Chapter 5

Conclusions and Discussion

The purpose of this study was to investigate Complementary and Alternative Medicine, particularly Thai Traditional Massage therapy, as a cheaper, safer and more effective means of improving the health of sick people Thailand, given that Thailand’s new health system places heavier demands on the economy. Our study involved

(a) collecting data from 327 patients who made 1319 visits to the Thai Traditional Medicine Clinic in Khokpho district of Pattani Province in southern Thailand;

(b) interviewing four of those patients in 2003 and two more patients in 2004; and

(c) interviewing six staff members who had worked at the clinic in 2004.

The patients selected for the study were those who visited the clinic during the calendar year 2003, and the treatments these patients received at the clinic during the period from 1 October 1999 to 31 December 2003 were considered. The outcomes selected for study were (1) the total cost of the treatment per patient, and (2) the number of days they visited the clinic during this period. The determinants considered were age, sex, religion, occupation, residence, and health card type of the patient. We also looked at a number of intervening variables.

Using one-way analysis of variance and categorical data analysis based on Pearson’s chi-squared tests, we investigated associations between the determinants and outcomes. Where more than one determinant was found to be associated with an outcome, we used linear regression to model the relationship.
5.1 Conclusions from Quantitative Study

With respect to demographic factors, most of the patients in our study are female (64.2%), with almost one-quarter (24.5%) in the 45-54 age group. Although most (54%) residents of Khowbo district are Muslim, only 13.5% of the patients visiting the clinic are of the Islamic religion; most of the others are Buddhists, with the exception of one Christian. With respect to socio-economic factors, the most common occupation is government officer (29.7%), 23.8% are employed in agriculture, and 20.2% are housewives. For most visits (74.9%) the patients do not stay overnight at the hospital. The most popular reason for a visit (28.7%) is "worn out and full of aches and pains" (probably arthritis), followed by back pain (14.9%). Most visits (90.9%) involve problems with the musculoskeletal system. Only 16 (4.9%) pay cash for their treatment and 42 (12.9%) use a health (gold) card.

The average duration of the patients’ treatment period is 126.6 days, ranging from 1 to 1541 days, and the mean of the average period between visits is 22.6 days, ranging from 1 to 343 days. Many patients (39.8%) visit only once, but one patient, a woman laid comatose with brain damage after being hit by a car on the footpath outside her house, made 100 visits in less than one year.

The mean cost per visit is 109.0 baht, ranging from 0 to 400 baht. The average total cost for a patient over is 828.1 baht. Treatments include massage, compress, and sauna; and most patients use massage to a greater extent than compress and sauna. The average massage, compress and sauna costs are 159.5, 60.6 and 69.0 baht.

There is no evidence of an association between the number of visits and any of the determinants.
The total cost outcome is separately related to three of the determinants – age group, occupation, and card type. However, due to the association between occupation and card type, when a multiple linear regression model is used, only age group and occupation remain statistically significant in the relation. The total increases with age, with patients aged below 35 incurring an average total cost of 345.2 baht, and patients aged 55 or more incurring a total cost of 949.8 baht. After adjusting for age group, housewives incur the greatest costs and unemployed persons cost the least.

5.2 Conclusions from Qualitative Study

These interviews provide useful insights. There are five main reasons why these patients get Thai Traditional Massage treatment, as follows.

1. Card type. Card type is divided into two groups. The first group (patients A, B, C and D interviewed) get reimbursed by the government after paying for the Thai Traditional Massage service, whereas the second group (patient E and F) do not get reimbursed. Patients who get reimbursed tend to visit the Thai Traditional Massage clinic repeatedly.

2. Experience of the stuff in the clinic.

3. Symptoms. Some patients use massage because foreign (“modern”) drugs have not worked, and some of these patients have chronic pain. Some symptoms require combination treatment.

4. Distance means that how far it is from the patient’s house to Khokpho Hospital. Some patients visit the Thai Traditional Massage Clinic because it is conveniently close to their house.

5. Information. Getting good information is important for some people visiting the Thai Traditional Massage Clinic.
Most of the patients are government officers. It is known that government officers can get the cost of service reimbursed from the government. The main reason they come to have a massage because they have chronic pain and some symptoms require combination treatment. The patients interviewed said that they did not believe in the benefits of modern medicine.

**Interviewed staff members**

We divided staff working in Khokpo Hospital into three groups as follows:

1. Finished their diploma Thai Traditional Medicine (TTM). This involves studying Thai Traditional Medicine for two years.
2. Finished their diploma in Applied Thai Traditional Medicine (ATTM). This involves studying Applied Thai Traditional Medicine for three years.
3. Got their certificate based on 300 hours learning Thai Traditional Massage through coursework and in a clinic.

The staff members interviewed, who had completed the TTM diploma, were happy because this qualification enabled them to work in their chosen profession and get a good salary with welfare benefits. However, the staff member who had completed the ATTM diploma was not happy because, even though she studied longer and knows that her training is very appropriate, she is not able to get an appropriate position because the government does not recognise the ATTM diploma.

**5.3 Discussion**

In our study we have shown the feasibility of Thai Traditional Massage as an alternative medicine therapy.
The association between total cost and age group has also been reported by Toa (2004). It can be explained by the higher prevalence of older people with chronic musculoskeletal system problems. Such people need to visit more often for their treatment. The association between occupation and the total cost might be explained by the fact that housewives have to work very hard cooking and cleaning and taking care of children, as well as looking after demanding husbands, and thus need to visit more to get some relief from their aches and pains. Also, unemployed people don’t have to work so hard because they don’t have to work at all, and even if they need treatment they have no money to pay for it because only government officers get reimbursed.

Thai Traditional Medicine is acknowledged and supported among both Buddhist and Muslim people, and has a long tradition as an effective and widely used healing therapy in both faiths. Yet despite the fact that a majority of people in Khokpho district are Muslim, only a small minority of Muslim people use the service at Khokpho Hospital. The reasons for this are not completely clear and need further study, but discriminatory government policy could be a factor.

5.4 Limitations

Limitations of the study were that the selection bias and information bias may occur during data collection because (1) data collection is for only one year, (2) data collection is only in Khokpho Hospital, (3) the qualitative study should have been done earlier in 2003, (4) the quality of the data collected may have been reduced by the limited amount of time available. Consequently, the findings of this study may not be representative of the target population of interest, and may not be applicable to other places in Thailand.
5.5 Recommendation for further research

This study was only study undertaken in Khokpho Hospital. For further research, it is recommended that a comparative study of TTM be undertaken between several representative local hospitals in the three southernmost provinces in southern Thailand.