

A Wellbeing Perspective for Understanding Development in Thailand

Dr. J. Allister McGregor, (University of Bath, UK)

Wellbeing in Developing Countries ESRC Research Group

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Abstract

Over recent years the notions of ‘wellbeing’ and ‘happiness’ have emerged as increasingly prominent features of international policy and political debate. They are concepts that, on the one hand, evoke warm and fuzzy feeling, and on the other, are contending for hard contemporary political meaning. During this time the ESRC funded Wellbeing in Developing Countries research group (WeD) has elaborated a conceptual framework with which to comprehend and study the social and cultural construction of wellbeing (Gough and McGregor 2007). This paper outlines the concept of wellbeing that has been developed and locates it in the current struggle to identify and realise a new paradigm with which to understand and formulate policy for development

Wellbeing is defined here in a distinctive way: Wellbeing is a positive state of being with others in society where people’s needs are met, where they can act effectively and meaningfully to pursue their goals and where they feel satisfied with their life. As such it encompasses both of the objective and subjective dimensions of wellbeing and emphasises the role of inter-subjective meaning in translating these into states of being (well or ill) for each man, woman and child.

Far from being a fuzzy and utopian concept, this approach suggests that wellbeing is a profoundly political one. The study of wellbeing highlights the trade-offs that exist between different views of wellbeing and indicates how in some circumstances the pursuit of wellbeing by some, results in the denial of the opportunities for wellbeing for others. The concept of wellbeing challenges us to consider how we are to live together in society.

Over the past 40 years Thailand has made a transition from being amongst the poorest in the world to one at the forefront of modernity. As such it is a particularly appropriate country in which to apply a wellbeing approach to study. This paper provides an analysis of the relationship between wellbeing and development in Thailand. The country has experienced tremendous economic growth which has stimulated significant changes in the economic structure of the society and which has been accompanied by rapid social and cultural change. Today, Thailand is a fascinating kaleidoscope of the modern and traditional, the rural and the urban, and the affluent and the impoverished.

A Wellbeing Perspective for Understanding Development in Thailand

J. Allister McGregor, Laura Camfield, Awaë Masae, and Buapun Promphakping.

(University of Bath, UK. Prince of Songkla University, Thailand. Khon Kaen University, Thailand)

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Introduction

Over the past five decades Thailand has made a transition from being amongst the poorest in the world to one at the forefront of modernity. The considerable economic growth that the country has experienced has resulted in changes in the economic structure of the society and has been accompanied by rapid social and cultural change. Thailand, today, is a fascinating kaleidoscope of the modern and traditional, the rural and the urban, and the affluent and the impoverished.

The transition, however, has not been without its challenges and the analysis of Thailand's development experiences provides a salutary case for all aspirant, developing countries. It is also a case which encourages us to bring new perspectives to how we are to understand development processes and think about the formulation of policies that will promote development as good change.

In this paper I argue that the concept of wellbeing provides us with a new and innovative way to understand the processes of societal changes that are stimulated by development. The notion of wellbeing that is used in this paper is a distinctive one. It combines insights from across the range of the contemporary social sciences: from the path-breaking work of economist Amartya Sen on human capabilities; to the burgeoning work on subjective wellbeing and positive psychology; and spanning to the contributions of sociologists and social anthropologists on how we are to understand the social and cultural construction of the societies we live in.

Wellbeing we argue is:

“... a positive state of being with others in society, where needs are met, where one can act effectively and meaningfully to pursue ones' goals, and where one is able to experience happiness and feel satisfied with one's life.”

(WeD, 2007)¹

¹ WeD is the ESRC Research Group on Wellbeing in Developing Countries Group, which has carried out studies in Bangladesh, Ethiopia, Peru and Thailand. The support of the UK Economic and Social Research Council (ESRC) is gratefully acknowledged.

While bearing similarities to many of the different definitions of wellbeing that abound in the literature it is also distinctive. The emphasis here is upon the effort to live a life well and wellbeing outcomes that are continuously generated through conscious and sub-conscious participation in social, economic, political and cultural processes. It is a multi-disciplinary and hybrid definition that combines elements of both subjective and objective notions of wellbeing, but transcends them by recognizing the role of social construction in each. How we experience wellbeing is based on how we use what we have and what relationships we experience in our society, but the satisfaction that we achieve from these is shaped by the meanings and values that we live with in our societies.

Wellbeing encompasses the notion of happiness but cannot be simply equated either with it or with wealth. Being happy when you are chronically hungry cannot be regarded as wellbeing. Similarly, being materially wealthy but miserable does not equate with wellbeing. This paper reports on five years of research partnership in Thailand in which this definition of wellbeing was operationalised in two years of field study. It highlights a number of the headline observations that arise from the study and concludes by discussing some of the intellectual and policy implications that arise from the wellbeing research programme.

Wellbeing

The term wellbeing is not new, either in the study of development or more generally in philosophy and the social sciences. Many contributors to current debates trace their position back to Aristotle and it may also be traced back to the teachings of the Buddha. The tracts of most established religions debate how wellbeing is to be defined, offer a moral basis for it and advise how it might be achieved. In the modern social sciences, David Collard in an early contribution to the WeD research programme reminds us of Jeremy Bentham's contribution and that the idea lies at the heart of the utilitarian roots of contemporary economics (Collard, 2003). It is currently popular to identify Adam Smith's concern with it in his 'Theory of Moral Sentiment' as well as in 'The Wealth of Nations'. The term wellbeing has been prominent in Amartya Sen's challenge to the utilitarianism of contemporary mainstream welfare economics. His debates with Martha Nussbaum, who is cautious of the term precisely because of its utilitarian baggage, and the creative and intelligent work of many of their discussants, have enriched the recent development literature (Nussbaum and Sen 1993, Alkire 2002, Gasper 2004). Other important contributions include Partha Dasgupta's 'Inquiry into Human Well-Being and Destitution' (Dasgupta, 1993) and some of the less prominent writing of Robert Chambers on the notion of 'responsible wellbeing' (Chambers 2004). Elsewhere the emergence of positive psychology and the work of Nobel prize-winner Daniel Kahneman and others debating the merits of hedonic and eudaimonic notions (Kahneman et al, 1999, Ryan, Huta and Deci, 2006)) have also raised the profile of the concept of wellbeing in academic and policy circles. Wellbeing is a concept that has much resonance contemporarily across the social sciences but with that comes considerable confusion about what we mean by it.²

² We could also mention here the various work of: van Praag, Layard, Oswald, Stutzer and Frey, Veenhoven, Cummins, Diener, Max-Neef to name but some of the numerous others who are writing in the field. See also Gasper's discussion of this (2007).

The research that is reported here was from the outset concerned with what a notion of wellbeing can contribute to our understanding of the persistence of poverty and inequality in developing countries. However, the approach that has been adopted has been influenced by a message from positive psychology: that there are advantages in focusing on the positive rather than exclusively on the negative. Positive psychology has found it liberating and valuable to focus on the positive side of the human experience, as opposed to the dysfunctional aspects of the human mind and human being. In the study of development poverty focused approaches have a tendency to focus on what people lack. They tend to focus on the negatives, and drive out considerations of the positive characteristics of people in developing countries and in doing so they also lose a positive perspective on development processes. While it is easy to recognise the negative aspects of the lives of those in poverty or who are losing-out in the processes of development, it is also important to recognise the strength, resilience, forbearance, creativity and positivity of both those who are winning and losing in processes of development. Of course, a positive approach to studying poverty in developing countries has its political difficulties. The accusation of ‘glossing over’ or seeking to distract attention from the suffering and injustice involved in underdevelopment is poignant. But this criticism is superficial and misdirected. Ironically, professionalized concerns for poverty have had a tendency to ‘gloss-over’ harsh societal realities in a different way. The technocratic and bureaucratised treatments they foster have tended to depoliticise and dehumanize the analysis of poverty and the poor (Hickey and Bracking 2005). They tend to lose sight of the real people; the real workings of markets and societal structures; the real distribution and exercise of power; and of the fully rounded humanity of poor men, women and children. As I will argue, this notion of wellbeing has particular value precisely because it encourages us to recognise the conflicts that arise when we consider the wellbeing aspirations of different people in our societies. As such a wellbeing approach is both humane and requires us to return an analysis of power and political relationships to the heart of our inquiry.

The conception of wellbeing given above is one that is concerned with human flourishing and the societal conditions within which that can take place. It addresses the issue of how we might live well together in society and it is concerned with development as good change. The definition is first and foremost concerned with the person and as such I would argue that the term ‘community wellbeing’ is a misnomer. Nevertheless the definition is ineluctably concerned with notions of ‘the good society’ and ‘the common good’ (Deneulin and Townshend 2007). The ability to achieve wellbeing depends largely on society being structured so as to make this possible. Nor can we hope to understand the wellbeing of the person without understanding the role that wider social collectivities play in creating the conditions that support or frustrate efforts to achieve wellbeing. Further still, there are social phenomena that are indivisibly collective, but which are nevertheless central to the wellbeing of the person. For example, a sense of identity or an institution that provides a feeling of security. Elsewhere I have explained and discussed the key elements that underpin of this conception of wellbeing (McGregor 2007). There I argue for the centrality of ‘meaning’ in our understanding of the construction of wellbeing. Through processes of socialization and culture, meanings provide the interlocking of the person and social order.

The implications of this definition are considerable for the social sciences and policy-making in both developing and developed worlds. The definition supports an holistic approach to the human being and focuses on the social being. It rejects as inadequate individualists approaches to study or policy-making. The focus of this definition of wellbeing is not the ‘individual’, it is not *homo economicus*, it is the social human being who exists in society with others and who is both shaped by and shapes the society in which they live.

Studying Wellbeing in Thailand

The empirical research on wellbeing that is reported here was carried out in Thailand between 2003 and 2006. It brings purposively generated, primary data from studies of a range of rural and urban communities in both the Northeast and South of the country into the context of a wider analysis of the Thai development experience. Analysing this data within a wider conceptual framework that is required to understand the social and cultural construction of wellbeing permits new insight into the ways in which the particular challenges of development manifest themselves in the day-to-day lives of men, women and children in contemporary Thailand.

The communities studied by the WeD programme are located in the Northeast and the South of Thailand; two of the most populous regions of Thailand, which together account for 48 percent of the population. As Tables 1 and 2 illustrate the aggregate position of the two regions in terms of economic and human development indicators is markedly different.

Table 1. Regional variations in per capita income and poverty

Regions	Annual Per Capita Income, 20001	Poverty Incidence (percentage), 20002
Bangkok	234,398	0.3
Bangkok Metropolitan Region	208,631	1.4
Central	75,075	6.1
Northeast	26,755	28.1
North	39,402	12.2
West	59,021	6.1
East	166,916	5.2
South	53,966	11
<i>Kingdom</i>	<i>78,783</i>	<i>14.2</i>

Source: 1. National Accounts Office, Office of the Economic and Social Development Board (Quoted in NESDB 2004b).

From Table 2 the Northeast scores worst of all regions on all but two key human development indicators (maternal mortality rate and percent with no formal education), and in these two it is the South that scores worst. The Northeast also has

both the highest incidence of poverty and the greatest number of poor people (four million, according to the UNDP [2007]), while the South is one of the wealthiest regions of the country. As we will note these aggregate outcomes are an important consideration when seeking to understand the wellbeing prospects of different men, women and children, but we must also note that they obscure the fact that there is great diversity within the regions. In the South the three most Southerly provinces are amongst the poorest in the country and they account for a range of poverty incidence amongst provinces in the South from zero to 23 percent (UNDP, 2007).

Table 2. Regional differences on selected welfare indicators

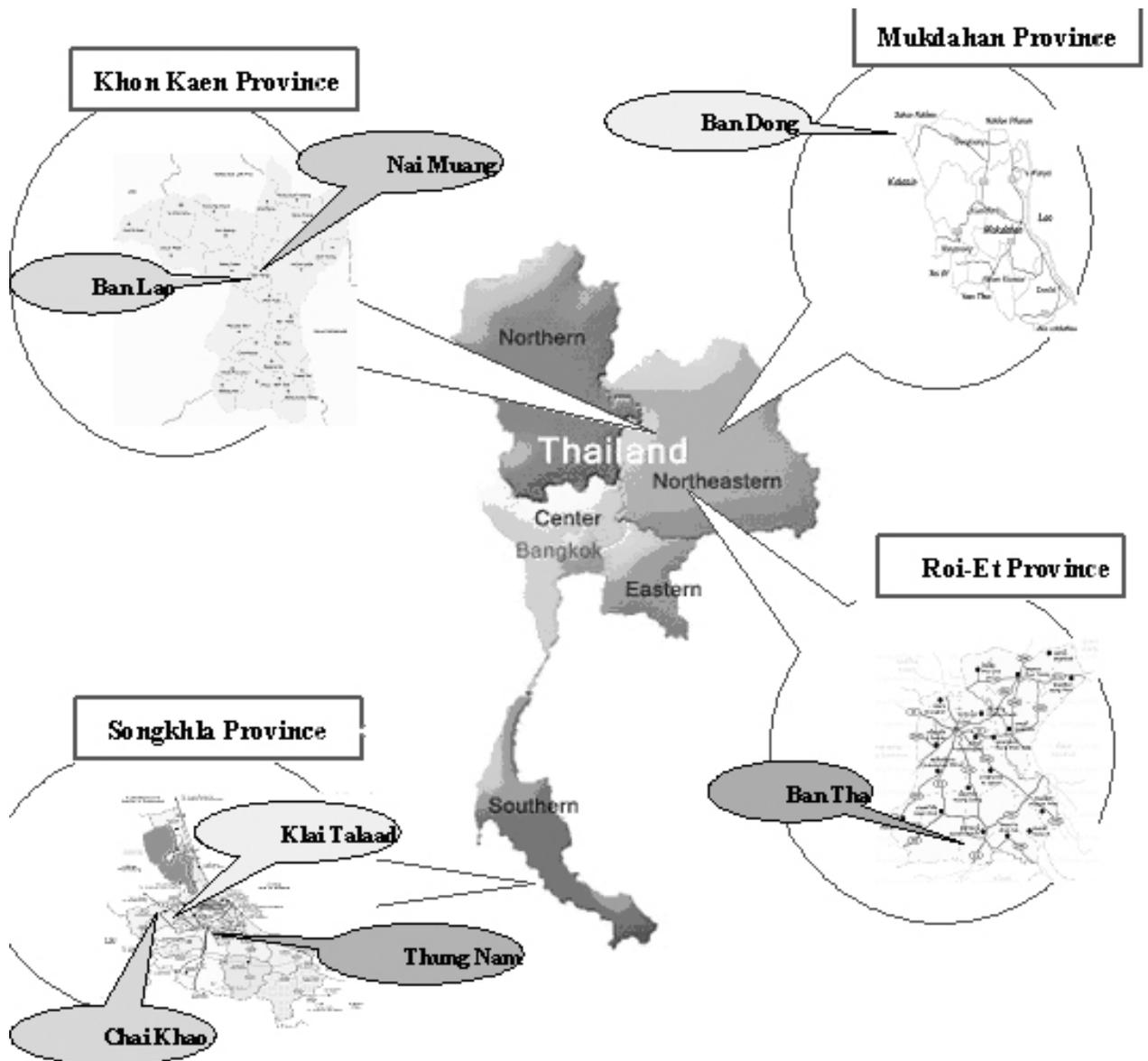
Regions	Maternal mortality per 100,000 births	% 1 st degree malnutrition in under fives	% Households in slum conditions	% workforce with social security	% no education	Mean years of schooling	% higher secondary enrollment
Kingdom	12.9	7.36	26.9	17.1	5.5	7.3	52
Bangkok	10	4.01	12.7	47.5	4	9.6	58.2
Central	11	3.26	33.5	24.6	4.8	7.1	61.5
Northeast	9.8	10.26	48.8	3.4	2.8	6.7	45.7
South	19.9	6.55	24.8	9.4	7.7	7.1	54

Source: UNDP, 2007.

The economic differences between the regions are partly environmental: the Northeast is predominantly semi-arid plateau, which hitherto has been used to cultivate rice and low-return field crops such as cassava, while the South is predominantly coastal and benefits from fishing and its emergence as international tourist destination as well as from its agricultural base of rubber and fruit production. The two regions also have distinctive histories and as a result have particular social and cultural identities. The Northeast is referred to as *Isan* and while this collective identity is contested and incorporates groups with different ethnic and language histories, it is nevertheless a culturally and politically important label that distinguishes Northerners from the rest of Thailand. The South contains a large proportion of Thai Muslims and people who are ethnically Malay. This gives the region a distinctive feel and character, and was a factor which was taken into account in WeD's choice to study a number of communities which had both Thai Buddhist and Muslim populations.

The seven WeD communities span rural, peri-urban and urban locations, thus providing insight into an illustrative range of settings in contemporary Thailand where different aspects of the challenges of Thai development manifest themselves. Five rural sites were selected to represent the impact of proximity and connectedness to urban centres, degree of infrastructural development, ethnic composition, and dependence on agriculture and natural resources. These were supplemented by two rapidly growing provincial centres (Khon Kaen in the Northeast and Hat Yai in the South) to explore the persistent disparities between rural and urban areas. Figure 1 below gives some indication of the location of the study sites

Fig. 1: Map of the sites



The communities studied can be briefly described as follows³:

Baan Dong – is a remote village in the Northeast with plentiful natural resources, due to its location in a national park. Baan Dong is economically poor with low grade agricultural land and is more distant from key centres of development; consequently it is characterised by high levels of youth migration

Baan Tha – is another village in the Northeast, which has equally plentiful natural resources, but which has better quality roads and agricultural land. Agriculture is supplemented by circular labour migration to Bangkok

Baan Lao – is a peri-urban village in the Northeast, which is well connected to the urban centre, but has few natural resources. Aside from commuting for employment, its main activities are subsistence farming and making fishing nets

³ In line with WeD’s Ethical Guidelines all community names have been anonymised.

Nai Muang – is a relatively new urban settlement in Khon Kaen. The majority of people work in the city, outside the community. The combination of ethnic diversity, congestion, and poverty reduces the quality of community relations here.

Baan Tung Nam – is a traditional village in the South. Although originally as mixed community, it recently divided into separate Buddhist and Muslim administrative communities. The main crop is rubber and it has many young families.

Baan Chaikao – is another wealthy village in the South, which is well connected to the urban centre. The inhabitants produce latex or work in factories, and the majority of school age children are in secondary and/or higher education

Klai Talad – is an area of hat Yai and is a mixture of relatively new urban settlement, containing people working as daily labourers or petty traders, and a prosperous, settled community, with people in salaried employment and small business owners. Klai Talad has the highest asset ownership and lowest community participation of any site in the study.

A Wellbeing Methodology

A comprehensive exploration of development processes and outcomes in Thailand requires different levels of investigation, which must seek to comprehend the interplay of local realities and global forces. For this reason, the WeD research in Thailand spans consideration of the macro-level (the “big structures”), and integrates that analysis with micro-level investigation of the wellbeing strategies of households and persons in particular communities. Since the ostensible aim of development is to increase people’s wellbeing, it is important to understand how this is affected by the rapid changes that have taken place in recent Thai history. This involves establishing what people perceive as wellbeing and then exploring how they have been managing change in order to maintain or improve their wellbeing.

The WeD methodology consists of six inter-related research components for measuring and exploring wellbeing. Conceptually these six methods can be grouped in three pairs dealing with *outcomes*, *structures* and *processes*. Following the definition the three main types of outcome that we gathered data on were the needs that had been met, the resources that people and households had available to them in their efforts to achieve their desired goals and the level of satisfaction or Quality of Life that people were able to achieve. The *RANQ* and the *WeDQoL* deal with *outcomes* and involved both objective and subjective traditions of study. Structures are addressed by the *Community Profiles* and the *Structures and Regimes* work. The Community Profiles deal with near dimensions of social, economic, political and cultural *structures*, while the Structures and Regimes work deals with wider scale phenomena. Finally, *processes* are dealt with by the *Income Expenditure* work and the *Process Research*. The former explores the ways in which resources are translated into incomes and expenditures over a year, and the latter deals in more detail with how different persons and households, in different community contexts engage in processes that are key to their wellbeing. The methods were used in a sequence which allowed the accumulation of understanding about the people, communities and nation-states included in the study, and also sought to build trust between the field researchers and the people of the specific communities in which detailed and extended fieldwork took place.

The six research elements are described in some detail in the Toolbox section of the Wellbeing in Developing Countries website⁴ and are:

1. **Community Profiling:** the production of a community report compiled using secondary data and ethnographic and participatory methods.⁵
2. **Resources and Needs Questionnaire (RANQ):** a specifically designed household survey administered to 1,183 households by a team of local interviewers.
3. **Quality of Life:** open-ended exploration of Quality of Life with approximately 350 people (Jongudomkorn & Camfield, 2006), followed by development and administration of the WeDQoL measure (Woodcock *et al*, 2007), which explored “the outcome of the gap between people’s goals and perceived resources, in the context of their environment, culture, values, and experiences”.
4. **Income and Expenditure:** monthly diaries collected over one year with a purposive sample of 72 households from different socio-economic backgrounds.
5. **Process Research:** largely qualitative research focusing on a selection of key themes identified as important for wellbeing in the communities. In the case of Thailand these studies included Livelihoods (Masae, 2006), Collective action (Promphakping, 2006), and Health (Camfield, 2006).
6. **Wellbeing Regimes:** an exploration of the big structures of political-economy, policy and society, within which the communities, households and persons studied, can be located. Regional and national data was collected and analysed using a wellbeing regimes framework (Newton, 2007)

Findings

In this section of the paper I will outline some of the main observations that arise from the WeD research. More detailed findings in respect of the thematic Process Research of ‘Livelihoods’ and ‘Collective Action’ will be given in papers to this conference by Masae and Promphakping respectively. Papers by Camfield *et al* and Martin will give more detailed insights into the research on quality of life.

The differences in site composition described earlier enable identification of inequalities in the opportunities for people to meet their needs, pursue their goals, and experience subjective wellbeing. It illustrates that location is clearly important in Thailand, as not only is ‘uneven development’ visible in different locations, but locations also support different conceptions of wellbeing and opportunities for its pursuit, which require particular endowments of resources. Where public goods such as schools and health centres, and economic opportunities play a part in people’s resource strategies and definitions of wellbeing, their unequal distribution affects their wellbeing. Similarly, if development creates spaces where people can pursue wellbeing, then uneven development may lead to uneven achievement of wellbeing.

The main observed differences from the studies are between more remote rural communities and those that are well connected to urban centres. For example, as communities become more ‘urbanised’, household composition changes; for example,

⁴ See www.welldev.org.uk/toolbox/...

⁵ See www.wed-thailand.org/...

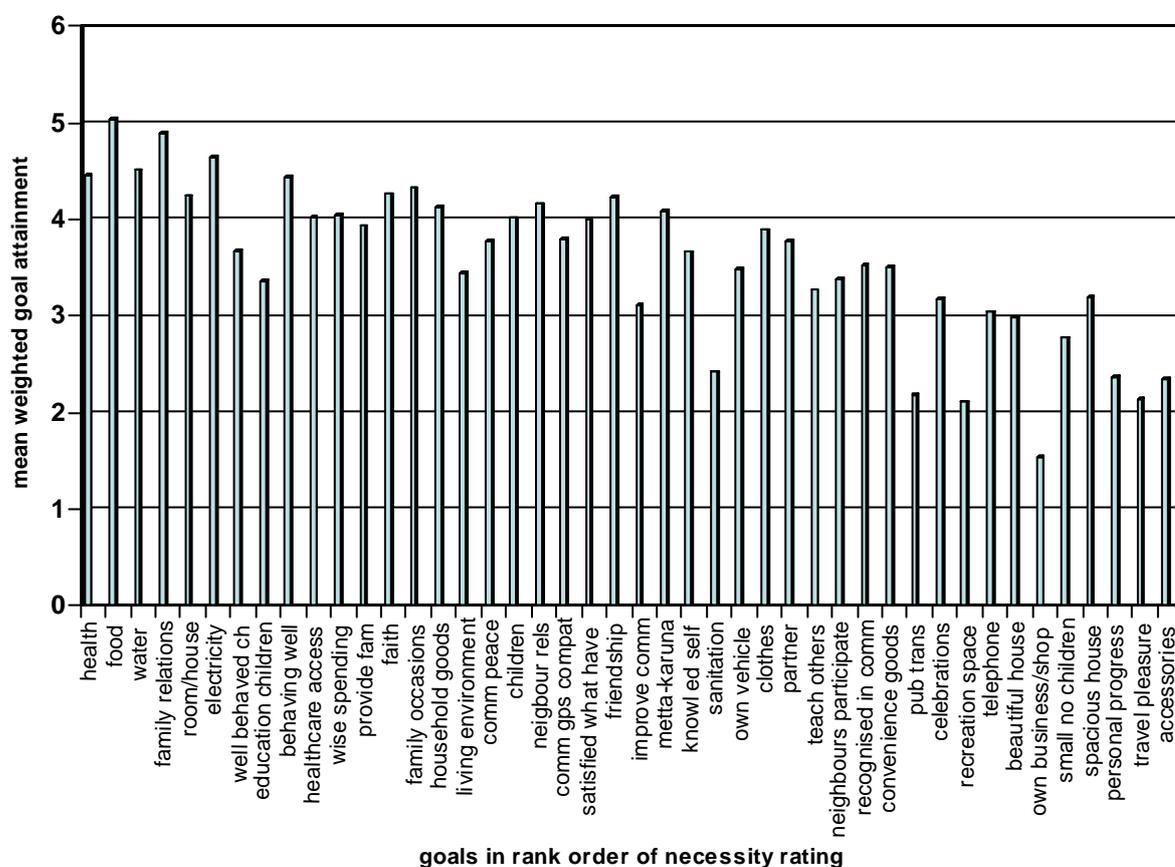
the number of female household heads increases, while the household size and number of children decreases. People's social networks outside the household also diminish; for example, regular contact with friends and relatives reduces, as does community participation. The likelihood of a household member or relative holding government office also decreases, indicating that most people in urban areas are less connected to the structures of formal politics. Access to educational facilities and educational outcomes improve, for example, illiteracy is lower (especially among older people) and the likelihood of speaking Thai and English is higher. Use of healthcare and other government services decreases, despite greater availability in urban areas, which may be because poor people can't afford to lose a day's labour or trade, while richer people prefer private alternatives. However, perceived health status remains the same, and satisfaction with family healthcare increases.

Unsurprisingly as communities become more urban non-agricultural, employment and income increases and labour migration decreases. Access to natural resources also reduces, alongside land and livestock ownership. While this decreases household food sufficiency, likelihood of experiencing food shortages also decreases (only four households in the Southern urban site had experienced any kind of food shortage), and household heads' satisfaction with their food supply increases. People also appear to be materially better off: debt decreases (due to the removal of agricultural debt), and consumer goods and consumption opportunities increase. Housing quality increases (for example, having a tiled roof and an inside toilet), as does the quality of people's transportation. People in more urban communities are less vulnerable to 'shocks' that adversely affect income or assets decreases, indicating greater material security. However, the likelihood of perceiving one's household as poorer than five years ago increases, which might indicate some 'frustrated achievers' whose expectations of urban life exceeded the reality⁶. The only areas that don't show significant differences are i) marital status, ii) values, norms, and aspirations, and iii) television ownership, suggesting both the enduring character of social institutions, and the wide availability of cheap electronic goods.

Figure 3 presents illustrative results from the WeDQoL element of the study. This shows the goals that study respondents across all of the communities reported as important to them and the mean score of satisfaction reported in achievement of those goals. As might be expected goals such as achieving good health or having adequate food are ranked highly and respondents were also relatively satisfied in their achievement of them. Other goals such as having a good education for their children were also ranked highly but respondents reported being less well satisfied with this than with other goals of the same order.

⁶ 'Frustrated achievers' is a term coined by Graham & Pettinato from research in Peruvian communities (2001).

Figure 3 Mean weighted goal satisfaction ratings in rank order of necessity ratings



Source: Woodcock, 2007

When the above differences are mapped to the WeD framework, it seems clear that while urban households are found to have higher human and material resources, this is accompanied by lower levels of social, cultural and environmental resources. The change in the resource profiles of households has considerable effect on the ways which their lives are lived and in which they pursue their wellbeing. The peri-urban and better connected rural sites show higher objective and subjective needs satisfaction and greater satisfaction with life. Overall, however, the research confirms that levels of human and material resources are important for the generation of wellbeing in all locations in contemporary Thailand. Regional location is in general an important factor in this, as are profitability of agriculture, and the local availability of non-agricultural employment. However, while location is an important general consideration it is not the determining factor for either meeting needs or satisfaction with life. The fact that people and their households are spatially and sectorally mobile means that locations are highly permeable. The research also reveals that differences in identity, wealth, gender, and generation are important in explaining differences both in what people aspire to as wellbeing and their degree of success in achieving that. Before concluding this results section we can briefly highlight some of the key findings from the Livelihoods, Collective Action, and Health research.

Livelihoods

The WeD Livelihoods research confirms that in the communities studied modernisation ‘Thai style’ has involved the co-evolution of ‘traditional’ (agricultural) and ‘modern’ (industrial and service) sectors. These exist in a finely balanced symbiotic relationship. The ‘mixed’ or dual economy enables people to create livelihoods through occupational diversification that are sustainable, and meaningful, and therefore contribute to their wellbeing. The households that we studied in rural Thailand typically had mixed livelihood portfolios, which span different sectors, and take place in diverse locations, through commuting and cyclical migration. One of the more globalised and striking examples was found in one of the wealthier households in Baan Lao. The husband cultivates rice and mills it for his neighbours using a mill purchased from his earnings as a driver in Saudi Arabia. His wife is a member of a local weaving group, which markets its products in a boutique in Khon Kaen, and their children work in a variety of non-agricultural occupations, both locally and in Khon Kaen.

A process of ‘de-agrarianisation’ can also be seen in the WeD rural sites, evidenced by i) changes in occupations and livelihood strategies, ii) relocation from rural to urban centres, or between regions at different stages of economic development, iii) changes in the way that people think about themselves and their occupational activities (especially between the generations), and iv) increasing cash dependence (see also Rigg & Nattapoolwat 2001). Access to non-farm income is an important determinant of economic mobility in the WeD sites, but households with economically inactive members and who have few opportunities to earn income from such sources are set on a path to marginalisation. The declining importance of agriculture for young people is evident in the gap between the occupations of household heads and their members (for example, nearly a quarter of those aged 15 to 34 in the Northeast are in non-professional salaried employment compared to 11 percent of household heads), and the difference is more pronounced in the South due to higher educational participation.

Occupational aspirations are shaped by education, and while there is parity between genders, this is not true of socio-economic groups (for example, the high upper and post secondary drop-out rates among children from poor households). A comparison of enrolment levels in the WeD sites demonstrates that while there is little difference at primary level, 11 percent fewer children from poor households continue to secondary education, and 23 percent fewer to higher education. There are also pronounced regional differences, for example, nearly a quarter of people aged 15 to 24 years has attended, or are attending higher education in the South, compared to nine percent in the Northeast. Additionally, in the South less than one percent of those aged 35 to 44 have had no education, compared to 13 percent in the Northeast. While in the South educational attainment is still fairly high for this age group and begins to reduce from age 45 onwards, in the Northeast it has already shown a marked decline. The main difference between the site types relates to higher education where the overall percentage rises from four in rural sites to twelve in urban ones. Unfortunately this is not a historic disparity as it is also reflected among 15 to 24 years olds where nearly three times as many are attending higher education in urban areas as in rural.

A striking aspect of contemporary Thailand is the way material inequalities are reinforced by aspirational ones (Camfield et al, 2007), which can be seen in the

responses given by household heads from different socio-economic backgrounds when asked about their goals and aspirations. Poor household heads focused on basic need fulfilment and gave responses such as *por yu, por kin* ('sufficient to live and eat') when asked about the future. They described wanting 'any' job, rather than a 'good' one, and only wanting their children to remain in education until working age, unless migrant siblings could earn enough to pay their school fees. People favoured developing humility, rather than attaining status, and seemed to have moderate ambitions for consumer goods, although having more living space was a priority. In contrast, medium or rich household heads wanted to gain status through higher education for their children, 'good' jobs, acquiring assets and consumer goods (especially cars), and funding community activities.

Realising these aspirations was one of the main reported motivations for migration, alongside improving their socio-economic status by gaining 'experience' and accumulating assets. Successful migration, however, requires education, skills, social networks, and capital for set-up costs and living expenses, which means that migrants can afford to wait for the jobs they want. While migrants attempt to maintain links with families and communities by sending remittances, spending money on local house construction, and funding religious schools and festivals, the experience of migration (and to a lesser extent commuting) can be isolating and place strain on these relationships. There is an ongoing tension between wanting to remain part of the village and to distinguish oneself through new consumption patterns and engagement with 'modern' ideas. Migrants can therefore experience distressing value conflicts, both in their destination and on their return.

Collective Action

Over recent years Thai development discourses and national plans have placed increasing emphasis on collective action as a means of both promoting and coping with development, many collective action initiatives can be interpreted as struggles to assert particular visions of Thai identity. Through collective action initiates different development agents not only provide organisational forms, institutional support and access to resources whereby people can pursue their wellbeing, but they promote different sets of values and goals.

The profusion of different organizations in the WeD sites suggests many people in these communities value the opportunity to participate in collective action. With the exception of two wealthy Southern sites, membership of community organisations appears to be the norm: over 90 percent of households in rural and peri-urban areas have members in an organisation, and over half in urban. Nonetheless, over 85 percent of members describe themselves as a 'general member' (a person not involved in decision making), which suggests the importance of distinguishing between degrees of participation. The figures also obscure regional differences. Household non-membership is higher in the South than the Northeast (57 percent, compared to 15 percent), partly due to near compulsory enrolment in funerary associations in the Northeast. Participation in community activities was lower in urban sites and in the South, and the choice of activity also varied. For example, in the South people supported religious institutions such as the mosque, while participation in the Northeast related to specific annual festivals (for example, the donation of new robes to monks). The category of households who had neither participated in a community

activity, nor joined an organisation was only found in the South, and in the Northeastern urban site.

Individual membership varies by both location and socio-economic status, as people need resources to participate in collective action. These are primarily time, but also social status, social relationships, and material resources, which are unevenly distributed across the sites. In the South only 18 percent of people aged over 15 are members of local organizations, compared to 56 percent in the Northeast. The same disparity occurs between rural and urban sites (especially in the South), as 32 percent are members in the former, and 18 percent in the latter. Gender and religion appear to play a minor role, and in the Northeast non-membership is relatively equal across all income groups. However, there is a large and statistically significant difference between participation among rich and poor people in the South (three times as many medium-rich as poor household heads are members of groups), which why savings groups have restricted the amount that can be saved to avoid their 'capture' by rich community members.

The WeD framework highlights that one of the roles of collective action is to create a space for value contestation, either as collective resistance or through external struggle. However, collective action can also support profound reflection on the nature of wellbeing, which often enables adaptation to material poverty by generating values that relate to leading a good life, whether as a committed Buddhist or Muslim, a solvent householder, or an active community member. This collective reproduction of value and meaning may have a stronger impact on people's wellbeing than any material outcomes.

As individuals have multiple identities (both owned, and attributed), collective action needs a 'politics of difference', which enables it to create a space for individuals to come together. This is the distinction between traditional forms of community-based collective action, where individual identities and actions are wholly shaped by that community, and contemporary collective action, where individuals belong to a multitude of communities formed around a variety of focal practices. For example, even in urban sites where opportunities for collective action are fewer, a person can begin the morning on the motorcycle taxi rank, hear the neighbourhood news in a tea shop over breakfast, and join his friends to talk about the forthcoming songbird contest in the evening.

Health

Health is important for people's wellbeing both in theory and in practice, and this is especially true in Thailand where rapid economic growth has brought health challenges as well as benefits. These include growing inequalities in healthcare and stable differentials in health outcomes due to location and socio-economic status, despite the substantial increases in health expenditure which preceded the introduction of Universal Healthcare Coverage in 2001. The rise in life expectancy to 6.5 years above the global average has increased pressure on families and the healthcare system. This has been exacerbated by an 'epidemiological transition' from infectious and deficiency diseases to chronic non-communicable diseases and 'man-made' problems such diabetes and road traffic accidents.

WeD health research found evidence of an aging population as 6.7 percent of our sample was over 65. Older respondents were also less healthy than the rest of our sample as 52 percent had chronic illnesses, compared to 18.5 percent sample mean. However, our data provided less support for an epidemiological transition, as the most common condition for all age groups was pain in joints and muscles (14 percent of chronic illness overall, 23 percent for over 65s). In fact, WeD found higher than average incidences of both ‘diseases of poverty’ and ‘diseases of excess’, which illustrates the persistence of inequalities between locations, and increasing inequality between different groups of people. For example, the combined incidence of malaria, dengue fever, and diarrhoea in WeD sites in the Northeast and South was 4.8 per 1,000 people, compared to 1.7 per 1,000 nationwide, and the incidence rate for cancer was 2.4 per 1,000 people, compared to 0.9 percent nationwide.

Ill health was a significant problem in the WeD sites - nearly a fifth of households experienced severe health-related ‘shocks’ during the past five years, and this rose to a quarter in two communities in the Northeast. For this reason the main reported benefit of universal health coverage was the security it offered by covering healthcare costs for most chronic conditions, and reducing ‘catastrophic health expenditures’. Chronic illness and disability therefore appeared to have little effect on household resources or needs satisfaction, although there were differences in asset holdings with people with disabilities having the smallest mean score on the Asset Index, followed by people with chronic illnesses, and ‘healthy’ people (see Clark 2006 for details of the Asset Index methodology).

“Health seeking” behaviour varied between regions and locations; possibly due to differences in availability and quality of health services. For example, 90 percent of sick people in the South sought treatment, compared to only 72 percent in the Northeast. Respondents creatively mixed providers from different sectors and traditions, although this was constrained by their insurance coverage and location. The main health service in rural and urban areas was the hospital, as this was the location of most Primary Care Units. However, in peri-urban areas a third of respondents used private clinics. Formal traditional medicine was used minimal (less than two percent), but self-treatment with herbal medicine was common in both wealthy urban areas and impoverished rural ones.

The socio-economic status of the household had less effect on healthcare seeking than expected as many ‘poor’ people had access to Social Security and Civil Service Medical Benefit Schemes through their children. For example, while poor people were most likely to use self-care (56 percent), a substantial proportion used private primary care (13 percent). The majority of uninsured people either did not treat health problems or used over-the-counter drugs (63 percent), and were as likely to use a private clinic as a government health centre (13 percent). However, respondents with a ‘Gold Card’ used government health centres and hospitals, albeit that the ‘compliance rate’ was lower than that recorded in other studies (41 percent for primary care and 52 percent for secondary).

Respondents were unanimous that speed and efficacy were the main things they wanted from a health service. Even poor people felt these were worth paying for so they could minimise the effects of illness on their livelihood and families. For this reason ‘non-compliance’ with government health services was high, especially among

the poor. Satisfaction with healthcare also varied according to socio-economic status, for example a higher than average percentage of poor household heads described their healthcare as inadequate, and none thought it was better than 'adequate'. The 'mixed economy' in healthcare, as in other sectors, produced visible inequalities in the quality of treatment and care and healthcare costs. This was a cause of dissatisfaction and resentment among the younger generation, who were more likely to perceive healthcare as a commercial transaction than a gift. It could also lead to a hardening of existing disparities due to the financial burden of chronic illness and disability.

Wellbeing: Challenges to Contemporary Development Discourses and Policy

The definition of wellbeing that is promoted here is one which is profoundly social in character. By contrast, the main contemporary development discourses that focus on economic growth and human development are focussed on the individual. Both paradigms arrive at a view of society through aggregation of individual conditions and neither provides a convincing basis for the analysis of the relationships between development and social change. The definition and methodology for studying wellbeing outlined here emphasises the need for analysis of the patterns of social change and an exploration of the consequences of these for our societies. Social change leads to changes in the nature and quality of social relationships and to changes in socially constructed meanings that shape how we experience wellbeing.

The unevenness of Thailand's development has been noted by many commentators and some of the detail of that unevenness both within particular locations and between the regions of the country is explored in this study. Although Thailand's development transition has been marked by periodic economic and political crises, it has been relatively free of catastrophic social upheaval. Throughout the transition there have been vibrant and rich debates across the society over how development has been and should be affecting the cultural and social values that prevail. Many different voices have contributed to these debates: the royal family, the modern business sector, secular politicians, musicians, journalists and others artists, the army, NGOs, academia, the *sangha* and external development agencies. In these debates the significance of the notion of wellbeing for Thailand has been increasingly recognised. At the level of casual observation, the pursuit of wellbeing could be regarded as a national pastime in Thailand. At a more formal level, notions of wellbeing (from *yoo dee gin dee* to *yoo dee mee sook*) have now found themselves a place in national policy discourses and documents (NESDB 1997).

In any processes of development and social change there will be winners and losers. What this research does is encourage us to disaggregate the winning and losing: some people may win in terms of material improvement but only at the cost of, for example, losses in terms of the quality of their close relationships. The theme of migration as studied in all of the WeD countries provides a wide range of illustrative evidence of this. One way to think of the role of a wellbeing analysis is that it can be used to identify who is winning and losing in respect of which particular dimensions of their wellbeing and then seek to provide some explanation of the mechanisms and processes that are at work to produce the observed adverse wellbeing outcomes.

A key insight from adopting the wellbeing approach has been that it forces us to take account of the fact that social human beings are different from each other. People differ in gender and in age, but also in terms of their histories, their abilities, their

values and desires. Amartya Sen uses the terms diversity and heterogeneity to recognise ‘difference’ and it is this that discourages him from offering a list of core human capabilities. These differences mean that social human beings engage differently with each other and with the wider structures of society. They are also differently able to conceive of, to pursue and to achieve wellbeing. The WeD study in Thailand identifies inequalities in terms of what needs are being met and in what levels of resources people and households are able to command, but they also highlight inequalities in the goals that they are able to aspire to.

The recognition of differences in both what people aspire to and in the strategies that they choose to adopt to pursue their vision of wellbeing leads to the recognition that not all visions of wellbeing and the strategies that people adopt will necessarily be compatible with each other. A quick look around us, in our locality and at events globally, suggests that we cannot all simultaneously achieve all our wellbeing goals and at the same time maintain a coherent and inclusive society (or a sustainable natural environment). The wellbeing framework and approach to empirical study highlights the fact some people’s views of wellbeing conflict with others and how the pursuit of wellbeing by some, may result in the denial of the opportunities for wellbeing for others. It suggests that policy-makers must give careful considerations to trade-offs between different visions of wellbeing that operate within our societies.

This paper begins to reveal for the case of Thailand some of the policy challenges that arise when one takes a wellbeing perspective in the study of development. Wellbeing is a utopian concept but is far from being a fuzzy one. It is a concept that helps us better understand some of the trade-offs that are to be confronted in development processes. It forces us to consider how we are to live together at all levels of human society. It forces us to consider: How are we to live together in our neighbourhoods and communities? How are we to live together in our nation states? How are we to live together in the global community? In this sense the questions that drive it are the same as those that underpin the ‘sufficiency economy’ ideas that have been developed in Thailand.

In facing these challenges, however, a major hazard for both study and policy is the fact that the term wellbeing is strongly associated with the pursuit of personal individualised goals. There have been years of ideological campaigning by politicians (and academicians) and by corporations that we can and should all have whatever we want. We have been experiencing the American Dream writ large on the global public stage (Friedman 1994). The distinction between wellbeing as a profoundly social phenomenon or as a vehicle for individualism marks a major fault line in many national and global political discourses. At its heart is a personal dilemma that we all recognise - ‘How are we to square our love for the good life with the obvious need for sacrifice to meet other ends?’

In his recent book ‘The Challenge of Affluence.’ Professor Avner Offer studiously explores many of the different dimensions of this challenge (Offer 2006). As an economic historian he charts the corrosive effects of affluence on both wellbeing and societal arrangements in developed countries. In his book Offer critically examines how affluence undermines the institutions of commitment that are essential for the coherent functioning of our societies. He also draws attention to the need for mindfulness where as individuals we strive to distinguish between short term wants

that provide immediate gratification and longer term needs that will make authentic contributions to our wellbeing (see also Max-Neef 1991, Camfield *et al* here).

At a global level the current challenges of climate change and environmental degradation are high on the political agenda and as such our discussion brings us to ask what *sustainable wellbeing* might look. It is certainly not a wellbeing that is focused on the individual but rather one that is concerned with connecting our individual choices with issues of how we are to live together. The notion of sustainability that is mobilised here and in the sufficiency economy discourse is not one that is concerned only with the natural environment but one that encompasses ideas of social and political sustainability. It resonates with Chambers' call for a notion of 'responsible wellbeing': where we are able to recognise and take responsibility for our individual behaviours in what outcomes they produce in our local, national and global society (2005).

This highlights more fundamental questions about what type of economic growth and social change we want in our societies. A concept of wellbeing and a methodology for studying it offer the possibility of undertaking an ex-ante analysis of the wellbeing consequences of different proposed patterns of growth. It can provide evidence for us to consider as a society whether we regard the consequences of particular patterns of growth and social change as desirable. As the 'sufficiency economy' thinking suggests this would involve asking questions of whether the predicted outcomes are just or are sustainable or, at a more basic level, whether they are likely to be good for our societies.

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