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INEQUITY IN HEALTH RIGHTS : THESIS ADVISERS: SUPOT DENDOUNG, Ph.D.,
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This research aims to study the problem of inequity in health rights in term of obtaining health insurance and health services, by the concepts of the role and the ideology of the state, social class, ethnicity and social inequality. Both quantitative and qualitative methods are used. The samples in this survey were 2,276 members of 400 households from all sub-districts in one district. The subjects for in-depth interviews were health officers, community leaders and villagers from two villages. The results of the study showed that inequity in health rights was evident in health benefits, the conditions to receive health services, and health insurance distribution. The role and ideology of state were shown as the maintenance of capitalism. Citizens were treated as consumers who paid for health care and health insurance by themselves; there were no exemptions for the low income group, resulting in reduced health rights of the poor. State health care operates on the principle of gaining benefit for the state. Health care offices try to seek income from both the government budget and from the citizens by limiting access to services and benefits covered by health insurance, decreasing the quality of service. Free health card deliveries were delayed in order to increase the sales of health insurance cards. Health insurance cards were sold selectively to pregnant women and to people in the town more than to people in rural areas, because pregnant women and town residents use more often, for less serious problems which provide greater benefits to the organization. Overall, however, the insurance coverage of women did not differ from that of men, but the coverage of the town residents were higher than rural people. Family registration is a necessary condition for having and using the free card. This excludes many people who stay in the village but are not registered and the poor labourers who move to town for work. While the state bourgeoisie or civil servants get government medical benefits and good health care services, 60.0 percent of the poor labourers were more uninsured and get worse services. Ethnic minorities are normally looked down on by the health officers; minorities are typically less insured and have lower access to health care than the Thai majority. Even though the government established the free card project for the children and the elderly, 32.3 percent of children and 25.0 percent of the elderly who were neglected by other household members were uninsured because of their low status and the benefit of the state. Suggestions for changes in state role and ideology which may overcome obstacles and improve in equity in health rights are discussed.