The Thai social capital as a social determinant of oral health

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# Contents

CONTENTS ........................................................................................................................................ II

TABLES ................................................................................................................................................ VII

FIGURES ............................................................................................................................................... XI

APPENDICES ..................................................................................................................................... XII

RESEARCH ABSTRACT .................................................................................................................. XIII

DECLARATION ................................................................................................................................... XV

ACKNOWLEDGMENTS ................................................................................................................... XVI

CHAPTER 1 : INTRODUCTION ........................................................................................................... 1

1.1. The characteristics of northeast Thai rural communities ............................................................... 1

1.2 Social capital as a concept for community development ............................................................... 2
    1.2.1 Definition of social capital ......................................................................................................... 3
    1.2.1 The mechanism of social capital ................................................................................................. 4
    1.2.3 The modification of the social capital definition in Thai’s context .......................................... 5
    1.2.4 The relevant social concepts of Thai development and the Inpaeng network ...................... 5

1.3 Health/Oral health system in Thailand ........................................................................................... 8
    1.3.1 Health service ............................................................................................................................... 8
    1.3.2 Health policy ............................................................................................................................... 8
    1.3.3 Oral health status in the Thai population .................................................................................... 9
    1.3.4 The determinants of oral health: studies in Thai population ................................................... 10
    1.3.5 Oral health-related quality of life and studies in Thai communities ....................................... 11

1.4 Social capital as a social determinant of health/oral health .......................................................... 13
    1.4.1 Social capital as a determinant of health .................................................................................. 13
    1.4.2 Social capital as a determinant of oral health ........................................................................... 15
    1.4.3 The pathway of Thai social capital and oral health: research conceptual framework .......... 18
1.5 Conclusion: the research knowledge gap and research objectives ............................................19

CHAPTER 2 : QUALITATIVE STUDY METHOD AND RESULTS ...........................................21

2.1 Introduction ..............................................................................................................................21
  2.1.1 Background of Inpaeng network ............................................................................................. 21
  2.1.1.1 History .................................................................................................................................. 21
  2.1.1.2 Inpaeng’s concepts and missions ......................................................................................... 23

2.2 Findings ....................................................................................................................................28
  2.2.1 The Inpaeng perspective of health and happiness ................................................................. 28
  2.2.2 The Health service utility ........................................................................................................ 32
  2.2.3 The Social capital of the Inpaeng network .............................................................................. 43
  2.2.4 Survival, Sufficiency, Sustainability as Inpaeng’s social capital ........................................... 44
    2.2.4.1 Survival ................................................................................................................................. 44
    2.2.4.2 Sufficiency ............................................................................................................................ 48
    2.2.4.3 Sustainability ........................................................................................................................ 51
  2.2.5 Summary of findings from qualitative research ..................................................................... 54

2.3 The transcription of the qualitative findings to the questionnaire ............................................54

CHAPTER 3 : RESEARCH METHOD ........................................................................ 57

3.1 Study design .............................................................................................................................57

3.2 Research sampling ....................................................................................................................57
  3.2.1 Sampling frame ....................................................................................................................... 57
    Stage I: Tambons were categorised by period of Inpaeng membership registration ............... 58
    Stage II: Tambons were selected by using a stratified sampling technique ............................. 58
    Stage III: From selected Tambons, stratify households into Inpaeng and non-Inpaeng households .............................................................. ...................................... 59
    Stage IV: Randomised and selected non-Inpaeng households and people ............................. 60
  Sample size determination .............................................................................................................. 61

3.3 Data collection planning ...........................................................................................................61
  3.3.1 Protocol development ............................................................................................................ 61
  3.3.2 Inclusion/exclusion criteria ..................................................................................................... 61

3.4 Participants appointment and locations for research data collection .......................................62

3.5 Information sheet and Informed consent sheet ........................................................................62
3.6 Ethical implications and approvals

3.7 ResearchID coding system

3.8 Data collection methods

3.8.1 The Questionnaire

3.8.2 Questionnaire items and scales

3.8.3 Questionnaire validation

3.8.4 Oral epidemiological examinations

3.8.5 Examiner training and reliability

3.8.6 Infection control

3.8.7 Examination instruments

3.8.8 Removable Denture assessment

3.8.9 Oral clinical assessment

3.8.9.1 Oral mucosal tissue assessment

3.8.9.2 Plaque, calculus and gingival index examination

3.8.9.3 Tooth Status

3.8.9.4 Periodontal destruction

3.10 Completing the examination and discharging the study participant

3.11 Computer data entry

3.12 Participants’ confidentiality

3.13 Data Cleaning

3.15 Data Analysis

3.15.1 Variables

3.15.2 Data analysis

CHAPTER 4 : QUANTITATIVE STUDY RESULTS

4.1 Part I Characteristics of the research participants

4.1.1 Response Tambon

4.1.2 Response Rate

4.1.3 Response bias

4.1.4 Examiner reliability

4.1.5 The Management of Thai social capital variables

4.1.6 Characteristics of research participants

4.1.6.1 Demographics
4.1.6.2 Dental health utilisation, dental health behaviour and general health characteristics

4.1.6.3 Accessibility to health care service and mode of self-care treatment

4.1.6.4 Financial characteristics

4.1.6.5 Self-rated oral health/ health variables

4.1.7 Thai social capital of the participants

4.1.7.1 Thai Social capital score

4.1.7.2 Survival score

4.1.7.3 Sufficiency score

4.1.7.4 Sustainability

4.1.7.5 Social groups and self-production score

4.2 Part II: Prevalence of oral diseases, oral health-related quality of life and the determinants of
oral health

4.2.1 Tooth Loss

4.2.2 Dental decay

4.2.3 Root Decay

4.2.4 Tooth restoration

4.2.5 Severity of dental decay experience: DMFT

4.2.6 Bivariate analysis of dental caries experience

4.3 Summary of the bivariate analysis of caries experiences

4.4 Multivariate analysis of tooth decay, tooth loss and caries experience (D, M and DMFT)

4.5 Summary of findings regarding caries experience

4.6 Periodontal disease

4.6.1 Bivariate analysis of periodontal disease

4.6.2 Multivariate analysis of participants’ attachment loss

4.6.3 Summary of findings regarding periodontal status

4.7 Oral health-related quality of life

4.7.1 Bivariate analysis of Oral Health Related Quality of Life

4.7.2 Bivariate summary of oral health-related quality of life

4.7.3 Multivariate analysis of participants’ oral health-related quality of life

4.8 Contextual influence to the outcome variables

4.9 Chapter conclusion
CHAPTER 5 : DISCUSSION

5.1 The research objectives and findings discussion

5.2 Final conceptual framework

5.3 Method discussion: Research’s strength and weakness

5.3.1 The research strength

5.3.2 The research weakness

5.3.2.1 Examiner

5.3.2.2 Missing data

5.3.2.3 Questionnaire design

5.4 Findings discussion

5.5 Contribution of this research to the field of community oral health

REFERENCES

APPENDICES
<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 3.1</td>
<td>Results from stage I sampling</td>
</tr>
<tr>
<td>Table 3.2</td>
<td>Result from stage IV sampling</td>
</tr>
<tr>
<td>Table 3.3</td>
<td>Tambon coding</td>
</tr>
<tr>
<td>Table 3.4</td>
<td>The research variables</td>
</tr>
<tr>
<td>Table 3.5</td>
<td>The research variables (cont.)</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Participants and percent of participation this research study categorised by Tambon</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Distribution of research participants by Inpaeng membership</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>Proportion of Inpaeng participants and mean years of membership categorised by Tambon</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>Demographic characteristics categorised by Inpaeng membership</td>
</tr>
<tr>
<td>Table 4.5</td>
<td>Factor analysis of 20 Thai social capital variables (display only factor loading&gt;0.4)</td>
</tr>
<tr>
<td>Table 4.6</td>
<td>Demographic characteristics of sample</td>
</tr>
<tr>
<td>Table 4.7</td>
<td>Demographic characteristics by age group</td>
</tr>
<tr>
<td>Table 4.8</td>
<td>Dental health/health variables</td>
</tr>
<tr>
<td>Table 4.9</td>
<td>Health care service accessibility</td>
</tr>
<tr>
<td>Table 4.10</td>
<td>Self-care; herbal medicine and Thai traditional massage</td>
</tr>
<tr>
<td>Table 4.11</td>
<td>Financial characteristics</td>
</tr>
<tr>
<td>Table 4.12</td>
<td>Self-rated health, oral health/perceived social status</td>
</tr>
<tr>
<td>Table 4.13</td>
<td>Univariate statistics of Survival, Sufficiency and Sustainability scores</td>
</tr>
<tr>
<td>Table 4.14</td>
<td>Percent distribution of answer in each Survival score question</td>
</tr>
<tr>
<td>Table 4.15</td>
<td>Survival score categorisation</td>
</tr>
<tr>
<td>Table 4.16</td>
<td>Percent distribution of answer in each Sufficiency score question</td>
</tr>
<tr>
<td>Table 4.17</td>
<td>Sufficiency score categorisation</td>
</tr>
<tr>
<td>Table 4.18</td>
<td>Percent distribution of answer in each Sustainability score question</td>
</tr>
<tr>
<td>Table 4.19</td>
<td>Sustainability score categorisation</td>
</tr>
<tr>
<td>Table 4.20</td>
<td>Univariate statistics number of group membership</td>
</tr>
<tr>
<td>Table 4.21</td>
<td>Self-production score items distribution</td>
</tr>
</tbody>
</table>
Table 4.22: Distribution of tooth loss from all causes .................................................................97
Table 4.23: Descriptive univariate statistics of Tooth Missing due to dental decay .........................98
Table 4.24: Descriptive univariate statistics of Coronal Dental Decay ...............................................98
Table 4.25: Descriptive Univariate Statistics of Root Decay ..............................................................99
Table 4.26: Descriptive Univariate Statistics of Filled tooth ............................................................99
Table 4.27: Descriptive univariate statistics of DMFT .....................................................................100
Table 4.28: Crude bivariate ANOVA analysis of participants’ caries experience and their demographic characteristics .................................................................................................................................103
Table 4.29: Age adjusted, ANOVA bivariate ANOVA analysis of participants’ caries experience and their demographic characteristics ...........................................................................................................104
Table 4.30: Crude bivariate ANOVA analysis of participants’ caries experience and their social capital .................................................................106
Table 4.31: Age adjusted bivariate ANOVA analysis of participants’ caries experience and their social capital ......................................................................................................................................107
Table 4.32: Crude bivariate ANOVA analysis of participants’ caries experience and their financial characteristics ................................................................................................................................109
Table 4.33: Age adjusted bivariate ANOVA analysis of participants’ caries experience and their financial characteristics ................................................................................................................................110
Table 4.34: Crude bivariate ANOVA analysis of participants’ caries experience and oral health behaviour/oral health service utilisation ..........................................................................................112
Table 4.35: Age adjusted bivariate ANOVA analysis of participants’ caries experience and oral health behaviour/oral health service utilisation ..........................................................................................113
Table 4.36: Crude bivariate ANOVA analysis of participants’ caries experience and general health ...........115
Table 4.37: Age adjusted bivariate ANOVA analysis of participants’ caries experience and general health ................................................................................................................................................116
Table 4.38: Crude bivariate ANOVA analysis of participants’ caries experience and self-rated variables 118
Table 4.39: Age adjusted bivariate ANOVA analysis of participants’ caries experience and self-rated variables ................................................................................................................................................119
Table 4.40: Fully-adjusted estimation for factors associated with participants’ tooth decay ..................121
Table 4.41: Fully-adjusted estimation for factors associated with participants’ tooth loss .....................122
Table 4.42: Fully-adjusted estimation for factors associated with participants’ caries experience: DMFT ...............................................................................................................................................124
Table 4.43: Summary of caries experience from multivariate analysis ..............................................126
Table 4.44: The distribution of CAL≥4mms by tooth position ................................................................. 127

Table 4.45: The distribution of PD≥5mms by tooth position ................................................................. 127

Table 4.46: Univariate statistics of CAL ............................................................................................... 127

Table 4.47: Univariate statistics of PD ............................................................................................... 128

Table 4.48: Crude and age adjusted bivariate ANOVA analysis of participants’ demographics and periodontal status ........................................................................................................................... 130

Table 4.50: Crude and age adjusted bivariate ANOVA analysis of participants’ financial status and periodontal status ........................................................................................................................... 133

Table 4.51: Crude and age adjusted bivariate ANOVA analysis of participants’ oral health variables and periodontal status ........................................................................................................................... 134

Table 4.52: Crude and age adjusted bivariate ANOVA analysis of participants’ general health and periodontal status ........................................................................................................................... 136

Table 4.53: Crude and age-adjusted bivariate ANOVA analysis of self-rated variables and participants’ periodontal status ........................................................................................................................... 137

Table 4.54: Fully adjusted estimation for variables associated with participants’ clinical attachment loss ........................................................................................................................................................ 139

Table 4.55: Fully-adjusted estimation for variables associated with participants’ periodontal pocket depth ........................................................................................................................................................ 140

Table 4.56: Summary of periodontal status from multivariate analysis ................................................... 141

Table 4.57: Prevalence, extent and severity of impacts ........................................................................... 142

Table 4.58: Univariate statistics for OHIP-14 Severity ............................................................................. 142

Table 4.59: OHIP-14 response to items .................................................................................................. 143

Table 4.60: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their demographics .................................................................................................................. 145

Table 4.61: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their financial status .................................................................................................................. 146

Table 4.62: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their oral health behaviour/ oral health service utilisation .................................................................................................................. 148

Table 4.63: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their general health .................................................................................................................. 149

Table 4.64: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their self-rated variables .................................................................................................................. 150

Table 4.65: Crude and age-adjusted bivariate ANOVA analysis of participants’ social impact of oral health and their social capital ............................................................................................................................................. 152
Table 4.66: Fully-adjusted estimation for variables associated with participants’ oral health-related quality of life: Survival as the main predictor variable .................................................................154

Table 4.67: The intra-class correlation of main outcome variables and community level .........................155

Table 4.69: Fully-adjusted estimation for variables, including contextual variable associated with participants’ oral health-related quality of life ........................................................................156

Table 4.70: Summary of findings from multivariate analysis ........................................................................158

Table 71: Standard precautions for infection control in health care settings ............................................197
Figures

Figure 1.1: The research conceptual framework ................................................................. 18
Figure 2.1: The distribution of Inpaeng members by Tambon location (picture from Google map) .......... 25
Figure 3.1: Four stage sampling design used in this study .................................................... 58
Figure 4.1: Boxplot of participants’ social capital score ....................................................... 96
Figure 4.2: Boxplot of participants’ caries experience .......................................................... 100
Figure 4.3: Upper Tooth decay experience distribution by tooth number ......................... 101
Figure 4.4: Lower Tooth decay experience distribution by tooth number ......................... 101
Figure 4.5: Boxplot of participants’ periodontal condition ............................................... 128
Figure 4.6: Boxplot of participants’ OHIP severity score ............................................... 144
Figure 5.1: Adjusted conceptual framework after the research findings ......................... 160
Appendices

Appendix I  Protocol for Oral Epidemiological Examinations
Appendix II  Information sheet and consent forms
Appendix III  Research questionnaire
Research Abstract

Background: A Strategy to promote social capital has been included in the Thai government's economic and social development plan since 2007. According to the plan, social capital covered the traditional definition of institutional and social networks, the structure of relationships and norms of reciprocity. In addition, it also included all non-financial capital such as individual characteristics, local wisdom and physical environment. Several studies, conducted in the industrialized countries, found social capital to be a determinant of health/oral health. However, no studies systematically explored the nature of social capital in Thai rural communities and its relationship to oral health.

Objectives: This research aimed to explore social capital of Thai rural communities, focusing on its role in oral health. Researchers also wanted to test if the well-established determinants (such as socioeconomic status, smoking, oral health care utilization) could determine oral health of the Thai rural people.

Methods: An integrated qualitative-quantitative approach was implemented. An ethnographic study in several north-eastern communities was undertaken to identify the locally specific social capital variables. Those variables were transformed into a questionnaire, then asked in the quantitative phase of the study. The questionnaire also explored oral health related quality of life (OHIP-14), oral health behaviours, mental health, socioeconomic status and demographics. Clinical oral health examinations, collecting caries experience (DMFT) and clinical attachment loss (CAL), were carried out. 650 participants, 35-80 years old, living in six sub-districts or Tambon (Thai: ตําบล) of Sakonnakhon, north eastern Thailand participated in this study.

Results: The ethnographic study found that Thai rural social capital comprises tangible and intangible assets that contribute to people's Survival from financial constrains, their lifestyle of “living in moderation” (Sufficiency) and the presence of a Sustainable community environment. The quantitative study found 1) non-linear relationship between Thai social capital and oral disease as well as oral health related the quality of life; 2) age was the strongest predictor of oral diseases; and 3) conventional risk factors were associated with oral diseases, oral health-related quality of life e.g.
socioeconomic status associated with caries experience, smoking associated periodontitis, and oral health care utilization associated with oral health-related quality of life.

The research contributions: 1) Social capital is a determinant of health/oral health in contemporary Thai rural communities. 2) By incorporating the concept of locally and culturally-appropriate research study, it is the very first community dentistry research, done in Thailand that used the qualitative-quantitative integration approach. 3) It confirmed the influence of major risk factors of oral diseases in Thai rural population. 4) It was the first study to use a Thai version of OHIP-14 to explore oral health related quality of life in Thai population.
Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Sutee Suksudaj and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Sutee Suksudaj

Date 30 September 2010
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