

CHAPTER 2

LITERATURE REVIEWS

This chapter will cover several books that are of importance in shaping the logic of this thesis. The literature review here is important to understand the upcoming chapters when references are made in the terms of the context and the content.

2.1 The book from Prof. Dr. Chitr Sitthi - Amorn

CLINICAL EPIDEMIOLOGY – A POPULATION TARGETED APPROACH TO HEALTH REFORM

Before going into any details for the preparations of this thesis, it is meaningful here to note on the methodology used by Prof. Dr. Chitr who is also the main advisor for this thesis.

This is because I have also possibly started with the same notion and even the similar

methodology with or without too much intention that Prof. Dr. Chitr has systematically applied on his *clinical works*. There should also be cases when I used to confuse myself initially that this was the piece of work on Medical or Pharmaceutical degree or, rather than the work on Social Sciences or Arts' degree. Prof. Dr. Chitr's work is related to my methodology section of this thesis.

The major work on this field of public health by Prof. Dr. Chitr is CLINICAL

EPIDEMIOLOGY A POPULATION TARGETED APPROACH TO HEALTH REFORM

(Chitr, 1989). During his work, he has noted that in order "to define health status in a given population, the first task is to define the targeted population. Usually this is a country, a province, a district or a state, but might be a more defined geographical region such as the urban inner city socially deprived community, women in their fertile age, pregnant mothers, infants, children under five, young adults and the aged" (Chitr, 1989: 17 – 18). By applying the above context, the targeted population is the "Middle – Class Bangkokians" in my thesis. This group of people is *first targeted* in order to look at the "use of traditional medicine" as well as the "factors associated with the use and the non – use of such medicine" as a possible 'health status' *later* in the selected group of people set *earlier*. As I have also noted on the introduction section, the direction of study was often considered and

permitted on *one way and one direction*, of which from a group of targets out of a population that must be *pre* – determined to the observations of health status *finally and later*. In other words, the reverse is not tolerated in the field of public health, as it may affect the later clinical application results of medicine to the earlier targeted group of people, for example. The condition must be set and fixed in order to observe any changes in the health status as well as health seeking behaviours of the same targeted group within a community. If the variable of a targeted group of people changes, then any results of observation are greatly affected. In other words, the focus group has been changed and the experiment must be started from the very beginning of choosing the target, and trying to keep the observational condition constant.

There is a limitation for me to know the clinical works first of all because I am myself neither a medical doctor nor a pharmacist. I would also imagine that the methodology used by Prof. Dr. Chitr. is still the best application way on the field of Clinical Epidemiology. However, there is a danger on directly applying even the best method on clinical works to a piece of work on social science and Arts Degree because I might act as if I were medical doctor and pharmacist even though I may not do so due to various reasons. There could be

other limitations as for the direction - wise. For example, the targeted group of any population is often selected very *subjectively* , and it could be a big debate whether the chosen targeted population represents the whole picture, or it could be a special *minority* of group that may not perhaps reflect the entire population. The reason of choosing a special targeted group of a larger population would be to get in-depth details of a small number of people, rather than hoping to look at a population too large to be managed by a single person. As for my case, the scope of the population is the Bangkokians who would be the "Middle - Class". There will be more in the details at the later chapter but Bangkok and the surrounding provinces are often considered to have more than 5.5 million people, and going through interview of 5.5 million people by myself is not possible due to various restriction. Choosing a small minority group of the 5.5 million Bangkokians would be considered one way, but again, the selection of a targeted population could be very subjective and may not well represent a whole picture.

In other words, by selecting a targeted group of people, the observer may already know too well about the targeted group without and prior to doing any research, as the selection method requires some sorts of judgements and criteria set for a possible target. No criteria

to target a group of people means that it is impossible to select a certain collection of people out of the larger population.

It may sound too pessimistic at this moment but I am rather grateful to know that there seemed to be a different outcome in my thesis even though I could have started with the similar notion applied in clinical works at the initial stage of the work. In other words, as I have set the initial highly 'imaginary' target group of the Middle – Class Bangkokians by literature review as well as several interviews and as I have tried to look further and further at the issues on traditional medicine and various "uses" and "non-uses with the factors associated with such uses and non - uses, the issues of the Middle – Class and the "Bangkokians" people have been clearer. For many medical specialists, the population that had been chosen to take a sample of the targeted group would often be a 'black box'. In other words, because medical specialists know far more on medicine itself, they are therefore much more interested in the clinical application of medicine to a targeted population as well as the 'health status' as noted on Prof. Dr. Chitr's work. This does not mean that I can handle everything in a complete manner – I am not a student of Medical degree and I did not do any laboratory research of medicine therefore medicine is to me a

'black box'. Because I have been more interested in the field of social science and arts, my obvious interests will therefore go more towards the "Middle – Class" issues and the "Bangkok people" rather than some clinical applications of medicine to a targeted group of people. It is interesting for me to know deeper about the Middle – Class Bangkokians by taking the cases of traditional medicine and its possible uses as well as the factors associated with such uses and non – uses in order to analyse the Middle – Class issues and the Bangkokians. Medical specialists may probably take a different approach. This is by selecting a targeted group of people first from the 5.5 million Bangkokians and trying to see the health seeking behaviors in terms of use and non – use on traditional medicine as well as the factors associated with such uses and non – uses, with the emphasis on the clinical applications and cases of use in traditional medicine within a targeted community as a possible health 'status' .

Even the same given title of "The Use of Traditional Medicine in Thai Society (1993 – 1998)", medical specialists and those interested in social science and arts could treat the same title in a different manner. But this different approach has sharpened the "Middle – Class Bangkokians" later and it is more to express gratitude to know some different approach to the issues of Middle - Class Bangkokians on otherwise a very social science

topic. As it will be clearer, the social scientists are not necessarily better on the topic, which was supposed to be the specialty of the social scientists and the arts degree people.

2.2 Ph.D. dissertation by Juree Namsirichai Vichit – Vadakan

NOT TOO HIGH AND NOT TOO LOW – A Comparative Study of Thai and Chinese

Middle – Class Life

This dissertation was chosen at the initial stage of the work in order to let me know a 'highly subjective and imaginary targeted' group of the Bangkok people whom I would consider the "Middle – Class" from literature review. It is interesting to see the Thai scholar's work on the field of social sciences and the work is easier for me to understand the content than any works from medicine and pharmaceutical science proper.

Juree has noted that there are two main characteristics whose groups in the Middle – Class people share in Thailand (Juree, 1979 : 10):

"1. A minimum amount of security over their source of livelihood.

They are guaranteed a job and a pension if there are employees of the civil service, state enterprises, and major banking and other business institutions. Shopkeepers are assured that they already have, or are capable of raising, capital for economic enterprises. Implicit among the businessmen is the notion that hard work will reap some rewards, at least enough for one to subsist on.

2. A positive sense of identification with their occupation and social status in society.

There is a certain amount of prestige associated with a permanent job, which in this class is usually not a physical labor job. The lines between the classes are not always clear-cut. There are some state enterprise workers and civil servants who are laborers, and some members of the lower class who have more money than some civil servants. But the difference lies in the fact that major institutions like the civil service or state enterprises guarantee them job security and there is prestige which comes from working for the government."

(Juree, 1979: 10)

Juree has done a study of 2 urban Middle – Class groups in Bangkok, namely the Chinese self – employed businessmen – shopkeepers or artisan –shopkeepers and the (mainly) Thai employees of the State Railway Organization of Thailand (SRT). I do not guess that Juree was with some intention of the 'targeted population' approach that might be utilised by Prof. Dr. Chitr and other clinical and medical specialists. But choosing the two groups even in the field of social science could also be interpreted as yet another 'targeted population approach', which is also used in the field of clinical epidemiology. In the case of Juree, however, the interest lies on social science and anthropology, whereas medical specialists are keen on the outcomes in some clinical applications of medicine to a targeted group of people, for example.

Juree also noted that "the two groups are differentiated principally on the basis of occupation, ethnicity, residence and lifestyle" as for the Chinese shopkeepers and the Thai employees of State Railways of Thailand (Juree, 1979: 1). There are at the same time 3 classes in Thai society according to Juree, namely "Lower, middle and upper" (Juree, 1979: 4). It is clear that the Lower and the Upper class groups do not share the characteristics that the Middle - Class people have, as mentioned very earlier of this literature review of Juree's (Juree, 1979: 8-11).

The work is informative to readers who do not read Thai language but understand the English that there is some terminology in Thai language that may also refer to social stratification in Thailand - "Chon Chan", "Radab" and "Taana", for examples (Juree, 1979: 4). Juree noted that the Thai terminology for social class is "Chon Chan". "Chan" being a generic term for level and "Chon" meaning human being. This concept of social class is used as a descriptive and classificatory category. Another Thai term that is frequently used to refer to social differentiations is "Radab", which literally means level. Hence, persons are referred to as belonging to a high radab or a low radab. etc. Radab can be further refined into economic radab or educational radab. Still another Thai term which is used to signify social differentiations is "Taana", which literally means status, but it is taken for granted that it means economic status. Hence, there are different Thai categories which relate to the three levels of society - - low, middle, and high." (Juree, 1979: 4)

Juree's work is influential, and others - i.e. Marc Askew (Askew, 1994) - also comment on it just as I do right now. However, there are still several points that I should add here for further thoughts. The starting point is perhaps what it means by the "low, middle, and high" (Juree, 1979: 4). It could be debatable if such a labeling of "low, middle, and high" (Juree, 1979: 4) to each human being may be even allowed on the humanitarian ground. When it

comes to the issues surrounding my thesis on "The Use of Traditional Medicine by the Middle - Class Bangkokians (1993 - 1998)", there are several more that I would consider the logic behind Juree's work in a difficult position.

As it has been mentioned earlier, taking a 'targeted population' approach may not necessarily represent the whole picture of the entire population in which a smaller group of people is sampled. In Juree's work, the 'targeted population' would be the "Chinese artisan shopkeepers who reside on the upper floor or floors of their shops located in a major market area of Bangkok" and "the second group is mainly Thai in ethnic origin. Its members are employees of the State Railway Organization of Thailand (SRT), a state - owned enterprise with approximately thirty thousand employees throughout the Kingdom" (Juree, 1979: 1). It is probable that the total population of Bangkok and of Thailand countrywide were smaller at the time of Juree's research in late 1970's than the year period of 1993 to 1998 that my thesis is focused on. But it is highly questionable to me that the owners of small shopkeepers and the employees of State Railway Organization of Thailand are the representatives of what it means by 'out of the 5.5 million Bangkok people at the year period of 1993 to 1998 whom I may agree to call as the "Middle - Class" people'. By choosing the target, it is already *highly subjective* and there is some judgement to make criteria for the

Middle – Class Bangkokians well before any works had been done under the title of “Not Too High and Not Too Low: A Comparative Study of Thai and Chinese Middle – Class life” - the criterion for Juree are “the Chinese”, “the artisan shopkeepers”, “the Thai employees” and “the State Railway Organization of Thailand”. for example. Juree even noted that “Informal meetings with various SRT officials were arranged for me by my relatives who know these officials personally” (Juree, 1979: 19). Even though later studies were done in intensive manner, Juree and the employees of SRT had some connection, and the way of choosing the target group may not necessarily represent the larger Middle – Class Bangkokians.

It is also noticeable that Juree has written the dissertation in line with anthropology. Juree’s work is not meant to be written for the readers who need to look at the aspects of traditional medicine and the Concepts of disease and medicine in Thai society.

There could be several other issues concerning Juree’s work. But I will leave the discussion for now, as there are several others concerning the definition of the Middle – Class Bangkokians that I personally have interest in.

2.3 Article from SOJOURN vol. 7 number 1, Feb 1992 by Dr. Kasian Tejapira.

Pigtail: A Pre – History of Chineseness in Siam

This article by Dr. Kasian concerns with the definition of what it means by the “Chinese” people in Thailand. I have chosen this article, as there could be some controversies on the definition of the Chineseness as the ethnicity by the ‘population targeted’ approach, which Juree has simply applied the ‘Chinese artisan shopkeepers’ as one of the groups of the would – be Middle Class Bangkokians on the previous work. I also feel the importance of Dr. Kasian’s work because there could be some later chapters when the history of China may be necessary to be examined in relations to the Chinese traditional medicine as one of the branches on traditional medicine in Thailand and the pharmacy shops in Bangkok that may well deal with such products as the supplier-‘users’.

In fact, Dr. Kasian did not bring Juree’s work as for the possible controversies surrounding the definition of the “Chinese” people in Thailand, as I am doing right now. Rather, the work of controversies for Dr. Kasian was William Skinner’s book of CHINESE SOCIETY IN THAILAND: An Analytical History (Skinner, 1957). There were also references made by Juree in regard to Skinner, but that will be referred to the coming literature review of Skinner on the above book.

As the heading of Dr. Kasian's work suggests, pigtail is the main issue to discuss what the "Chinese" people in Thailand mean in a very changing manner. Pigtail or Hangpia is the hair on a jek's head, which is shaven off except at the 'occiput' into a round shape like a cake of brown sugar cane, and is then plaited into a long tail. The time period goes back well before 1993 – 1998 and the located country was not Siam, but China during the Qing dynasty period (1644 – 1911). Before the Qing dynasty, the rulers were the Ming, but when there was a political change in China after 1644, the Qing rulers mandated that all the Qing people have Pigtail or Hangpia.

It may sound trivial for non – Chinese people but this very hairstyle became too crucial during the Qing dynasty period. Having no pigtail had been considered as the disobedience to the authority of the Qing government and those without it had been punished much more severely than those not on a school uniform, for example. The political aim of this arbitrary imperial decree by the Qing dynasty was to exact a manifest, symbolic submission to the new dynastic rule of the Qing from the earlier Ming from every male subject after the year 1644. From Dr. Kasian's work, it is explicit that there are continuous animosities even between the Chinese people, between the majority "Han" Chinese people and the "Manchurian" ruling class during the Qing dynasty period. Indeed, Dr. Kasian noted

that "in the directory of things that Skinner deemed important in his book, on page 454 an entry reads: Queue, as Sign of Chineseness" (Kasian, 1992) (Skinner, 1957: 454). But Dr. Kasian's intention was not simply to note on the assumption that Skinner knew nothing about the Chinese people in regard to the Manchurian and the Han people, even though there were changing notions of what it means by the Chinese people in various time and various dynasty periods. The confusing situation of what it means by the Chinese people reached its height at the very last period of Qing dynasty to the transitional phase of new 'China' starting 1911.

Perhaps Lu Xun is the manifestation of the story concerning this conflicting notion of the "true Chinese" characters with the title of "The Story of Ah Q". There was a famous description of "Ah Q" that the pigtail of one character being cut off had been called by the village folk upon his return from overseas "Imitation Foreign Devil" and "Traitor in Foreign Pay". It demonstrated that while the son of a gentry family considered the absence of Pigtail as the end of a shameful submission to the "Qingness", Ah Q and the village folks regarded the same phenomenon as an embarrassing, dishonorable and even betrayal of proud 'native' and 'traditional' culture. In other words, the characters just mentioned in the work of Lu Xun's "The True Story of Ah Q" were all the *Han* Chinese and *not the Manchurian ruling*

class. But there were clearly very opposing views of the lack of wearing the Pigtail or Hangpia. *Ah Q and the villagers considered the Pigtail as the "true, traditional and real Chineseness" whereas the one being blamed for the absence of the Pigtail the "Qingness"*. This is the story setting of the transitional period at the last phase of Qing dynasty to the new 'China', neither during the stable Qing period nor the confusion over what it means by the Chineseness came to an end well after the year 1911.

Judging from the earlier notion to the case in Siam, there had been incidents where the earlier immigrants from Swatou in southern China having the pigtail without any discomfort. But as the time went to the later stage of Qing dynasty, the history of the Qing dynasty had shown considerable turbulence, for examples the Opium War and the Taiping rebellion that may be required for some historical analysis in the later chapter. The later immigrants from the same district in Swatou have started to arrive Siam having no pigtail, and showing too much allegiance to those earlier immigrants from the same district insisting on the pigtail as the "true and traditional Chinese" character. The later immigrants from the southern China strongly resisted this as the continuing submission to the Qing dynasty with the northern

Manchurian ruling power, though the earlier immigrants from the same Swatou district began to know steadily what was happening at the Qing dynasty.

There are several issues concerning Dr. Kasian's work, but I will go on to the literature review of William Skinner that both Juree and Dr. Kasian have taken on their work for important references.

2.4 The book from G. William Skinner

CHINESE SOCIETY IN THAILAND: An Analytical History

This is probably the best known of G.W. Skinner's works, and especially important for those looking at the field of researching the Chinese people in Thai society. There are numerous scholars commenting on his work from various aspects in the fields of social sciences, just as Juree and Dr. Kasian have done so.

Perhaps it is interesting to look at what Juree mentioned on the Ph.D. dissertation concerning the Skinner's work as noticed previously. Indeed, Juree has a section on the Ph.D. dissertation concerning the "Emergence of the Thai Middle Class" (Juree, 1979:16).

The statement goes after several paragraphs:

"Skinner (1957) states that the growth of the Thai Middle class is based primarily on the upward mobility through education of the descendants of former freemen and on the assimilation of 19th century Chinese immigrants, as well as on the downward mobility from the old aristocratic and bureaucratic classes. I would like to add that these people must have been the people who first comprised the middle class." (Juree, 1979: 17-18)

As for the situation of China in 19th century and the earlier immigrants from Qing dynasty and the new 'China' to Siam, the previous article of Dr. Kasian may illustrate well on what it meant by the changing and rather confusing situation of the "*true, real and traditional Chinese*" characters. But Dr. Kasian's work was perhaps too busy on questioning the pigtail as the "Chineseness" and there was little on some that I still consider the Skinner's work

important. This is to say that Skinner has identified so – called the Chinese people not by ethnicity but through different spoken dialects of the Mainland China.

On the next page at Table 2.1, there will be a table by Skinner which is often considered as the benchmark for other scholars who focus on the researching the topic of recent migration from the mainland China to Siam (Skinner, 1957: 212).

Table 2.1

Speech Group	Proportion of total Chinese population	Number
Teochiu	56 %	1,297,000
Hakka	16 %	370,000
Hainanese	12 %	278,000
Cantonese	7 %	162,000
Hokkien	7 %	162,000
Others	2 %	46,000
TOTAL	100 %	2,315,000

This table by Skinner is to indicate that the people coming from the mainland China did not regard themselves as the Chinese or even with or without the pigtail but by the speech groups as the possible way of identifying themselves. Whether this speech group may affect my thesis on "The Use of Traditional Medicine by the Middle – Class Bangkokians

(1993 – 1998) is also a focus point when pharmacies dealing with the Chinese medicine in Bangkok may be required for a later chapter.

Skinner has written his work more so on the issues of the Chinese people in Thailand, as the title of his work "Chinese Society in Thailand: An Analytical History" suggests. It is also important for me to consider Skinner's work in relation to the Juree's comment made on Skinner and any "Emergence of the Thai Middle Class". But nevertheless there are several issues surrounding the targeted population approach on Juree's work as mentioned earlier. And it is difficult to go into further details on the Skinner's work and the concept of the Middle Class, but his idea of "Middle Class" seemed to side more on the mobility of social status for the characters of the Thai Middle – Class, just as Juree was so. Taking occupation and ethnicity would be one way to describe any social status. However it could be too early to define the Middle - Class at this stage from the literatures that I have mentioned. Juree, Dr. Kasian and William Skinner did not quite write their works for the Concepts of disease and medicine as well as health in Thailand, as they are more so social scientists. The literature reviews gave me some starting point on what other scholars have thought as the Middle – Class Bangkokians, but there are no definite relations made to the use of traditional medicine and possible factors associated with them. There will be a separate

chapter on my interpretation of the Bangkok people whom I would consider as the Middle –
Class.