The Thai social capital as a social determinant of oral health

Sutee Suksudaj

School of Dentistry

The University of Adelaide

Submitted as a requirement for the degree of

Doctor of Philosophy in Dentistry

30th September 2010

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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

Acknowledgments

I am most grateful to my supervisors, Professor Gary Slade, Associate Professor Kaye Roberts-Thomson and Dr James Taylor for teaching me to be an independent researcher, showing me the that the academic life is honorable, and inspiring me to work hard for the benefit of the people.

My best thanks are also for Dr Seri Phongphit whose works influence most people in the field of social development. Seri's brilliant notion of 3Ss (Survival Sufficiency and Sufficiency) is the fundamental of this research: Thai social capital measurement.

Without the assistance of the following Inpaeng leaders, this research could not be done: Yongyut Trinuchakorn, Thawatchai Kunwong, Watcharaporn Kudwongkaew, Kasaporn Promhakul.I would like to show my appreciation to Dr. Suksamai Sompong and many Sakonnakhon health care workers who supported and helped me during the period of my research data collection in Sakonnakhon.

My best regards to Professor A John Spencer, Associate Professor David Brennan, DrLoc G Do, Dr Lisa Jamieson, Dr Jane Harford, Dr Gloria Majia, Dr Diep Ha, Dr Kelly Jones, Dr Pingzhou Liu, Dr Archana Pradhan, Judy F Stewart, Dana Teusner for their kindnesses and their intellectual supports. Best regards to A Silvana Varveggio for her professional works on administrating financial issue for my research. My great appreciations also are for Alison McLean and Lorna Lucas who guided me through the language barrier and helping me on my thesis proofreading and editing. My dearest friends who are always helping me on everything Sue Gardner, Jenny Miller, Katrina Plastow, Eleanor Parker, Clinton Kempster, Kostas Kapellas, and David Harley.

My sincere thanks go to Thammasat University for providing me the PhD scholarship. I also would like to thank Dr Prathip Pantumvanit, Dr Yupin Songpaisan and Dr Piya Siriphant for their supports that enabling me to pursue the higher degree by research at the University of Adelaide.

Sutee Suksudaj