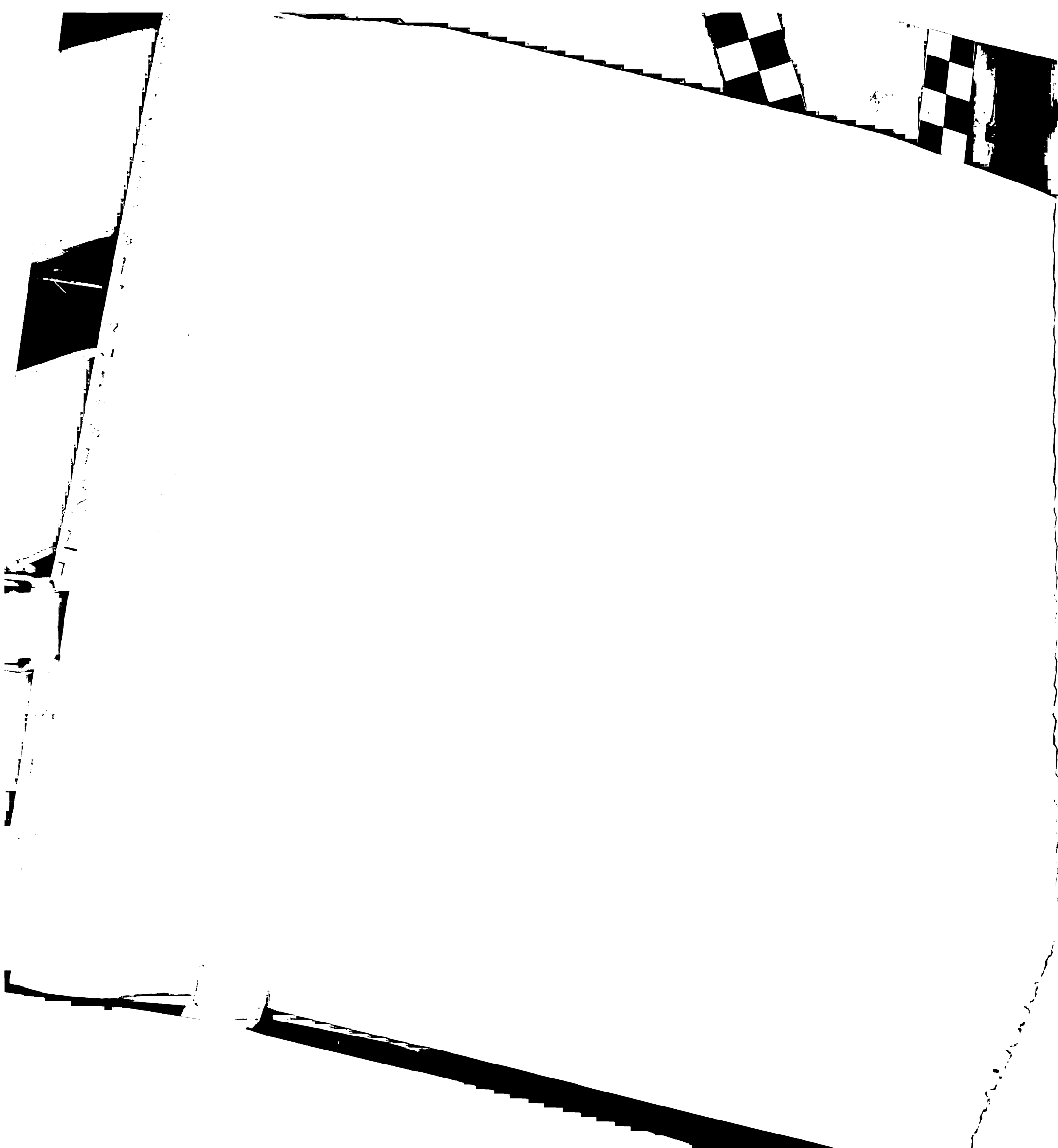


Table 21. Associations Between Self-Reported Level of Sabaay, Smoking Status and Gender (ANOVA)

	DF	Sum of Squ...	Mean Squ...	F-Value	P-Value	Lambda	Power
Sex01	1	9.277	9.277	6.856	.0103	6.856	.743
Smoke01	1	1.819	1.819	1.344	.2493	1.344	.197
Sex01 * Smoke01	1	6.563	6.563	4.851	.0301	4.851	.579
Residual	92	124.480	1.353				

It is interesting that, on average, male smokers felt that smoking somewhat diminished their sense of sabaay, mostly sabaay jai. But their negative feeling about sabaay are not nearly as strong as the male and female nonsmokers who felt that smoking made them feel the most not sabaay gai. The interaction effect of gender \times smoking status clarifies how smoking is intimately tied up with the male smokers' sensibilities about sabaay.

A simple analysis of variance of views about the health effects for smoking in table 21 above shows that women and men differed strongly in how bad they think smoking is for their health. Once again, there is reason to believe that differences between the genders may be conflated with smoking status. A factorial analysis shown in table 22 confirms that gender and smoking status are conflated. Smoking status is a more significant determinant of views about the health effects of smoking than gender. The interaction of these factors is not significant.

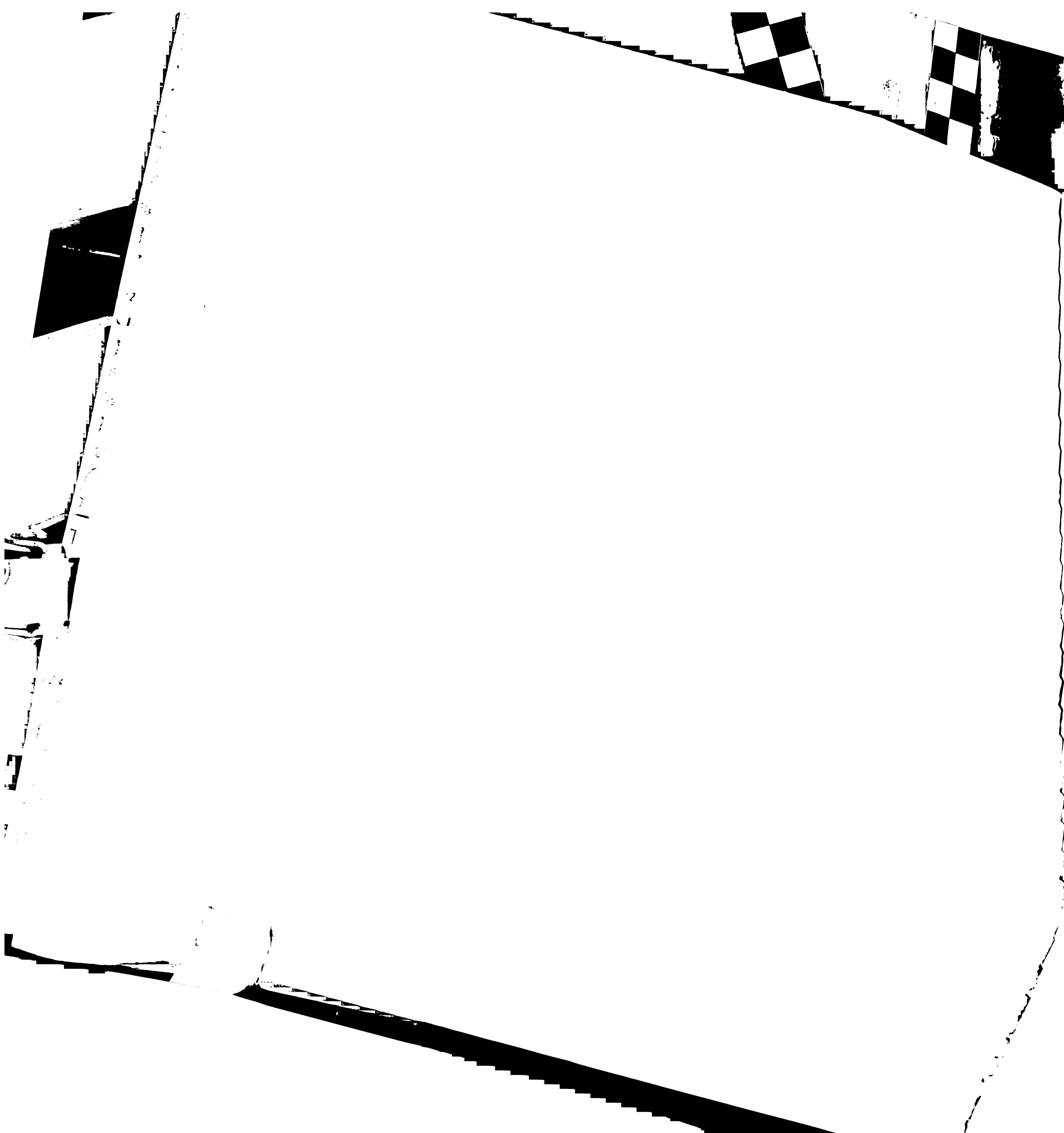


Table 22. Factorial Analysis of Perceived Influence of Smoking on Sabaay, by Smoking Status and Gender

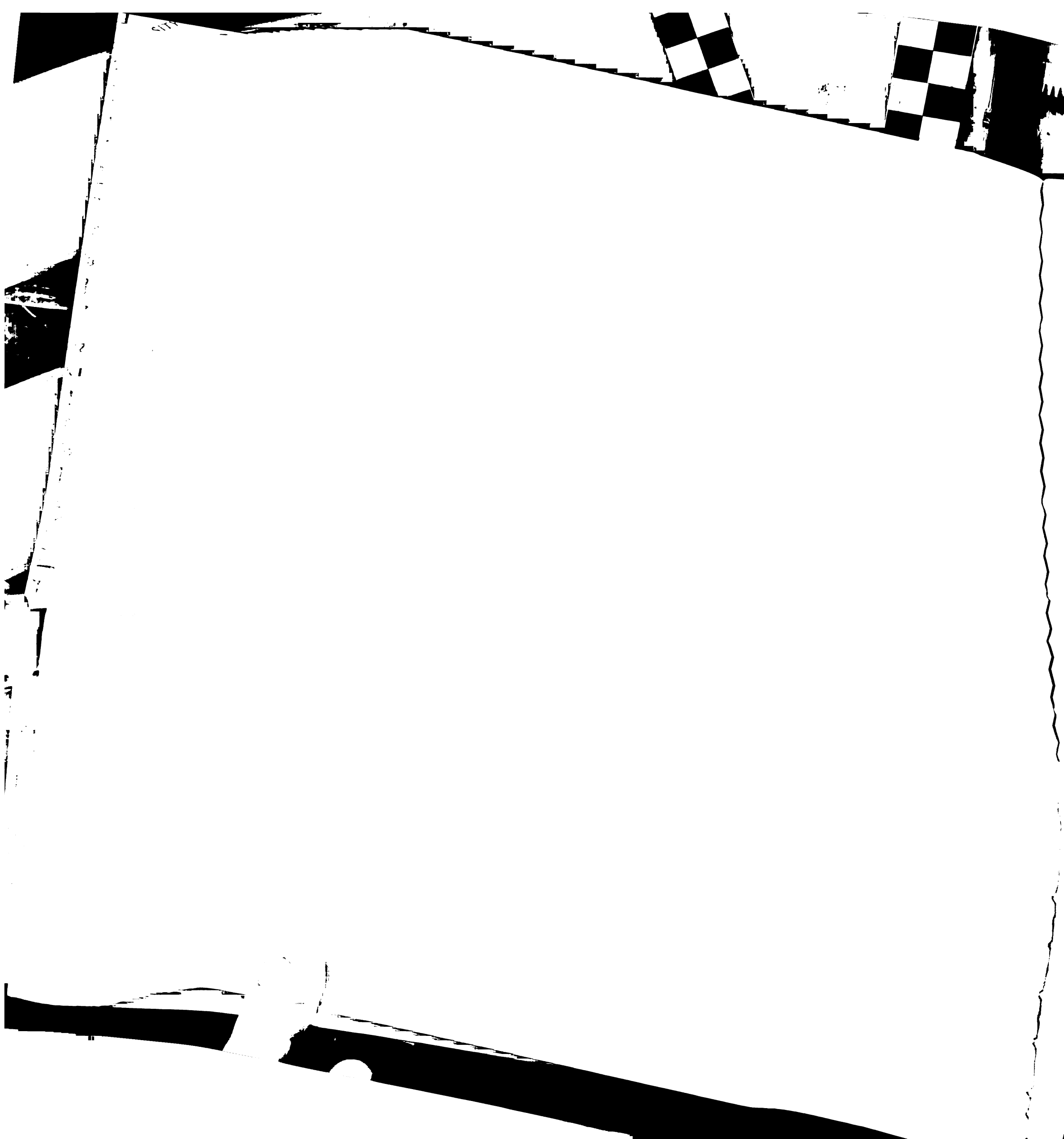
	DF	Sum of Sq...	Mean Sq...	F-Value	P-Value	Lambda	Power
Sex01	1	1.853	1.853	2.140	.1469	2.140	.288
Smoke01	1	2.892	2.892	3.340	.0708	3.340	.424
Sex01 * Smoke01	1	.533	.533	.615	.4348	.615	.117
Residual	92	79.652	.866				

Comparisons between nonsmokers and smokers

Table 23 shows comparisons of nonsmokers and smokers in differences in their values, sense of sabaay, and views about what influences their health.

Table 23. Differences in Priorities, Sabaay and Health Knowledge, by Smoking Status

Priorities 1-5 (ANOVA)		Nonsmokers	Smokers	P-value
Good health		1.560	2.048	0.012
Strong body		1.573	1.905	0.080
Calm heart		1.720	2.095	0.083
Sabaay gai		2.013	1.714	0.021
Sabaay 1-9 (ANOVA)		Nonsmokers	Smokers	P-value
Warm family		1.28	1.62	0.038
Get exercise		2.21	2.90	0.012
Own Mercedes Benz		3.43	2.67	0.069
Get drunk		7.84	6.91	0.013
Smog		8.04	7.62	0.091
Smoke cigarettes		8.27	6.19	< 0.0001
Sabaay jai vs. gai (Chi square)		Nonsmokers	Smokers	Fisher's exact P
Knowledge	Jai	63	21	0.063
	Gai	12	0	
Smog	Jai	33	15	0.047
	Gai	42	6	
Eat fruit	Jai	58	12	0.094
	Gai	17	9	
Eat rice & spicy tuna	Jai	32	15	0.026
	Gai	43	6	
Eat Big Mac	Jai	18	10	0.055
	Gai	57	11	
Own motorcycle	Jai	30	13	0.087
	Gai	45	8	
Speed	Jai	53	19	0.087
	Gai	22	2	
Smoke cigarettes	Jai	16	9	0.088
	Gai	59	12	
Get drunk	Jai	18	9	0.105
	Gai	57	12	
Health effects 1-9 (ANOVA)		Nonsmokers	Smokers	P-value
Wear seat belt		3.45	4.19	0.071
Take decongestant (Tiffy)		5.53	4.71	0.055
Get drunk		8.19	7.48	0.011
Smoke cigarettes		8.39	6.95	<0.0001

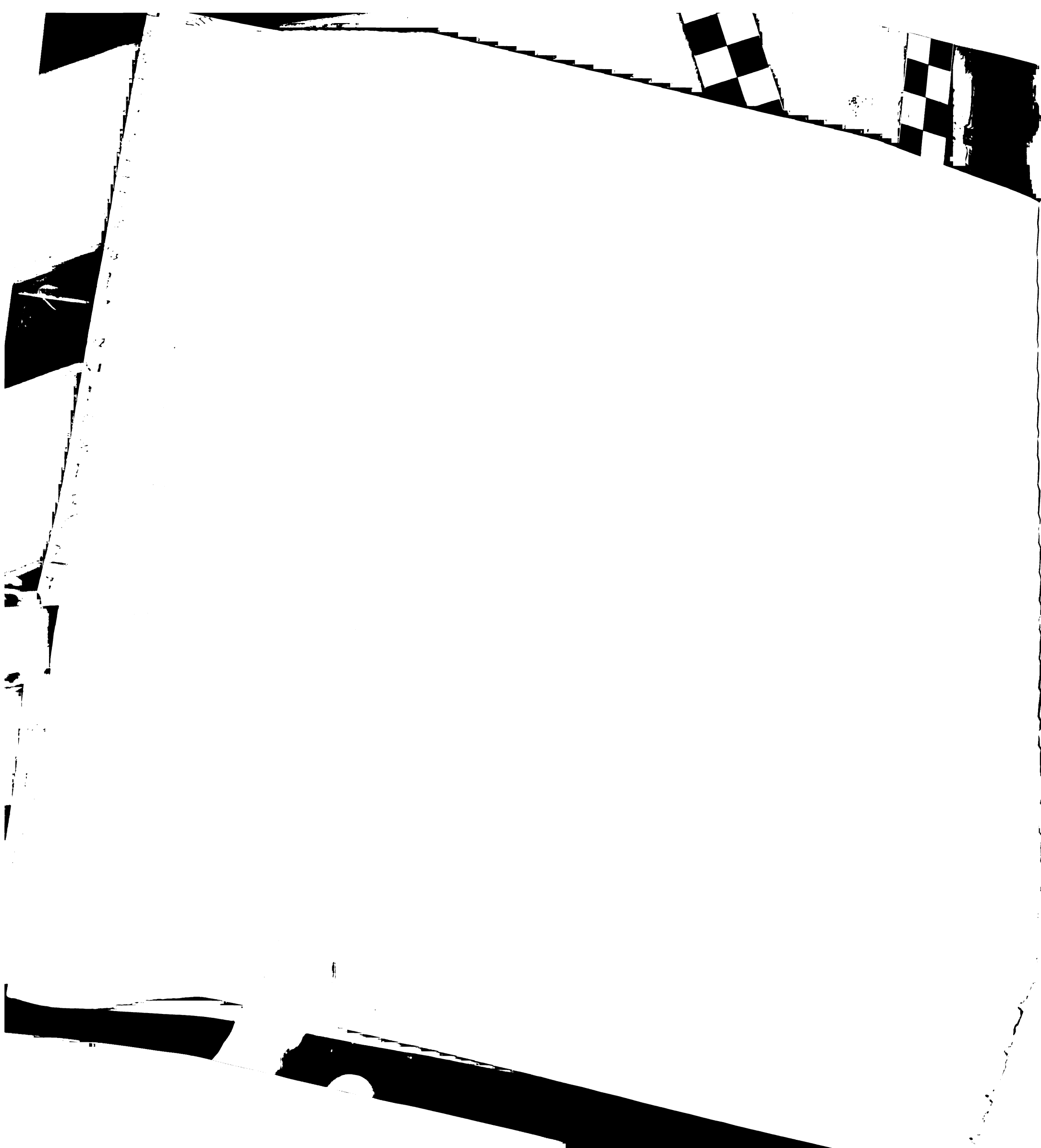


Nonsmokers and smokers had different values about the importance of good health. Nonsmokers rated good health in general, strong body (physical vitality), and calm heart (good mental health) of greater importance than smokers. It is noteworthy that the variability for the factors good health and calm heart were not explained by any of the demographic characteristics in the analysis shown previously in table 18. Similarly, the feelings of sabaay from getting exercise only varied between nonsmokers and smokers, with nonsmokers feeling more sabaay. Awareness about health effects of taking decongestant only vary by smoking status, with smokers believing that decongestant makes one's health better.

These findings together with those presented above confirm that an important distinction existed between the health values of the nonsmokers and smokers. Although it is important to note that, on average, smokers rated the value of good mental and physical health at the level of very important, they did not consider good health as the highest priority. Furthermore, smokers tended to be less oriented toward preventative, healthful activities such exercise, and placed greater value on temporary remedies such as using decongestants for their smoking-related ailments.

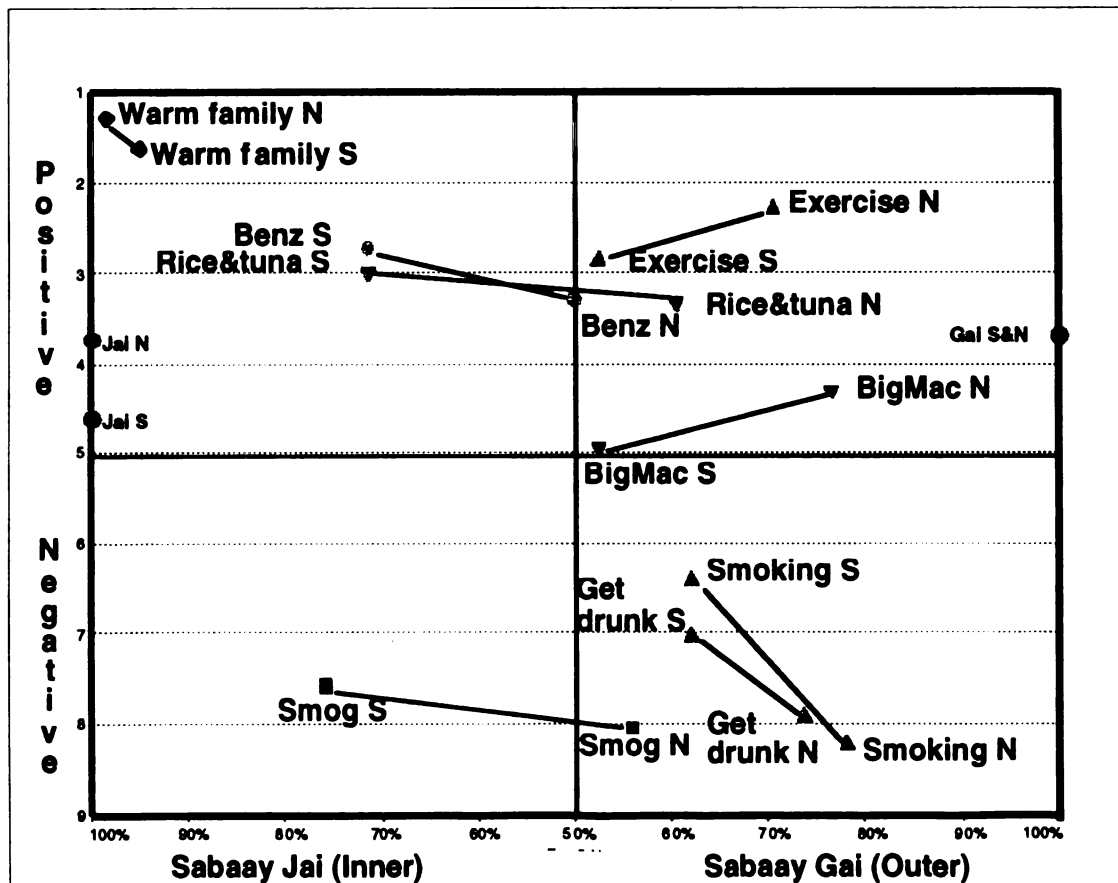
Smokers rated sabaay gai to be more important compared to nonsmokers. This result may indicate that smokers were more attached to the feeling of sabaay gai than nonsmokers, such as the pleasure, stimulation and relief from craving for nicotine or food which smokers experience from smoking (Dept. of Health and Human Services 1998).

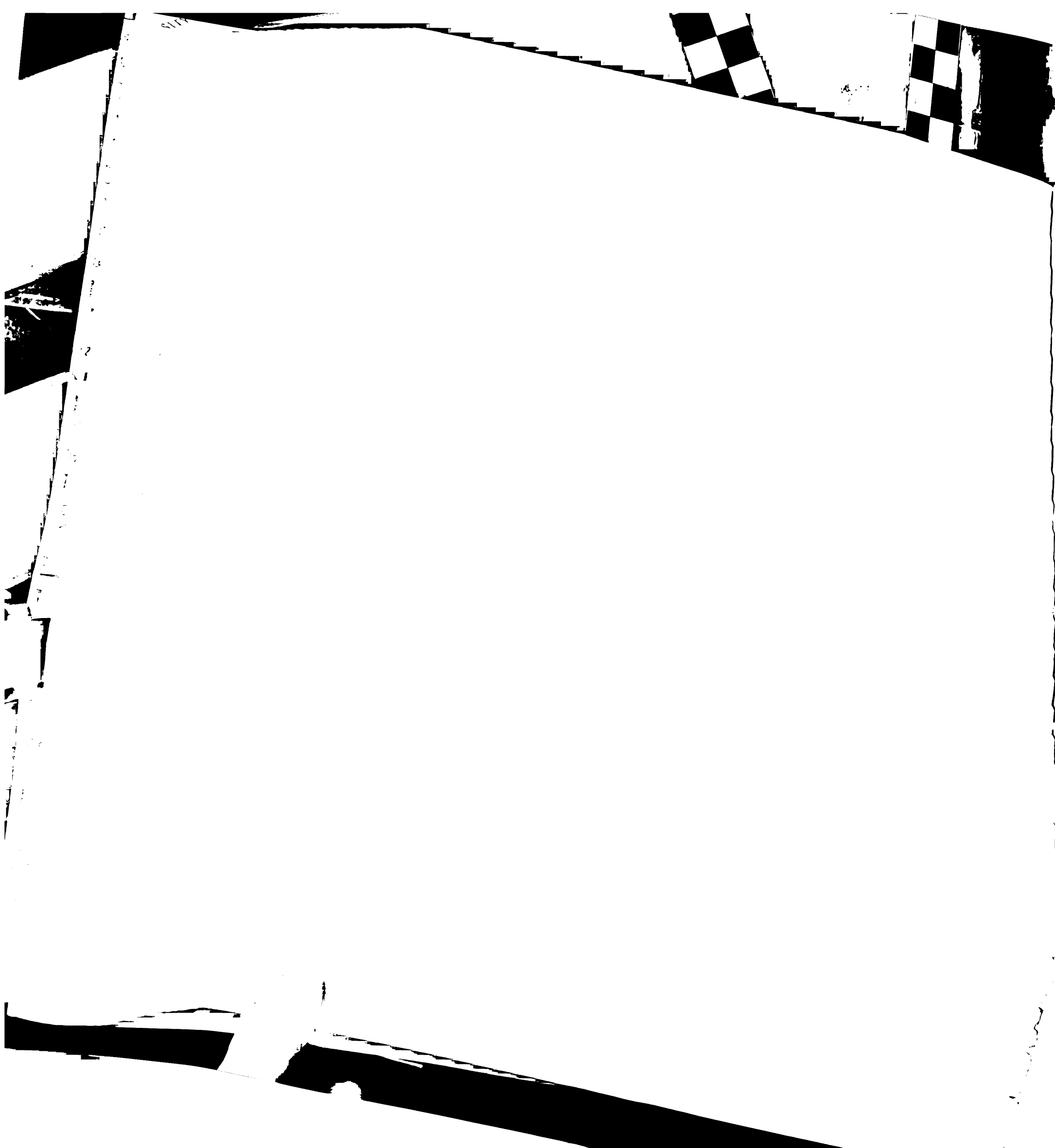
Throughout the interviews, both nonsmoking and smoking participants reported that the desire to feel sabaay (feel good in the sense of pleasure) can



have a much greater influence over their health habits than their knowledge or attitudes about health. Based on this information, I have conducted the following detailed analysis of the differences in sabaay feelings between nonsmokers and smokers. Figure 34 shows a two-dimensional plot of those factors in table 23 above for which nonsmokers differed significantly from smokers. I have plotted the average rating on two dimensions. The mean rating on the scale from the most sabaay (1) to the most not sabaay (9) is plotted on the vertical axis (1-9). On the horizontal axis, I have plotted the percentage of the majority that placed the element on either the jai or gai side to show the average weighting between jai and gai. "N" after the factor name indicates the nonsmokers' average rating and "S" indicates the smokers' average rating.

Fig. 34. Factors That Influence Nonsmokers' (N) Sense of Sabaay Differently From Smokers (S)





This graph provides a visual interpretation the diagonal axes along which nonsmokers differed from smokers in the way these factors affected their sense of sabaay. For example, on average smoking made smokers feel somewhat not sabaay somewhere throughout the inner-emotional and outer-body dimension compared to nonsmokers who said smoking would make them feel extremely not sabaay in an outer-bodily sense. This strong difference is predictable, but what it is even more noteworthy that smoking made most smokers feel not sabaay emotionally and physically. Other important differences between nonsmokers and smokers are in their feelings about how sabaay exercise, getting drunk, and breathing smog made them feel. I will discuss these results in greater detail below.

Having identified factors on which nonsmokers and smokers differed, I have estimated the relative contribution of each of these factors to the differences in sense of sabaay. Several intermediate stages of analysis were required to generate these estimates. The analysis moves upwards in the causal chain from habit back to root determinants to identify factors that predict feelings about smoking (see figure 35).

Fig. 35. Theoretical Pathway of Factors That Influence Smoking



Given the limited degrees of freedom available in this sample, it was not possible to specify a complete logistic regression model to discriminate between nonsmokers and smokers. As an alternative, a truncated logistic regression model (table 24) was specified to predict nonsmokers and smokers.

Table 24. Truncated Logistic Regression Model Predicting Smoking Status

Logit Estimates					Number of obs =	96
					chi2(3)	= 47.30
					Prob > chi2	= 0.0000
Log Likelihood = -25.475268					Pseudo R2	= 0.4614

smoke01	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
SEX01	.031409	.0386628	-2.811	0.005	.0028137 .3506207
EDUCAT	.7164608	.1010846	-2.363	0.018	.5433723 .9446658
SABSMOKE	.4079681	.1089005	-3.359	0.001	.2417751 .6883998

This preliminary model reveals that the participants' ratings of how smoking influences their sense of sabaay (SABSMOKE) is a strong, significant predictor of their smoking status, even when accounting for the gender (SEX01, 0=male) and years of formal education attained (EDUCAT). This means, as expected, that the participant's feelings about smoking were strongly associated with their smoking status. This truncated model predicted that nonsmokers would be female, have attained a somewhat higher education, and feel that smoking made them feel extremely not sabaay. Conversely, the model predicted that smokers would be male, have low education and feel that smoking either made them feel sabaay or only slightly not sabaay.

Given that the participants' feelings about of how smoking influenced their sense of sabaay are strongly associated with their smoking status, I used their ratings of how much smoking impacted there sense of sabaay (SABSMOKE)

from the second game as the outcome variable in an ordinary least squares (OLS) model. This was the second stage in estimating the relative influence of factors associated with smoking. This analysis explores whether the participants' demographic characteristics, feelings of sabaay, and health awareness predict how the participants felt about smoking. SABSMOKE has two appealing features as an outcome variable. First, it captures the range of participants' feelings about smoking rather than using a simple dichotomous self-reported outcome of nonsmoker/smoker. Second, a continuous outcome variable allows for specification of a more complete model because more degrees of freedom are available. This condition makes it possible to estimate and interpret the beta coefficients for the larger set of variables of interest. Estimated beta coefficients can then be interpreted to determine the relative influence of the predictor variables in the model.

I have specified an ordinary least squares (OLS) multiple regression model using variables from all three games, namely priorities in life (values), sense of sabaay (health feelings), and assessments of how habits and conditions impacted health (awareness), to predict how sabaay or not sabaay smoking made the participants feel (SABSMOKE). The results of the regression analysis are shown in table 25 and the glossary of variables is listed in table 26.

Table 25. OLS Model Predicting Perceived Influence of Smoking on Sense of Sabaay

Source	SS	df	MS				
Model	121.63647	10	12.163647	Number of obs =	96		
Residual	82.9885302	85	.97633565	F(10, 85) =	12.46		
Total	204.625	95	2.15394737	Prob > F =	0.0000		
				R-squared =	0.5944		
				Adj R-squared =	0.5467		
				Root MSE =	.9881		

SABSMOKE	Coef.	Std. Err.	Std. B	t	P> t	[95% Conf. Interval]	VIF
SEX01	.3944414	.2295618	.135	1.718	0.089	-.061989 .8508718	1.295
HEALTHSMOKE	.4838432	.109488	.365	4.419	0.000	.2661517 .7015346	1.430
SABDRUNK	.2042146	.0794526	.213	2.570	0.012	.0462416 .3621876	1.437
SABBENZ	.1878227	.0647538	.217	2.901	0.005	.0590749 .3165706	1.170
SABEXERC	-.2135032	.0976329	-.164	-2.187	0.032	-.4076235 -.0193829	1.174
HEALTHCRASH	.3490414	.1375158	.179	2.538	0.013	.0756231 .6224596	1.046
JGENVIRON	.4913187	.2344728	.159	2.095	0.039	.0251239 .9575135	1.201
JGMEDITATE	-.5992327	.3457172	-.125	-1.733	0.087	-1.286611 .0881456	1.097
JGSODA	.4452516	.2276451	.150	1.956	0.054	-.0073678 .897871	1.238
SABJAI	.137876	.050582	.203	2.726	0.008	.0373061 .2384471	1.160
CONS	-1.81975	1.481222		-1.229	0.223	-4.764816 1.125316	

Table 26. Glossary of Variables

SABSMOKE: Perceived influence of smoking on sense of sabaay
 SEX01: gender 0=male, 1=female
 HEALTHSMOKE: rating of how smoking affects one's own health (game 3)
 SABDRUNK: rating of how getting drunk affects feeling sabaay (game 2)
 SABBENZ: rating of how owning a Mercedes Benz affects feeling sabaay (game 2)
 SABEXERC: rating of how getting exercise affects feeling sabaay (game 2)
 HEALTHCRASH: rating of how an auto accident affects health (game 3)
 JGENVIRON: rating of the effect of clean environs on sabaay gai or sabaay jai (game 2)
 JGMEDITATE: rating of the effect of meditation on sabaay gai or sabaay jai (game 2)
 JGSODA: rating of the effect of soda on sabaay gai or sabaay jai (game 2)
 SABJAI: self-assessment of level of sabaay jai for previous 3 months (game 2)

The parsimonious multiple regression model in table 25 confirms that the participants' feelings about smoking were associated with their feelings of sabaay and health awareness. The model is specified within acceptable limits according to Glantz's (1990) recommendation that there should be a minimum of 10 observations for each predictor variable. The model is highly significant ($p > .00001$) and accounts for nearly 60% of the variance in how smoking influences sabaay. The regression coefficients for HEALTHSMOKE, SABBENZ



and SABJAI are significant at the 1% level or lower. SABDRUNK, SABEXERC, HEALTHCRASH, JGENVIRON are significant at the 5% level, and SEX01, JGMEDITATE and JGSODA are significant at the 10% level. Years of education attained was excluded from the model because the education was correlated with the participants' awareness of how smoking affects health (HEALTHSMOKE) and their awareness of how much an auto crash would affect health (HEALTHCRASH).

Adding or removing any of the variables did not affect the model's stability or significantly alter the regression coefficients or P-values. Partial correlations between predictors are weak and colinearity diagnostics, including the variance inflation factors, revealed no problems with multicollinearity. Tests for outliers and heteroscedasticity in the standardized residuals reveal no significant distortions in the model.

The predictive success of the model demonstrates that each of the variables makes a unique contribution to explaining how smoking made the participants feel (how sabaay or not sabaay). This finding is important because it indicates that the variables included in the model are distinct and not just proxies or markers measuring the same phenomenon.

By estimating this model, it was possible to complete the final step of this analysis – to determine the relative importance of feelings and health awareness in explaining nonsmoking and smoking. The regression model above estimates standardized beta coefficients which remove the effect of each variable's scale or units of measure. To determine the relative influence of each variable in the model, the standardized beta coefficients must be

converted into an index (Glantz 1990). This is done by assigning a base value of 100 to the variable with the weakest influence (JGMEDITATE). The standardized beta coefficients for each of the other variables are divided by the standardized beta coefficient of the base (JGMEDITATE) and multiplied by the base value of 100 to generate the relative influence index (table 27).

Table 27. Index of Relative Influence of Factors Predicting How Smoking Made the Participants Feel

Variable	Std beta coef	Relative influence
HEALTHSMOKE	0.365	292
SABBENZ	0.217	174
SABDRUNK	0.213	170
SABJAI	0.203	162
HEALTHCRASH	0.179	143
SABEXERC	-0.164	131
JGENVIRON	0.159	127
JGSODA	0.150	120
SEX01	0.135	108
JGMEDITATE	-0.125	100

Before interpreting the relative influence, it is important to remember that all of the variables in this index are significant independent predictors of the participants' feelings about smoking in the second OLS model (table 26). The index of relative influence shows that the participants' awareness of the health effects smoking (HEALTHSMOKE) was associated about twice as strongly with feelings about smoking than the next three variables. This suggests that the participants' feelings about smoking, and their likelihood of being a smoker, were strongly influenced by their awareness (not just raw knowledge) of how much smoking could affect their health. The nonsmokers' sense of how bad

smoking would make them feel was strongly associated with the awareness of the negative health effects of smoking. The stronger their awareness, the stronger their aversion to smoking. Conversely, the smokers' feelings about how smoking affected their level of sabaay was strongly associated with their awareness of the health effects of smoking. The lower their level of awareness, the more sabaay they felt from smoking.

The analysis also shows that feelings about other factors were also associated strongly with feelings about smoking. For example, the level of sabaay the participants believed they would feel from owning a Mercedes Benz sedan (SABBENZ) was strongly associated their feelings about smoking – smokers feeling much more sabaay. The same is was found for how being drunk (SABDRUNK) would affect their level of sabaay – nonsmokers feeling the worst from being drunk. The participant's self assessment of their overall level of sabaay jai, that is their emotional well-being over the three months prior to the study (SABJAI) was moderately associated with their feelings. Nonsmokers said they were generally more sabaay compared to smokers. Gender (SEX01) is not overwhelmingly influential compared to other variables. Although meditation was at the base of the index, this does not diminish the importance of feelings about meditation. The index simply gives some sense of the relative strength of association between feelings about smoking and the predictor variables.

Because of the methodological framework of insight group interview, it is possible to interpret findings from analysis of the scale data by analyzing the qualitative interview data to understand the meaning participants gave to each of these factors. After reviewing the influence of gender, I will discuss each

factor in the descending order of influence. I have used anthropological observations and excerpts from the interviews to clarify how the participants discussed these factors and the way they experience them in daily life. This analysis should provide insights into the unique contribution each factor made to explaining the participants' feelings about smoking, and ultimately about being a nonsmoker or a smoker.

Gender

Gender (SEX01, 0=male) is strongly associated with feelings about smoking. Women felt that smoking made them feel very not sabaay. Men felt that smoking made them feel only a bit not sabaay. This result is consistent with observations and the gender ideology among working-class Thais discussed earlier in this chapter. Given that there is no known biological factor that makes women intrinsically experience greater aversion from smoking, the differences between men and women in how smoking affects their feelings of sabaay must be the result of their lived experience. Many factors that contribute to this experience are reflected in this short dialog about smoking.

Group 16 (Older Bangkok workers, all female, all nonsmokers)

2F: Drinking liquor and doing hard work are not good. People who smoke these cigarettes will cough. They get lung disease when they die. Their health is really bad.

4F: Smoking makes other people bad off to.

J: I don't understand why men smoke but women don't really smoke.

2F: Men, most of them use their brains and get stressed out. Sometimes they get stressed out and can't get something out of their head. When they smoke, then they feel good inside [sabaay jai]. It makes their head clear.

4F: We (women) work and don't have time to smoke.

2F: Women who smoke don't look proper. Like women of the night [prostitutes]. Women don't like it [smoking]. That's how I feel. I don't like it.

- 2: กินเหล้าทำงานหนักไม่ดี คนสูบบุหรี่นี้จะไอ ฉุกเฉินไปง
เวลาจะตายสุขภาพแย่มากๆ
- 4: ทำให้คนอื่นแย่มาก
- J: ไม่เข้าใจทำไมผู้ชายสูบบุหรี่แต่ผู้หญิงไม่ค่อยสูบ
- 2: ผู้ชายส่วนมากเขาจะใช้สมอง เครียด
บางทีเครียดคิดอะไรไม่ออกสูบแล้วจะได้สบายใจทำให้สมองโล่ง
- 4: เราทำงานไม่มีเวลาสูบ
- 2: ผู้หญิงสูบบุหรี่ดูไม่เรียบร้อย เหมือนผู้หญิงกลางคืนไม่ชอบ
มีความรู้สึกไม่ชอบ

Women spoke about several themes that explain why they are nonsmokers and why smoking makes them feel bad. These themes were: 1) concerns about health - their own and the health of loved-ones who smoke, 2) physical aversion to smoke, 3) handling stress and being sabaay jai, and 4) gender ideology about the nature of male roles and stigma against sex workers. The observed differences between the genders in how smoking influences sabaay probably reflects the combination of these themes.

The importance of good health

Some nonsmokers had the view that their good health is a family resource and can be watched over by caring family members. Although smokers were inclined to seek care from family members, they tended to have a more self-centered sense of health being their own to preserve or squander as they wished. The following excerpt illuminates these views and shows how some smokers distrusted medical advice and therefore discounted medical information about the health hazards of smoking.

Group 2 (Older rice farmers, mixed gender, 3 smokers, one smoker)

1MN: 49 year-old man, nonsmoker

2MN: 51 year-old man, nonsmoker

3FN: 41 year-old woman, nonsmoker

4FS: 42 year-old woman, smoker

J: Me acting as moderator

N: Co-facilitator

J: Who has responsibility for your health?

4FS: I myself. Other people cannot be responsible.

N: Who do you think makes your health get better?

4FS: People close to us. I'm afraid of doctors.

2MN: Doctors, spouse, parents, we have to decide ourselves before we go see a doctor.

4FS: We have to love ourselves first.

J: ใครมีความรับผิดชอบในสุขภาพของเรา

4: ก็ตัวของเราเองคนอื่นมารับผิดชอบให้ไม่ได้

N: คิดว่าใครทำให้เราสุขภาพดีขึ้น

4: คนข้างเคียงเรา กลัวก็หมอ

2: หมอ สามีกรรยา พ่อแม่ เราต้องตัดสินใจตัวเองก่อนที่จะไปหาหมอ

4: เราต้องรักตัวของเราเองก่อน

Effects of smoking on one's health

As discussed above, the participants's awareness about how much smoking affects health (HEALTHSMOKE) was the strongest predictor of feelings about smoking. Those who had a deep awareness that smoking was very bad for their health also felt that smoking made them feel very not sabaay. As seen in the following excerpt, smokers also knew that smoking was bad for their health, but they tended to underestimate how bad and discount the negative health effects when considering the benefits they derived from smoking.

Group 17 (Younger Bangkok workers, all female, 3 nonsmokers, 1 smoker)

1FN: 28 year-old female civil service clerk, nonsmoker.

2FN: 29 year-old female owner of small jewelry business, nonsmoker.

3FS: 36 year-old female factory worker, occasional smoker (puffer).

4FN: 33 year-old female housewife, nonsmoker.

J: How is smoking related to health?

2FN: If you smoke it smells, then you get sick [like the flu].

1FN: Their lungs will be bad. They can't breath comfortably.

4FN: They will suffer from allergies. In Bangkok in rooms for rent, they are narrow. Two or three people will sit and smoke cigarettes together where there is no exit.

J: (To 3FS) You smoke cigarettes. Do you think that smoking is bad for your health?

3FS: Well, it's bad for health. I know that, but I still smoke because it helps me relax and reduce stress from work, or something that's stuck in your head [brain]. It helps.

J: The majority of Thai men smoke, don't they?

2FN: Yes, the majority smoke.

4FN: Those from upcountry smoke a lot. Maybe it's because they have a lot of free time. Really, it's because they see their parents smoking. That's to say, they want to try it. We don't all have the same mind (jit jai). If they have a strong mind, they might not get addicted. If they have a weak mind, maybe they will become addicted.

J: บุหรี่เกี่ยวกับสุขภาพอย่างไร

2: ถ้าได้กลิ่นแล้วเป็นหวัด

1: ปอดมันจะนั่นเลย หายใจไม่สะดวก

4: มันจะแพ้ ในกรุงเทพฯห้องเช่าห้องมันจะแคบ คนสองสามคนเข้าไปนั่งดูบุหรี่พร้อมๆกันควันไม่มีทางที่จะออก

J: พี่เคยสูบบุหรี่ พี่คิดว่าบุหรี่ทำให้สุขภาพแย่ไหม

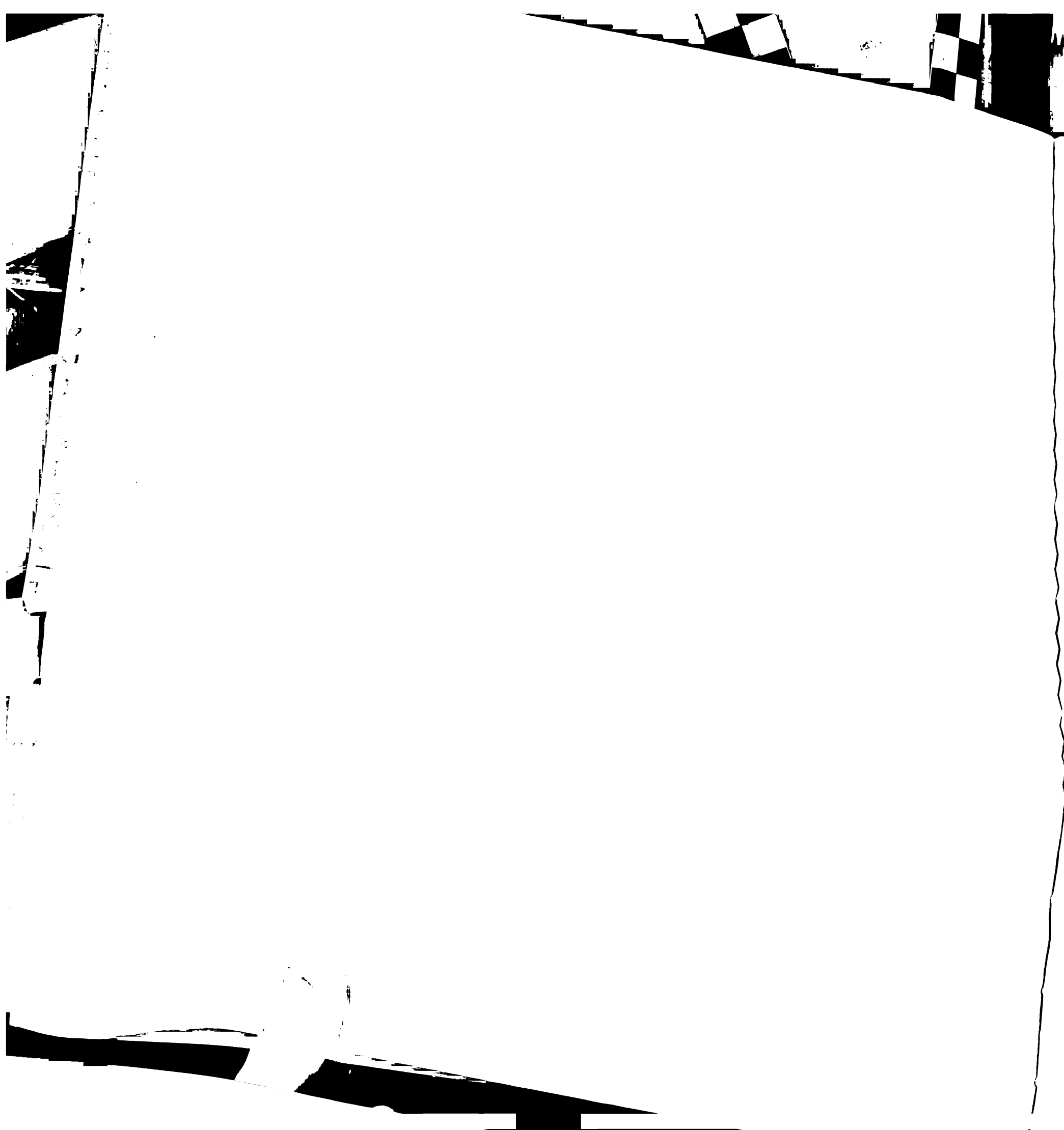
3: มันก็ทำให้สุขภาพแย่เหมือนกัน

รู้แต่ก็ยังทำอยู่เพราะมันช่วยทำให้เราผ่อนคลายอารมณ์เครียดมาจากที่ทำงาน หรือมีสิ่งอะไรที่อยู่ในสมองมันก็ช่วยได้

J: ผู้ชายไทยส่วนมากจะสูบบุหรี่ไหม

2: ส่วนมากจะสูบ

4: พวกต่างจังหวัดจะสูบบ้าง อาจจะเป็นเพราะมีเวลาว่างมากก็ได้
จริงๆเพราะเขาเห็นพ่อแม่ดูด คือเค้าอยากลอง คนเราจิตใจไม่เหมือนกัน



- ถ้าเขาจิตใจเข้มแข็งเค้าก็อาจจะไม่ติด ถ้าเขาจิตใจอ่อนแอก็อาจจะติด
- J: ผู้หญิงคนไทยส่วนใหญ่ไม่ค่อยสูบ
- 4: จะไม่ค่อยสูบ น้อยคน
- 1: น้อยคนที่จะสูบ

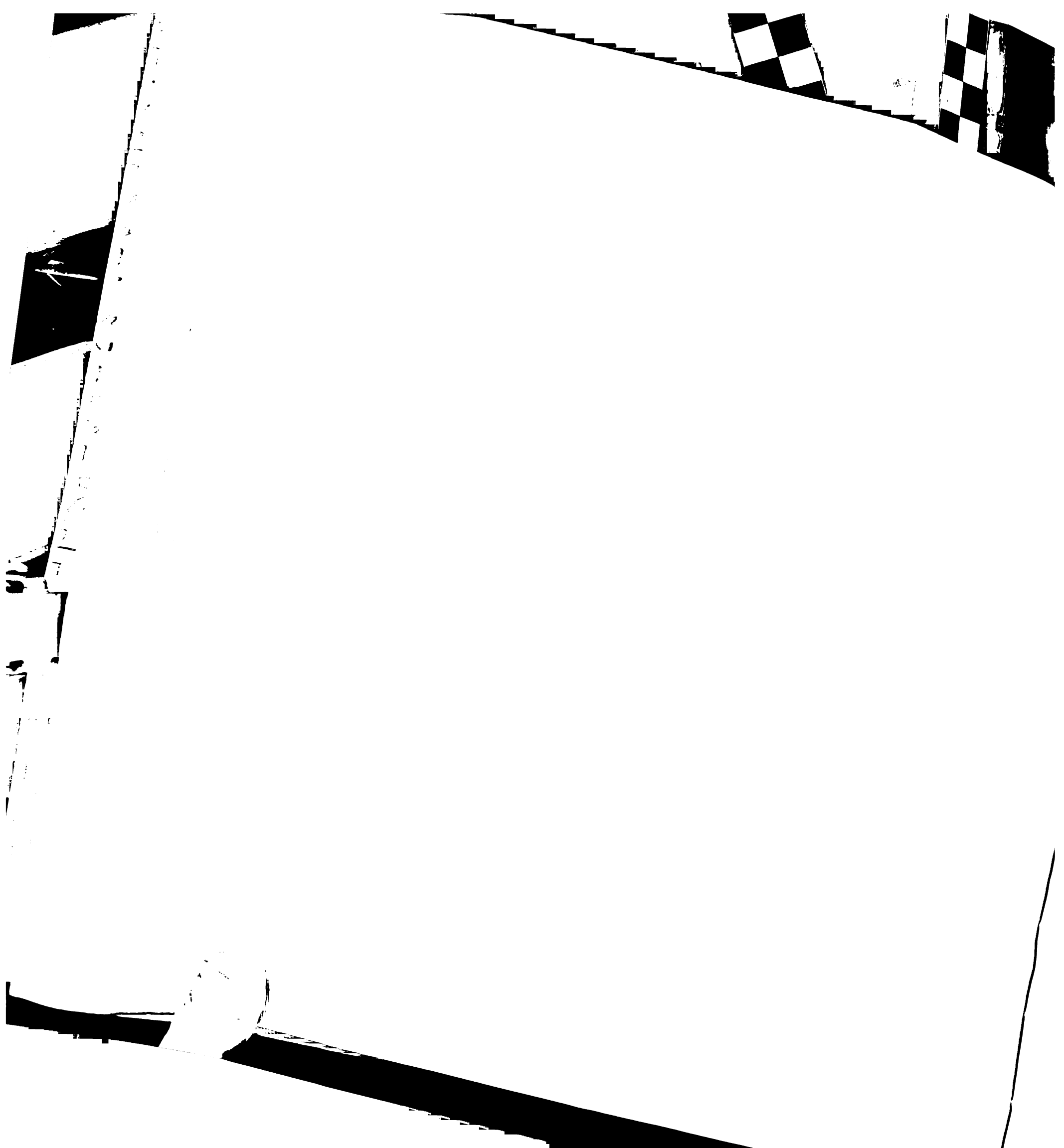
This excerpt also clarifies how women believed some men took up smoking and became addicted. The women interviewed felt that parents who smoked had a strong influence on their sons' desire to taking up smoking.

Furthermore, the women attributed the variation in levels of addiction they had observed among men as being an indicator of male strength. Again, this is a popular myth that reinforces the image in Thai society that "real men" smoke, and implicitly are strong enough to resist become addicted. According to this folk logic, smoking becomes a double test of manhood.

Owning a Mercedes Benz

Feelings about how sabaay it would be to own a Mercedes Benz sedan (SABBENZ), are strongly associated with feelings about smoking. Those who felt that owning such a luxury car would make them feel very sabaay also felt that smoking made them feel sabaay.

The proposition of having a Mercedes Benz sedan made smokers feel quite sabaay, more so in an inner-emotional sense than nonsmokers who perceived owning a Mercedes Benz as more of a physical luxury. Given that a Mercedes Benz sedans are one of the most important status symbols in Thailand and are driven primarily by men, the notion of having such a vehicle is tied up with the identity of many male smokers.



Getting drunk

The participants' feelings about how being drunk affects sabaay (SABDRUNK) also predicted feelings about smoking. Those who felt that being drunk makes them feel very not sabaay also feel that smoking made them feel very not sabaay. Getting drunk caused only a moderate bad feeling somewhere throughout the inner-emotional (jai) and outer-body (gai) dimension. In Thai culture as in many other cultures, smoking and drinking are closely intermingled habits. In the sample, a chi-square test of smoking and drinking status is moderately significant (Fisher's exact test = .142). Men who smoked, tended to drink alcohol regularly. The following excerpt is a continuation of the interview.

Group 14 (Older Bangkok workers, mixed gender, 3 nonsmokers, 1 smoker)

1FN: 48 year-old female, nonsmoker.

2FN: 52 year-old female, nonsmoker.

3MS: 57 year-old male, smoker.

4MN: 44 year-old male, nonsmoker.

J: How does getting drunk affect your health?

3MS: Get drunk, then you're strong.

4MN: Getting drunk, number 8.

1FN: Number 9.

3MS: Number 8

4MN: Alcohol, if you drink a little now and then it's beneficial. If you drink a lot...

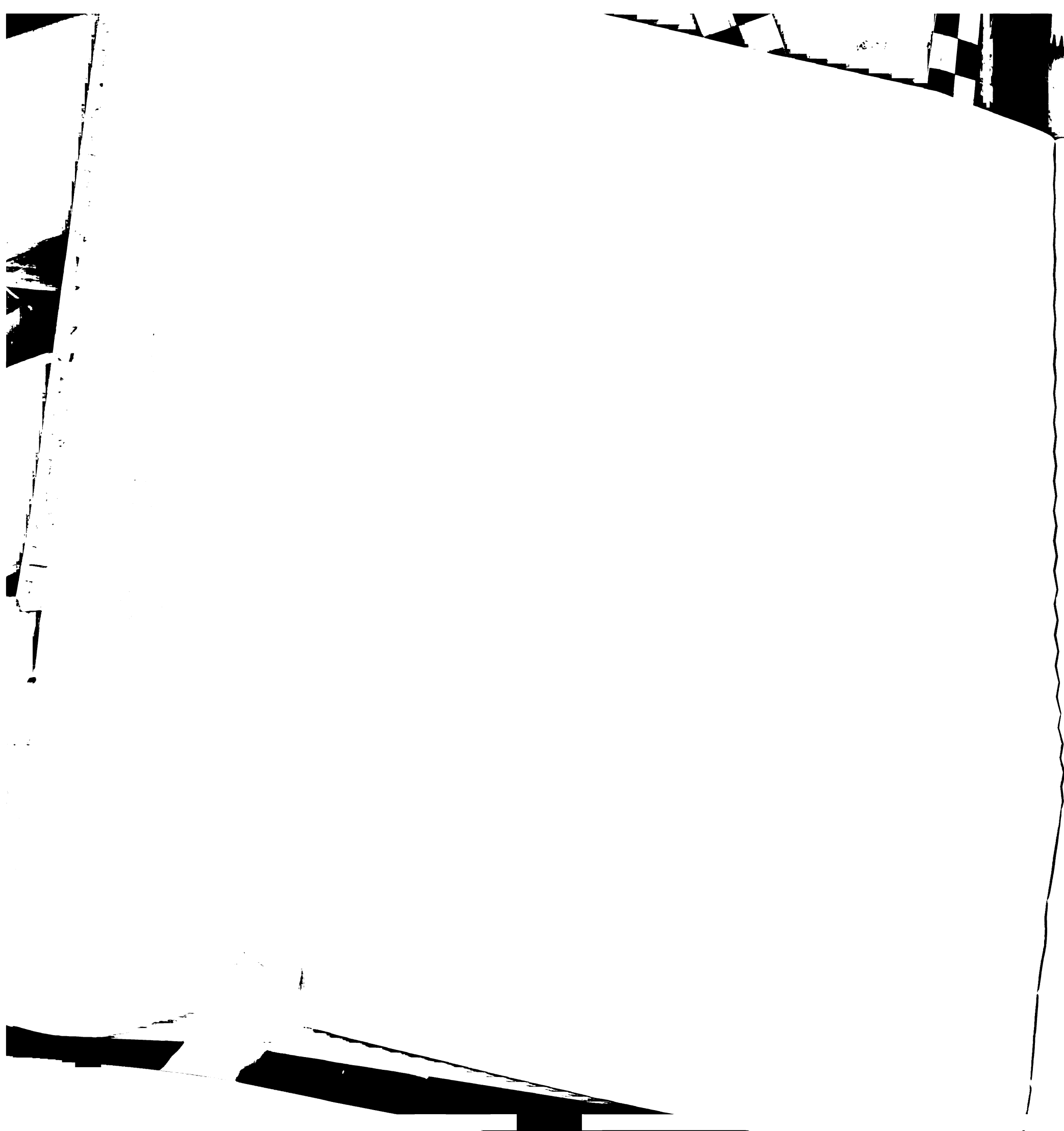
1FN: It's medicine. If you drink a lot, it makes your health really bad.

3MS: If you have a problem, you go get a little drunk. Then it makes you forget everything.

4MN: If we drink a whole lot of alcohol, you get run down. First, get chest pain. Second, get a headache. Third, don't have any energy. Then, the problems in the family start for sure.

4MN: Hassles in the family, number 8. I don't like it.

1FN: Drinking makes the family uptight. Smoking cigarettes, it stinks. For people who smoke, no problem. People around who breathe it, they feel like dying.



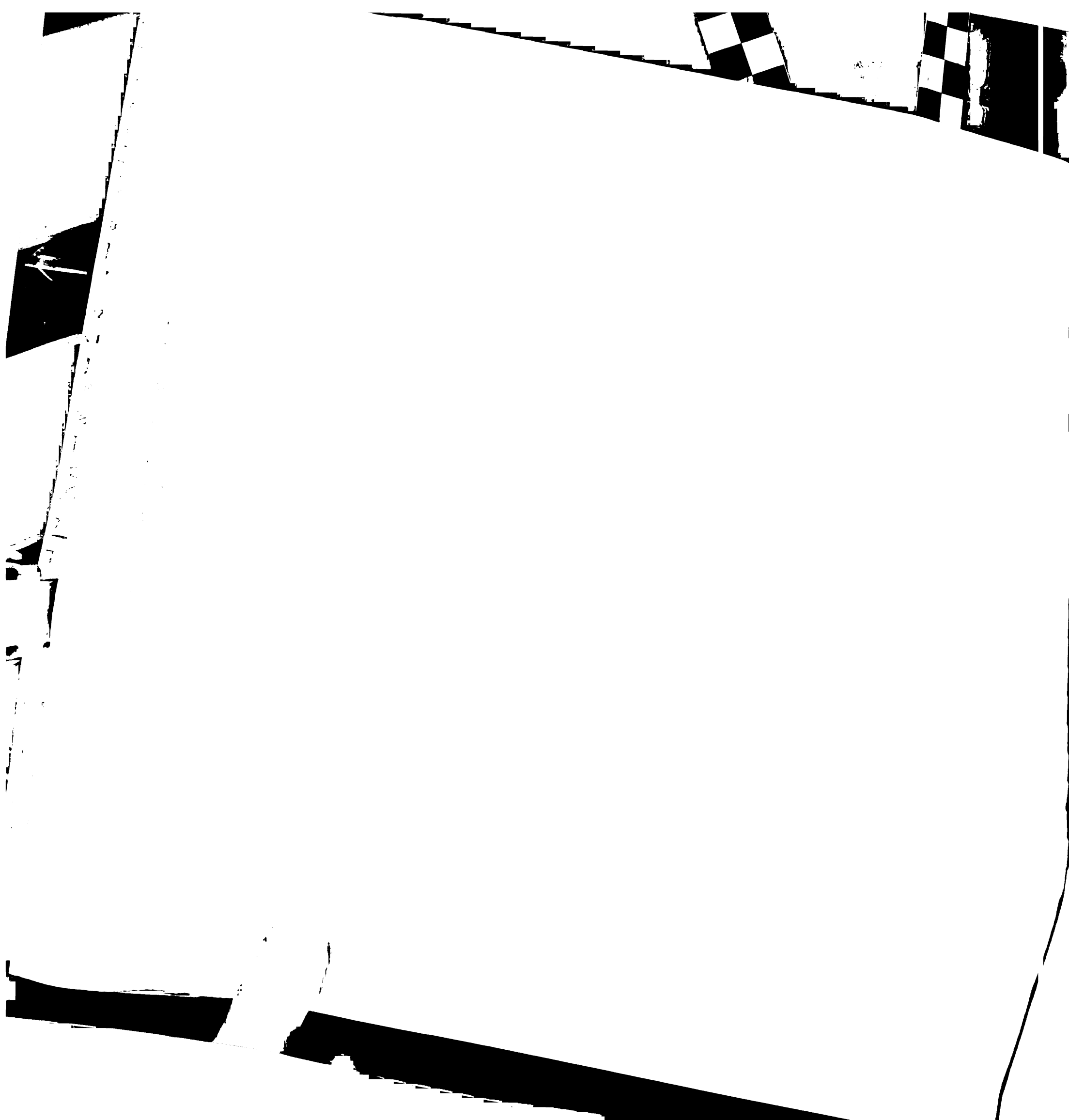
- 3MS: In the situation living in a room for rent, the husband wakes up and goes to have a cigarette in the [common] bathroom. But, the smoke doesn't go anywhere.
- 1FN: People who smoke cigarettes don't have any problems, you know? But the nonsmoker who has to sit around them, the nonsmoker is the one who gets bad inside [disease].

- J: กินเหล้าทำให้สุขภาพเป็นไงบ้าง
- 3: กินเหล้าแล้วแข็งแรง
- 4: กินเหล้าเมาเบอร์ 8
- 1: เบอร์ 9
- 3: เบอร์ 8
- 4: เหล้าถ้าหากจิบนิดๆหน่อยๆมันก็เป็นคุณประโยชน์ถ้ากินมากๆ
- 1: เป็นยา ถ้ากินเยอะก็ทำให้สุขภาพแย่
- 3: ถ้ามีปัญหาไปกินเหล้าเมาหน่อยก็ทำให้ลืมไปหมด
- 4: ถ้าเรากินเหล้ามากๆร่างกายมันจะโตรมหนึ่งเจ็บหน้าอก สองปวดหัว สามจะไม่มีกำลัง มีปัญหาในครอบครัวมากเลย
- 4: มีเรื่องเดือดร้อนในครอบครัว เบอร์ 8 ไม่ชอบ
- 1: กินเหล้าทำให้ครอบครัวเดือดร้อน สูบบุหรี่มันเหม็นคนดูไม่เป็นไร คนดมควันมันจะตาย
- 3: ขนาดอยู่กันคนละบ้านผิวมันตื่นมาสูบบุหรี่ในห้องส้วมควันมันไม่มีที่ไป
- 1: คนดูบุหรี่ไม่ค่อยเป็นอะไรนะ คนนั่งอยู่ใกล้คนไม่ดูจะเป็นข้างในไม่ดี

Warm family

Smokers derived less of an inner feeling of well-being from a warm family compared to nonsmokers. This result is somewhat confounded by gender, because it follows a pattern of differences between men and women.

Nonetheless, a considerable amount of the difference relates to how smokers derive less positive feelings from warm family relations, and may see themselves as more socially allied with other smoking men-folk.



In the course of the previous excerpt on drunkenness, the topic shifted to smoking and the tensions smoking can raise within a social setting. The female nonsmoker "1FN" responds to the male smoker "3MS" makes a pointed remark to counter the smokers' assertion that their smoking habit is their own problem. Implicit in her response is the frustration of dealing with the bad smell of smoke that wafts and lingers as well as the effects of second-hand smoke on the nonsmoker's health. This feeling is consistent with results presented earlier in the analysis that show that nonsmokers, more than smokers, value a warm, harmonious family.

Self-assessment of sabaay jai

The participants' self-assessment of their overall state of sabaay jai over the three months prior to the interview (SABJAI) was a strong predictor of their feelings about smoking. Those participants who reported feeling very sabaay jai also felt that smoking made them feel very not sabaay. This result is consistent with comments throughout the interviews in which smokers and nonsmokers explained that smoking helps reduce stress. Because "stress" is a catch all word, this was perhaps a socially acceptable way of saying that it reduced depression. Some participants indicated that feeling a low level of sabaay jai and smoking to relieve that feeling may be an attempt to handle depression as well as stress.

M: 58 year-old female Bangkok worker, smoker

M: Smoking makes you feel good inside [sabaay jai]. The stress goes away. If I'm worried, then I smoke.

M: สูบบุหรี่ทำให้สบายใจหายเครียด ถ้ากลุ่มใจก็สูบบุหรี่

Group 14 (Older Bangkok workers, mixed gender, 3 nonsmokers, 1 smoker)

1FN: 48 year-old female, nonsmoker.

2FN: 52 year-old female, nonsmoker.

3MS: 57 year-old male, smoker.

4MN: 44 year-old male, nonsmoker.

In health game

J: About smoking cigarettes...

3MS: Smoking cigarettes is bad.

4MN: Smoke cigarettes - number 8 (Very bad for health)

1FN: At the bottom, number 9. Smoking a lot is bad. It makes your insides very bad. Not well often (not sabaay). Lung disease.

2FN: Get disease easily. Get lung disease. Many types.

1FN: Smoke, and it's bad.

3MS: It clears your head [brain]. If you smoke one cigarette, it makes clears your head [brain].

2FN: They [smokers] think like that. It is true, or not? We don't know because we never smoked. Ask those types that smoke.

3MS: Some people have problems. They smoke only two or three cigarettes, then they can think.

2FN: It lets you think, clears your mind.

1FN: When you're downhearted, that's when you smoke a lot.

3MS: It makes saliva in your throat really bad.

J: สูบบุหรี่

3: สูบบุหรี่ไม่ดี

4: สูบบุหรี่ เบอร์ 8

1: ลงล่างเลย เบอร์ 9 ดูดบุหรี่มากๆไม่ดี ทำให้ข้างในไม่ดีแย่มาก ไม่สบายบ่อย โรคปอด

2: เป็นโรคง่าย เป็นโรคปอด หลากๆอย่าง

1: สูบแล้วแย่มาก

3: มองมันไปรง สูบบุหรี่มันทำให้สมองมันไปรง

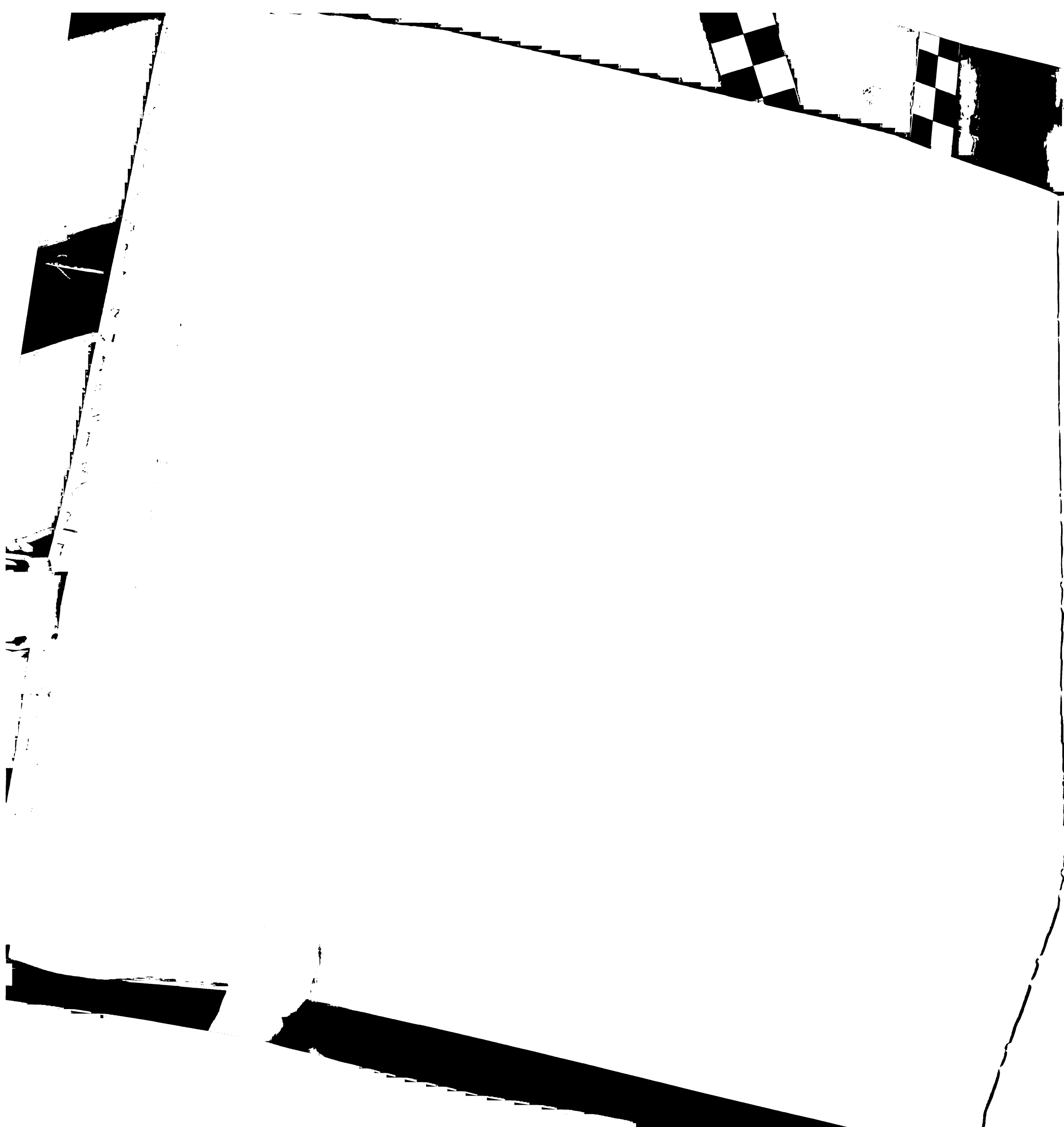
2: มันจะคิดอย่างนั้น จริงหรือเปล่า เราไม่รู้นะเพราะเราไม่สูบบุหรี่
ถามประเภทที่สูบบุหรี่

3: บางคนมีปัญหาเขาอดบุหรี่ไม่ถึง 2-3 มวนเดี๋ยวก็คิดได้

2: ให้คิดได้โปรดไปรง

1: ยิ่งกลุ้มใจก็ยิ่งอัดใหญ่

3: ทำให้เสลดในคอเราแย่มาก



Auto accidents and traffic jams

Ideas about how much an auto accident would affect health (HEALTHCRASH) are strongly associated with feelings about smoking, such that those who believed that being in an auto accident would be the worst thing for their health also felt that smoking made them feel the most not sabaay.

Stress from traffic and fear of accidents caused smokers, more so than nonsmokers, to have stronger bad feelings in an inner-emotional sense. These findings suggest that smokers not only had a lower tolerance than nonsmokers for environmental stressors such as traffic, but also were accustomed to experiencing greater risks of being involved in an accident than nonsmokers. The smokers' perceived threshold of acceptable risk in the form of taking chances against the odds, that is, "cutting it close" at the risk of causing an auto accident, may be associated with the same risk-taking against the odds that smokers typically understand is involved in smoking.

Getting exercise

Feelings about exercise (SABEXERC) also were associated with how the participants felt about smoking. As expected, those participants who felt that exercise made them feel very sabaay also felt that smoking made them feel terrible, that is, very not sabaay. These results suggest that exercise gave nonsmokers a significantly greater sense of well-being compared to smokers, and the benefit the nonsmokers felt tended to be located both in the inner-emotional and outer-bodily sense. The differences in sabaay feelings from exercise appear to reflect the reduced physical capacity smokers had for vigorous exercise and the degree of fatigue they felt.



Group 5 (Younger rice farmers, all male, 1 smoker, 3 nonsmokers)

1MN: 30 year-old male, nonsmoker

2MS: 28 year-old male, smoker

3MN: 25 year-old male, nonsmoker

4MN: 27 year-old male, nonsmoker

5MS: 28 year-old male, smoker (guest)

J: What do you do to make your own health good?

1MN: Exercise every day. Working means exercising your whole body.

4MN: Farming rice, working in the orchards.

5MS: If you work you make money, you feel good (sabaay), both physically (gai) and inside (jai).

4MN: We don't want things that are bad in our body. We feel good like this.

3MN: Get exercise, don't smoke, drink only a little alcohol.

2MS: Working and getting exercise are part of our occupation.

4MN: We don't have time to play sports. How can we get caught up playing sports when we've still got work to do?

J: ทำอะไรบ้างเพื่อให้สุขภาพตัวเองดี

1: ออกกำลังกายทุกวัน ทำงานถือว่าออกกำลังกายในตัว

4: ทำนา ทำสวน

5: (Guest) ทำแล้วได้ตั้งสบายทั้งกาย ทั้งใจ

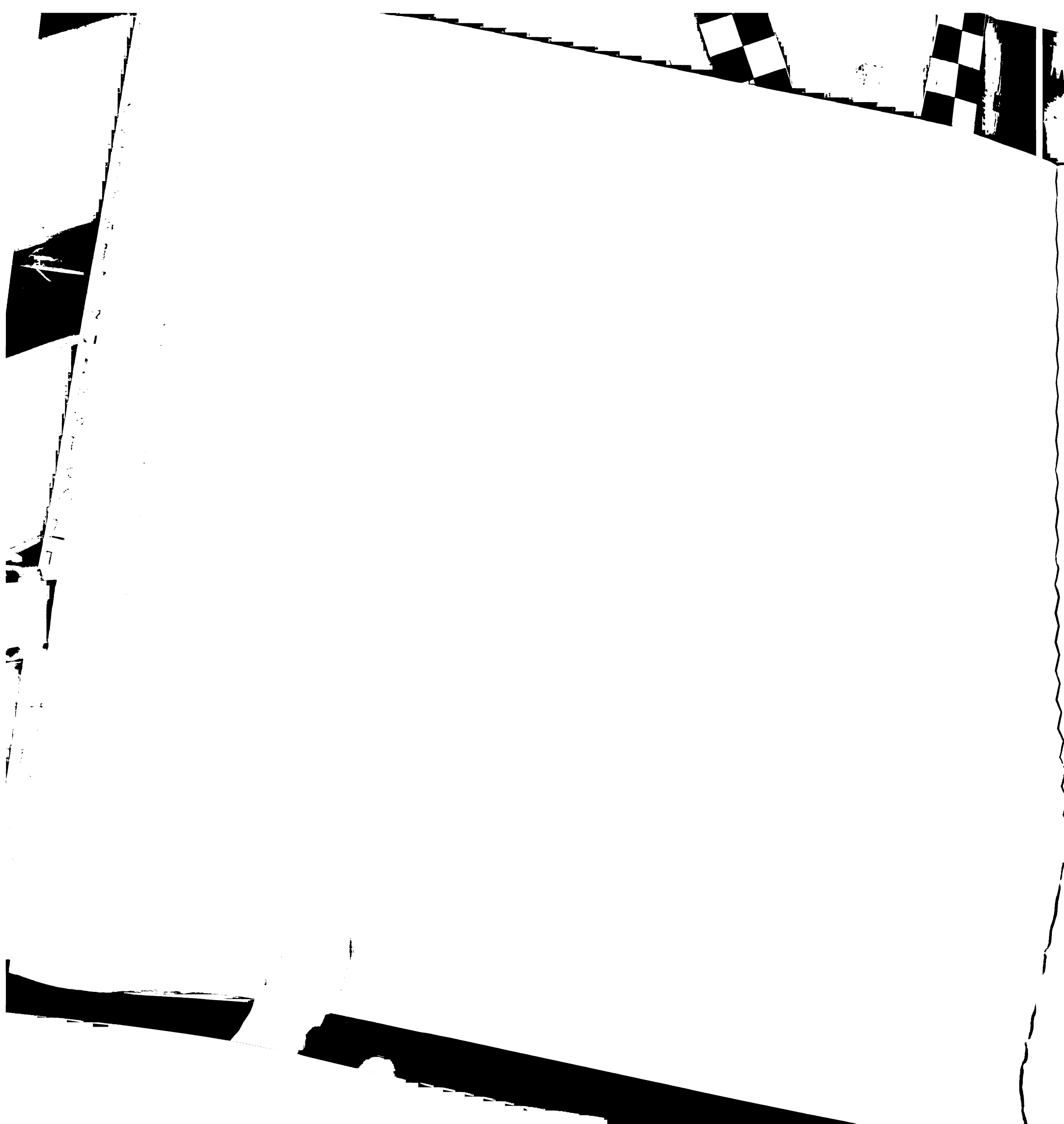
4: เราไม่เอาสิ่งไม่ดีเข้าร่างกายเรา คืออยู่แล้ว

3: ออกกำลังกาย ไม่สูบบุหรี่ กินเหล้านิดหน่อย

2: ทำงานออกกำลังกาย เกี่ยวกับอาชีพของเรา

4: ไม่มีเวลาที่จะเล่นกีฬา เราจะมัวไปเล่นอยู่ยังงั้น งานเรามีอยู่

The differences between nonsmokers and smokers in their opinions about exercise were subtle. The differences were, however, still evident. The nonsmokers were conscious of the importance of exercise and enjoyed the physical benefits of exercise. They talked about feeling that their work incorporated exercise and fulfilled that need, even though they rarely had time to play sports. The two smokers in the interview above tended to talk about the benefits of working as rice farmers in terms of making money, while they



saw exercise as a collateral benefit that came along with their occupation. This difference in orientation is consistent with the findings that smokers on average felt that exercise was good, but were not as keen about exercise as nonsmokers. The explanations are also consistent with other findings in this study showing that smokers are somewhat more oriented toward making money and accumulating wealth than nonsmokers.

Clean environs and air pollution

The participants' feelings about whether clean environs (JGENVIRON , jai = 0) made them feel sabaay jai (inner-emotional) or sabaay gai (exterior-bodily) were associated with their feelings about smoking. Those who felt that living in clean environs was primarily a sabaay gai feeling also were nonsmokers who felt that smoking made them very not sabaay.

Smog made nonsmokers feel very not sabaay in both the inner-emotional (jai) and outer-bodily (gai) sense compared to smokers who feel only a bit not sabaay in an inner-emotional sense. This result suggests that although some smokers were concerned about pollution, they did not feel the same bodily irritation that nonsmokers felt, which relates to how smokers are often not physically irritated by passive smoking and therefore have difficulty empathizing with nonsmokers. The following excerpt reveals the strong reaction nonsmokers had to smoke as air pollution that is harmful to health.

Group 13 (Younger Bangkok workers, mixed gender, all nonsmokers)

J: What is the worst for health?

2FN: Getting drunk, auto accident, family quarrels, being injured, air pollution, smoking cigarettes for a long time is bad for our health because you'll get a disease that tortures you.

1FN: Smoking makes people around the smoker feel terrible, and besides ravaging their health, it also pollutes the air.

- J: แย่ที่สุด
 2: กินเหล้าเมา ถูกรถชน มีเรื่องเดือดร้อนในครอบครัวได้รับบาดเจ็บ อากาศเสีย
 สลบหรือหนาวไปทำให้สุขภาพเราแย่เพราะเป็นโรคที่ทรมาณ suffer
 1: ทำให้คนรอบข้างรังเกียจนอกจากจะทำลายสุขภาพแล้ว
 ยังทำให้ชั้นบรรยากาศแย่ไปด้วย

Big Macs and soda

Feelings about whether drinking soda felt sabaay jai or gai (JGSODA, jai = 0) are also associated with their feelings about smoking. Those who felt that drinking soda influenced gai, that is, simply quenching thirst rather than being pleasurable in a jai sense, also had strong negative feelings about smoking. In general, smokers gained more of a sense of jai pleasure from drinking soda. The following excerpt magnifies the marked differences between nonsmokers and smokers in their feelings about junk food and perceived health effects of consuming these products. The discussion shows how feelings about sabaay that the participants derived from habits of daily living can be reinforced by awareness of the health effects of those habits.

Group 15 (Younger Bangkok workers, all male, 1 nonsmoker, 3 smokers)

1MS: 26 year-old male, smoker

2MN: 35 year-old male, nonsmoker

3MS: 25 year-old male, smoker

4MS: 26 year-old male, smoker

1MS: Eating a "Mac" makes health very good.

2MN: Eating "hamburger" make health impossible. It's food that has fat, sugar. It's not like eating vegetables and fruit.

3MS: Drinking soda is the best for health. If I have money, I drink soda.

2MN: Soda has no value because it has sugar and food coloring.

- 1: กิน Mac ทำให้สุขภาพดีมาก
- 2: กิน hamburgerทำให้สุขภาพเป็นไปไม่ได้ เป็นอาหารที่มีไขมัน น้ำตาล ไม่เหมือนกินผัก ผลไม้
- 3: กินน้ำอัดลมเบอร์ 1 สุขภาพดีที่สุด ถ้ามีดังก็กิน น้ำอัดลม
- 2: น้ำอัดลมไม่มีประโยชน์เพราะมันเป็นน้ำตาลแล้วมีสี

Results presented earlier in this analysis showed that nonsmokers felt that eating the traditional Central Thai meal of spicy tuna with rice, fruit and vegetables made them feel quite sabaay in an inner sense. By comparison, eating a Big Mac or drinking soda was quite sabaay for some smokers.

Meditation

The participants' feelings about whether meditation influenced their feelings of jai or gai (JGMEDITATE, jai = 0) were associated with their feelings about smoking. Those who felt that meditation made them feel sabaay jai also had strong negative feelings about smoking. By contrast, smokers tended to complain about the physical discomfort, that is, not feeling sabaay gai from their limited attempts to meditate.

Several participants who were nonsmokers discussed the benefits of spiritual practice, particularly meditation, as an important means of avoiding feelings of stress and creating a sense of sabaay jai in their lives. Smokers who were generally less concerned about their health used tobacco, rather than meditation, for self-regulation of stress and as a source of sabaay jai.

Group 19 (Younger Bangkok workers, all female, all nonsmokers)

1FN: Female age 25, 9th grade education, cashier in a mall, nonsmoker

2FN: Female age 24, 12th grade education, cashier, nonsmoker

3FN: Female age 26, 12th grade education, factory worker, nonsmoker

4FN: Female age 20, 12th grade education, sewing supervisor, nonsmoker

J: This group likes to meditate, right?

1FN: I like it.

2FN: I lie down and think. I've meditated. Sit down for an hour and light nice jos sticks, then I go to heaven. Once before, my friend had a connection with a spirit near the Hindu temple.

4FN: About paying respect, sometimes I see Buddha images (or monks) but I don't raise my hands and pay respect. But in my heart-mind (spirit) I still have faith. I mean that when we pay respect, we feel esteem. To meditate doesn't mean that you have to sit. I mean I can stand, lie down, sit, but inside (jai), but I don't think about anything. So I hold still and it makes inside (jai) feel sabaay. Meditating is in our heart-mind (spirit). Making merit, it's not necessary to go to the temple. Don't have to show off. If we want to do it, we should do it, and then do it. Sometimes, if I sit to meditate and I cannot sit still because my spirit is not tranquil, then I feel guilty (sinful). Paying respect to the Buddha (or monks) and meditating are not the same.

3FN: Pay respect to the Buddha (or monks), then I feel sabaay jai. When I have some kind of problem, then I pay respect to the Buddha (or monks).

4FN: But if my heart-mind (spirit) is not tranquil, then I'm not sabaay jai. It's difficult to meditate. We can sit or lie down.

3FN: Paying respect to the Buddha (or monks) makes me feel the most sabaay jai. Raid my hands and pay respect to the Buddha (or monks), then I feel warmth inside.

J: กลุ่มนี้ชอบนั่งสมาธิใช่ไหม

1: ชอบ

2: นอนแล้วก็นึก เคยนั่ง นั่งจุดเทียนแก้เลมแค่ชั่วโมงก็ไปถึงสวรรค์ วิมาร
เมื่อก่อนเพื่อนมีร่างทรงตรงวัดแขก

4: การไหว้พระบางครั้งเห็นพระแต่ไม่ยกมือไหว้แต่ในจิตใจเราศรัทธา
คือเราไหว้ใจเรานับถือ สมาธินี้ไม่จำเป็นต้องไปนั่งคือเราชินก็ได้ นอนก็ได้
นั่งก็ได้แต่ในใจเราไม่ได้คิดอะไร คือเรานิ่งทำใจให้สบาย
นั่งสมาธิอยู่ในจิตใจเรา ทำบุญนี้ไม่จำเป็นต้องไปทำที่วัด ไม่ต้องแสดงออก
เราอยากทำก็สมควรทำก็ทำ บางครั้งถ้าไปนั่งสมาธิแล้วเรานิ่งไม่ได้

จิตใจไม่สงบมันก็เป็นบาปกรรม ไหว้พระกับนั่งสมาธิไม่เหมือนกัน

- 3: ไหว้พระแล้วก็สบายใจ มีเรื่องอะไรก็ไหว้พระ
4: แต่ถ้าจิตใจไม่สงบมันก็ไม่สบายใจ ทำยากสมาธิเรานั่งก็ได้นอนก็ได้
3: ไหว้พระสบายใจมากที่สุดทำอะไร ยกมือไหว้แล้วก็อบอุ่น

Group 20 (Older Bangkok workers, all male, 1 quit, 3 smokers)

- 1MQ: 41 year-old male, quit smoking
2MS: 51 year-old male, smoker
3MS: 47 year-old male, smoker
4MS: 62 year-old male, smoker
1MQ: Cigarettes are tough to quit.
4MS: I quit 3 times already, each time for a month.
2MS: I quit the first time for 6 months, the second for 3 months. I started again because I was stressed out.
1MQ: When you socialize, you can't quit.
4MS: We don't smoke but friends make us smoke.
J: What about getting drunk?
4MS: Bad for physical health. But it depends on the person, we're not all the same.
2MS: I get drunk, but I don't have any problems, no problem. I know how to handle it. I drink a whole bottle, but I don't hassle anybody. When I drive, my hands really float [sensation of relaxed control]. Drunk hands are soft [nimble, not tightly gripped]. When I'm drunk, I know myself.
3MS: Meditating...well I have meditated but I didn't feel any sense of tranquility in my mind. But it's good just the same. Really, if you meditate for a long time it's good. Even if we meditate regularly, it's good. If we don't do it regularly, it's uncomfortable.
4MS: Meditation should make your mind tranquil.
3MS: I've meditated, but I didn't feel tranquil. It makes my shins and legs stiff.

- 1: บุหรี่นี้เลิกอยาก
4: ผมเลิกมา3ครั้งเลิกได้เดือนเดียว
2: ผมเคยเลิกครั้งแรก6เดือน ครั้งที่ 2 สามเดือน ที่ติดต่อเพราะเครียด
1: อยู่ในสังคมเลิกไม่ได้
4: คนเราไม่สูบแต่เพื่อนให้สูบ
1: ผมต้องไปก่อนนะ
J: กินเหล้ามา
4: ร่างกายสุขภาพไม่ดี แต่ละคนไม่เหมือนกัน
2: ผมกินเมายังไงไม่มีเรื่อง ไม่มีอะไร รู้เรื่องหมด กินเป็นกลมก็ไม่ยุ่งกับใคร

- ขับรถมีมือเบ้าเปื้อนเลย มือเมานิ่ม เวลาเมายังไงกินรู้ตัว
- 3: นั่งสมาธิก็เคยนั่งแต่จิตใจเราไม่สงบ แต่มันดีแหละจริงๆถ้านั่งนานๆก็ดี
ถ้าเรานั่งชินก็ดี ถ้าเรานั่งไม่ชินมันอึดอัด
- 4: นั่งสมาธิมันต้องให้จิตใจสงบ
- 3: นั่งแล้วจิตใจไม่สงบ มันเมื่อยแข้งเมื่อยขา

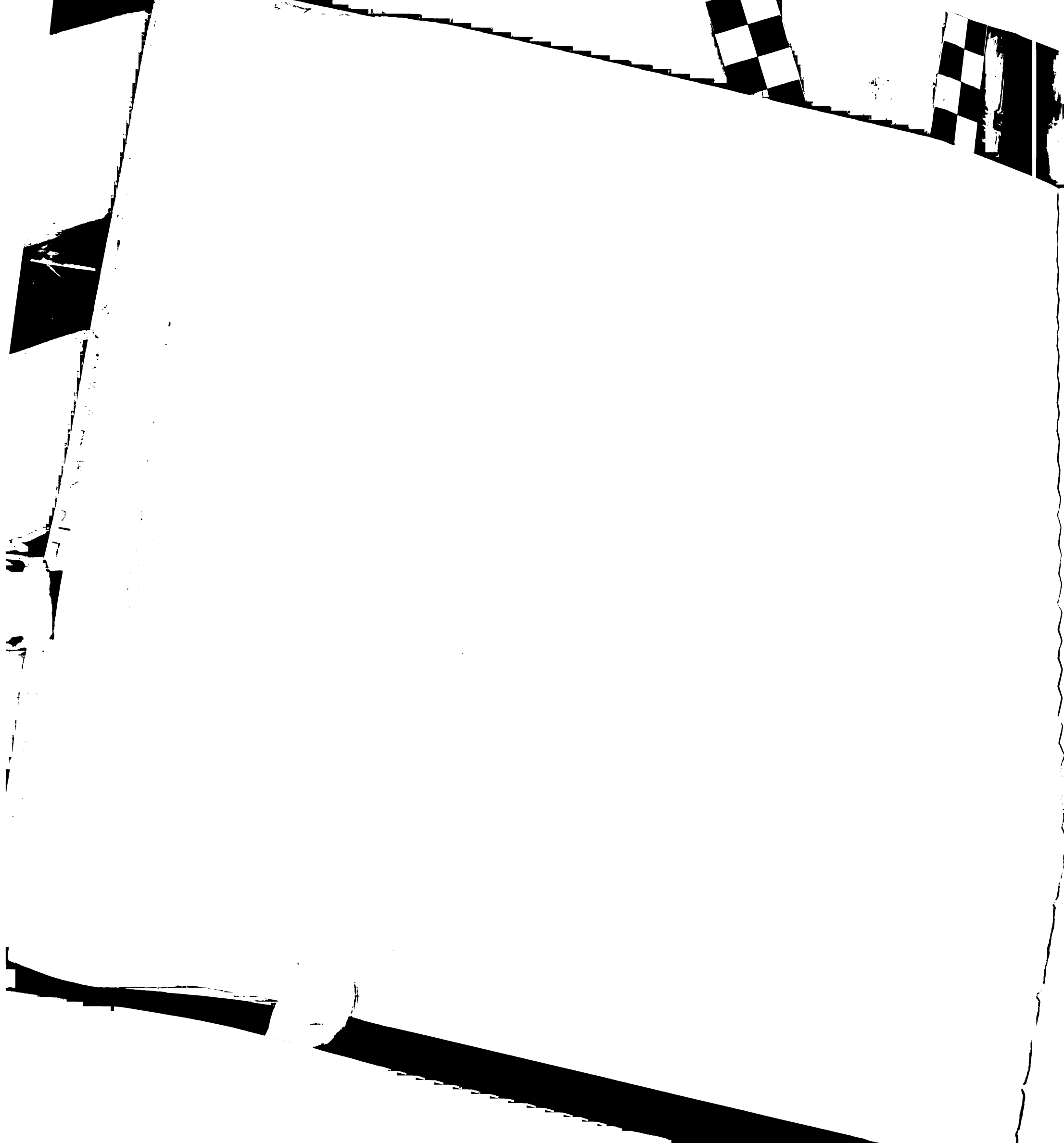
Comparisons between nonsmokers and smokers

The following is a summary of my findings about the differences between working-class Thai nonsmokers and smokers in their attributes, values, feelings of sabaay, and health awareness. Again, every nonsmoker and smoker is a unique person. The following summary is therefore describes the general patterns observed based on analysis of the insight group interviews and my anthropological observations. There are, even within the sample in this study, some variations within these general patterns. Still the patterns were apparent and verifiable.

	<u>Nonsmokers</u>	<u>Smokers</u>
Gender:	male and female	nearly all male
Importance of health:	the most important	very important
Smoking and health:	the worst for health	somewhat bad for health
Feelings of smoking:	feels terrible outer-bodily	feels a bit bad, heart-mind
Getting drunk:	don't drink, feels terrible	if drunk, not too bad
Warm family:	the most sabaay heart-mind	sabaay heart-mind
Clean environs:	very sabaay, heart-mind-body	slightly sabaay
Air pollution:	terrible, heart-mind & bodily	not too bad
Healthy food:	very sabaay, mostly bodily	sabaay, heart-mind
Junk food:	not very health	good for health
Exercise:	very sabaay, more bodily	a little sabaay
Seat belt/helmet:	sabaay heart-mind (safety)	not sabaay (discomfort)
Mercedes:	sabaay heart-mind & bodily	very sabaay, heart-mind
Meditation:	very sabaay, heart-mind	somewhat sabaay
Overall well-being:	sabaay jai	a little sabaay jai

ความสบายของ	คนไม่สูบบุหรี่	สูบบุหรี่
เพศ:	ผู้ชาย และ ผู้หญิง	ผู้ชาย
การสูบบุหรี่:	ไม่สบายกายมากที่สุด	ไม่สบายกายนิดหน่อย
การดื่มเหล้าเมา:	ไม่สบายกายมาก	ไม่สบายกายนิดหน่อย
ครอบครัวอบอุ่น:	สบายใจมากที่สุด	สบายใจมาก
อากาศเสีย:	ไม่สบายมากทั้งกายและใจ	ไม่สบายใจ
อาหารที่มีประโยชน์:	สบายกายมาก	สบายกายนิดหน่อย
ออกกำลังกาย:	สบายกายมากที่สุด	สบายนิดหน่อย
มีรถเบนซ์:	สบายทั้งกายและใจ	สบายใจมาก
ใจ:	สบายใจดี	สบายใจนิดหน่อย

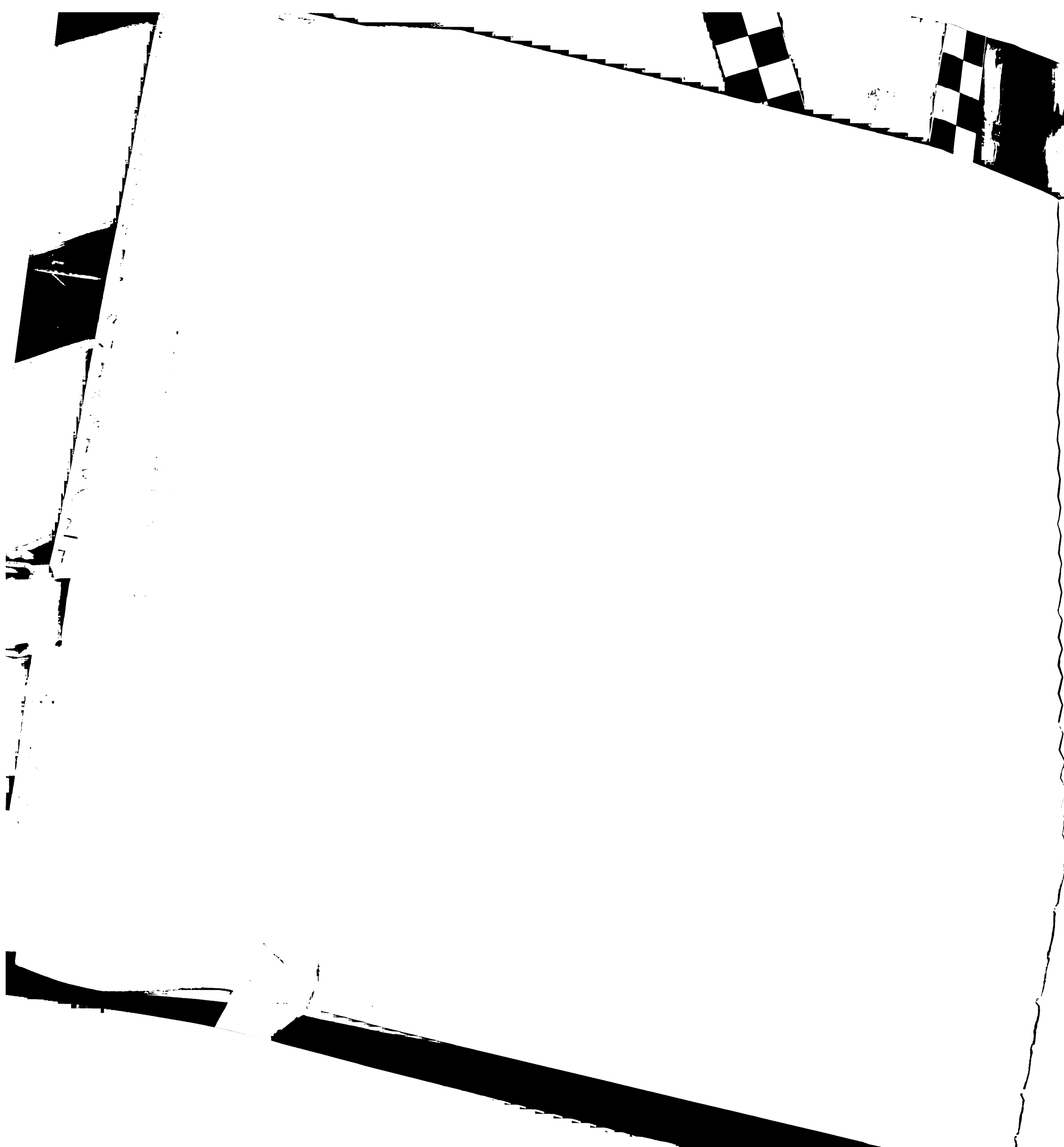
To summarize, the evidence suggests that many working-class Thai smokers, nearly all of whom are men, valued having good health but also believed that smoking was only somewhat bad for their health. These smokers felt emotionally and physically somewhat bad from smoking because they experience smoking-related symptoms and would like to quit. They liked to drink and did not feel too bad when they got drunk. Having a warm family felt sabaay, but was not the strongest feeling. Living in clean environs only slightly enhanced their sense of sabaay, and because they were smokers they were not physically bothered by air pollution. They were not particularly attached to the traditional Thai diet, and in some cases thought junk food was perfectly good for their health. These smokers were not especially keen on exercise. Traffic jams annoyed them and they had taken such risks driving that they had experienced fear of an accident. They felt that seat belts and helmets were uncomfortable and tended to use them only for fear of being fined. They imagined that they would have felt very good being part of a group that pulled up to a night-spot in a Mercedes. They did not find meditation useful because



it caused them physical discomfort. And in recent months, their overall feeling of sabaay in their life had not been very high.

Nonsmokers, both men and women, valued having good health above all else that was most important in their lives, and there were deeply aware that smoking was terrible for their health. They felt terrible being around smoke and were repulsed by the thought of smoking. They did not drink much if at all, and if they got drunk they felt terrible. Having a warm, supportive family made their heart-mind feel very good. Living in clean environs felt very sabaay, and air pollution made them feel very bad emotionally as well as being physically irritating. These nonsmokers enjoyed eating traditional Thai foods, and had found junk food unappealing and unhealthy. They got a sense of vitality from exercise. Traffic jams were a moderate inconvenience and annoyance, and they tended to avoid taking risks that might have lead to an accident. They tended to feel a sense of safety from using seat belts and helmets, although they confessed to not using them all of the time. They would have felt good had they owned a Mercedes Benz, but were not enthralled with owning one to achieve high social status. Many of them practiced meditation regularly or had had positive experiences using meditation to achieve a state of sabaay jai. In recent months, they had felt generally quite sabaay in life.

The following excerpt captures the essence of the nonsmokers' understanding of feeling sabaay, and how that feeling guided them in their habits of daily living.



Group 24 (Older Bangkok workers, all female, all nonsmokers)

J: Why is it that most Thai women don't smoke cigarettes?

1MN: They don't like it. It stinks. It makes you feel bad [not sabaay gai].
Gives you a headache. Makes you throw up.

2MN: Afraid of getting cancer.

J: Tell me, what do you do to make your health good?

1MN: I do what makes me feel good inside (sabaay jai). If I feel irritable
then I meditate.

2MN: Get exercise. I do what makes me feel good inside (sabaay jai). Try
to do what makes me feel good inside. I know what to do, but just
don't know how to explain it.

J: ผู้หญิงคนไทยส่วนมากไม่สูบบุหรี่ทำไม

1: ไม่ชอบ เหม็น มันไม่สบายกายมันปวดหัวมันจะอวก

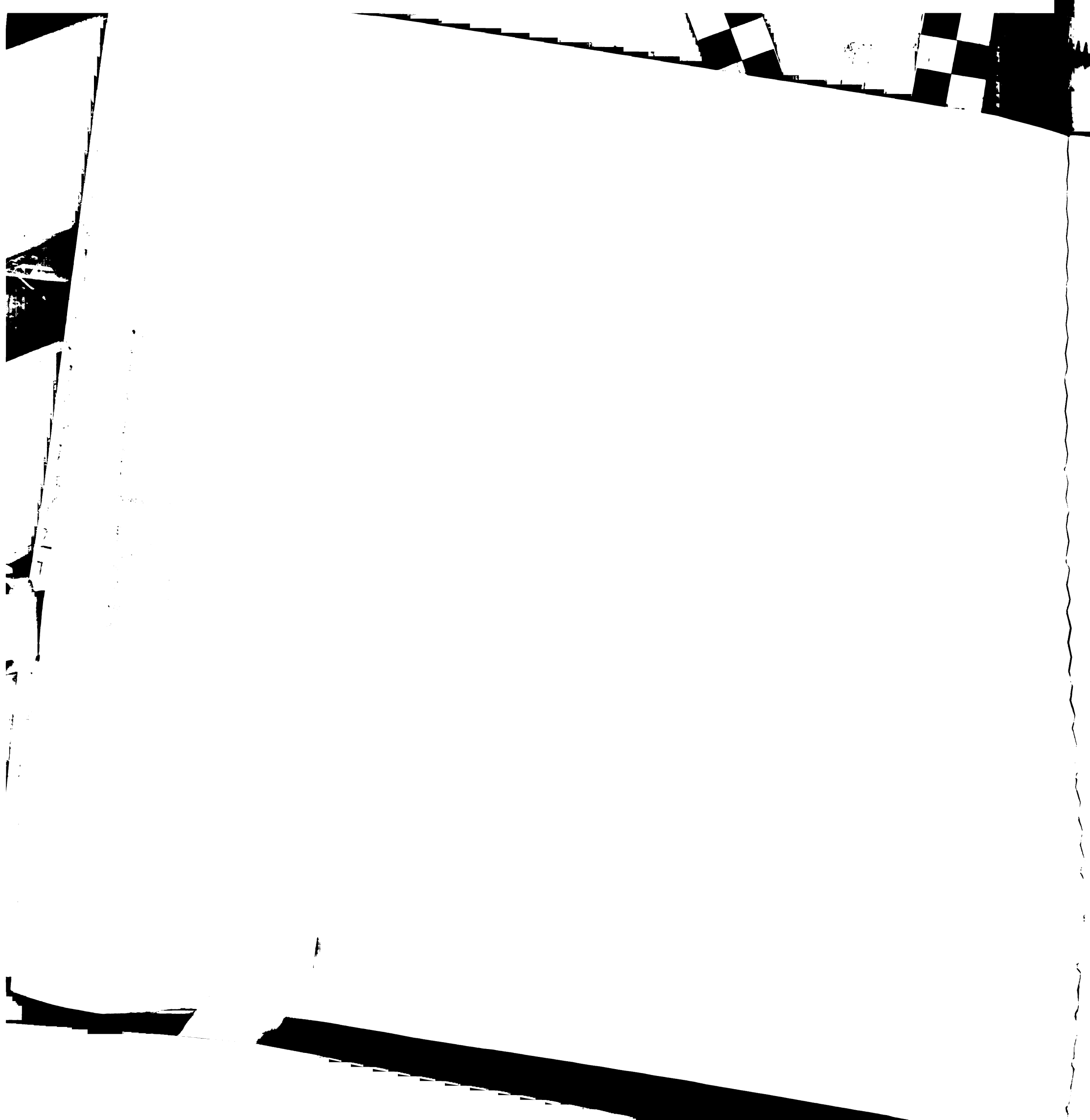
2: กลัวเป็นมะเร็ง

J: ไม่ทราบทำอะไรบ้างเพื่อให้สุขภาพดี

1: ทำใจให้สบาย ถ้ารู้ว่าตัวเองจุดจิตก็นั่งสมาธิ

2: ออกกำลังกาย ทำใจให้สบาย พยายามทำให้ใจให้สบาย
เรารู้ว่าเป็นยังไงแต่ตอบไม่ถูก

These results lead to the question: what is the source of all of these feelings and awareness about habits of daily living that distinguishes working-class Thai nonsmokers from smokers?



CHAPTER 13

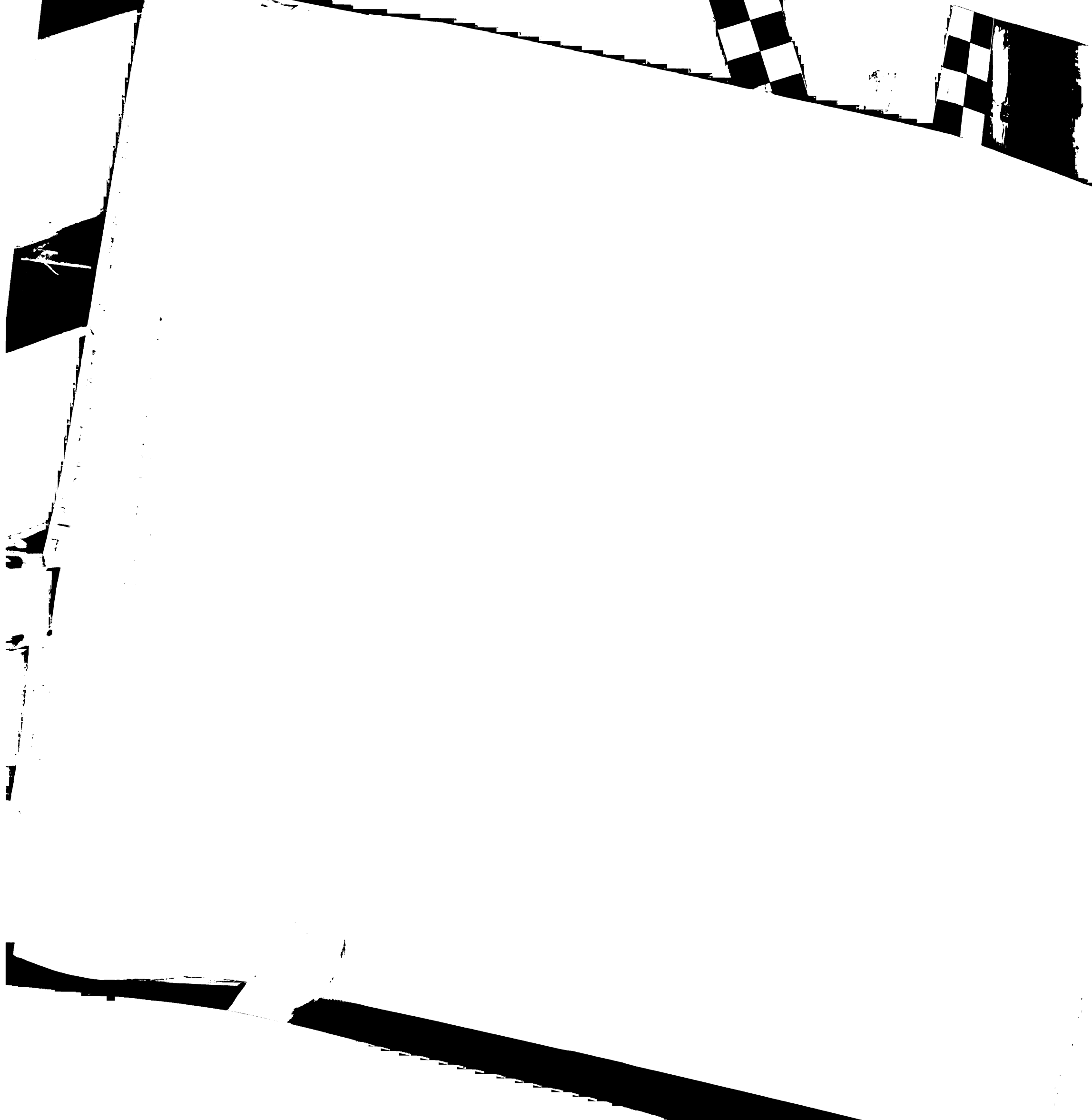
A BUDDHIST EXPLANATION OF THE DIFFERENCES BETWEEN NONSMOKERS AND SMOKERS

Kühn's theory of science postulates that scientific progress is associated with the acceptance of new paradigms. Similarly in health promotion, progress can be expected to be related to the introduction of new approaches and new ways of looking at things. An important element is the replacement of the traditional medical model by a participatory health model based on the realization that health is determined more strongly by people's way of life and their interaction with the environment than by biomedical expertise and services.

A. S. Härö, in *Measurement in Health Promotion and Protection*.

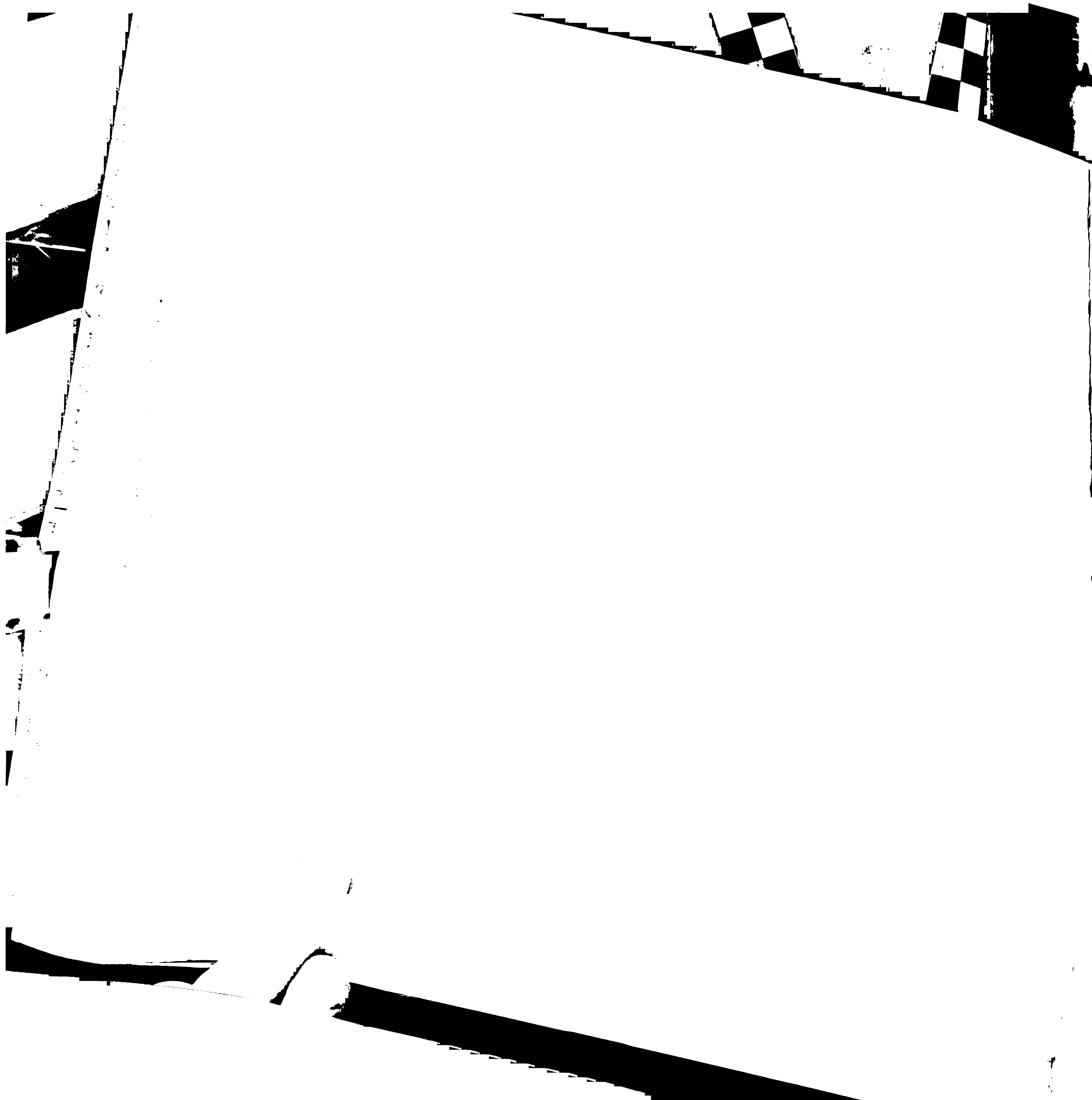
The comparison of nonsmokers and smokers reveals that they differed in three important aspects:

1. The participants who were nonsmokers embraced and lived according to a constellation of views and feelings that are more healthful compared to smokers.
2. The participants' sense of gender-appropriate behavior influenced their likelihood of smoking. Nearly all women were nonsmokers, and the majority of men were nonsmokers. Smokers were nearly always male.
3. The participants' educational background influenced the depth of their awareness about the impact of smoking and other health-related habits. Nonsmokers on average had more years of formal education compared to smokers.



This suggests that among the participants in this study, nonsmoking was shaped by values, feelings, gender identity, and educational attainment. Working-class Thais who chose not to smoke did so in part because of the values, feelings, and awareness they had about why smoking is inconsistent with living a healthy life. Their values and feelings came in part from traditional gender ideology about smoking that is transmitted through Thai culture. Their level of awareness about the health effects of smoking may have been partly attributable to their educational background. I have already discussed how gender ideology has had a powerful influence on the participants' views about smoking, and outlined the link between years of formal education and the understanding of human biology. I now turn to another level explanation that shows how values and awareness are at the root of views and feelings that in turn give rise to habits such as nonsmoking and smoking.

Buddhism teaches that ignorance (*avijja*) and false views (*miccha ditthi*) are the cause of many evils in the world (Payutto 1984). Ignorance and false views are often based on doubt, perplexity, wavering which hinder progress toward good living. Doubt and the like exist because one lacks clear understanding. Through the clear understanding, one can remove doubt, eliminate perplexity, and become unwavering in the pursuit of good living. But, raw knowledge and belief alone are not sufficient to develop understanding. The Buddha invited people to come and see, not simply believing saying, "...the destruction of defilement and impurities is (meant) for a person who knows and who sees, not for a person who does not know and does not see" (Payutto 1994). "Knowing" and "seeing" here can be understood to mean having deep awareness of the nature of things in life.

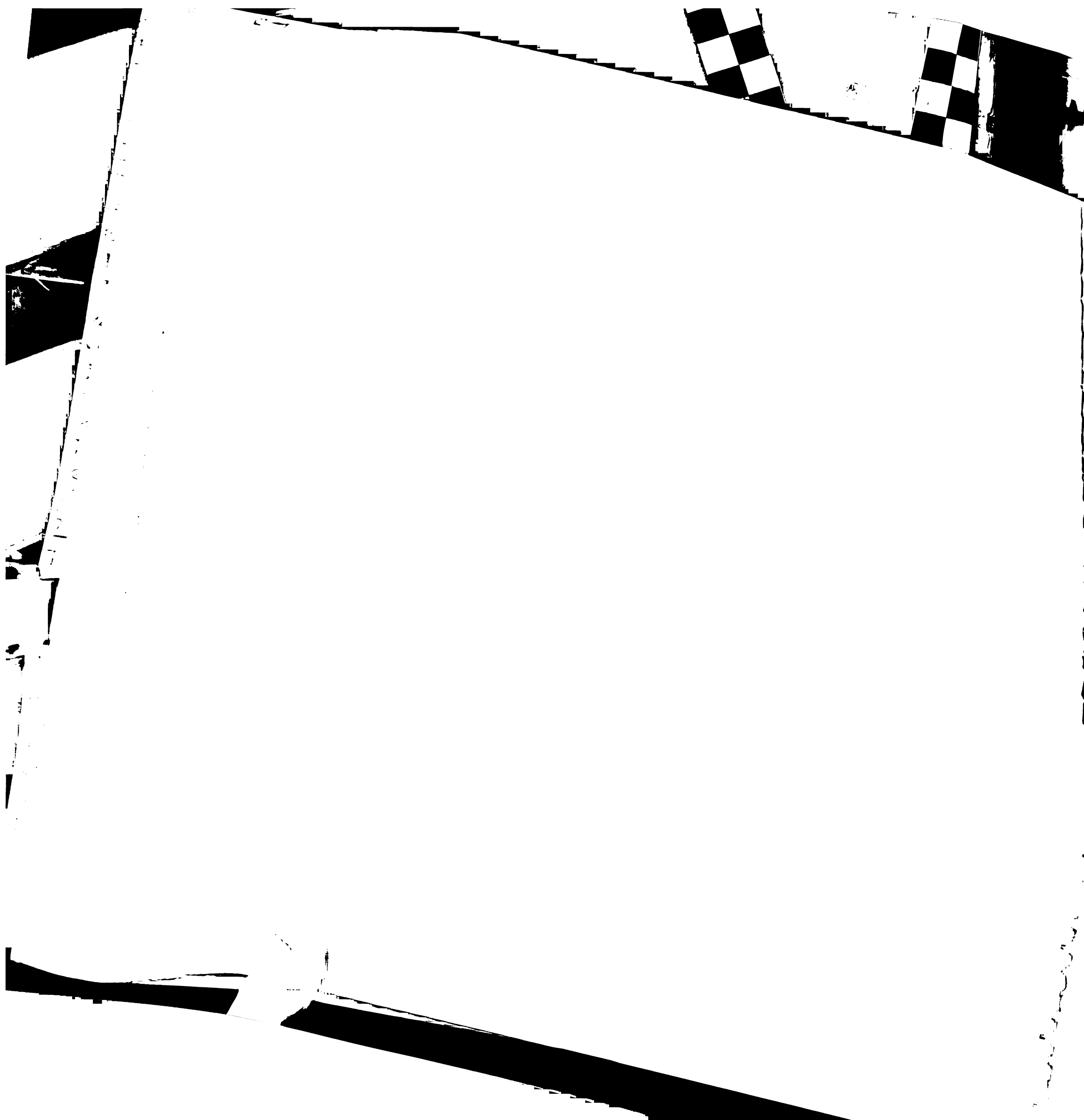


According to Buddhist teachings, sense-pleasures such as smoking provide fleeting reinforce of the notion of self, and thus are a source of *dukkha* (Rahula 1996, p. 18). The enjoyment of sense-pleasures may involve: 1) attraction, 2) evil consequences, danger or unfulfillment, 3) freedom or liberation. Those who understand the nature of the attraction to, unfulfillment of, and liberation from sense-pleasures will understand the true nature of the desire for sense-pleasure.

Buddhism teaches that attachment to self image, such as craving to be perceived as a "real" man, is the root of all suffering.

Every kind of prison is included in and comes down from the words "oneself" or "myself." Clinging to self as self, attaching to "I" and "mine," this is the true prison, the heart and soul of all prisons. Tear out the foolishness that creates "attā," along with attā itself, and all the prisons will be gone. If you practice *ānāpānasanti* (mindfulness with breathing) correctly until truly successful in it you will destroy all the prisons completely. That is, destroy attā, then all the prisons are finished and you won't build any more of them ever again (Buddhadasa Bhikkhu 1989, p. 31).

In considering working-class Thais who are nonsmokers, the analysis shows that their sensibilities about well-being were remarkably consistent with Buddhist fundamental teachings: abstaining from intoxicants (not smoking or drinking); showing compassion (warm family); caring about the environment (clean air); caring for one's body (healthful diet and exercise); avoiding craving for high status and luxury (Mercedes), and relying on one's self to alleviate stress and depression (practicing meditation). Their feelings of well-being were less self-centered, more concerned about finding a balance in caring for their inner-emotional and outer-bodily being, and they were somewhat less concerned about achieving high social status and projecting a self image.



In contrast, the evidence suggests that working-class Thai smokers had lost much of the sense of well-being that Buddhism teaches and values. Smokers tended to be more self-centered, more concerned about their inner feelings at the expense of their bodily well-being, and more concerned about wealth, social status and personal image. All of these factors are important and are interrelated. All of them are amenable to being reshaped by culturally meaningful health promotion.

The analysis in this study reveals two patterns of living. The nonsmokers' pattern was to feel more sabaay from healthful living habits (diet, exercise, warm family). This pattern of feelings reflects Buddhist teachings about being sabaay and living well. The smokers' pattern was to feel less sabaay from healthful living habits (diet, exercise, warm family). This pattern of feelings reflects an attachment to the modern self, or a need to self-medicate to handle the stress, depression and demands of modern life.

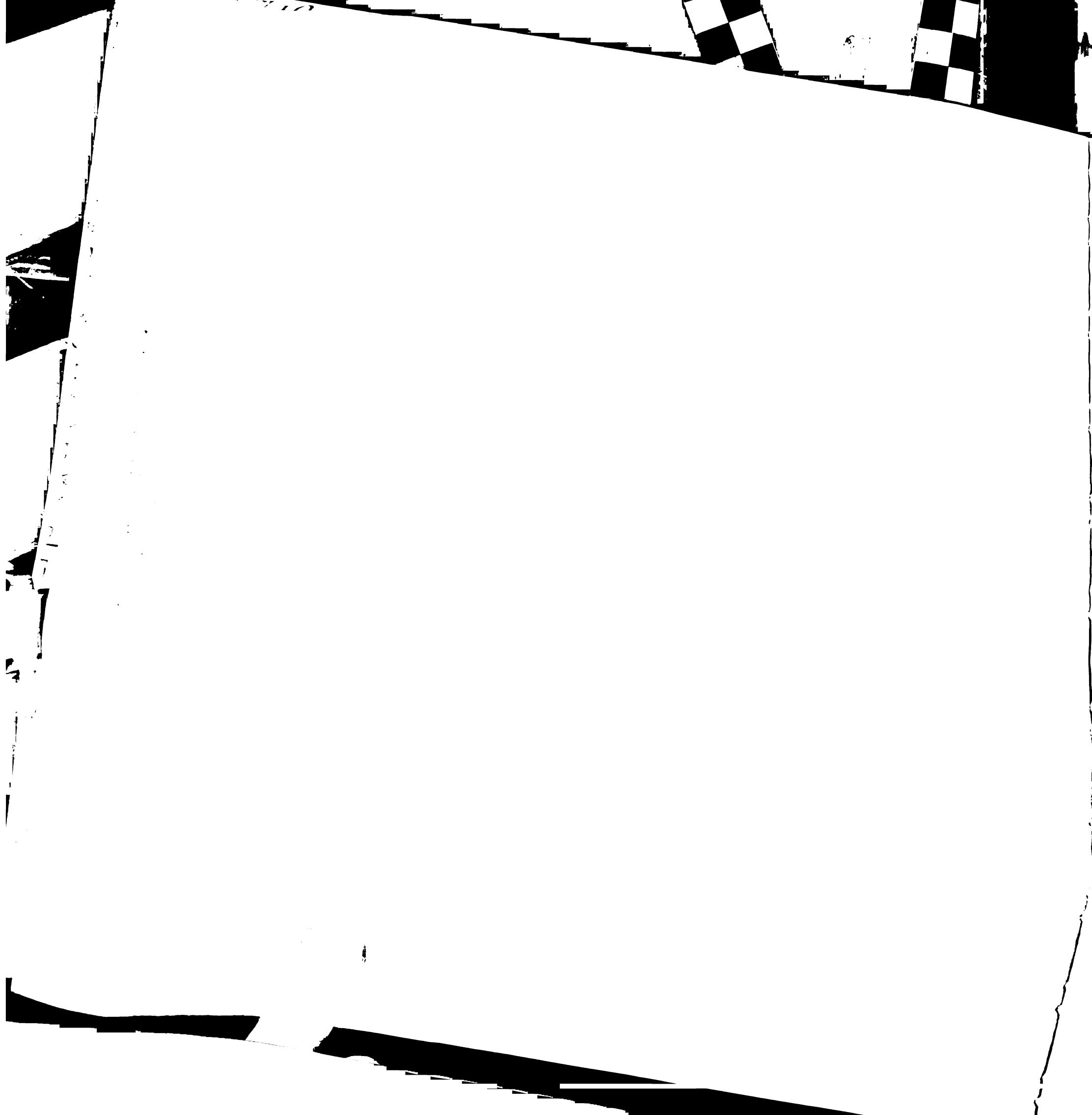
What does traditional Thai wisdom teach about being sabaay?

The differences between smokers and nonsmokers reflect some of the differences between Buddhist values and modern, consumeristic values discussed earlier in this study. The nonsmokers' sense of sabaay was more consistent with traditional Buddhist teachings about what gives rise to sabaay. Smokers' sense of sabaay tended to reflect a modern, consumeristic definition of sabaay propagated through marketing. Nonsmokers seemed to have had a clearer understanding of, and were more devoted to, the practice of these teachings than smokers. Fundamentally, nonsmokers seemed to appreciate how the Four Noble Truths apply to smoking:

1. There is suffering (*dukkha*) in smoking.
2. Craving and attachment to cigarettes causes suffering.
3. Eliminating craving and adopting habits of healthful living give a greater sense of well-being.
4. The Path of insight, meditation and ethical conduct is the way to stop smoking and live well.

In essence, understanding and living according to Buddhist values has a protective benefit against smoking. It appears that nonsmokers had lived according to the traditional Buddhist values of *sappaya* transmitted through Thai society directly by monks and indirectly by lay Thai people. Returning to review the original Pali definition and variations of *sappaya*, the parallels between the nonsmokers values and Buddhist sabaay are evident.

- *Sappaya*: to have a clear understanding and awareness of things, actions, and places that are suitable for mental development, that promote practice of prayer, and focus in meditation.
- *Sappayagari*: to do what is suitable for oneself, and favorable for good health and a long life.
- *Sappaye*: to be moderate even in things that are suitable and favorable.
- สัปปาเย: รู้ชัดว่าสิ่งนั้น การกระทำนั้น ที่ที่จะไปนั้นเหมาะสมกัน กับตน
ช่วยสนับสนุนการบำเพ็ญภาวนา สมาธิตั้งมั่น
- สัปปาเยการี: รู้จักทำสิ่งที่เหมาะสมแก่ตนเองและสิ่งที่สนับสนุนให้สุขภาพดี
และมีอายุยืนยาว
- สัปปาเย: รู้จักประมาณในสิ่งที่สบาย



Sappaya 7

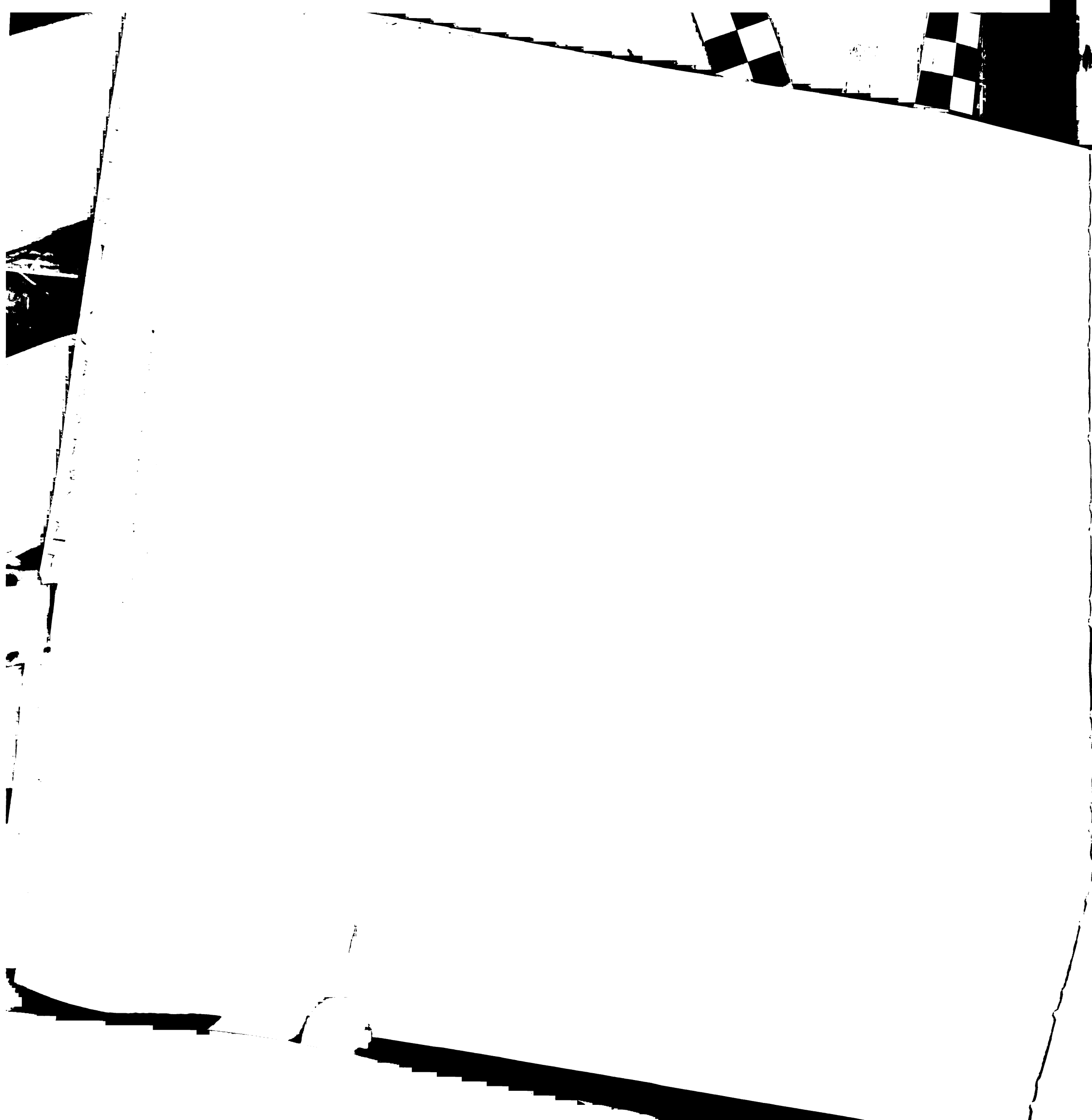
1. *Avasa-sappaya*: suitable place to live, not crowded (clean environs)
2. *Gocara-sappaya*: suitable community to find food (absence of drunkenness)
3. *Bhassa-sappaya*: suitable, helpful and moderate speech (warm family)
4. *Puggala-sappaya*: being a suitable, wise person (valuing health)
5. *Bhojana-sappaya*: suitable, healthful food (traditional Thai diet)
6. *Utu-sappaya*: suitable climate (clean air)
7. *Iriyapatha-sappaya*: suitable posture for one's body (meditation and exercise)

1. อาวาสสัปปายะ: สิ่งที่อยู่ซึ่งเหมาะสม
2. โศจรสัปปายะ: หมู่บ้านที่มีอาหารบริบูรณ์
3. ภัสสสัปปายะ: การพูดคุยที่เหมาะสม
4. บุคคลสัปปายะ: บุคคลที่ถูกต้องและเหมาะสม
5. โภชนสัปปายะ: อาหารที่เหมาะสม
6. อุตุสัปปายะ: ดินฟ้าอากาศธรรมชาติที่เหมาะสม
7. อิริยาปถสัปปายะ: อิริยาปถที่เหมาะสม

Dependent Origination: The Cycle of Suffering

Why is it that some working-class Thai smokers do not share Buddhist values to the same degree as nonsmokers? Smoking is a product of a larger cultural shift. The influence modernization and consumerism on contemporary Thai culture permeates throughout the smokers' sensibilities about sabaay. Thai culture has enabled a strong association between masculinity, male power, and smoking. Many working-class male smokers' sabaay feelings reflect the image of the masculine, cigarette-smoking American GIs who drank, drove fast cars, and chased women. Thus, many Thai men have taken up the smoking habit to reinforce these aspects of their identity. This gives them feelings of inclusion, modernity, unacceptable risk taking, and high social status – feelings that they have adopted as making them sabaay.

Buddhism explains craving and clinging to social status is a form of attachment to the illusion of “self” and the false sense of “I” (Payutto 1984).

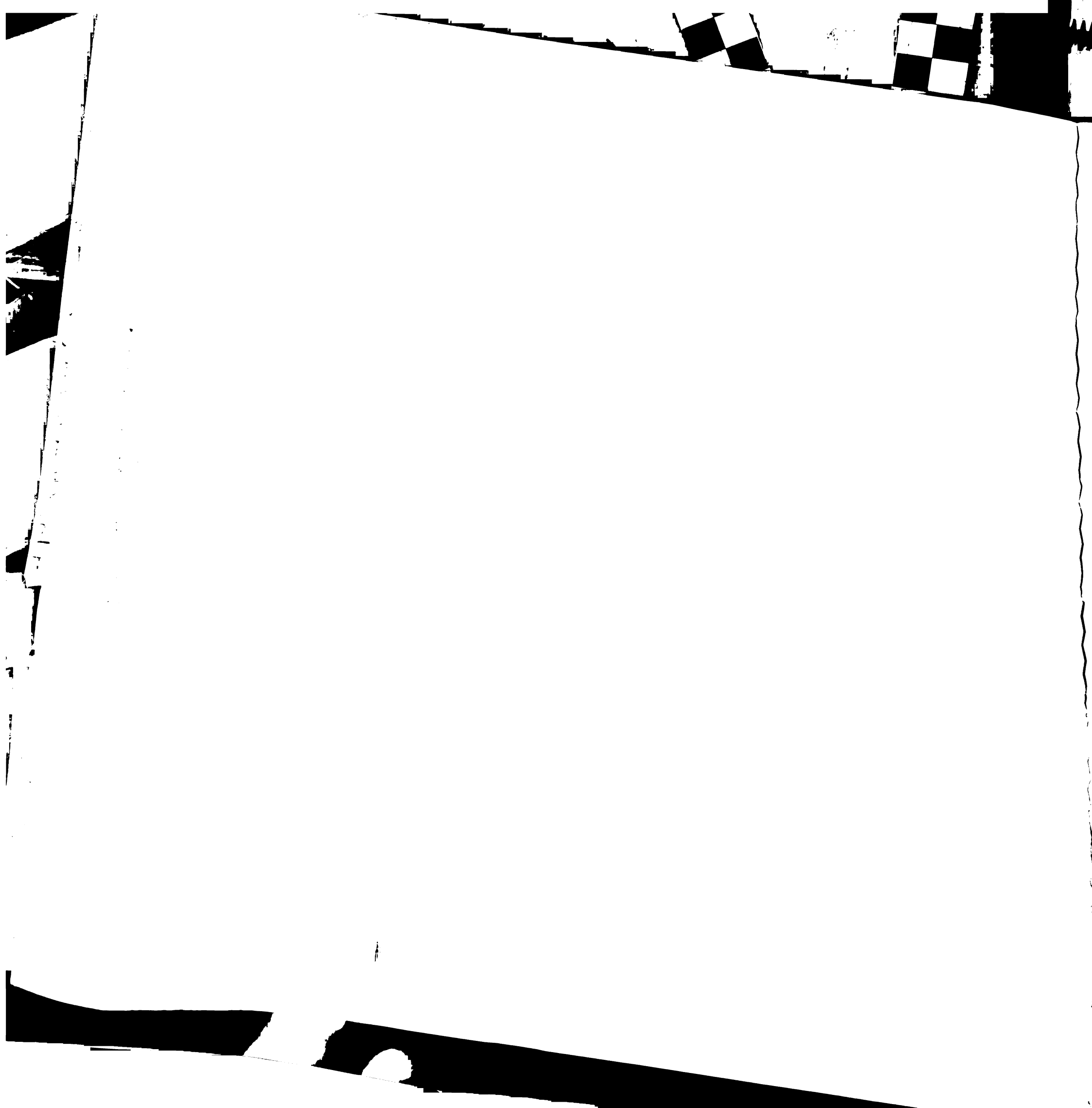


This craving and clinging is part of a need for social acceptance. Clinging to intoxicants such as tobacco contributes further to the illusion of "self." The smoking habit not only perpetuates these feelings of status and power, but also becomes also a form self-medication for treating the stress and anxiety caused by the inherent confusion between modern living and traditional values. Nicotine provides the smoker with a sabaay "release" that calms the nerves and gives a boost of energy to keep up the frenetic pace of modern life. When the modern pace of life becomes too overwhelming, smoking becomes a convenient means of escaping into a false, impermanent feeling of sabaay. This release creates transitory moments of sabaay at the expense of sabaay feelings from good health over the lifetime, which nearly all Thais interviewed, regardless of smoking status, highly value.

Buddhism looks to explain the ultimate causes of human habits. In Buddhist teachings the principle of dependent origination explains the cycle of ignorance and that gives rise to the whole mass of suffering that exists in the world (Payutto 1984; Payutto 1994). According to this principle, for humans in nature, all things are related to all other things. Buddhism explains why unrestrained habits result from unawareness about the power feelings can have over humans. Habits such as smoking are perpetuated through the cycle of suffering.

The cycle of suffering is:

In unawareness -> volitional impulses (will) -> consciousness -> body and mind -> six sense bases -> contact -> feeling -> craving -> clinging -> becoming -> birth -> aging and death -> sorrow and suffering -> ignorance (repeat cycle).

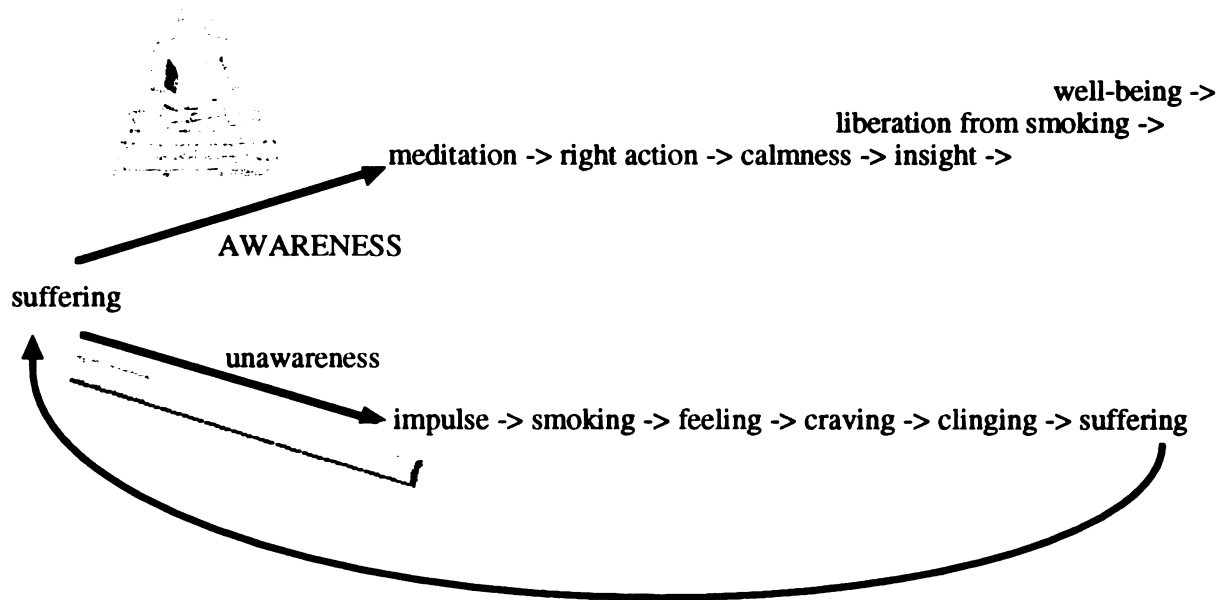


One can understand the habit of smoking in Thai culture within the Buddhist framework of dependent origination (adapted from Payutto 1984 and 1994).

1. Beginning with ignorance about the suffering caused by social conditioning and lack of awareness of the true nature of inner tranquility as a condition, there are the volitional impulses to smoke.
2. With the volitional impulses to smoke to establish one's sense belonging and relaxation as a condition, there is consciousness.
3. With consciousness of the will to feel belonging and relaxation as a condition, there is the body and mind.
4. With the body and mind taking up a posture of a smoker as a condition, there are the six sense bases (eye, ear, nose, tongue, body and mind).
5. With the six sense bases in which one finds oneself in the world filled with images and people smoking as a condition, there is contact.
6. With contact with smokers, images of smoking, tobacco, a lit cigarette, and smoke rushing through the lungs as a condition, there are feelings.
7. With feelings of inclusion and relaxation from smoking as a condition, there is craving.
8. With craving of social acceptance, cravings of the stimulating-relaxing feeling of smoking, cravings of the touch of a cigarette, cravings of the smell and taste of tobacco as a condition, there is clinging.
9. With the clinging to cigarettes and the habit of smoking as a condition, there is becoming.
10. With becoming a smoker in one's own self-perception as a condition, there is the birth.
11. With the birth of one's existence as a smoker, birth in feeling that in every way one is a human being that perpetually, habitually and unavoidably smokes, there is *dukkha*: aging and death, sorrow, lamentation, pain, grief and despair.
12. With *dukkha*: aging and death, the sorrow having started smoking, lamentation for not having quit, the pain of smoking-related disease, the grief of causing one's family to suffer, and the despair of having life cut short as a condition, there is either further ignorance or awareness.

According to Buddhist teachings, this cycle happens within a mind-moment of a puff of a cigarette and throughout the life course of a smoker, and beyond through cycles of karma. In this study, what distinguishes the working-class Thai nonsmokers from smokers is the differences in levels of awareness about this cycle of suffering. As seen in figure 36, awareness of suffering caused by addictive habits is the pivotal point of departure that leads to a smokefree life.

Fig. 36. Pathways of Suffering and Liberation from Smoking



Thus, the Buddhist model of dependent origination (the cycle of suffering) converges with the results in this study which show that the nonsmokers differed most strongly from smokers in their level of awareness about the health effects of smoking.

The following excerpt reveals the difference between nonsmokers and smokers in their awareness of the cycles of suffering caused by smoking.

Group 21 (Younger Bangkok workers, mixed gender)

1FN: 33 year-old female office clerk, nonsmoker.

2FN: 32 year-old female office clerk, nonsmoker.

3MS: 38 year-old male delivery driver, smoking for over 10 years.

4MQ: 32 year-old male small business owner, smoked but quit 10 years ago.

J: Me as moderator

N: Co-facilitator

N: How important do you all think health is?

2FN: Important. Bad health and you have a short life.

1FN: Bad health and you don't have the energy to do anything at all. If you have a disease you don't want to do anything.

J: Let's take the example smoking cigarettes. How is smoking cigarettes related to health?

3MS: Smoking cigarettes is bad. It makes your throat dry, phlegm, bad smell. Your breath stinks, but it... well for me, it makes me feel very good inside (sabaay jai). It...you don't stress out. When I am driving upcountry it gives me a release, like the way a nonsmoker will have a snack. Sucking on candy helps somewhat with the addition.

J: Would you like to quit or not?

3MS: Would I like to quit or not? Well, I think I'd like to quit, but, I just think, and think, and don't quit. Folks like us, if we are not feeling well (not sabaay) then we think we'd like to quit. If we are sick, then we get to the point where we'd like to quit. Right now, no problem, so I don't think about it.

4MQ: I quit 10 years ago. I smoked for 5 years. But I drink. This liquor, I can't quit. I just drink socially, that's all. There was a time when I was quitting smoking, so I started to take Braner Protein Supplement, and then I gained weight. I was always eating. When I went to work, I got stressed, so I started smoking. I could not quit, so I started smoking again 4 or 5 times, and then I finally quit.

3MS: Before, I used to drink 2 or 3 cups of coffee a day because I needed stimulation.

J: If we think about alcohol, cigarettes, which is worse for health?

4MQ: I think cigarettes are worse. It's cigarettes.

J: Is smoking influenced by our environment?

3MS: That's part of it. The surroundings helps manage our smoking. Like now, 3 hours without smoking.

Smoking becomes a form of indulgence in sense-pleasures which Buddhism described as the common way of ordinary people (Buddha, the first sermon). The Buddha also taught that humans can become addicted to the feelings of pleasure if they indulge in intoxicating substances. Thai smokers do not experience "cognitive dissonance" from this apparent conflict because they do not hold the right view, in the Buddhist sense, about smoking. The smokers' clear, heartfelt desire to feel sabaay from good health and their desire to feel sabaay from smoking coexist because smokers are unaware of the gravity of health consequences from smoking. In this state of unawareness, the desire to feel sabaay (sense pleasure) now, socially and physically, from smoking becomes the master. Fortunately, Buddhism teaches that unawareness, like all states, is impermanent. Each person can develop deep awareness and change their habits. This process of change can be undertaken by following the Noble Eight-fold Path.

The Noble Eight-fold path is grouped into three domains.

Ethical cultivation: right action, right speech, right livelihood,

Mental cultivation: right effort, right mindfulness, right concentration

Insight-wisdom cultivation: right view, right thought.

Perhaps the best evidence of how people can shift their values and awareness away from attachment to self-image is provided by those hardcore male smokers who quit after many years of smoking.

Group 22 (Older Bangkok firemen, all men, all quit smoking)

1MQ: Smoking cigarettes is the worst of all. I could not quit and smoked for 31 years.

N: Why did you start smoking cigarettes?

1MQ: I started because I was a kid. I smoked because wanted to show off. If you have a cigarette in your hand you look cool.

4MQ: Knew that it was bad, but did it anyway.

3MQ: Being in debt to the IMF, that's bad for health, but not too much, because they collect taxes from us. Exercise makes health good, and eating meat makes health good. Eating fruit makes health good. Praying to the Buddha makes the health good and the mind tranquil. Clean surroundings make health good, but not that much.

1: สูบบุหรี่นี้แยะที่สุด ไม่เลิกหรือสูบมากกว่า31ปี

N: ทำไมถึงเริ่มสูบบุหรี่

1: เริ่มเพราะเป็นเด็กสูบเพราะความโก้เก๋มีอยู่ในมือมันเท่

3: กินเหล้านี้ทำให้สุขภาพไม่ดี

4: ร้อยยู่แต่ก็กิน

3: เป็นหนี้IMF สุขภาพก็แยะแต่ไม่มากเพราะเขาเก็บภาษีเราไป ออกกำลังกายทำให้สุขภาพดี กินเนื้อสัตว์ก็ทำให้สุขภาพดี กินผลไม้ทำให้สุขภาพดี ไหว้พระทำให้สุขภาพดีจิตใจสงบ สภาพแวดล้อมสะอาดทำให้สุขภาพดีไม่ต้องตีมาก

This is the wisdom of those who have quit.

"I smoked since I was 17. I finally quit at 37. Now I feel sabaay gai and sabaay jai."

**สูบมาตั้งแต่อายุ 17 มาเลิกได้ประมาณอายุ 37
ตอนนี้สบายใจสบายกายดี**

"Smoking has no value in my life. The path to quitting lies in our own heart-mind (jai)."

สูบบุหรี่มันไม่มีประโยชน์ เลิกได้ มันอยู่ที่ใจของเรา

In summary, retaining or embracing traditional Thai Buddhist values and teachings by cultivating an awareness of the cycle of suffering appears to protect some working-class Thais from adopting poor health habits such as smoking. These teachings are a valuable cultural resource that can serve as the foundation for health promotion efforts in Thailand.

CHAPTER 14
CONCLUSIONS

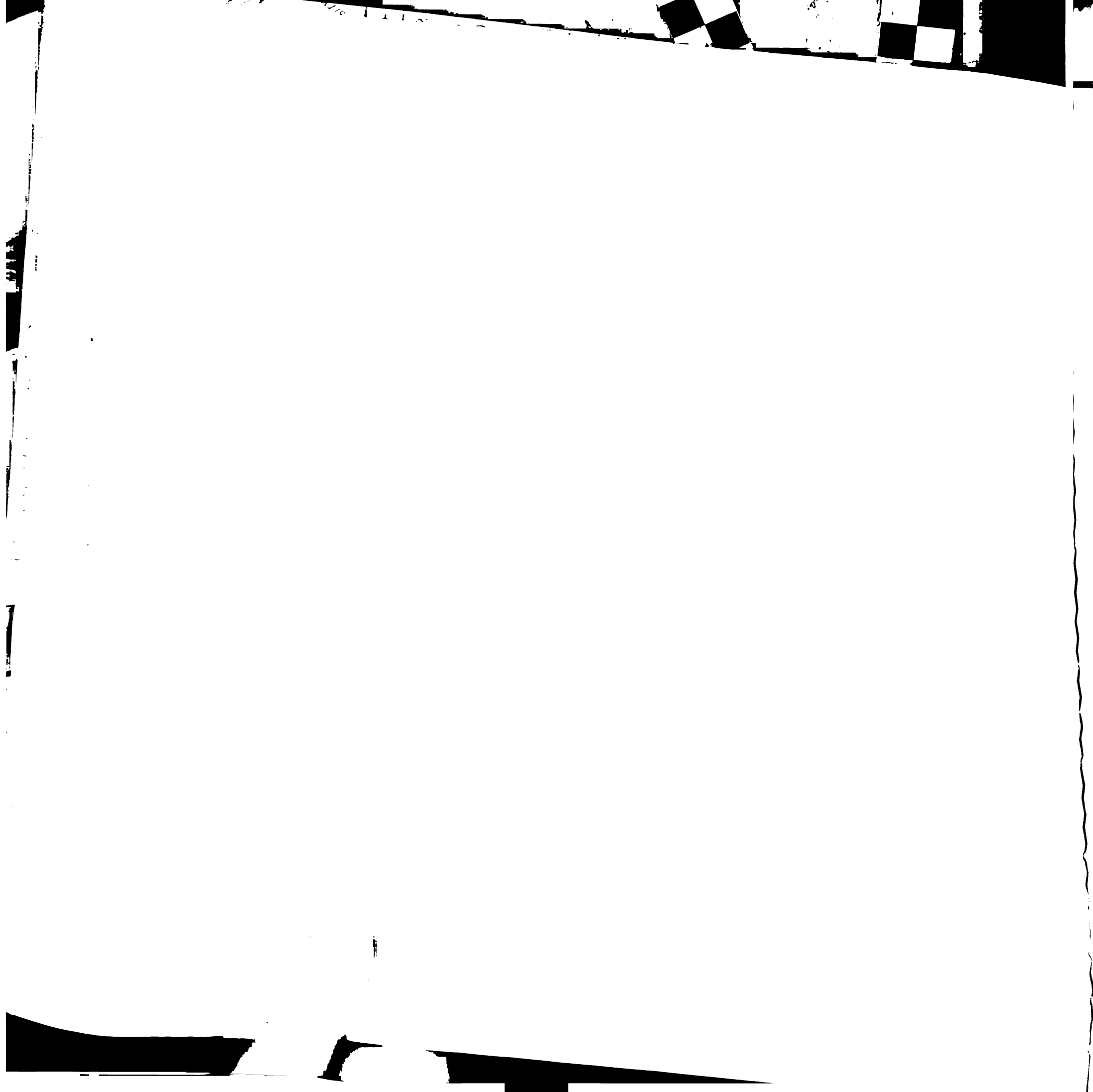
“Changes in the socioeconomic system have resulted in changes in Thai people’s beliefs and culture. A number of people have distanced themselves away from religious practices. Some are less restrictive in morality, but tend to be competitive, exploitative, self-centered, and power-seeking, politically and financially. The Thai culture, previously regarded as being generous, hospitable and seniority-respecting, has deteriorated to such a level that a Thai culture restoration programme has to be launched.”

Thailand Ministry of Public Health,
In Thailand Health Profile 1997-1998

Observations about the nature of sabaay

In this dissertation, I have attempted to uncover why the feeling of sabaay – that, feeling good and feeling well – is very important to working-class Central Thais. The Thai sense of sabaay is deeply rooted in Thai culture and the values and norms in Thai society. And yet because Thai culture is highly dynamic, the meaning of sabaay is continually being reshaped by emerging values in contemporary Thai society. Accordingly, I have taken an anthropological approach to describing the nature of sabaay and documenting how different working-class Thais’ sense of sabaay propels their habits of daily living.

The aesthetics and mode of sabaay have their origins in the riverine way of life of the Siamese “rice folk” who built an enduring civilization. For some 60



generations, Thai people have looked to the Path of moderation and mindfulness taught in Theravada Buddhism as one way to be sabaay. The sabaay that some Thais believe flows from achieving high social status comes from the legacy of Brahmanism and the Thai people's heritage as a kingdom. Sabaay has been shaped by the egalitarian values successive governments have slowly introduced through development policies, schools and the public health sector. In recent years, the civil society movement has seriously taken up the question, "what does it really mean to be sabaay?"

Notions of sabaay arise from social norms, yet feeling sabaay is very personal. Each Thai individual holds their own particular sense of the nature and dimensions of sabaay. Each person's sense of sabaay is an outgrowth of their personality, life experience, personal values, and preferences. An individual's age, gender, educational background, socioeconomic status, and socio-ecological context all shape their sensibilities about feeling sabaay. Certain demographic groups do however, share similar sensibilities about what influences feeling sabaay. For example, older less-educated Thais may not separate sabaay jai (heart-mind) from sabaay gai (body) as much as younger Thais who have grown up in a world oriented more toward attaining physical comfort.

Working-class Thais have experienced the impact of changes in the larger world and changes within Thai society in their regions and communities. It seemed to them that nearly everything about their local surroundings, customs, and patterns of social interaction had changed over three accelerating decades. In general, the participants in this study said that they were thankful that life had become easier because of improved infrastructure and better

opportunities to earn a living. Yet, despite the general consensus that the material conditions had developed in their communities, many participants' sense of sabaay had diminished because they had seen their communities and neighborhoods become more competitive, fragmented, and polluted.

Increasingly, notions of sabaay are being transformed by marketing that seeks to sell an image of the modern lifestyle and manufactures desire for Americana (Berger 1996). For some, the three M's of modernization – Mercedes, Motorola, and Marlboro – have come to represent the ultimate image of being sabaay. However with the economic crisis, there is an increasing awareness that materialistic consumerism has gone to excess. Even officials in the Ministry of Public Health lament:

“Consumption values have changed to materialism and consumerism as a result of mass media advertisements and the new marketing system. Thais tend to over-consume, spending much higher than their economic or earning capacity. Some do consume something that is unnecessary and harmful to their health such as tobacco, alcohol and narcotics.” (Thailand Ministry of Public Health, 2000, p. 98).

Marketing has capitalized on the Thai desire to feel sabaay and this has fueled materialistic consumerism. As a result, Thai people seemed to have been pulled away from themselves and into a future-oriented frame to achieve wealth and happiness in the future. Marketing has effectively enticed younger Thais, particularly those who were fashion conscious, into pursuing the pleasures of comfort (tam jai), often at the expense of caring for their health (gai) and spirit (jai). I have found evidence that indicates that a Buddhist health promotion approach may be the most effective way to counter-act the allure of consuming an unhealthy way of life.

The social and economic crisis of 1997-98 jeopardized the health and well-being of rice farmers in Central Thailand and laborers and shopkeepers in Bangkok. The crisis gave many Thais pause to reconsider the value of the "get rich quick" pursuit of sabaay in light of the suffering they were experiencing. Some began to take refuge in Buddhist teachings. For the majority, this led to a profound conflictedness about how to find a middle path that would lead to a sabaay life.

Working-class Central Thais' understandings of good health

This study has shown that Thais of varying backgrounds view some aspects of sabaay and good health similarly, while differing significantly about other aspects of life, particularly those related to the accumulation of wealth, high social status, and material comforts. In principle and in practice, good health, feeling well, and feeling good (feeling sabaay gai and sabaay jai) were among the most important aspects of life for Central Thai rice farmers and Bangkok workers. The Thais I interviewed felt that good health was an essential part of being sabaay. They believed that maintaining good health is ultimately each individual's responsibility, yet also placed their health in the entrust of family members and medical professionals.

Many participants felt that both sabaay and good health arise from taking care of one's body by getting rest, exercising, and eating healthful food, taking care of one's emotional needs by contributing to a warm family, and taking care of one's spirit by practicing meditation or making merit. The participants said they attempted to live according to this understanding and many of those I observed actually managed to do so. Some of them were quite successful while others lacked adequate insight and skills to maintain healthful habits of living.

Many faced inevitable tradeoffs as they struggled to earn enough income to support their families and pay off debts. In the end, the participants' concerns about their employment status and the economy often lead them to adopt patterns of living that jeopardized their health status.

Principles, relationships and generalizations from the results

Thais' sense of sabaay has important implications for their health habits. Above all, the participants felt that their desire to be sabaay had a strong, often overriding influence on their habits of daily living. Despite having accurate health knowledge and an adequate education, some continued to maintain habits that made them feel sabaay (e.g., smoking, drinking excessively, not wearing a helmet) in the short term at the expense of their health and longevity.

The present study has shown that knowledge is important, but knowledge alone does not explain habits. Several participants recognized that wisdom makes knowledge valuable. That is to say, facts only become meaningful when they are brought to life through the wisdom of sound judgment. In the absence of wisdom, desires and expectations of feeling sabaay can overshadow and ultimately trump knowledge. The distinction here may be between the desire to feel sabaay and simply being sabaay. This is similar to the distinction between "feeling good" (experiencing pleasure) and feeling well (being content and healthy). Understanding these feeling may be the key to helping people overcome these poor habits.

Within Thai society, nonsmokers are a distinct group not only because they do not smoke, but more important, because they have a different sense of well-being from smokers. Based on the demographic comparisons, it is possible to create profiles of those working-class Thais whose values, feelings, and knowledge are generally healthful. These profiles are important because they provide insights into the views and feelings of important demographic segments of Thai society.

In this study, most younger better-educated women tended to have views and feelings of sabaay that are closer to the public health image for a healthful life. By contrast, many older men with lower education tended to have the ideas and feelings that made them more susceptible to adopting habits which are bad for their health. Nearly all of the younger, better-educated women were mothers, and thus have a vital role in shaping their children's health habits and values. Many of these women also establish their household's patterns of consumption. It is no coincidence that these young women are now the prime targets of the tobacco industry. As we come to understand their feelings and views better, public health professionals can reach them with information that is meaningful to them and reinforces their healthful values.

This analysis also helps us understand the later group – older men with lower education – because this group tended to have a whole range of habits that cause them to suffer needlessly from the diseases of modernity. Many of these men had tendencies toward drinking alcohol in excess, driving recklessly, overworking themselves, and paying limited attention to their families. They have been the long-standing target of domestic and foreign tobacco companies and have the highest smoking rates of any segment in Thai society. The

findings in this study may provide a window into these men's feelings and views that give rise to their detrimental habits. Such analysis may create an opportunity to develop health promotion approaches that better meet these men's needs for assistance to reformulate their feelings about health habits and enhance their knowledge and skills.

The findings in this study support the view that "common values lead to common fears" (Douglas and Wildavsky 1982, p. 8), that is, that people's perceptions of the risk of developing a disease caused by smoking depends largely on their underlying values about feeling *sabaay* and maintaining good health. The evidence presented in this study suggests that differences in values explain many of the differences between nonsmokers and smokers.

The nonsmokers' sense of *sabaay* was more consistent with traditional Buddhist teachings about what gives rise to *sabaay*. The smokers' sense of *sabaay* tended to reflect a modern, consumeristic definition of *sabaay*.

Nonsmokers seemed to have more deeply embraced Buddhist values and were more devoted to the practice of these teachings than smokers. It appears that nonsmokers have lived according to the traditional Buddhist values of *sappaya* transmitted through Thai society directly by monks and indirectly by lay Thai people. It follows accordingly that understanding and living according to Buddhist values provides a protective benefit against adopting smoking – a habit that gives rise to suffering.

Limitations of this study

Questions of sampling

Sample size is a point of consideration for this sort of cross disciplinary research. By epidemiological standards, a sample size of 96 may be considered small. Yet, noting that many important studies in clinical epidemiology are based on samples of this size, this study is within reasonable limits. By anthropological standards, the sample size is large. Some might argue that my decision to work in two areas and across several communities and neighborhoods diminished the depth of my analysis and understanding.

The 24 insight group interviews provided an efficient way to discuss sabaay and health with a range of people, and produced 51 hours of taped interview data and over 200 pages of transcripts. My method has been to analyze the quantitative and qualitative data obtained from the same individuals in tandem and cross-fertilize the analysis. As this is a relatively new way of doing research, I have "opened the book" on my data to let the reader see what the participants said, and judge whether I have been sufficiently circumspect in my interpretation.

As for concerns about the randomness of the sampling and generalizability, comparisons between regional demographics and the demographics of the sample in this study bear out the legitimacy of using a structured sampling method in situations where it is logistically impossible to collect a random sample. I do not believe this sample is "representative" in the strictest sense and therefore have not made strong claims about the views of larger populations. I do believe that the sample fairly represents the strata of Thai

society I set out to study. This study should not be generalized to populations beyond this strata, or beyond Central Thailand.

Time limitations

Although I conducted fieldwork in intervals over nearly ten years and spent one full year living in Thailand, the primary data are cross-sectional. This limits my ability to track changes in sabaay over time. I have relied instead on the participants' own interpretations of the effects of modernization on their sense of sabaay as well as my own interpretation of interview and observational data to infer how notions of sabaay changed. In some cases these inferences are easy to substantiate: before there were fabric softener and mobile phones in Thailand, it would have been impossible for Thais to associate using fabric softener or mobile phones with feeling sabaay. In other cases, particularly in the analysis about the drift away from the essential teachings of sabaay in Buddhism, the inferences are anchored in my own observations about the rapidly changing scene in Thai life and my interpretation of the "signs and symptoms" expressed by the Thais with whom I came in contact.

The discussion of time raises the issue of conducting intensive fieldwork during the worst socioeconomic crisis in Thailand's modern history. I have no doubt that the crisis provoked Thai people to reconsider their values and sense of sabaay. As I have said before, this was an unsought windfall that I believe only enhanced the relevance and validity of this study. I say this because regrettably the sudden downturn has given way to protracted socioeconomic difficulties. If the government's projections are to be believed, it is likely that Thais will continue to face the "new reality" of a lackluster, post-boom economy for sometime.

Regarding my suggestion that the essence of *sappaya* continues to resonate in some dimensions of sabaay in contemporary Thai culture, one critique is that the etymology of a word is often of little value in understanding its usage in modern language. My colleague Dr. Manote Lotrakul has commented:

"Is to relate those who do not smoke with *sappaya* a kind of 'category fallacy' (in terms of time rather than culture difference)? If *sappaya* has its place, I think, when you mentioned this approach the audiences would have an 'aha' feeling, or it would be nice if you could elaborate how this concept has evolved and is somehow still an influential concept" (Lotrakul 1998).

I have considered the issue of linking contemporary Thais' notions of sabaay to *sappaya*. Although I cannot entirely refute this critique, I can offer some additional evidence to support my analysis. I have recently observed that the Thais' Theravadan neighbors in Laos and Cambodia use the word sabaay very similarly. This suggests that sabaay is strongly linked to something fundamental that is resonating deeply through all three of these languages. Otherwise the meaning of sabaay would have likely evolved to take on different connotations in each society because they are linguistically distinct and have been somewhat isolated from one another. Theravadan teachings about *sappaya* (in Pali) are the most obvious common root. It seems to me then that one can fairly compare the well-established Buddhist definition of *sappaya* along side the definition nonsmokers have provided and infer that the original meaning of sabaay (*sappaya*) is resonating in the contemporary meaning.

I agree that most language is plastic and that meanings of words can drift. Still, in many languages one finds a special class of words that are central to religious traditions and perpetuated across the ages through chant and recitation. Some examples are the Latin words *sanctus* and *communio* which are central in the Roman Catholic tradition and their analogues¹¹ “sacred” and “communion” in modern English. Words used in greetings that have a spiritual connotation such as *shalom* in Hebrew, *salam* in Arabic, and *salud* in Spanish also come to mind. Being that modern Thai is a Pali derivative – the language of Buddhism in Southeast Asia, Thai language is filled with words that have retained much of their original Buddhist meaning. It is my view that *sabaay* is among this class of words.

The mode of transmission may always be a mystery. We know that Thai Buddhist monks have been the custodians of wisdom and language in Thai society. Prior to the introduction of modern formal education in the late 1800s, monks were among the few who could read and write at a high level of proficiency. They have maintained an age-old tradition of scholarship studying the Pali texts and were the teachers of Thai language. Even today, monks use *sabaay* frequently in their sermons and in conversation with lay people to explain the Buddha’s teachings. This indicates that the continual interaction between monks and lay people over many generations may have been the primary mode of transmission and reinforcement of the Buddhist understanding of *sappaya* in modern *sabaay*.

¹¹ The ancient analogue in Greek for the word “analogue” is *analogos*.

Theoretical implications: seeing this study in the context of other work

This dissertation has forged the anthropology of wellness in the hope that others will undertake social science research to understand what makes people feel well. Almost no research has been conducted on why people generally stay well. The theoretical framework I have proposed represents a shift from the knowledge, attitudes and practices (KAP) paradigm to a new paradigm of feelings, awareness, wisdom and habits (FAWH). I cannot, and do not, wish to claim that I have invented this paradigm. This paradigm is grounded in age-old Buddhist principles that explain the nature of suffering in the human experience and provide a path out of suffering. I do not claim to be the first to propose to use Buddhist teachings for public health ends, because the Buddha himself was deeply concerned with what Antonovsky has called "salutogenesis" – the human tendency to be healthy. In Thailand, there are several scholars, most notably Dr. Prawase Wasi (1987, 2000 #392) who have been working to infuse public health with Buddhist principles for many years.

This study has attempted to clarify the apparent parallels between health promoting habits and underlying values. These were clear and consistent about why health is so important to them. The fact that this healthy sample placed a high value on the physical, emotional, and spiritual aspects of good health may explain why they were generally healthy. Placing a high value on health and making efforts to stay healthy may be the source of salutogenesis (Antonovsky 1979). Nonsmokers' higher rating of the importance of good health compared to smokers supports this conclusion. This parallels the basic Buddhist principle of understanding the Buddha's teachings and practicing them. Knowledge and good attitudes are not sufficient. Buddhism makes it

clear that insight-wisdom into the nature of habits must be combined with the practice of meditation to walk on the path of true happiness.

Antonovsky's focus on an underlying sense of coherence is also borne out in this study, particularly among those Thais who maintained healthful habits of daily living (Antonovsky 1993). The present study has shown that the nonsmokers' constellation of things that made them feel sabaay or not sabaay was coherent. It is my view that the source of this coherence came from the underlying Buddhist values nonsmokers tended to embrace and live. Still, for working-class Thais, Buddhism is not the only source of coherent understanding about the importance of sabaay and good health. Public health campaigns have presented a generally coherent system for understanding health. The life experiences of these working-class Thais who were trying to survive in an unraveling agro-industrial economy made it clear that good health was critical for their survival and happiness.

It is not necessary to believe in Buddhism as a religion-philosophy to appreciate how it provides Thais with a coherent explanatory framework from within which to understand nearly every unforeseen difficulty life has to offer. Antonovsky struggled with the Newtonian enterprise of making order out of chaos, and believed, rightly so, that Israelis and Americans were struggling to make order out of chaos. The beauty of Buddhism is that it guides people in the practice of making sense of life by accepting change rather than struggling with it. This has been the source of its increasing appeal in the West. I think Antonovsky would have agreed with this approach and understood its relevance to his sense of coherence hypothesis.

The potential for practical application

How can future health promotion efforts in Thailand be crafted using the understanding of sabaay to foster physical, mental, emotional, spiritual, social and economic well being and health? Part of the challenge in applying this work lays in initiating a paradigm shift. Thailand has been quite progressive in adopting health promotion, but has nearly exhausted available push marketing strategies that regulate unhealthy habits such as smoking.

This paradigm shift seems to be underway in many corners. The “human-centered” objectives set out in the Thai National Health Development Plan within the context of a robust new constitution suggest that Thailand has adopted a favorable compass heading. The “image” of health presented in the national plan embraces the positive orientation of health promotion rather than the disease-fighting approach. It is worth reviewing their goals again from the official translation:

1. Being born and growing up in a well prepared and warm family environment.
2. Being adequately developed physically, mentally and intellectually, to be capable of adjusting themselves in a rapidly changing world, and able to make rational consumer decisions, maintaining good health behavior and living happily (sabaay jai) with peaceful mind.
3. Having health security or insurance and access to rational and appropriate health services, with good quality and at reasonable, equitable cost.
4. Living in a well organized community where resources are pooled and responsibilities are shared, particularly in taking care of health of individuals, families and communities with emphasis on children, the elderly, and underprivileged and the disabled.
5. Maintaining lives and working in a safe and sound environment.
6. Living a long life with good quality, without any unjustifiable illness, and dying with human dignity.” (Thailand Ministry of Public Health 2000, p. 10).

Recognizing these goals as being legitimate and anticipating future public health challenges, the present study may provide an analysis and recommendations that can be translated into policy and programs. As Dr. Manote Lotrakul has also observed, the overriding question is: How can we make [sabaay] alive? (personal communication).

Without begging out of this question, I want to say first that I have been reticent to make specific recommendations because there is a long tradition of people like myself who are seen as foreign "experts" telling Thais what to do to fix their health problems. This perpetuates a cycle of dependency that contributes to the adoption of inappropriate technologies and the introduction of ideas that are incompatible with Thai culture. Instead, it is preferable to look inside a society to see if there are existing cultural resources that protect people from a harmful way of life.

Buddhism teaches that there are only two ways we humans change (Buddhadasa Bhikkhu 1988). One way is that we have some revelation that arises from within us because of a life experience or because we have gained an insight by working through a problem in our mind. The other way we change is if someone invites us to see things differently and consider adopting a habit or a way of living that we have not considered before. If someone we trust and respect offers us an explanation that generally fits our world view and provides us with deeper insight into the nature of what we have been doing, we may accept their invitation to change. These are the two ways Buddhism teaches that humans change. Buddhism also teaches we must understand each person in their stage of development (Payutto 1984). Not all people are ready to gain

their own insights. Not all people are ready to accept an invitation. This means that no health promotion approach will be successful in inviting everyone in a society to change. This does not mean we should throw up our hands and not bother extending an invitation.

I have suggested taking a culturally meaningful approach to promoting healthful living and nonsmoking, and preventing smoking. Buddhist health promotion can invite Thai people to redefine sabaay so that they associate feeling sabaay with living a healthful life in moderation. Buddhist health promotion can present an image of sabaay based on the wisdom found in the meaning of *sappaya*. This is essentially the kind of sabaay that nonsmokers feel, and those who have quit smoking come to discover. This approach can help Thai people who wish to break the cycle of ignorance and suffering. It is compassionate and positive, neither attacking people for their habits, nor making them outcasts or targets, nor pushing them against their will. This approach can resonate with their own values and share wisdom about how the pursuit of hedonistic forms of sabaay (materialistic consumerism) and obsessions with self-image lead to suffering. Buddhist health promotion can avoid being 'preachy' or overtly 'religious' by being built on partnerships with community organizations and monks, as part of a Thai culture restoration program proposed by the Ministry of Public Health. Buddhist health promotion can also take advantage of Thailand's advanced communications infrastructure by building partnerships with mass media.

This kind of health promotion changes social norms within Thai culture by placing a strong emphasis on living well. Nonsmoking is a way of living a healthful sabaay life that nearly all Thai women, and the majority of Thai men

understand and value. Their understanding and values can be reinforced. Health promotion can show potential smokers how smoking will reduce their sense of sabaay and enjoyment of life. It can also help Thai smokers take better care of their health by showing them how healthful habits of living can enhance their well-being. The profiles of nonsmokers and smokers can guide the development of a health promotion approach that will help nonsmokers avoid smoking and help smokers quit. The effort here is to promote a healthful sense of well-being, that is, living well, and to demonstrate that smoking is a habit that, in the words of those who have quit, "has no value."

Smoking is not an isolated individual behavior, and therefore cannot be dealt with simply as an individual behavior change problem. In most Asian societies, smoking has become part of normative practices within each culture, and therefore should be dealt with as a problem of cultural change. It is useful to remember that in Thai culture, smoking manufactured cigarettes is a recent practice. Culturally meaningful approaches to health promotion can help redefine the image of smoking in Thai society such that smoking is no longer seen as expected from certain groups.

I have found that most smokers want to quit. Smoking gives smokers a feeling, which is an illusion, of well-being, the nicotine high, at the long term expense of good health. They often crave a sense of inclusion with their friends and associates who smoke. Buddhist health promotion can explain to smokers (and nonsmokers) how habits are formed. Buddhist teachings can help Thai smokers develop a deeper awareness of the suffering inherent in their habit, and offer insights into the pathway out of the pattern of impulses, craving, and clinging that gives rise to cycles of suffering.

This approach taps into the extraordinarily strong human desire to feel well. Nearly all humans want to live well and recognize that health is an important part of well-being. Buddhist health promotion can encourage smokers to return to a state of deeply rewarding, healthful sabaay, and enlighten young people about the false allure of "modern" sabaay they may associate with smoking. This approach is not an anti-smoking campaign. It is an invitation to experience well-being, that is, to be healthfully sabaay.

EPILOGUE
THE TOBACCO INDUSTRY'S ANTHROPOLOGICAL ENDEAVORS AND
EXPLOITATION OF ANTHROPOLOGY

Transnational tobacco companies have been good students of anthropology. This industry has known for many years that smoking is a culturally-rooted phenomenon, and that smokers express the patterns of culture through their habits. The industry has learned that cultures are not monolithic or static. People in the same society have different habits. Social norms can be altered. One need look no farther than the tobacco industry's highly researched marketing strategies to change sociocultural norms to find confirmation of these facts. That young, affluent women in Bangkok now conspicuously smoke Western-brand cigarettes is disturbing evidence of how rapidly sociocultural norms can be changed to make smoking seem fashionable, sexy and modern.

Transnational tobacco companies will continue to invest heavily and cleverly to perpetuate these images, and even redefine the image of groups like young, affluent Southeast Asian women, who have not smoked traditionally. Consumer marketing capitalizes on Thais' keen sense of self image and desire to feel sabaay. Smoking Western brands has become popular among young "fashionable" Bangkokians not because they have made rational choices to behave as a smoker, rather because friends, media, and the tobacco companies give them cues that smoking will make them feel "modern." Feeling modern has come to mean feeling sabaay. Cosmopolitan Thais want to be seen doing the "cool things" Through international media, tobacco companies have been

successful at persuading young Thais to believe that smoking is the “cool thing” to do.

I have already seen enough evidence to be convinced that if the tobacco industry’s efforts are not preempted, young Thai women will start smoking in greater numbers. They will do this to establish their identity and be connected with others in trendy groups or work mates who become surrogate family because they are confused about their own identity in a culture in flux and disconnected from their traditional relationships in communities. Until now, Thai values and norms have protected nearly fifty percent of the Thai population (women and girls) from taking up smoking. Once these values and norms are eroded, this protection will be lost, perhaps forever.

Many of the changes in the Thai way of life and environment that have accompanied modernization are the sources of increased cancer. Tobacco companies want to keep customers for life, but often shorten their lives in the process. Marketing the consumption of unhealthy products has itself become a cancer. The suffering of tobacco-related diseases is caused by ignorance of the destructive nature of a “modern” life that includes smoking. Smoking becomes an addictive habit of establishing and reinforcing one’s identity. This is the kind of “good life” that strays far from the Buddhist Middle Path.

For these reasons, I have some trepidation about publishing the findings of this dissertation. Cognizant of the tobacco industry’s history of exploitation of academic work intended for the improvement of public health, I have censored myself in the presentation of data and the application of the theoretical framework in some areas of this dissertation. It is my belief that the

tobacco industry could, and will in all likelihood, use the information presented in this dissertation to persuade Thais and other Southeast Asians sharing a similar cultural background with Thais to take up smoking.

In nearly all cases, I am strongly opposed to researchers censoring themselves because this runs counter to the basic principles of academic freedom and the pursuit of sharing knowledge. Research, however, is not produced in a vacuum. Research produces knowledge that transnational tobacco companies can convert into advertising campaigns to entice people to abandon their cultural patterns and smoke cigarettes. In the end, the Thai public's health is a higher priority than this dissertation. I have chosen to share my ideas about the application of these results with those in Thailand who are truly committed to protecting and improving the health of the Thai people. I will be gratified if they can put a few of these ideas to some use.

APPENDIX 1: DESCRIPTIVE STATISTICS FOR FACTORS

The descriptive statistics for factors used in this study are listed below. Factors with a "P" were used in the first insight game on priorities. Factors with an "S" were used in the second game on sabaay. And factors with an "H" were used in the third game on the impact on health.

	Mean	Std. Dev.	Std. Error	Count	Minimum	Maximum	# Missing
LoveothersP	2.365	1.058	.108	96	1.000	5.000	0
LoveusP	2.312	1.108	.113	96	1.000	5.000	0
HealthP	1.667	.790	.081	96	1.000	4.000	0
StrongbodyP	1.646	.767	.078	96	1.000	4.000	0
SabjaiP	1.948	.887	.091	96	1.000	4.000	0
SabgaiP	2.354	1.026	.105	96	1.000	5.000	0
GovP	2.302	1.189	.121	96	1.000	5.000	0
EconP	1.833	1.012	.103	96	1.000	5.000	0
CalmheartP	1.802	.878	.090	96	1.000	4.000	0
EnoughP	2.677	1.110	.113	96	1.000	5.000	0
TamboonP	2.771	1.021	.104	96	1.000	5.000	0
PeaceP	2.500	1.056	.108	96	1.000	5.000	0
EqualityP	2.688	1.108	.113	96	1.000	5.000	0
EnvirP	2.135	1.022	.104	96	1.000	5.000	0
EduP	1.844	.933	.095	96	1.000	5.000	0
CarP	3.302	1.299	.133	96	1.000	5.000	0
HouseP	3.073	1.460	.149	96	1.000	5.000	0
CellphoneP	4.271	.912	.093	96	1.000	5.000	0
RichP	3.302	1.377	.141	96	1.000	5.000	0

Descriptive Statistics

	Mean	Std. Dev.	Std. Error	Count	Minimum	Maximum	# Missing
FamilyS	1.354	.665	.068	96	1.000	4.000	0
SupportS	2.271	.968	.099	96	1.000	5.000	0
MeditateS	2.615	1.387	.142	96	1.000	8.000	0
PrayS	2.240	1.103	.113	96	1.000	6.000	0
Livewells	1.875	.976	.100	96	1.000	5.000	0
Knows	1.938	1.074	.110	96	1.000	7.000	0
EmployS	1.646	.882	.090	96	1.000	4.000	0
NodebtS	1.677	.877	.089	96	1.000	5.000	0
LottoS	2.625	1.292	.132	96	1.000	5.000	0
WorryS	7.323	1.269	.130	96	4.000	9.000	0
CompeteS	5.354	2.062	.210	96	1.000	9.000	0
BribeS	8.250	.918	.094	96	6.000	9.000	0
ArgueS	8.094	1.096	.112	96	5.000	9.000	0
IMFdebtS	7.677	1.365	.139	96	4.000	9.000	0
EnvironS	2.177	.918	.094	96	1.000	5.000	0
SmogS	7.948	1.009	.103	96	5.000	9.000	0
PoluteH2OS	7.760	1.149	.117	96	4.000	9.000	0
TrafficS	7.375	1.199	.122	96	4.000	9.000	0
HealthS	1.427	.692	.071	96	1.000	4.000	0
BodyS	1.365	.634	.065	96	1.000	4.000	0
WashS	1.958	.917	.094	96	1.000	5.000	0
ExerS	2.365	1.125	.115	96	1.000	6.000	0
BikeS	4.000	1.869	.191	96	1.000	9.000	0
WorkS	6.562	1.764	.180	96	1.000	9.000	0
RestS	2.021	1.026	.105	96	1.000	5.000	0
VegS	2.719	1.130	.115	96	1.000	5.000	0
FruitS	2.792	1.281	.131	96	1.000	7.000	0
RiceS	3.302	1.323	.135	96	1.000	6.000	0
MeatS	4.198	1.955	.200	96	1.000	9.000	0
MacS	4.521	1.858	.190	96	1.000	9.000	0
SodaS	4.979	1.753	.179	96	1.000	9.000	0
BenzS	3.260	1.694	.173	96	1.000	9.000	0
BusS	4.917	1.715	.175	96	1.000	9.000	0
MotorS	3.729	1.619	.165	96	1.000	9.000	0
SpeedS	7.250	1.522	.155	96	2.000	9.000	0
CrashS	8.490	.781	.080	96	6.000	9.000	0
BeltS	3.396	1.780	.182	96	1.000	8.000	0
HelmS	3.500	1.747	.178	96	1.000	9.000	0
SmokeS	7.812	1.468	.150	96	4.000	9.000	0
Drinks	7.635	1.529	.156	96	3.000	9.000	0
Jai	3.875	2.158	.220	96	1.000	9.000	0

	Mean	Std. Dev.	Std. Error	Count	Minimum	Maximum	# Missing
MeatH	3.385	1.737	.177	96	1.000	9.000	0
VegH	2.427	1.212	.124	96	1.000	6.000	0
FruitH	2.458	1.247	.127	96	1.000	6.000	0
RiceH	3.094	1.282	.131	96	1.000	6.000	0
Mach	4.281	1.620	.165	96	1.000	9.000	0
SodaH	5.240	1.614	.165	96	1.000	9.000	0
TiffyH	5.354	1.735	.177	96	2.000	9.000	0
DrinkH	8.031	1.137	.116	96	4.000	9.000	0
SmokeH	8.073	1.107	.113	96	4.000	9.000	0
WashH	2.062	.868	.089	96	1.000	5.000	0
RestH	1.833	.790	.081	96	1.000	3.000	0
ExerH	1.854	.882	.090	96	1.000	4.000	0
EnvirH	2.177	1.036	.106	96	1.000	6.000	0
WaiH	2.188	1.208	.123	96	1.000	6.000	0
MeditateH	2.667	1.343	.137	96	1.000	7.000	0
KnowH	2.135	1.211	.124	96	1.000	7.000	0
LottoH	2.885	1.321	.135	96	1.000	6.000	0
HelmetH	3.896	1.552	.158	96	1.000	9.000	0
BeltH	3.615	1.657	.169	96	1.000	9.000	0
BikeH	3.458	1.321	.135	96	1.000	7.000	0
TravelH	3.865	1.620	.165	96	1.000	8.000	0
MassageH	3.719	1.167	.119	96	1.000	8.000	0
HurtH	7.906	.941	.096	96	5.000	9.000	0
SpeedH	6.990	1.334	.136	96	4.000	9.000	0
CrashH	8.500	.754	.077	96	6.000	9.000	0
WorkH	6.729	1.395	.142	96	1.000	9.000	0
SmogH	8.240	1.003	.102	96	5.000	9.000	0
WaterH	7.948	.933	.095	96	5.000	9.000	0
IMFH	7.594	1.210	.124	96	5.000	9.000	0
ArgueH	7.865	1.236	.126	96	4.000	9.000	0

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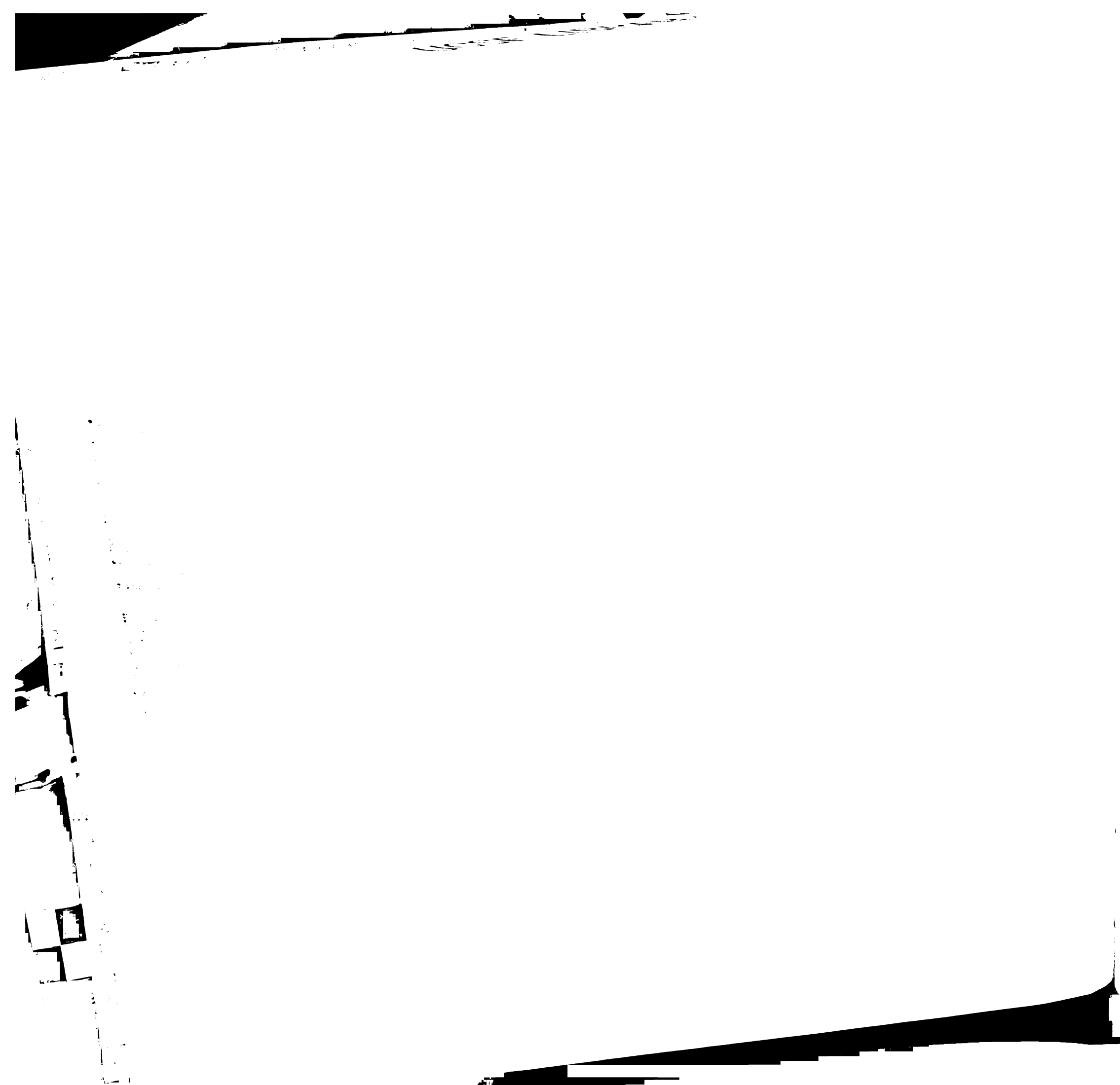
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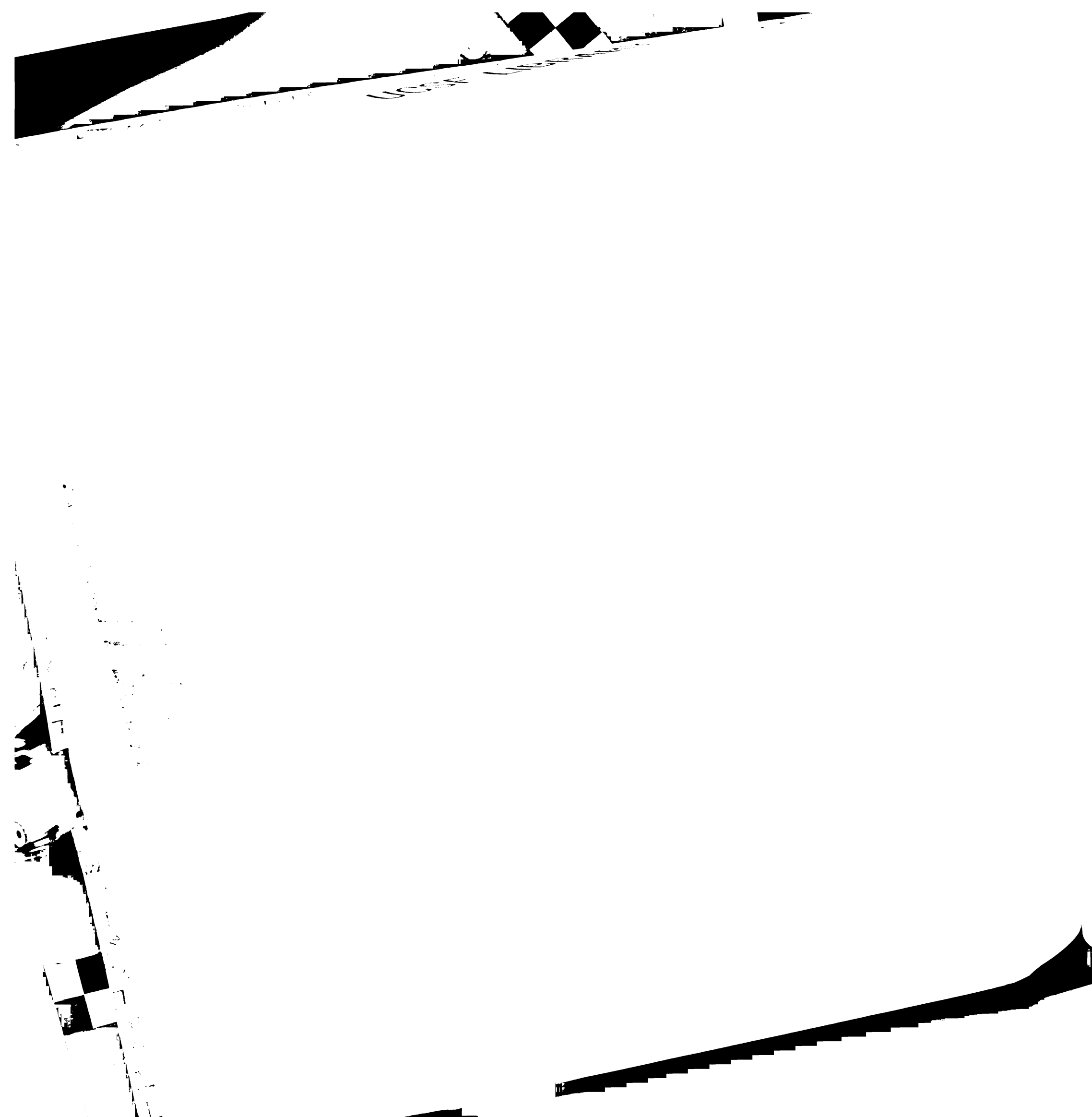
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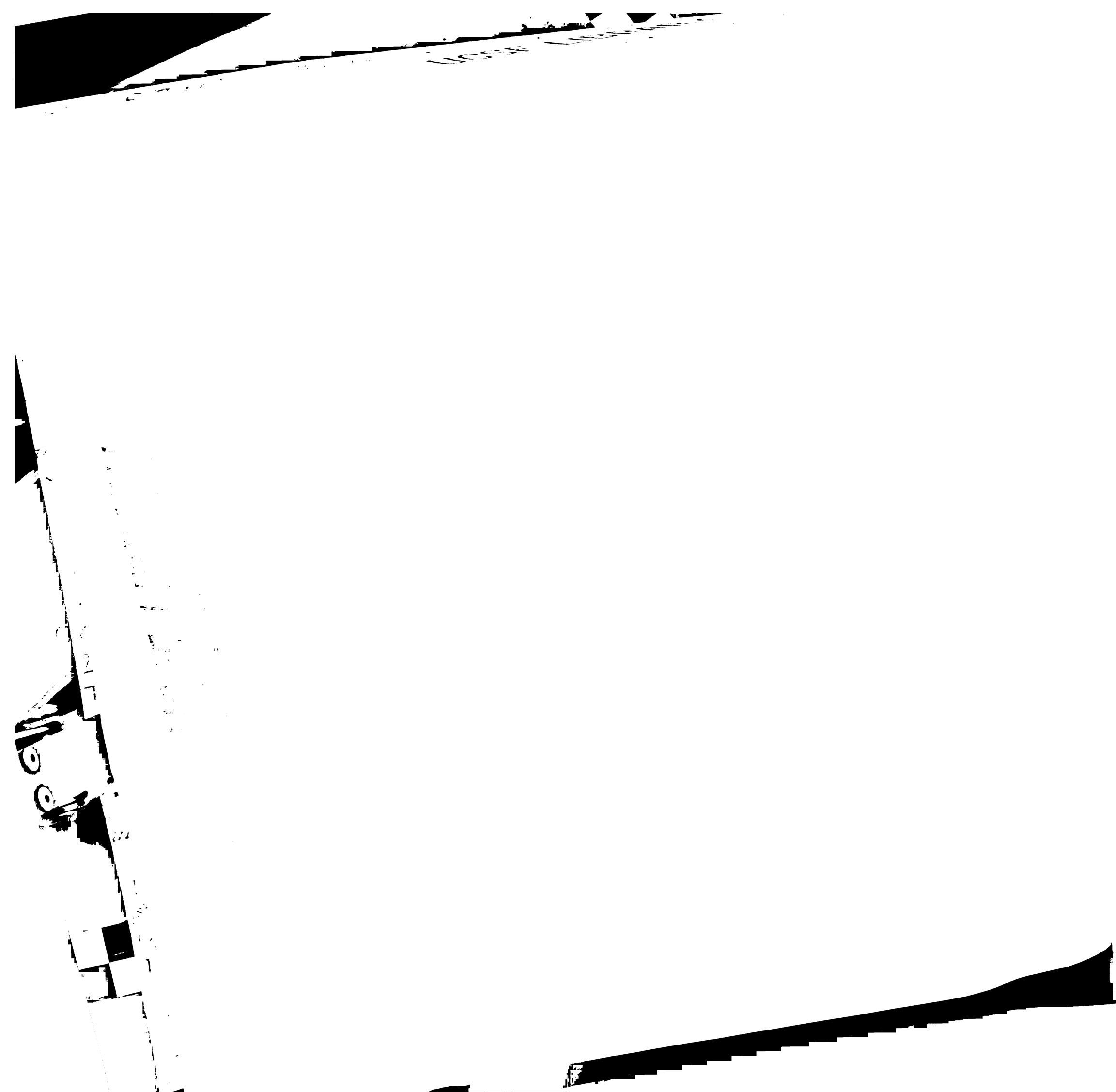
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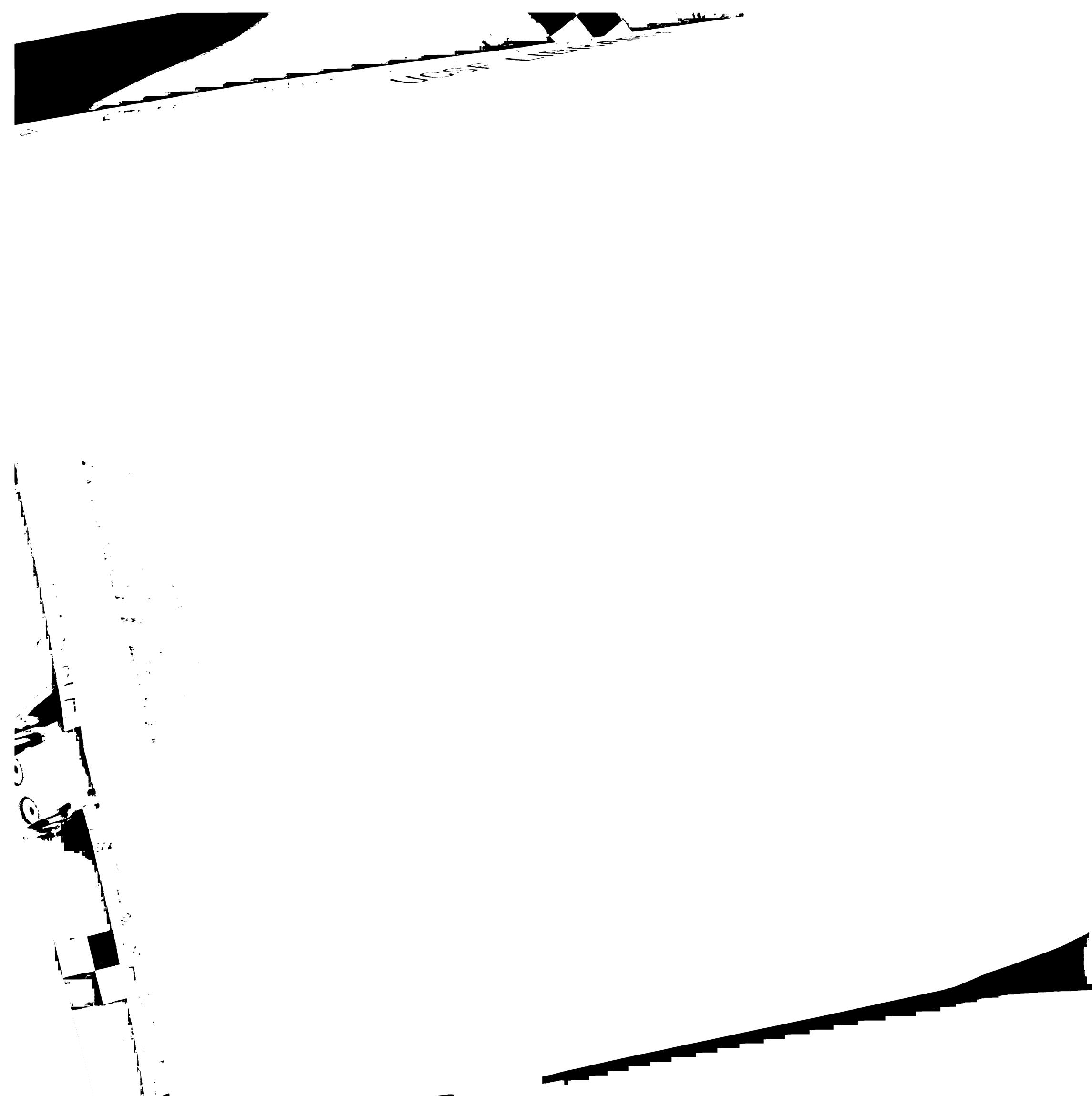
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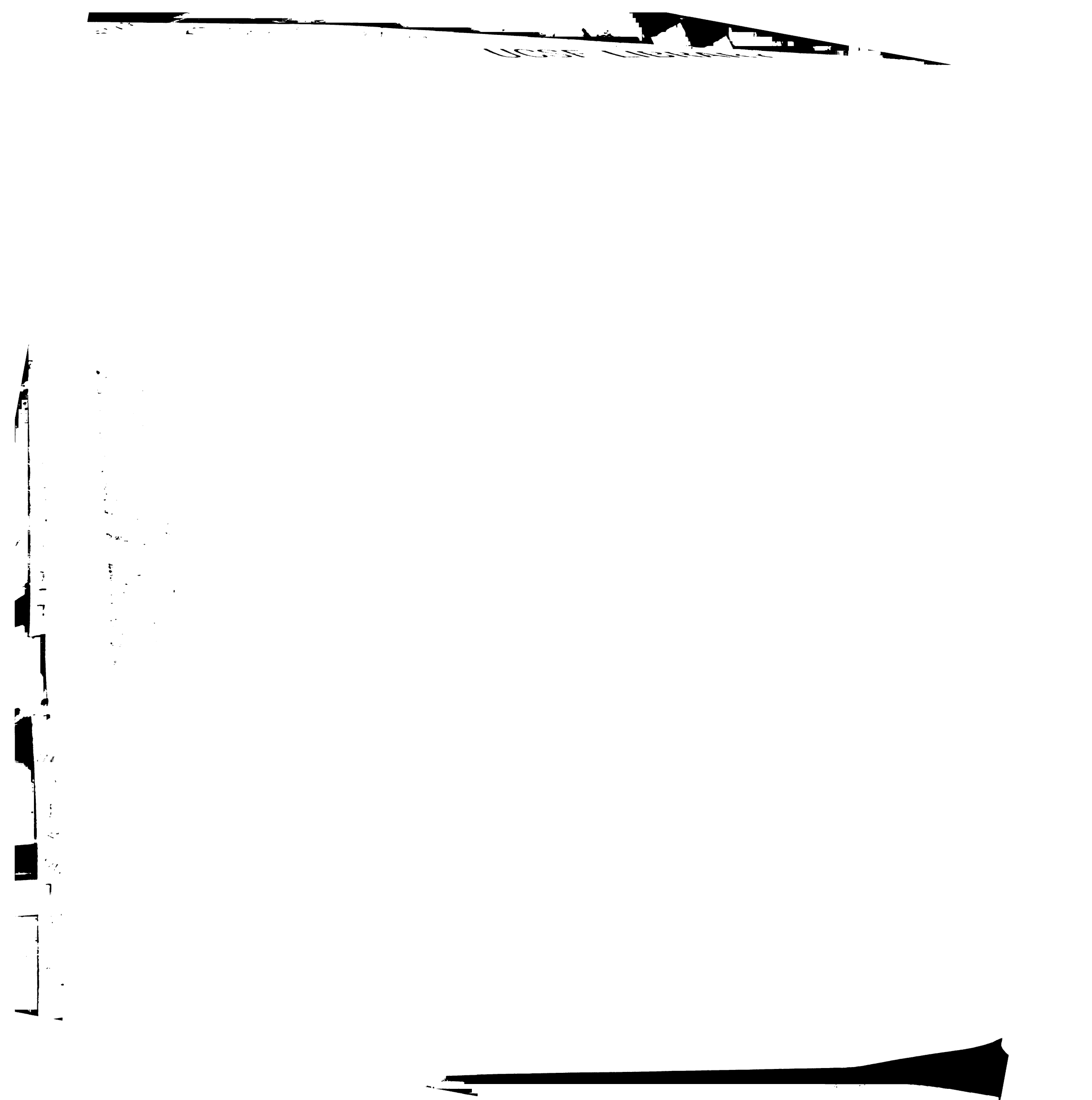
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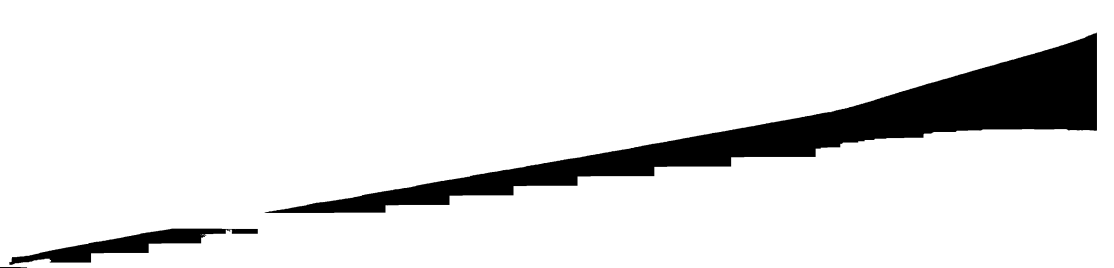
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