

Meanings and Indicators of Well-being in Health in the Perspective of the Farmers in the Northeast of Thailand

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Background: Well-being is a complex notion with many different dimensions whose definition is disputed. Therefore, the present study considers the meanings and indicators of well-being in health in the perspective of the farmers of the Northeast of Thailand. The conceptual framework of research is based on well-being concepts developed by the Research Group on Wellbeing in Developing Countries (WeD) and further developed by the Research Group on Well-being and Development at Khon Kaen University. The concept is comprised of three main dimensions. The first is what people have or do not have (material and human resources, social relationship). The second is what people do and do not do or cannot do with these resources, and why (social or cultural action). The third is how people judge, assess, and feel about these things, how they make and cannot make sense of what happens (meaning).

Material and Method: The present study is qualitative research. The population of the present research was the farmers in the target area where the data were collected by purposive sampling in Chaiyaphum Province. The main research methodology employed was focus group discussion with district member in one district from each of the three groups of district in Chaiyaphum province. The secondary research method employed was a workshop of ten qualified representatives of the personnel from both the government and private sectors who were involved with the farmers in the province were selected by purposive sampling. Then, the data were analyzed by means of content analysis. The method for reviewing of data was the triangular technique.

Results: The results of the present study found that the meanings of “well-being in health in the perspective of the farmers in the Northeast” reflect every perspective: materials and non-materials (objective and subjective well-being). The indicators of well-being in health in the perspective of the farmers of the Northeast of Thailand had eight aspects and forty-five indicators that included both subjective well-being and objective well-being.

Conclusion: The present study concludes that well-being indicators that developed from the viewpoints of farmers could be employed to enhance well-being of farmers in the development process.

Keywords: Well-being, Health, Farmer, Meaning, Indicator

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“Well-being” is the rhetoric concept that has drawn attention from academics and development policy makers. More recently it has been viewed as a new paradigm and widely used among international development agencies (United Nations Development Program: UNDP)⁽¹⁾. However, there has been growing contention around the concept of well-being, especially how the concept is defined and measured. Amataya Sen⁽²⁾ proposes a wider perspective of well-being in terms of earnings to be integrated into the new means of development. It is the concept of tasks and

capability. Potential is having or possessing materials or requisites that may be non-materials, but they can make their owners have “capabilities.” Anyhow, “having” various requisites does not mean that human beings have achieved their goals. Instead, it depends on what they can do with what they “have.”

Nevertheless, searching for and developing indicators of well-being is a process to be operated continuously together with the development. In addition, if well-being is viewed as a “concept” of development, the search of its indicators has long been operated by individuals and organizations. From a survey, it is found that various organizations and agencies have developed and applied indicators of well-being. This includes international agencies such as the Office of Development Projects of the United

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Nations as well as agencies or organizations in Thailand such as the National Council of Economic and Social Development, the Ministry of Social Development and Human Security, and the Health Promotion Foundation, etc. The National Council of Economic and Social Development have placed the afore-mentioned concept of well-being in the 9th and the 10th National Plans for Economic and Social Development. However, the problem is that most of the developed indicators indicate only about “what people have” and “what people would like to be”. The missing indicators are those indicating a process of how people can adapt what they have into what they would like to be, and whether such indicators can be developed. Thus, the process is an important issue.

The concept of development, assessed by most foreign and domestic organizations, values the importance of health, which is considered the first among a variety of factors. Therefore, health is an important factor and an indicator of potentiality of each individual's body and mind. It is also closely related to the mental state of family members and society. Thus, for health is the state without diseases that result from complete creation of body, mind, society, and spirit⁽³⁾. According to the WHO's definition, “Health is complete physical, mental, social, and spiritual well-being”, which means health is a happy state that is complete and related to the holistic balance of the body, mind, society, and spirit.

However, the new paradigm viewed by Komatra Chuengsatiansup⁽⁴⁾ is that the Thai health paradigm is limited by means of thinking in terms of the biomedical form. It views health problems as the matter of organs, and that leads to the lack of the understanding of social perspectives and spirit that are considered holistic health indicating the state of happiness that is related to the perspectives of wisdom, religious doctrine, and worldly boundaries, or a new imaginative health service system with human mind. This new health service system will create thoroughness towards the human perspective, making the service system gentle towards life and sensitive towards the suffering of others by believing that working in the field of health is having a chance to learn and refine oneself to reach the completion and the highest potential of human beings. Thus, it will reflect the potential that can be developed above the old limited frame so as to learn to achieve a broader sense of the happy state.

Since health is the first and an important factor of development indicators, in the present research study, the researcher was interested in studying the

well-being in the aspect of health. The target group of the present study was the farmers in the Northeast, for farmers are honored as the backbone of the country, and they are the majority of the country's population. In addition, in the past the Northeast of Thailand had abundant natural resources. During the past 40 years of development, there were more roads, electricity, tap water, hospitals, schools, and work units. Meanwhile, it has been found that the natural resources and the environment have deteriorated a great deal. Many forests and mountains have been trespassed for use. Fewer jobs have been available for the people in the Northeast. Many people or many families have moved to work in other places. While they have had more money and more prosperity, poverty or economic or social problems have not been resolved. Some problems have been accumulated more than ever, especially those concerning both physical and mental health. People have suffered from various diseases, diseases of inappropriate life style, work related diseases, and other infectious diseases.

The health service data from the public service agencies reveals that most of those who come for services are farmers. The situation like that does not occur only in the Northeast, it does occur widely across the country and around the world even if the holistic view approach on health that has been recently widespread in health sciences and social sciences. However, at practice level, the application of holistic approach on health remains in certain respects, adopted the partial view. Good health is viewed to comprise of necessary aspects, including physical, mental, emotional, social, and spiritual aspects, ill health is the result of malfunction in a certain aspect, and therefore the correction of such malfunction can lead to good health. This view does not give sufficient attention on the “meaning” of each aspect given by health agency and relationships among these aspects.

Therefore, there were some questions to be answered. Was what we called “development” leading us in the right direction? What were the goals that human beings wanted to achieve, and which process would lead them to their goals? Thus, these research questions were, what was the well-being in terms of health of the farmers in the Northeast, and what were the indicators that could make the knowledge about the concept to well-being clearer? Then, the purpose of the present research study was to define the meaning of well-being in health and develop indicators of well-being in health in the perspective of the farmers in the Northeast of Thailand.

Material and Method

The present study is a qualitative research. The population of this research was the farmers in the target area where the data were to be collected by purposive sampling in Chaiyaphum Province. The main research methodology employed was focus group discussion with a district member in one district from each of the three groups of districts in Chaiyaphum province. The secondary research method employed was workshop of ten qualified representatives of the personnel from both the government and private sectors who were involved with the farmers in the province selected by purposive sampling. Literature review included concepts, theories, and research studies related to well-being based on the conceptual framework of research of the Wellbeing in Developing countries (WeD) and further developed by the Research Group on well-being and Development at Khon Kaen University, regarding to the three dimensions of observation.

The first question is what people have or do not have (material and human resources, social relationship). The second question is what people do and do not do or cannot do with these resources, and why (social or cultural action). The third question is how people judge, assess, and feel about these things, how they make and cannot make sense of what happens (meaning).

The conversations of the farmers in focus group discussion were conducted by techniques of mind mapping and using key words in search of meanings, factors, and issues of indicators of the Northeastern farmers' well-being in the aspect of health under the framework: "What are "the things they need to have?" "What would they like to be?" "What is the means or process which will lead them to achieve what they would like to be?" The participants in the focus group discussion were 30 representatives of the farmers at the provincial/district level who were accepted as the ones with knowledge, leadership, and the capability to express their thoughts for others. They were from three districts, 10 from each.

A workshop was held for 10 qualified representatives of personnel in the target groups, five from the government sector and five from the private sector, to brainstorm and find solutions for meanings, factors, and indicators of well-being in health of the farmers in the Northeast. The data for this qualitative research was collected by researcher and researcher assistants via observation, personal recorder, and radio recorder. The workshop was held so that they

could specify the indicators of well-being in health of the farmers in the Northeast. The data, then, were analyzed by means of content analysis. The method for reviewing of data was the triangular technique.

Results

The three focus group discussions were done to share their conversations on meanings, factors, and indicators of "well-being in health of the farmers in the Northeast." Three focus group discussions were held on February 11, February 17 and February 24, 2010 for the representatives from Phu Khiaw District, Meuang Chaiyaphum District, and Ban Khwao District, respectively.

"Meanings of well-being in health of the northeastern farmers" is shown in Fig. 1.

The example of thought of the group members were expressed in the following opinions:

"...Well-being can occur. It depends on our will power, if we know sufficiency, ourselves, our capabilities, and accept them. One can depend on oneself. We should be able to endure, restrain, and economize. Be satisfied with what we have..." (a male aged 58).

"... My health is sort of good. I can work in the rice fields every day. I enjoy working...." (a female aged 60).

"...I'm still good. I don't get sick. I can go out to the rice fields. If I don't go, I'll get sick. It doesn't mean I'm greedy. Some say I'm old. Why should I still work? I can still work, so I go to work. My off-springs can have something to eat..." (a male aged 65).

On the issue of "having" properties, they can be classified into two categories including materials and non-materials as shown in Fig. 2.

The examples of thought of the group members were expressed in the following participants' opinions:

"... I have about 15 rai of land for myself now. I used to have more, but I gave it to my offsprings..." (a male aged 62).

"...We have to be loyal to the nation, religions, and the king. We also have to be honest to our wife and children. We must be economical; we must save some; we must have a strong body..." (a male aged 58).

For the issue, "what you can do to achieve the goal of well-being in health", as shown in Fig. 2. The following are some of their comments:

"... If you have a strong body, or if you don't get sick, or if you have good mental health, you've got a great fortune..." (a male aged 62).

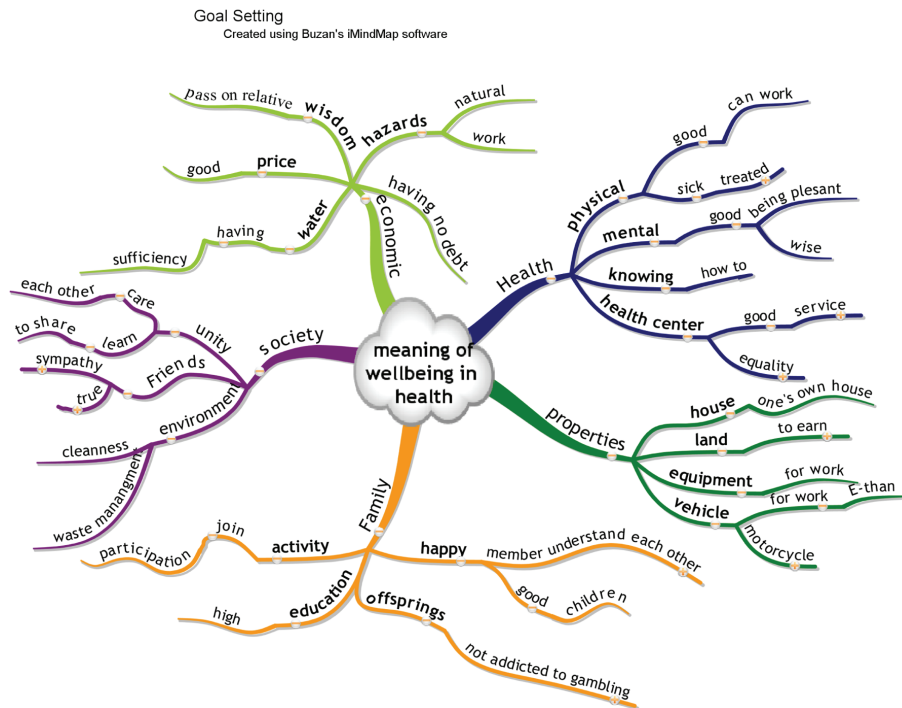


Fig. 1 Meanings of wellbeing in health of the Northeastern farmers

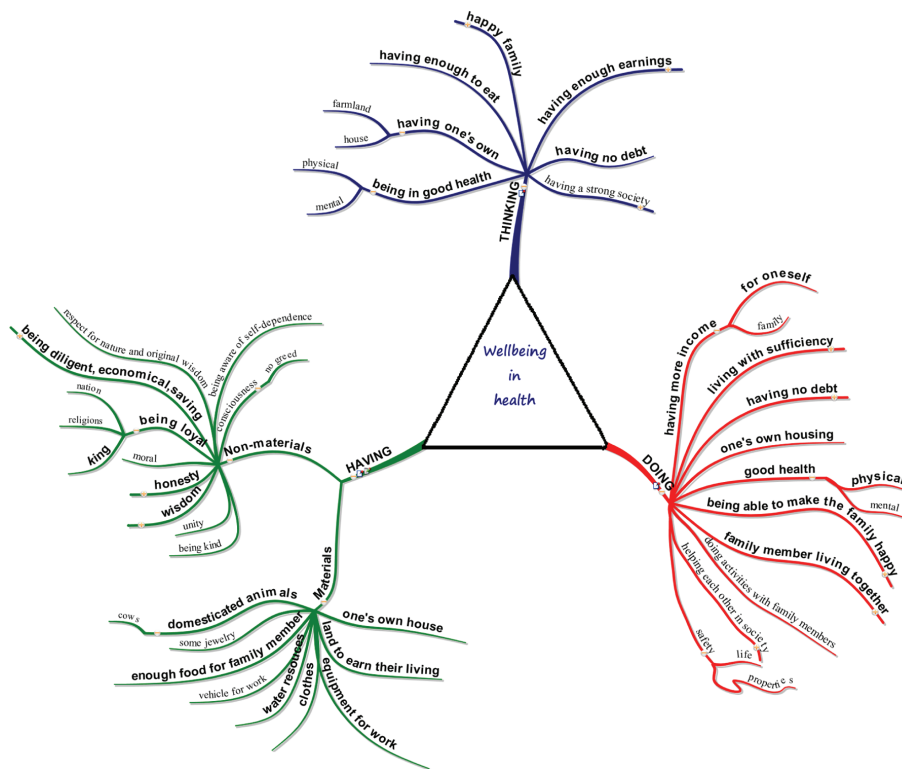


Fig. 2 Mind mapping of the Northeastern farmers' wellbeing under the three dimensions of observation

“... If there’s no debt, and you can depend on yourself, you won’t be worried or stressful...” (a female aged 51).

“...Having one’s own farm and house will guarantee stability for the family life and offsprings...” (a male aged 45).

“...If there’s a health center nearby, it’ll be convenient when we get sick...” (a male aged 57).

“... Whenever we do something, we’ll have to pray for sacred objects to help us succeed...” (a male aged 65).

As for “what you would like to be so as to have well-being in health,” the farmers’ concerns are shown in Fig. 2 and as shown in their statements as follows:

“...I want to be strong as I used to be. When I was young, I never got sick...” (a male aged 63).

“...I want to have enough to eat, and have a happy family with family members living together...” (a male aged 59).

“...I’d like to have less debt, but to have more income. I’ve been endlessly in debt at the Bank for Agriculture and Agricultural Cooperatives...” (a female aged 58).

“...I want to have a house and a piece of land for farming of my own, for now I’m living with my grandfather...” (a female aged 48).

After that, the drafts on the issues of “meanings”, “having,” “what you would like to be” and “how to achieve what you would like to be” were presented at the workshop for qualified representatives from the government and private sectors to consider their appropriateness in terms of meanings, factors and indicators on March 17, 2010. They began with the framework for the meanings of “well-being in health of the farmers in the Northeast” which mean the capability of having perfect health, physical, mental, social, spiritual, and belief, covering having knowledge about health, having a happy family, having sufficiency economy to live on, and living in a good environment. The meanings of “well-being in health of the farmers in the Northeast” reflect every perspective, materials and non-materials. Then, the qualified representatives classified them into eight factors and defined the meaning for each factor as follows:

1. Physical condition is the happy state of having a strong body, not having any diseases, and receiving impressive health services.

2. Mental condition refers to the happy state of having a kind and strong heart willing to lead the life without lustful desires.

3. Social condition means the happy state from helping while living together of family and community members.

4. The spiritual and belief condition refers to the happy state from having a very high spirit, realizing all the truths, being less selfish depending on each individual’s different belief.

5. The knowledge condition means the happy state of learning how to build health, prevent oneself from the disease one has, know about the disease, learn how to deal and live with it.

6. The family condition is the happy state when all the family members live together with love and affection for parents, grandparents of both sides, the elderly, and relatives living in the same family.

7. The economic condition means the happy state from having more earnings, less expenses, less debts, more savings, and one’s own farmland.

8. The environmental condition refers to the happy state from disease controlling, having no causes of diseases, cleanness and rich soil, rich forests without pollutions from chemical substances and chemical fertilizers.

The questions for this brainstorming emphasized “individual” in which the word “you” was used, but the conclusions could be means of creating well-being in health of the farmers in the Northeast at other levels such as families and communities. They may reflect more of the “process” relating “what you have” and “what you would like to be.”

The indicators of well-being in health of northeastern farmers developed by the qualified representatives were put into eight main factors according to their importance and the 45 indicators as shown in Table 1.

The results of this research study reveals that the most of Northeastern farmers’ opinion expressed that those Northeastern farmers’ well-being in health has holistic characteristics that are closely related to each other. In addition, there are a variety of factors around each “individual,” and the “individual” can reach the factors (resources that are materialistic and non-material) in every aspect to achieve the best that each “individual” wishes. If one of the factors is missing, the well-being in the aspect of health cannot occur.

Discussion

The result of the development of the Northeastern farmers’ well-being in health indicators is the synthesis of the principles of the indicator framework on “well-being” in three perspectives, what

Table 1. The indicators of wellbeing in the aspect of health of Northeastern farmers

Physical condition

- (1) having no chronic sickness or not being disabled,
- (2) having no regular disease,
- (3) being able to regularly work,
- (4) having the health service system with regular doctors at the community health center,
- (5) having enough medical and public health personnel,
- (6) health insurance (the right to receive medical and nursing services),
- (7) good services,
- (8) fast services,
- (9) equality in giving services,
- (10) being able to reach the service receivers of the health personnel,
- (11) the efficiency of services,
- (12) the transferring system,
- (13) continuous care at home,
- (14) the medical mobile unit.

Mental condition

- (1) sufficiency, being happy in what one has and what one is,
- (2) the readiness of mind,
- (3) stress management,
- (4) pride,
- (5) happiness in working.

Social condition

- (1) generosity, help and sympathy for each other,
- (2) participation,
- (3) unity,
- (4) the community emergency mobile service (EMS).

Spiritual and belief condition

- (1) having ethics,
- (2) helping others or society,
- (3) merit making,
- (4) belief in sacred objects which are above supernatural.

Knowledge condition

- (1) health building,
- (2) disease prevention,
- (3) the disease one has and how to deal with it.

Family condition

- (1) happy families,
- (2) the offsprings' future,
- (3) all living together,
- (4) having family members take care of each other when getting sick,
- (5) using technology in communication.

Economic condition

- (1) having no debts,
- (2) having equipment or instruments for work,
- (3) good prices of farm produce,
- (4) having water resources,
- (5) having wisdom in leading life,
- (6) natural hazards.

Environmental condition

- (1) cleanliness,
 - (2) having no disease causes, having disease control,
 - (3) waste management,
 - (4) the use of organic fertilizers.
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we have, what we would like to be, and the efforts to achieve what we would like to be. They are based on the following three statements.

What involves “having” of the farmers in terms of their well-being in health. This is considered from what they have and classified into two categories, materials and non-materials. The materials are, namely housing, farmland, valuable properties such as accessories, household appliances, equipment for work, labor, cows, buffaloes, etc. The non-materials are consciousness, wisdom, not being greedy, not being angry, not being lustful, sacrificing, generosity, dharma, and loyalty to the nation, religions, and the king, etc. What the farmers “have” is the foundation for their well-being in health. That is to say, the farmers use what they have to build well-being in health.

What the farmers would like to be in terms of well-being is not related to what they have or seek to have, it is related to what they would like to be and how to lead their lives. Although they “have” resources, custom and culture, money and properties, they still “would like to be” something else that they do not have or they are not satisfied with what they have. This situation is what the farmers have not achieved their well-being in health.

The synthesis of the farmers’ conversational data reveals what they would like to be to have well-being in health and what they think is valuable for them. What is considered valuable for them has two characteristics. One of them reflects physical values, namely having a strong body, for physical health is very important since they can work in their rice fields or on their farms, they can earn their livings, support their families, will not be a burden for their families. They want to have enough natural water resources for farming. At present, they lack natural water resources, they have to depend on the rain each year. That is a high risk for them to lose money. Having their own farmland is very important for them to lead their lives. They can work on their land, plant vegetables and trees, raise animals, and live there. Sometimes they may not work on the land themselves, but they can rent it to someone and share the produce. Having high prices or uncertain prices of the farm produce is an issue that the farmers are worried about. Each year, though they know the prices of farm produce are not going to be good, they do not know what else they can do. They do what they are used to. In terms of debts, most farmers are in debt, both legal and illegal debts, because they need the money to work on their farms or buy their farming equipment. Some are in debt because their

farms do not yield good produce or they face the problem of drought or floods. However, most farmers believe that they can pay their debt as long as they still can work and the businesses are still in process.

The second feature is the most valuable in terms of the mental aspect. The most valuable thing in this sense is significantly related to the mental state, moods, and souls of the people who are happy, for they can work on their own farmland, they can see their own farm produce, their paddy is enough for them to live on. If there is some left, they can sell it. They are proud and satisfied with their lives. They are happy with their families, when they all eat together, when their offspring’s listen to them, and when they make merits. However, what gives them mental values can change due to time and situations.

The process of well-being in health creation for the farmers is considered from the effort to achieve what they would like to be. The importance of this issue is proceeding to achieve what they would like to be in different ways. It is not necessary to use only one way or a fixed one.

The factors of the three aspects, what the farmers have, what they would like to be, and their effort or action, are called “the process” or “means” of well-being in health under the frame of “indicators” of the farmers’ well-being in health. Nevertheless, the word “indicators” here does not academically mean “the final outcome”, for the goal of well-being in health can change according to time and “means” of each local area.

Conclusion

There are two features of the Northeastern farmers’ well-being in health. One is subjective well-being in health that occurs from people’s thoughts and is abstract, namely going to a temple to listen to dharma, having loyalty to the nation, religions, and the king, and honesty. The other is objective well-being that occurs from several aspects of factors that are concrete, namely having their own farmland, houses, and health centers equipped with doctors and medicine, and clothes, etc. The indicators of well-being in health of Northeastern farmers were put into eight main factors according to their importance and the 45 indicators.

Potential conflicts of interest

None.

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ความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสาน

บรรจง ครอบบัวบาน, บัณฑิต พรหมพักพิง

วัตถุประสงค์: เพื่อศึกษาความหมายและตัวชี้วัดของความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสานโดยการอิงกรอบแนวคิดของการศึกษาความอยู่ดีมีสุขในประเทศกำลังพัฒนา (WED) ภายใต้มุมมอง 3 มิติ ได้แก่ การมีหรือการครอบครอง การกระทำ และการบรรลุสิ่งที่ปรารถนา

วัสดุและวิธีการ: การศึกษานี้เป็นการวิจัยเชิงคุณภาพทำการศึกษาเกษตรกรในภาคอีสานของประเทศไทย โดยเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจงได้จังหวัดชัยภูมิ เลือกอำเภอโดยการสุ่ม 1 อำเภอ จาก 3 กลุ่มอำเภอในจังหวัดชัยภูมิ และเลือกตัวแทนเกษตรกรแบบเฉพาะเจาะจง ในอำเภอที่สุ่มเป็นกลุ่มตัวอย่าง จำนวน 10 คน ต่ออำเภอ เก็บข้อมูลโดยการสนทนากลุ่มตัวแทนเกษตรกร จำนวน 3 กลุ่ม และการประชุมระดมสมองของผู้เชี่ยวชาญซึ่งเป็นตัวแทนจากองค์กรภาครัฐและ เอกชนจำนวน 10 คน เพื่อนำไปสู่ความหมาย และตัวชี้วัดของความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสาน การวิเคราะห์ข้อมูลใช้การวิเคราะห์เชิงเนื้อหา และการตรวจสอบข้อมูลโดยวิธีสามเส้า

ผลการศึกษา: จากการสนทนากลุ่มทั้ง 3 กลุ่ม ของตัวแทนเกษตรกรได้ให้ความหมายของความอยู่ดีมีสุข ด้านสุขภาพของเกษตรกรในภาคอีสานว่าเป็นภาวะพึงปรารถนาที่ครอบคลุมทุกมิติ ทั้งด้านวัตถุและไม่ใช่วัตถุ และผลการระดมสมองของผู้เชี่ยวชาญได้ตัวชี้วัดของความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสาน 8 ด้าน 45 ตัวชี้วัด

สรุป: การศึกษาครั้งนี้พบว่าความหมายและตัวชี้วัดความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสานประกอบด้วยความอยู่ดีมีสุขที่เป็นรูปธรรมและนามธรรม การขาดส่วนใดส่วนหนึ่งอาจทำให้ความอยู่ดีมีสุขด้านสุขภาพที่สมบูรณ์เกิดขึ้นไม่ได้ดังนั้นการทราบความหมาย และตัวชี้วัดความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสาน ที่เกิดจากความคิดของเกษตรกร และผู้เกี่ยวข้องโดยตรงจะมีประโยชน์ในการพัฒนาถึงวิธีการที่จะทำให้ความอยู่ดีมีสุขด้านสุขภาพของเกษตรกรในภาคอีสานเกิดขึ้นต่อไป