PARTICIPATORY ENGAGEMENT AND WOMEN'S EMPOWERMENT IN AN ALTERNATIVE PUBLIC HEALTH MODEL: A CASE STUDY OF BUDDHIST MEDICINE FOUNDATION OF THAILAND

by

MONTAWADEE KRUTMECHAI

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TABLE OF CONTENTS

ACKNOWLEDGEMENT **ii**

TABLE OF CONTENTS **iv**

LIST OF TABLES **xiv**

LIST OF FIGURES **xvi**

LIST OF ABBREVIATIONS **xvii**

ABSTRAK **xix**

ABSTRACT **xxi**

CHAPTER ONE: INTRODUCTION **1**

1.1 Introduction 1

1.2 Overview of Social Movements in Thailand 1

1.2.1 Participatory engagement in Thai social movements 3

1.2.2 Women's involvement and women's empowerment in Thai social movement 7

1.3 A Brief Overview of the Health Scenario in Thailand 8

1.3.1 Civil society engagement and Alternative Medicine movement in the health context of Thailand 10

1.3.2 The Thai Health Promotion Fund (ThaiHealth) and the Tri-Power Model 12

1.3.3 Alternative medicine movement: Health social movement in Thailand 14

1.4 Problem Statement 15

1.5 Objectives of the Study 19

1.6 Research Questions 20

1.7 Scope and Limitations of the Study 20

1.8 Significance of the Study 21

1.9 Definitions of Key Terms 23

1.9.1 Participatory engagement 23

1.9.2 Women's empowerment 24

1.9.3 Social movement 24

1.9.4 Alternative Medicine 25

1.9.5 Public Health 25

1.10 Organisation of the Thesis 25

1.11 Summary 27

CHAPTER TWO: BUDDHIST MEDICINE FOUNDATION OF THAILAND (BMFT) 28

2.1 Introduction 28

2.2 Brief Historical Background 29

2.2.1 Pre-*Suanpanabun Dontan* Centre (1997-2006) 32

2.2.2 *Suanpanabun Dontan* Centre (2007 to present) 32

2.3 The Development of the Buddhist Medicine Model (BM Model) 34

2.3.1 Adoption of the Buddha's philosophy and principles, and His Majesty King Bhumibol's Philosophy of Sufficient economy 36

2.3.2 The Buddhist Medicine Model (BM Model) 37

2.4 The Buddhist Medicine Foundation of Thailand (BMFT) 38

2.4.1 Vision and mission 38

2.4.2 Goals 39

2.4.3 Objectives 40

2.4.4 Strategies 41

2.4.5 Activities 42

2.5 Governance and Human Resource 44

2.6 Organisation Management and Development 45

2.6.1 Conclusion and reflection process (*Tevis Sho* in *Bali*) 46

2.6.2 Financial management 47

2.6.3 *Satharana Pokey*, kiosk management, culture and way of living in BMFT 48

2.7 Relationship with Alliances and Other Organisations 50

2.7.1 Relationship with *Asoke* community 51

2.7.2 Relationship with government agencies: Public health sector and local governments 51

2.7.3 Relationship with private organisations 53

2.7.3(a) Buddhist Medicine study (7- year course) 53

2.7.3(b) Bachelor degree, Liberal Arts (Buddhist medicine) 54

2.7.4 Relationship with the Media 54

2.7.5 Relationship with the Royal King's project 54

2.8 The Social Roles of BMFT to Public Service 55

2.9 Summary 56

CHAPTER THREE: LITERATURE REVIEW 57

3.1 Introduction 57

3.2 Review of Past Studies on Social Movements 57

3.2.1 Theories and concepts on social movements 57

3.2.1(a) Classical Social Movement (CSM) or Traditional Social Movement (TSM) 58

3.2.1(b) Resource Mobilization (RM) 59
3.2.1(c) New Social Movement (NSM) 60
3.2.2 Concepts of social movement 67
3.2.3 Social movement in Thailand 70
3.2.4 Civil Society in Social Movement in Thailand 73
3.2.4(a) Pre-administrative reform (1890-1931) 75
3.2.4(b) Administrative Reform (1890-1931) 76
3.2.4(c) Absolute Monarchy Abolition period (1932-1960) 76
3.2.4(d) The Development Period and Anti-communism (1961-1972) 77
3.2.5 Social movement in the health sector 81
3.2.6 Embodied Health Movements 82
3.2.7 Health situation in Thailand 85
3.2.8 Social Movement of the health sectors in Thailand: Civil Society Engagement and Alternative Medicine 88
3.2.9 Concept of alternative medicine, particularly in a neoliberal market economy and globalsied world 91
3.3 Past Studies on Participatory Engagement 94
3.3.1 Participation 95
3.3.2 Engagement 99
3.3.3 Partcipatory Engagement 100
3.3.4 Participatory Engagement in Thai Social Movements 105
3.4 Past studies on women's empowerment 107
3.4.1 Women's health in developing country and Thailand 107

3.4.2 Studies on women's empowerment within the context of social movements 110
3.4.3 Studies on women's empowerment within the context of social movements in Thailand 114
3.4.4 Overall discourses particularly the different perspective of those in development and the feminists 118
3.4.4(a) Power 118
3.4.4(b) Empowerment 120
3.4.5 Women's empowerment in perspective of those in development 125
3.4.6 Women's empowerment in feminist perspective 126
3.4.6(a) Personal Empowerment level 130
3.4.6(b) Collective empowerment level 132
3.5 Conceptual framework: Underlying theories and concepts 135
3.5.1 Social movement 135
3.5.1(a) Capacity to make itself visible 135
3.5.1(b) Creation of important change 136
3.5.2 Participatory Engagement 136
3.5.2(a) Conscience 137
3.5.2(b) Commitment 137
3.5.2(c) Collaboration 137
3.5.2(d) Deliberation 137
3.5.2(e) Community engagement 137
3.5.3 Women's empowerment 138
3.5.3(a) Individual Empowerment 138
3.5.3(b) Collective empowerment 139

3.6 Summary 142

CHAPTER FOUR: RESEARCH METHODOLOGY 144

4.1 Introduction 144

4.2 Research Design 144

4.3 Scope of the study 148

4.3.1 Survey sites 148

4.3.2 Sample and Unit of Analysis 151

4.3.3 Research method 151

4.3.3(a) Quantitative survey 151

4.3.3(b) Qualitative in-depth interviews 152

4.4 Research Instruments 157

4.4.1 Questionnaires for quantitative survey 157

4.4.1(a) Development and pilot testing of the questionnaire 157

4.4.2 Guideline questions for In-depth Interview 160

4.4.2(a) In-depth interviews of the volunteers, participants, coordinators and Asoke members 161

4.4.2(b) Expert In-depth interviews 162

4.4.3 Participatory Observation 164

4.4.4 Duration of the study 165

4.5 Data Collection 166

4.5.1 Questionnaire survey 166

4.5.2 In-depth Interviews Data Collection 169

4.5.2(a) Phase 1: Before the Interview 169

4.5.2(b) Phase 2: During in-depth Interviews in the Field 170

4.5.2(c) Phase 3: Post data collection: Organising of data

and follow-up 171

4.5.3 Participatory Observation 172

4.6 Data Analysis 172

4.6.1 Quantitative analysis 172

4.6.2 Thematic analysis (qualitative analysis) 173

4.7 Validity and reliability 174

4.7.1 Checking consistency of the results of codes 176

4.7.2 Backward-Forward Translation 176

4.7.3 Triangulation 177

4.8 Ethical Issues 177

4.9 Challenges and Lessons Learnt in the Field 178

4.9.1 Time for field work 178

4.9.2 Self-Discipline 180

4.9.3 Dual Roles of the Researcher 181

4.9.4 Open environment during interviews 182

4.9.5 Keeping confidentiality 183

4.10 Summary 183

CHAPTER FIVE: FINDINGS **184**

5.1 Introduction 184

5.2 Part I: Analysis and Findings of the Quantitative Data 185

5.2.1 Socio-demographic profile of respondents. 186

5.2.2 Household income and types of illness 188

5.2.3 Types of illness by gender 189

5.2.4 Applying BM knowledge by gender 190

5.2.5 Frequency of interacting with others by gender 191

5.2.6 Gender roles 191

5.2.6(a) Type of work (kitchen) by gender 192

5.2.6(b) Type of work (farming) by gender 193

5.2.6(c) Type of work (cleaning) by gender 194

5.2.6(d) Type of work (selling and packing) by gender 195

5.2.7 Knowing about BMFT from Person 197

5.2.8 Information about BMFT from Media 197

5.2.9 Perception about BMFT by gender 198

5.2.10 Perception about Thai public health system by gender 199

5.2.11 Household income level and perception about BMFT 200

5.3 Part II: Analysis and Findings of Qualitative data 202

5.3.1 Analysis and Findings on Research Question One 203

5.3.1(a) Faith-based health civil society 204

5.3.1(b) Belief/Ideology that Binds: Holistic Health Care and Spirituality Paradigm 207

5.3.1(c) Voluntarism 212

5.3.1(d) Participatory Culture 214

5.3.2 Analysis and Findings on Research Question Two 220

5.3.2(a) Capability Building 222

5.3.2(b) Conscience 226

5.3.2(c) Commitment 229

5.3.2(d) Collaboration 231

5.3.2(e) Community Engagement 237

5.3.3 Analysis and Findings on Research Question Three 240

5.3.3(a) Faith Based Empowerment 243

5.3.3(b) Individual Empowerment 258

5.3.3(c) Collective Empowerment 261

5.3.3(d) Spiritual Empowerment 266

5.3.4 Analysis and Findings on Research Question Four 271

5.3.4(a) Capacity to Create to be Visible 273

5.3.4(b) Creation of Important Changes 289

5.3.4(c) Spiritual Transformation 294

5.4 Summary 304

CHAPTER SIX: DISCUSSION 306

6.1 Introduction 306

6.2 Discussion of Key Findings 306

6.2.1 General discussion: The context 306

6.2.2 Nature of participatory engagement in BMFT 307

6.2.3 Social Class, Women and Participatory Engagement in BMFT 315

6.2.4 Strategies utilized in BMFT to create participatory culture 319

6.2.5 Women's Empowerment in BMFT 324

6.2.6 Is BMFT a Social Movement? 336

6.3 Summary 340

CHAPTER SEVEN: CONCLUSION 342

7.1 Introduction 342

7.2 Recapitulation of the Study and Key Findings 342

7.2.1 Participatory engagement 343

7.2.2 Strategies utilized in BMFT to create participatory culture 347

7.2.3 Women's empowerment in BMFT 348

7.2.4 Social movement 349

7.3 Implications of the Study 351

7.3.1 Theoretical implications 351

7.3.1(a) Participatory engagement 351

7.3.1(b) Women's empowerment 351

7.3.1(c) Social movement 352

7.3.2 Practical implications 354

7.3.2(a) For other organisations 354

7.3.2(b) For policy makers 359

7.3.2(c) For BMFT 362

7.4 Limitations of the study 367

7.5 Suggestions for future research 368

7.6 Conclusion 370

REFERENCES **371**

APPENDICES **384**

LIST OF TABLES

		Page
Table 3.1	Differences among New Social Movements, and Classical Theory	65
Table 3.2	Contending Social Movement Paradigms	66
Table 4.1	Descriptive Statistics: Average Monthly Income per Household 2015	153
Table 4.2	Three groups of socio-economic status of Thais in 2015	154
Table 4.3	Criteria of participants' selection	156
Table 4.4	Principal Component Analysis Results for Perception of Thai Public Healthcare and of BMFT	159
Table 4.5	Components and Indicators in Interviews	161
Table 4.6	Main dimensions/variables explored in in-depth interview and expert in-depth interview	164
Table 4.7	Distribution and collection of the survey questionnaire in five regions	168
Table 5.1	The socio-demographic profile of the respondents for the quantitative data	187
Table 5.2	Socio-economic profile of respondents	188
Table 5.3	Household income and types of illness	189
Table 5.4	Type of illness by gender	190
Table 5.5	Frequency of applying BM Knowledge by gender	190
Table 5.6	Frequency of interacting with other participants by gender	191
Table 5.7	Type of work (kitchen) by gender	192
Table 5.8	Type of work (farming) by gender	193

Table 5.9	Type of work (cleaning) by gender	194
Table 5.10	Type of work (selling and packing products) by gender	195
Table 5.11	Knowing about BMFT from Persons	197
Table 5.12	Information about BMFT from the Media	198
Table 5.13	Perception to BMFT by gender	198
Table 5.14	Independent Samples Test	198
Table 5.15	Perception about Thai public health system by gender	199
Table 5.16	Independent Samples Test	199
Table 5.17	Household income level and perception to BMFT	200
Table 5.18	One Way ANOVA	201
Table 5.19	Multiple Comparison	201
Table 6.1	Characteristics of Empowerment in BMFT	329

LIST OF FIGURES

		Page
Figure 1.1	The Tri-Power Model	13
Figure 3.1	Conceptual Framework	143
Figure 4.1	Research design	147
Figure 4.2	Map of six regions of Thailand	149
Figure 4.3	The Five Study Sites	150
Figure 7.1	A Final Form of Social Movement Conceptual Framework of BMFT	353

LIST OF ABBREVIATIONS

BMFT	Buddhist Medicine Foundation of Thailand
CSOs	Civil Societies
NGOs	Non-Government Organisations
POs	People Organisations
HSMs	Health social Movements
EHMs	Embodied health movements
NSMs	New Social Movements
CSM	Classical Social Movement
TSM	Traditional Social Movement
RM	Resource Mobilization
NCDs	Non-Communicable Diseases
TM	Traditional Medicine
AM	Alternative Medicine
CAM	Complementary and Alternative Medicine
T&CM	Traditional and Complementary Medicine
BM Model	Buddhist Medicine Health Model
DTAM	Department of Thai Traditional and Complementary Medicine
MoPH	Ministry of Public Health
NESDP	National Economic and Social Development Plan
NESDB	National Economic and Social Development Board Office of The Prime Minister
WHO	World Health Organisation
NHCO	National Health Commission Office

NHSO	National Health Security Office
ThaiHealth	Thai Health Promotion Fund
FMTV	For Mankind Television
SAOs	Sub-district Administrative Organisations
BAAC	Bank for Agriculture and Agricultural Cooperatives

PENGLIBATAN PENYERTAAN DAN PEMERKASAAN WANITA DALAM SATU MODEL KESIHATAN AWAM ALTERNATIF: SATU KAJIAN KES BUDDHIST MEDICINE FOUNDATION OF THAILAND

ABSTRAK

Globalisasi dan pengejaran ekonomi neoliberal memberi impak negatif terhadap kesihatan awam Thailand. Impak ini dirasai terutama sekali oleh mereka yang paling rentan, orang miskin dan wanita, yang menderita akibat isu-isu kritikal dalam penjagaan kesihatan awam seperti aksesibiliti, mampu bayar, kebergantungan dan ketaksetaraan. BMFT adalah satu model unggul yang menawarkan perubatan dan penjagaan kesihatan Buddhist alternatif yang holistik kepada penduduk Thailand, menarik penyertaan ribuan peserta, majoritinya wanita. Oleh kerana terdapat sebilangan kecil sahaja kajian tentang penglibatan penyertaan dan pemerkasaan wanita dalam pergerakan sosial di Thailand, maka satu kajian kes tentang BMFT telah dijalankan. Ia bertujuan mengenalpasti sifat penglibatan penyertaan BMFT, dan strategi yang digunakan dalam membangunkan budaya penyertaan dalam organisasi. Kajian ini juga menerokai sama ada aktiviti BMFT memperkasakan wanita dan menilai sama ada BMFT mempunyai ciri-ciri dan potensi satu pergerakan sosial. Pendekatan kaedah bercampur yang menggunakan soal-selidik, temubual mendalam dan pemerhatian penyertaan digunakan untuk mengumpul data dari tujuh kumpulan responden dari lima wilayah di Thailand. Sejumlah 1,413 responden mengisi borang soal-selidik dan 60 orang responden terlibat dalam temubual mendalam. Dapatan daripada data kuantitatif menunjukkan sebilangan besar peserta BMFT ialah wanita berbanding lelaki, majoriti daripada kelas rendah dan pertengahan, dan hampir kesemua sekurang-kurangnya berpendidikan rendah. Analisis bertema data kualitatif

menunjukkan identiti BMFT sebagai sebuah badan masyarakat sivil berasaskan agama, yang memberi fokus kepada model perubatan dan penjagaan Buddhis alternatif yang menekankan pendekatan holistik kerohanian, amat berpadanan dengan sosio-budaya dan nilai-nilai keagamaan Thai. Kepercayaan dan ideologi keagamaan yang mengikat erat paradigma penjagaan kesihatan holistik dan kerohanian, kesukarelawanan dan budaya penyertaan menggambarkan sifat penglibatan penyertaan BMFT yang unggul. Kelima-lima strategi iaitu pembangunan kapasiti, suara hati, komitmen, usahasama, dan penglibatan komuniti digunakan untuk membangunkan budaya penyertaan dengan menggunakan kesihatan dan agama untuk melibatkan orang ramai. Keseluruhan pendekatan BMFT memperkasakan semua individu, termasuk wanita, terutama sekali dalam pembangunan fizikal dan kerohanian. Wanita diperkasakan sebagai individu dan dari segi kerohanian walaupun ini bukanlah niat BMFT. Sebagai satu pergerakan sosial, BMFT merupakan "Embodied Health Movement" dan juga sebagai satu pergerakan sosial baru. Ia berjaya menggunakan pengetahuan tempatan, perubatan tradisional dan moden, yang diselubungi dengan kepercayaan keagamaan dan kerohanian, di samping menggunakan juga sumber-sumber tempatan untuk memperkasakan rakyat biasa mengubah sepenuhnya gaya hidup mereka dengan wawasan mentransformasi masyarakat perlahan-lahan ke arah kelestarian. Kemampuan generalisasi dapatan kajian sememangnya terhad kerana ini adalah satu kajian kes.

PARTICIPATORY ENGAGEMENT AND WOMEN'S EMPOWERMENT IN AN ALTERNATIVE PUBLIC HEALTH MODEL: A CASE STUDY OF BUDDHIST MEDICINE FOUNDATION OF THAILAND

ABSTRACT

Globalisation and the pursuit of a neoliberalised economy has negatively impacted the public health in Thailand. The impact is especially felt by the most vulnerable, the poor and women, who suffer from critical issues in public health care such as accessibility, affordability, dependency, and inequity. BMFT is one outstanding model that offers a holistic alternative Buddhist medicine and health care to the Thais, attracting thousands of participants; majority of whom are women. Given the dearth of studies on participatory engagement and women's empowerment in social movements in Thailand, a study was conducted on BMFT as a case study. It aims at identifying the nature of participatory engagement in BMFT, and the strategies used in creating participatory culture in the organisation. The study also explores whether BMFT's activities empower women, and assesses whether BMFT has the characteristics and potentials of a social movement. A mixed mode approach comprising survey questionnaires, in-depth interviews and participatory observations was employed to obtain data from seven groups of respondents, representing five regions of Thailand. A total of 1,413 respondents filled up the survey questionnaires and 60 respondents participated in the in-depth interviews. Findings from the quantitative data showed a significant number of women participants than men, mainly from the lower and middle socio-economic groups, and almost all had at least primary education. The thematic data analysis revealed that BMFT's identity is as a faith-based civil society, focusing on a unique alternative Buddhist Medicine healthcare

model emphasising a holistic approach of spirituality which fits neatly with Thai socio-cultural and religious values. The religious beliefs and ideology which bind together holistic healthcare and spirituality paradigm, voluntarism and participatory culture reflect the outstanding nature of participatory engagement in BMFT. The five strategies namely capability building, conscience, commitment, collaboration and community engagement were utilized to create a participatory culture, using health and religion to engage people. The overall BMFT's approach empowers all individuals, including women, especially in terms of their physical and spiritual development. Women were spiritually and individually empowered even though this was unintended. As a social movement, BMFT is an Embodied Health Movement and also as a new social movement. It has successfully harnessed local knowledge, traditional and modern medicine, wrapped in religious faith and spirituality, tapping local resources to empower ordinary citizens to undergo a complete change of lifestyle that is envisioned to gradually transform society to be sustainable. The generalizability of the findings is arguably limited because it is a case study.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter introduces the thesis by presenting a background to the study, against the backdrop of Thailand's socio-political and health context, leading to the statement of problem, the research objectives the research questions, and the significance of the study. The chapter concludes with a discussion on the study's limitations and definitions of key terms and concepts, and the organisation of the thesis. A special focus is given in this chapter to social movement and health social movements in Thailand, setting the backdrop for the Buddhist Medicine Foundation of Thailand (BMFT) which is the organisation being studied. However, the understanding of BMFT must begin with the understanding of the social movements and health social movement in Thailand and link with the country's health and development context and the participatory engagement culture in the country. The section below traces briefly the growth of social movements in Thailand and the engagement of civil societies in the health sector that contextualises the BMFT.

1.2 Overview of Social Movements in Thailand

Social movements, seen as a collective action and usually supported by non-governmental organisations have been an intriguing social phenomenon in our society. What is intriguing is that these have been "…conscious, concerned and sustained efforts by ordinary people to change some aspects of their society by using extra-institutional means that is taking actions without relying on the existing institutions" (Goodwin & Jasper, 2004, p. 3). In North America and Europe, social movements

were widespread since the 1960s. In Thailand, social movements are also not new. Like many developing countries, Thailand already saw social movements among poor, disenfranchised, marginalized groups as early as in the 1970s. Baker (2014) pointed out a classic peasant struggle on rights over resources issues concerning land, water, and forests is the Assembly of the Poor. Similarly, Phongpaichit (2002, p. 10) in her paper on social movements in Thailand, highlighted the farmers' movements, comprising of "the Assembly of the Poor, the small fishermen's and the northern hill farmers' movements all have a base in the community, or are community movements, not individual movements". In addition, these movements have worked with "a strong community base, akin to the famous Chiapas movement in Mexico that saw the indigenous community's uprising against the competition over resources. It also drew the focus back to issues of identity, culture, and community" (Phongpaichit, 2002, p. 6).

The visibility of social movements in Thailand became obvious in the 1990s. According to Phongpaichit (2002), the situation all over Asia was an upsurge of movements about environment, gender, corruption, media freedom, labour rights, cooperatives, land rights, forests, dams, and marine resources. The 1990s was a marker for mass movements in Thailand, because prior to that there was no mass movement in such a big scale, even though there were movements since the 1970s as mentioned earlier. However, all of these movements, small or big, were characterized by visible participatory engagement. A more detailed discourse on social movements in Thailand is included in Chapter 3.

1.2.1 Participatory engagement in Thai social movements

This section briefly explores participatory engagement in Thailand to be followed by a brief write up on women's empowerment within the context of social movements in Thailand. Participatory engagement concept and approaches have been part of the Thai society with the rising of civil society in Thailand (Suwannarat, 2003). It is a core component of civil society action and social movements in Thailand. Especially notable was the Democracy movement during 1960-70s (Service Centre for Development Cooperation [KEPA], 2011). Over the years, participatory engagement grew along with the maturity of Civil Society Organisations (CSOs), Non-Government Organisations (NGOs), People Organisations (POs) and other social movements.

It should be highlighted that the culture of civic engagement to deal with people's health and other societal problems began as early as the 1890s. The community Buddhist temples were the initial form of civil society institutes in Thailand (Pongsapich & Kataleeradabhan, 1994). They provided philanthropy services and shaped a socialization process based on 'merit making' that is activities done based on earning merits which is integral to being a good Buddhist. Monks and their monasteries functioned as centres of intellectual, cultural, recreational and community activities. In short, the temple stood as a civil institution established by a community that provided essential social services to the community.

In the late 1950s and throughout the four decades, a number of social welfare NGOs, the so-called "development NGO movement" gradually became well known in the country (Tejapira, 2004). According to Chaowarat (2010), civil society is crucial in participatory planning as its involvement often generates effective participatory planning of various groups in the society. The strength of civil society is its influence

and participation in politics and public affairs, which are relevant to the state and the market (White, 2004). Moreover, it is seen as an important agent for promoting good governance, especially on government's responsiveness, effectiveness, transparency, and accountability. It also has been regarded as a kind of representative and alliance of the vulnerable and marginalized people in a society whose voices are often unheard (Chaowarat, 2010). This could be seen as a paradigm shift in the development process in Thailand. However, the concepts of participation and empowerment are not without debates, and this will be explored further in the chapter on the review of literature.

The engagement of civil societies, in part, is facilitated by the Thai government's open door policy, inviting civil societies to participate in the country's development planning and implementation. This step was taken because Thai's National Economic and Social Development Plan (NESDP) in 1961-1966 that focused on economic growth had created a widening gap between the rich and the poor (Kaewthep, 1994). The emergence of the so-called "development NGO movement" was the response of the civil societies to the dramatic and massive socio-economic changes and imbalances caused by the state-planned development policy that promoted rapid development of the Thai capitalist economy (Tejapira, 2004). The 1960s saw the emergence of modern NGOs in Thailand that had its roots in the democracy movement spearheaded by student activists, intellectuals and the middle class who fought against military governments and injustice during the 1960-70s (KEPA, 2011). Their ideas influenced the change in the direction of Thai's development (Pongsapich & Kataleeradabhan, 1994).

In 1967, the rural and urban economic disparity caught the attention of the middle class. Dr. Puey Ungpakorn, an important technocrat, together with bureaucrats and businessmen founded the Thai Rural Development Foundation *(Moonlaniti*

Burana Chonnabot Hang Prated Thai) with the motto 'go to them, stay with them, assist them, and love them', thus spurring NGOs to be with the grassroots (Nityaramphong & Mulada, 2001). However, activism and NGOs started to mushroom only after the democratic uprising in the mid-1970s, and NGOs consolidated their position in the 1980s (KEPA, 2011). In the same period, Sulak Siwaluk, a prominent Thai activist, founded the Social Review Group that functioned as a forum to criticize Thai society. It was the first time that civil societies began to question the state and criticize Thai society (Chaowarat, 2004). In 1973, the student-led uprising, the famous 14 October Revolution against military's domination of Thai politics, opened political participation to civil societies, thus making CSOs stronger (Thabchumpon, 1999; Paribatra, 1993; Pathmanand, 2001). In 1976, the military government enforced an anti-communist policy. This period marked a very "low" period for civil societies' development activities (Pongsapich & Kataleeradabhan, 1994) because of the repressive military regime.

In the 5th NESDP to 7th NESDP, NGOs became the key actor of Thai Civil Society. Cooperation between government and non-governmental development organisations began in 1980. Learning from the failure of the first NESDP, the activists argued that development should be rooted in the villagers' own knowledge, strengthen local culture and preserve village-style social relationships as these were inherently more humane and more in line with the Buddhist values than those of the urban capitalist society. This approach was dubbed the 'community culture movement' and became a guiding principle for many NGOs (Phongpaichit & Baker, 2004). In 1984, the NGO Coordinating Committee on Rural Development (NGO-CORD) was established. In the formation process of the 5th NESDP (1982-1986), the office of the NESD Board held a consultation meeting with a small number of private-

sector organisations, including non-profit, voluntary, development-oriented organisations (Pongsapich & Kataleeradabhan, 1994). The 6th NESDP (1987-1991) clearly expressed that the government was obliged to promote and support non-governmental organisations to have increased importance in development activities. On the same note the plan also argued for the private sector to actively participate in rural development (National Economic and Social Development Board Office of The Prime Minister［NESDB], 1987-1991); Pongsapich & Kataleeradabhan, 1994). This call for private sector's involvement in development has been seen to be part of the neoliberal economic agenda pursued by Thailand. In the 7th Plan (1992-1996), the NGO-CORD was invited to participate in the national working groups and planning committees on various development platforms. In addition, the government allocated funds to the National Cultural Commission Office to be distributed to non-profit organisations with worthwhile development projects (Tejapira, 2004).

The plan to involve civil societies became very visible in the 8th NESDP (1997-2001). Civil society was exclusively promoted and the plan was developed via a long process of consultation with NGO leaders, development workers, academics, businesspersons, community leaders, monks and bureaucrats. Unlike the former period, the roles of civil society were expanded to deal with corruption issues in public administration. The involvement of the civil society was expected to increase transparency in public decision-making and neutralize the power of the private sectors that was seen to be dominating public policy decision-making since the early period of the NESDPs. The civil society's participation was so strong in the 8th NESDP that they could even call for the reformation of bureaucracy and politics (Pathmanand, 2001; Banpasirichote, 2004). Based on the foregoing discussions, it could be concluded that NGOs and other civil societies were closely engaged in the social

movements in Thailand and this form of participatory engagement could be traced to a long history of social movement which was further enhanced by government's open policy to civil society's participation. It is within this context that the BMFT emerged.

1.2.2 Women's involvement and women's empowerment in Thai social movement

Women's involvement in social movements is a historical fact, and they were fully engaged in various movements. In Thailand women were also engaged not only in women's movements but other social movements as well. Somswasdi (2003, p. 6) concluded that,

> …the women's movement for legal reform cannot afford to be isolated from other social or women's movement. With predominant male cultural, social, economic and political structure, it has to fight against gender bias cross cutting over other biases stemmed from privileges such as class, ethnicity, race, age, religion and military might.

Whether this engagement is recognized, analysed and documented is an issue that we have to question. Thailand too has seen the involvement of women in social movements. Sadly, the story of women, especially grassroots women's involvement is absent from the national record, yet women's movement and social movements in Thailand are closely linked.

Women's empowerment based on the local experiences of Thailand can be traced to the evolution of social movements, particularly the women's movement in Thailand. From the late 1960's, during the time of dictatorial rule, a group of educated upper class women in legal and business professions had actively taken up the call for a reform in the family law. The focal issues included the right of a wife to matrimonial property management and the prevention of double marital registration. Although, the campaign contributed greatly in giving women a better status in society, it was seen

by many as an outcry of wealthy elitist women whose concerns were vested in personal economic interests, but failed to challenge or address the societal patriarchal structural problems or gender equality, nor problems of the low income and rural women.

Later on, the women's movement became stronger along with other social movement. They pushed for collective action in advocating for gender equality and the empowerment of women (Somswasdi, 2003). Chapter 3 includes a more detailed examination of women's empowerment in Thailand.

1.3 A Brief Overview of the Health Scenario in Thailand

Thailand is a country in Southeast Asia that has had a long history of having traditional and folk medicine as part of its health care. The "disappearance" of Thai traditional and folk medicine in health care took place since the early era of the *Rattanakosin* dynasty in 1851-1868 when western medicine became part of the Thai healthcare system, gradually gaining popularity and eventually became the mainstream health system of the country. Unfortunately, modern medical knowledge and advanced medical technologies have not stopped health care problems from increasing, and some health problems have not been solved.

Over the past two decades, alternative medicine has gained increasing popularity in Thailand. This was in response to health problems which emerged as a result of rapid changes due to industrialization and agricultural development technologies. To make matters worse, health costs have become high and modern medicine has its limitations in solving health problems of people. Stress is high in the work place because the Thai society has become highly competitive. Meanwhile modern medical drugs intake resulted in side effects and chronic diseases are on the rise (Tantipidok et al., 2000).

To meet their health needs, Thai people access Thailand's Pluralistic Medical system, which is an integration of three sectors of the health care systems: folk sector, professional sector, and popular sector (Ministry of Public Health, 1993). The folk sector here refers to the Thai indigenous medicine, which is:

> Mutual caring of people in the community by Traditional healthcare and becomes part of people's lives. It relates to beliefs, ritual, culture, ceremony and resources of people in each local community, including folk medicine and folk doctors who help and care for people's health in the community. (Local wisdom of Thai Indigenous Medicine protection and promotion commandment, 1999)

The professional sector consists of the medical doctors and professional health workers who are working in the government health units and applied western or modern medicine in their practices. The popular sector refers to the healthcare practices based on experiences of people in community. The local knowledge comes from various sources including knowledge from outside of Thailand and/ or without a systematic body of knowledge (Ministry of Public Health, 1993). In terms of Folk sector, both scared and secular folk healers are included. The example of the folk healers are such as herbalists, sharmans, bone-setters, and astrologers (Kleinman, 1980).

Recognising the role of alternative medicine in confronting increasing health problems in Thailand, the government established the Department of Thai Traditional and Complementary Medicine (DTAM) in 2004. The health sector was also reformed in order to respond to health problems in a sustainable way. This reformation process involved various actors, mainly health professionals, but also civil societies such as the People Organisations (POs), Non-Government Organisations (NGOs), and the private sector. This inclusive process encouraged people's participation in the Thai

health-care reform. An almost similar pattern could be traced with the engagement of the civil societies in other sectors in the country.

1.3.1 Civil society engagement and Alternative Medicine movement in the health context of Thailand

The scenario of social movements in Thailand, as briefly described in section 1.2, reflects civil society engagement, and integral to this is the emergence of the Alternative Medicine movement which have to be seen within the health context specifically and within the socio-economic development in Thailand as a whole. Thailand's NESDP has characteristics of continuous and expanding neoliberal policies following economic globalization. Economic growth has been achieved, but there are remaining problems, including vulnerability of the country's economy to external instabilities (National Economic and Social Development Board Office of the Prime Minister Bangkok, 2011). The incidence of poverty is four to eight times greater in some regions as compared to Bangkok. Large migrant and mobile populations groups have higher disease burden and remain more vulnerable to public health hazards, exploitation and human trafficking. The uneven socio-economic developments have greatly affected the health situation of the country resulting in inequitable regional variations in health status and health outcomes. More recently, Thailand's economy expanded by a low 0.9 percent in 2014 and is expected to pick up slightly in 2015-2017 but what this would mean to the health sector still remains to be seen (World Bank, 2015).

Overall resources devoted to health care have increased dramatically in recent years with the total health expenditure increasing at a faster rate than the national GDP (Teerawattananon et al., 2009). It has been argued that the problem is not scarcity of

health resources but efficiency of use (Tangcharoensathien et al., 2000). Thus achieving quality and universal security for all Thais, a main goal of the 11th NESDP (2012-2016) remains a dream. According to the WHO (2004) many health related Millennium Development Goals (MDGs) of Thailand have been achieved at the national level, but disparities remained. In addition, Thailand is also facing a dual burden of diseases; the ever persistent communicable diseases, and an increasing non-communicable diseases and injuries. In addition, Thailand's rapidly aging population and decentralization policy have created new public health and social challenges as well (Bhikku, 2007).

The challenge to the Thai's health system is also linked to the rising cost in health care. The rich enjoy higher standards of health care services while the poor have to struggle to receive adequate care (Bhikku, 2007). It is very expensive, especially for the poor, to access health services (Klajon, 2010), and this is because public expenditure (health education and public infrastructure) has favoured middle income over poorer families (Towse, Mills, & Tangcharoensathien, 2004). In short, the Thais are still facing critical problems of public health issues on accessibility, affordability, dependency, and inequality. It is this persistent problem plus the existing culture of social movements and participatory engagement, which is partly nurtured by government's action, which have triggered active civil societies engagement with health issues and the health system. The Thai Health Promotion Fund (ThaiHealth) described below is an example of an infrastructure set up by the government to foster government and multi-sectoral partnership, particularly with the civil societies.

1.3.2 The Thai Health Promotion Fund (ThaiHealth) and the Tri-Power Model

Given the health situation problems in Thailand, government departments and civil society groups came together to initiate the health system reform, forming a collaborative strategy, to effect change in health policy making and the promotion of alternative knowledge and practices for people's health care. In 2000, health professionals and alliances from civil societies came together to initiate the Thai health system reform. The health reform recognised and reinforced people's participation and other health care models to be included by giving the space for civil society engagement.

The health reform resulted in the establishment of an infrastructure consisting of the following agencies: 1) The National Health Commission Office (NHCO), responsible for participatory policy making; 2) The National Health Security Office (NHSO), allocates funding through the Universal Coverage programme, and provides health insurance services; and 3) The Thai Health Promotion Fund (Thai Health), strengthens the role of civil groups and community partnership action in health promotion and healthy public policy.

In terms of strategy, these three have employed the "Tri-Power Model" as the key strategy to solve difficult social problems by simultaneously strengthening capacity in three interrelated sectors: 1) Creation of relevant knowledge through research, 2) Social mobilization, and 3) Political involvement and advocacy with the aim to bring together the vertices of the triangle to effect change and combine "top-down" and "bottom-up" approaches to achieve progress towards improved health and health equity (Kumanan et al., 2011).

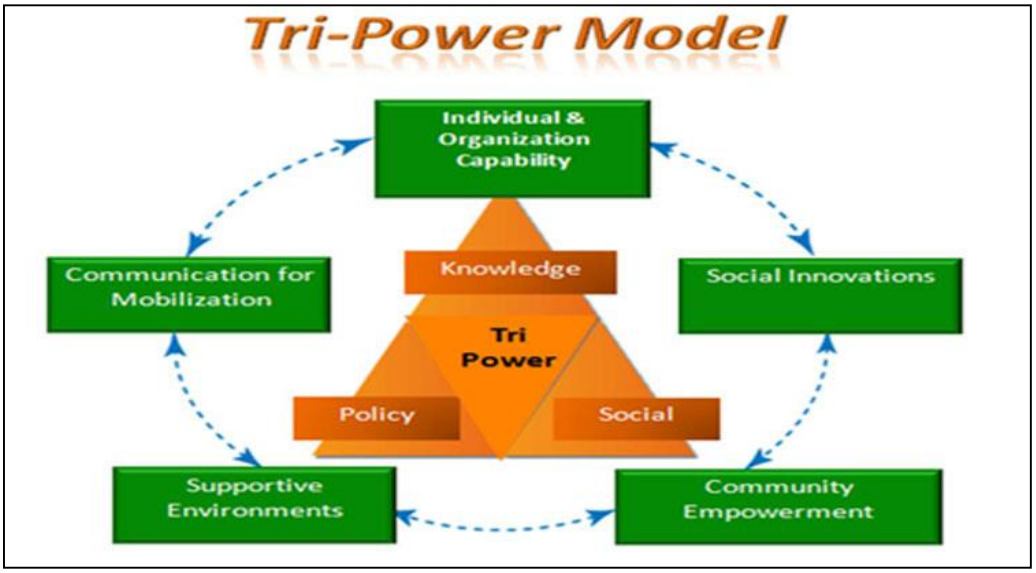

Figure 1.1. The Tri-Power Model**. (**Source: www.ThaiHealth Promotion Fund, 2013).

The Thai Health Promotion Fund (ThaiHealth) is an independent state agency, set up according to the Health Promotion Act 2001 and funded by two percent surcharge tax of tobacco and alcohol excise taxes (ThaiHealth, 2013). It has resulted in increased public resources to strengthen the role of civil society and the community in inter-sectoral action, health promotion and health public policy in Thailand. The Fund has actively sponsored civil society groups to build capacity for health promotion activities (Kumanan, 2011). At a glance the Tri-Power Model seems to portray an ideal, collaborative relationship involving the state, the civil societies representing the individual citizens, the community and the private sector. There seems to be a nurturing climate for active participatory engagement by ordinary citizens and the relationship is not a binary opposition of the state and citizens, but one that 'involves a double movement'; from the local upwards and from the top downwards. The social movements including the health social movements in Thailand seemed to function in an enabling climate.

1.3.3 Alternative medicine movement: Health social movement in Thailand

The early part of this chapter has alluded to the fact that the health care knowledge and practices have been working outside the government system in response to the rising cost in accessing health care. This arose from the culture of civil society movements and community engagement. Examples of civic groups include local folk medicine practitioners, People's Organisation that could be farmers, peasants or fishermen's groups and Non-Government Organisations (NGOs), including health professionals and academic activists who analysed public health policies and proposed solutions for health care. These particular health care groups are based on a communitarian approach, which requires reformation of thought and work ethics of local participants at the community level, with volunteers inspired by spiritual values and self-dignity (Bhikkhu, 2007).

The NGOs have long perceived that there are four major problems in the Thai health care system: lack of people participation, high reliance on western medicine and neglect of the Thai traditional medicine system, over-centralisation by government, and over-influence of the private business sector. The response of many NGOs working in health care is to promote a holistic health approach rather than divide health into different specialisations. Emphasis is given to developing people's participation and assert a bottom-up approach in policy making (Oandam et al., 2002).

At the community level, there are grassroots people's organisations, and local individual folk medicine healers who implement the Thai Traditional Medicine and the Folk Medicine. Examples are the *Inpang* community network, SakonNakhon province, northeast of Thailand; Herbal materials development centre, *Thalad* Temple, or *Soon Phattana Watthudib Smoonprai Wat Thalad* (in Thai), Yasothon province,

northeast of Thailand; and Folk Medicine healers at local level who work individually by applying their traditional health care knowledge to heal people. Furthermore, there are also just common people who are attracted by the promise of Alternative Medicine. It has become popular because most of the medicinal products produced by the locals are cheap and easily available. The products are also being promoted by individuals, NGOs, People's Organisations, business agencies, and even health professionals among others. However, at the grassroots level, there are organisations that promote Alternative Medicine in a very holistic manner emphasising people's self-reliant, a balanced life-style and spirituality as an additional resource. The Buddhist Medicine Foundation of Thailand (*Moolnithi Phate Vithi Dharma haeng Pradhes Thai*) which is the focus in this study is one of such organisations.

1.4 Problem Statement

Thailand has had a long history of civic traditions and a culture of philanthropy, which provided a nurturing ground for the emergence and engagement of civil societies, several of which evolved to become social movements influencing political and public affairs. An important part of the social movements is the health social movement in Thailand. Unfortunately, like in many other countries, this is a subject that has not been very well researched. Brown et al. (2004) pointed out that one of the problems is that many scholarly works on social movements failed to pay much attention to the health social movements while the few who studied health social movements did not use the social movement perspectives. This is unfortunate because understanding social movements in particular understanding the health social movements, is important because these movements impact our health care system. It is "…a major force for change in the larger society" (Brown et al., 2004). One of the changes brought about by the health social movements is the fact that self-care and

alternative care have emerged strongly, particularly in countries like Thailand that already have a culture of traditional medicine and active alternative medical system. The BMFT is one such organisation that emerged offering Alternative Medicine to the Thai society nationwide.

What should be noted is that the emergence of BMFT occurs within the context of a rapidly changing Thailand as a result of rapid industrialization and commercialization of its agriculture. Pursuing an open neoliberal economy means the Thais are exposed to the consequences of globalization with the public health sector being impacted negatively and has become an important national agenda. The impact is especially felt by the poor and by women who are the most vulnerable and who bear the brunt. Women, in particular, suffer from critical issues in public health care; that of accessibility and affordability, particularly because often, they are dependent and bear the burden of inequality at the household level and in the society. It is not surprising therefore that the common people, particularly women, turn to another source of health care; the alternative health care to solve their health problems. BMFT is visible in terms of offering this alternative medicine and health care in Thailand. However, to understand BMFT as a social movement there is the need to understand the complex interplay of factors influencing BMFT.

In the current climate of social movements and sector reforms in Thailand, BMFT is being seen as one outstanding model in offering alternative medicine and health care to thousands of Thais. Although there are other organisations working on alternative medicine and act as social movements in the country with massive people's involvement, they are mostly involved in advocating for policy changes and much more into project development with strong funding from agencies outside and inside the country. On the contrary, BMFT is unique and significant to study because it is a

result of people's initiative, very grassroots in nature, with change being facilitated beginning with the individuals to the community and eventually aiming at the national level. As a civil society group it works at the grassroots level guided by a more cultural and religious approach. It promotes a sustainable way of living using the concept and practice in self-reliance and mutual helping of one another. Its leaders, volunteers and participants hold a particular belief in Buddhism and apply the principles of the Buddhist and Sufficient Economy philosophy of King Rama 9th (King Bhumibol) by promoting the "Nine Pills" of the Buddhist Medicine Model. It encourages the use of indigenous resources under the motto that "The best doctor is the people themselves" and "Zero baht cures every disease". People are acknowledged as being capable of "treating" themselves. This feature makes it unique and culturally fits the Thai socio-cultural context.

In terms of a movement, the big number of participants and the geographical spread of BMFT give the impression that this organisation has a wide influence and a strong mobilisation. One of the features of BMFT is its ability to attract a huge number of people to be involved in various voluntary roles, giving the impression of a social movement in terms of participatory engagement. In short, BMFT provides space for people's participation, meeting the needs of the majority poor, and common women who have been observed to be actively engaged in the various BMFT's programmes. The geographical spread, as mentioned earlier, is wide, covering all the regions in the country, thus giving rise to the question of whether it really has a collective culture/identity and a social movement or, the potentials to be a social movement. This is the ultimate question to be answered. It can be anticipated that there will be an expansion of people's involvement in this organisation across the country in years to come. Therefore, there is a need to understand its roles, approaches, nature,

characteristics, and impact on target beneficiaries particularly in the area of public health in order to examine its potentials to become a social movement.

Importantly, it is the involvement of women and the question of women's empowerment that is also seen as important to be studied. This is because the majority of BMFT's participants have been observed to be notably women. Women seem to be essential contributors for implementing BMFT's varied activities. In the feminist framework, it is important to know how women are empowered by BMFT and what the empowering process has been for women in BMFT. Women's empowerment which has been little studied in Thailand, would be given attention in studying BMFT, and for consideration in further implementation of the organisation. According to Phongpaichit (2002, p. 12),

> Traditionally women had a strong role in Thai society. In the realms of the family and local community, there have never been traditions of suppressing the female contribution. The male bias in formal politics developed within the modern bureaucracy and political system based on western models. The strong and often leading roles taken by women in modern popular movements represent a reassertion of traditional female power.

In case of BMFT, what really is the scenario of women's empowerment in the organisation?

The importance of focusing on participatory engagement and women's empowerment is supported by the literature on social movements. These two important characteristics of social movements are frequently cited as the core characteristics of a social movement (Jones, 2008; Martinez-Torres & Rosset, 2010; Chuengsatiansup, 2005; Batliwala, 1994; Kabeer, 2001; Sida, 2001; Moghadam, 2005). However, there are very few studies in Thailand focusing on these two characteristics within a social movement. In short, given the nature of BMFT's health programmes and activities, its countrywide geographical spread and the huge number

of participants, particularly women involved, BMFT is an organisation that begs to be studied. It is hoped that by examining the nature, focusing on participatory engagement and women's empowerment, the findings will shed more light on the meanings of social movement, participatory engagement and the meaning of women's empowerment within Thai's local context.

1.5 Objectives of the Study

The overall objective of this study was to examine the nature of BMFT as a community-based network with a strong religious philosophy in bringing about social transformation in the health care sector and to answer the question whether it is a social movement, or whether it has the potentials to be one. The study focuses specifically on participatory engagement and women's empowerment.

The specific objectives formulated are listed below:

1. To identify the nature of participatory engagement in BMFT.

2. To examine the strategies used by BMFT in creating participatory culture in BMFT.

3. To explore how BMFT empowers women in the process of developing and implementing its programmes.

4. To assess the extent of BMFT having the characteristics or the potentials of social movement.

1.6 Research Questions

To meet the objectives, the following research questions were developed:

1. What is the nature of participatory engagement in BMFT?

2. What are the strategies utilized by BMFT to create participatory culture in order to get its participants engaged in BMFT's activities?

3. How are women empowered in the development and implementation of BMFT's programmes?

4. To what extent BMFT have the characteristics to be a social movement or at least the potentials of being one?

1.7 Scope and Limitations of the Study

This study focuses on examining participatory engagement and women's empowerment, seen as the two core characteristics of a social movement by selecting BMFT as an organisation that exemplifies a social movement. Thus, this case study may not represent all types of organisations in social movements. During the period of this study, the research covered five centres and training places out of seven centres and training places of BMFT centres in the Northeast, Central, West, Northern and Southern regions of the country. It should be noted that the expansion of BMFT networks and centres is going on and it may have additional centres in the future.

This thesis depended on data obtained from conducting in-depth interviews, participatory observation, and distribution of questionnaire to five regions of Thailand where the BMFT holding health training camp, to answer the four research questions. However, the study did not measure the level of participation or empowerment which

is beyond the scope of this study. In addition, the research only focused on BMFT in relation to participatory engagement, women's empowerment and social movement. The study on the Buddhist religion in this case was done broadly as the context to the three key areas. This research is not a study of religion and did not aim to study deeply religion-related matters.

In addition, the study was done based on limited resources. The geographical spread of the centres posed logistical problems because the centres were far from each other. In addition, the researcher had to follow the schedule of the organisation for data collection from place to place, whenever they held the health training camps, within settings and natural environment, which somehow made accessibility to communication facilities difficult. It was also very much dependent on the convenient time and conditions of respondents. Therefore, the data collection process was time consuming.

1.8 Significance of the Study

The study is important because it aims to provide a better understanding of organisations that bear the characteristics of a social movement as well as one that is attempting to operationalise an alternative health model in Thailand. The understanding of the nature of participatory engagement and women's empowerment dimensions of BMFT will help to strengthen other organisations that plan to engage the grassroots, particularly women who should be empowered in the process of being involved and engaged rather than being "used" by the organisation. This could give us a better understanding of organisations that aim to transform society.

This study is also important because it adds to the corpus of knowledge about civil societies and social movement studies in Thailand specifically and to the body of

knowledge on social movements in general. In this context, the model developed by the BMFT seems to provide a workable solution to the health problems faced by the common people in Thailand as the approach is holistic, sustainable, with a strong focus on prevention and not merely treatment. In this regard, BMFT's philosophy follows the WHO's definition of health, "Health is not merely the absence of disease, but a complete state of physical, mental and social well-being" (WHO 1987). BMFT's success does not lie in just one factor e.g. herbal medicines. It is a combination of factors that work together in a well-planned framework grounded on firm spiritual principles and beliefs. Its aim is the holistic development of a person, community and society at large (Sangdad, 2014).

This research on BMFT is significant, especially on how it employs participatory engagement and women's empowerment through its alternative health model. Understanding these two dimensions in social movement could contribute to the development of other social movements not only in the health sector but is applicable to the other sectors as well.

The lack of attention to women's health and women's empowerment is a critical gap in the study of social movement in Thailand. BMFT has a huge percentage of women (84%) involving with the organisation. The prominent role of women in BMFT is a factor that begs further investigation into how women are fundamental to the success and sustainability of a community-based venture, especially involving health. This will add greatly to the literature on gender and women's engagement in social movements.

Lastly, this study will also benefit BMFT in analysing its systems and seeing how it can further improve. So far, researchers have only studied how BMFT's herbal

cures work. No one has studied the social aspects of the organisation, including the roles of women and how they are being empowered, nor explored its potential as an alternative lifestyle model for health and resilience as this study has done.

1.9 Definitions of Key Terms

The key terms used in this study are defined below:

1.9.1 Participatory engagement

The term Participatory Engagement has been used in relation to concepts such as community engagement, citizen engagement, public engagement, civic engagement that have been widely discussed in previous studies. Several authors have defined participatory and engagement separately, in a way that describes people's involvement and influence on processes in collaborative and deliberative way (Barton, 2005; Kearsley & Shneiderman, 2012; Marcum, 2011; Miliszewska & Horwood, 2004; Mohan, 2008; Russell, Igras, Johri, Kuoh, & Pavin, 2008; Summerville et al., 2005). In addition, it is when people are actively involved in the process to create social change. Essential features of the concept include a process that is collaborative and consultative in nature, networking in the form of contact building, the building of relationships among people involved, people are fully and voluntarily committed and all are working towards a common goal that would benefit all equally (Namoi Catchment Management Authority, 2007; Marcum, 2013; Wenger, 2002).

In this study, the working definition of participatory engagement is "a process to making contact and building relationships of people in collaborative and deliberation process in order to get their involvement and share their part with voluntarily commitment towards common goal" (adapted from Jones, 2002; Arnstein,

1969; Pretty, 1995; Marcum, 2013; Kearsley & Scheiderman, 1999; Miliszewska & Horwood, 2006; State Government Victoria, 2015).

1.9.2 Women's empowerment

Various scholars gave diverse emphases and discussed various agendas on women's empowerment. There were several scholars who explained the definition using overlapping terms, which are considered core to the definition of empowerment: options, choice, control, and power. Most often, these refer to women's ability to make decisions that affect outcomes of importance to themselves and their families. Control over one's own life and over resources is often stressed. Thus, there is frequent reference to some variant of the ability to "affect one's own well-being," and "make strategic life choices". This study applies the working definition of Rowlands (1995, p. 88) in terms of women's empowerment:

> a multi-dimensional social process that motivate people, group, or organisation to realize their power to control over their own lives, develop their capability to participate and influence in making desirable change for their lives, community, and society that they live without violation to the right of others. (Rowlands,1995, p. 88)

This research employed the definition of Rowlands (1995) because there are three elements that help the study look into empowerment at all levels which is relevant to this study.

1.9.3 Social movement

Various scholars and practitioners in the field of social development define the term "Social movement". However, there are different definitions between social movement and collective action of people such as beneficiaries in business group and political party. The different definitions of social movement depend on the theoretical