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SURVEY/TRAINING REPORT

Research Report from the Overseas Training Program 2 in Thailand in 2016

Takuji ADACHI, Waruni JAYARATNE, Asuka KENMOCHI,
Derrace Garfield McCALLUM, Pacharapan KULPAWAROPAS,
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1. Introduction

Naoko Shinkai, Associate Professor, GSID, Nagoya University

Fieldwork is one of the research methods used widely in humanities, social sciences, and natural sciences. While not all research methods require fieldwork, it is one of the most powerful approaches to understand research objectives and areas where research questions are explored. Researchers stay in research areas for some time to study subjects and their environment via fieldwork for delivering outcomes as answers to research questions. Sometimes research questions have to be formed or adjusted in those research sites. Fieldwork has been increasingly adopted into curriculums at schools around the world to provide hands-on experiences to research. In Japan, 22 universities have fieldwork courses and 31 universities have field training courses (*jicchi kenshu*), which are translated sometimes to fieldwork, as of September, 2016**. Furthermore, most of these courses are conducted outside Japan.

At Nagoya University, fieldwork courses are currently conducted by various departments and graduate schools, programs, and projects. Here, in this section, I would like to quickly compare two fieldwork courses offered by the Graduate School of International Development (GSID) this year, one fieldwork course for first year master students and another under the Women Leaders Promotion Program for the Well-being in Asia (henceforth the Well-being program). The Well-being program is one of the leading programs now implemented at Nagoya University and GSID is a participant school.

The Overseas Fieldwork (OFW) course was established at GSID in 1992 for the purpose of human development and capacity building. OFW is designed for participating students to learn practical skills to tackle development issues in developing countries with interdisciplinary approaches. This course

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* For the order of authors, first, students from Nagoya University are listed, followed by students from Chiang Mai University and advisers from Nagoya University and Chiang Mai University in the alphabetical order.

** The universities with courses of fieldwork or *jicchi kenshu* were sought in Japanese through Google and counted. When different schools of one university have different fieldwork programs, only one count was counted.

has been conducted every year during the summer recess for more than 20 years, mostly in Southeast Asia, with the collaboration of counterpart universities in destination countries. Almost every year different research topics and communities are selected. Participating students are usually divided into four groups, and each group has its own research questions, which are related to the four following principal subjects: Economic Development, Governance, Education Development, and Language and Culture. First year master students at GSID participate in this course, stay in rural areas of developing countries, and conduct field surveys for two weeks. One semester is devoted to preparations and group work before visiting the research site. During this preparatory period, participating students learn about the economics, politics, education, culture, and other related matters of the country and area where the research takes place through lectures given by experts from universities inside and outside Japan. This preparatory period includes a pre-departure lecture on plausible risks in research sites and how to avoid those risks, such as transmittable diseases in tropical areas. At the end of the field surveys, group research output is presented in the field to give feedback to the host community and also at GSID to share research experiences in the fields with other students and faculty members.

Overseas Fieldwork courses, which are part of the Overseas Training Program (OTP), are offered by the Well-being program, which was initiated in 2014. They are among the required courses for scholars of this program. OTP has two components, OTP1 for first year master students and OTP2 for first year doctoral students. The objective of OTP1 is to identify issues in Asia and the objective of OTP2 is to develop their findings from OTP1 and "to find interdisciplinary solutions based on their own expertise" as stated in the curriculum. Participating students are scholars of the Well-being program from five departments of four graduate schools. The length of stay in research countries under OTP is about 10 days.

Both fieldwork courses aim at teamwork building and nurturing practical skills to tackle interdisciplinary issues, but OTP puts more emphasis on leadership and female roles in Asia. OFW deals with interdisciplinary issues emerging from the nature of development fields and group work is conducted across different departments within GSID. However, the interdisciplinarity or multidisciplinarity of OTP stems from the fact that participating students are from different schools: the Graduate School of Bioagricultural Sciences, the Graduate School of International Development, the Graduate School of Education and Human Development, and the Graduate School of Medicine, which is composed of the School of Medicine and the School of Health Sciences. This structure combines humanities, social sciences and natural sciences. Interesting chemistry and also difficulties can result from this combination of different fields and expertise when they research together in the same research sites. For example, while observing the same situations, different findings and interpretations may result, and those interpretations can be redefined by integrating different areas of study to find solutions. Preparatory seminars for OTP2 are held before departure, and six to seven sessions are devoted to special lectures on the destination country. The main topics are Agricultural

Issues, Economic and Social Issues, and Health and Medical Issues in the country where the research takes place and given by invited professors from that country. Several group tasks are included in these six or seven sessions.

OTP2, which was conducted in Thailand by GSID together with the Women's Study Center and Faculty of Economics at Chiang Mai University in the summer of 2016, was one of the first OTP2 for the Well-being program. The schedule of OTP2 in Thailand is found below.

There were four participating students for OTP2 in Thailand this year and they were divided into two groups based on their research interests and findings learned from their previous experiences of OTP1. The two groups were Group ASS, whose research topic is Urban Rural Disparities and Access to Social Services, and Group SP, whose research topic is Women's Social Participation and Quality of Life. One graduate student, Ms. Su Myat, a first year Burmese doctorate student from the Graduate School of Medicine, also joined Group ASS as an observer.

Group research questions were determined among group members and research methods were selected by them after the explanation of some participatory methods demonstrated by the adviser for OTP2 at GSID. Fieldwork was conducted based on their selected research methods in research sites in Chiang Mai, Thailand. The research sites were coordinated by the adviser for OTP2 at GSID and advisers at the Department of Women's Studies of the Faculty of Social Sciences and the Faculty of

Table 1.1 Schedule of OTP2 2016 in Thailand

July 30th (Sat.)	Nagoya-Bangkok-Chiang Mai
July 31st (Sun.)	Morning: Lectures at Women's Studies Center, Chiang Mai Univ. Afternoon: Lecture by the General Manager, Hillkoff Company Limited, Conduct interviews
August 1st (Mon.)	Visit and conduct interviews in a Sufficiency Economy Learning Center
August 2nd (Tue.)	Visit and conduct interviews in the Dara-ang hill tribe community and primary school
August 3rd (Wed.)	Visit and conduct interviews in an organic farm
August 4th (Thurs.)	Mid-term review
August 5th (Fri.)	Visit and conduct interviews with community health volunteers and elderly group in Famai Community, conduct interviews with a female entrepreneur/manager and employees
August 6th (Sat.)	Morning: Visit and conduct interviews in Ha Than Wa Community, Afternoon: Visit OTOP project sites and conduct interviews with the female leader
August 7th (Sun.)	Preparations for presentations
August 8th (Mon.)	Morning: Presentations at Women's Studies Center, Chiang Mai Univ. Afternoon: Chiang Mai-Bangkok
August 9th (Tue.)	Excursion in Bangkok, Bangkok-Nagoya (arriving early morning on August 10th (Wed.))

Source: Created by the author

Table 1.2 Group Members, Advisers and Supporting Staff

Group	Students from Nagoya University	Students from Chiang Mai University	Advisers	Supporting Staff
ASS	Mr. Takuji Adachi (GSHS, Japanese), Ms. Waruni Attanayake Mudiyaselage (GSE, Sri Lankan)	Ms. Benjalux Sucharitakul(FE, Thai)	Dr. Ms. Naoko Shinkai (GSID), Dr. Ms. Ariya Svetamra (DWS)	Mr. Eiji Shinkai (GSID)
SP	Ms. Asuka Kenmochi (GSHS, Japanese), Mr. Derrace Garfield McCallum (GSID, Jamaican)	Ms. Jantanee Kanto (DWS, Thai), Ms. Pacharapan Kulpawaropas (FSS, Thai)	Dr. Ms. Naoko Shinkai (GSID), Dr. Ms. Nalitra Thaiprasert (FE)	Mr. Kei Fukunaga (GSID)

Note: GSHS is Graduate School of Medicine, School of Health Sciences, GSEHD is Graduate School of Education and Human Development, DWS is Department of Women's Studies, Faculty of Social Sciences, FE is Faculty of Economics, FSS is Faculty of Social Sciences, respectively.
Source: Created by the author

Economics, Chiang Mai University. All the advisers from both institutions assisted the research work of the participating students while in the research sites. Three graduate students from Chiang Mai University also joined the group fieldwork.

In the next section, the research outcomes from the fieldwork of the two groups are presented, followed by comments from the Thai advisers and participating Thai students, and the conclusion.

2. Research Outcomes of Group ASS on the Disparities Regarding Health Care and Education in Urban and Rural Areas in Chiang Mai, Thailand: A Comparison of a Hill Tribe Community and Urban Slums

Takuji Adachi, Department of Physical and Occupational Therapy, Graduate School of Medicine, Nagoya University

Waruni Jayaratne, Department of Education Management, Graduate School of Education and Human Development, Nagoya University

2.1. Introduction

In this research note, we would like to describe the methods and findings of our study and discuss the disparities among communities based on the findings.

2.1.2. Research Questions

Are there any disparities between urban and rural communities in Thailand, and if so, what kind of disparities are there?

2.1.3. Research Objectives

Our research was aimed at 1) investigating the social structure of health care and the priorities in relation to access to health care, and 2) investigating the differences of human and physical resources for education between urban and rural communities.

2.2. Methodology

We used three methods from Participatory Learning and Action to analyze people and communities as follows: institutional diagram, pairwise ranking, and semi-structured interviews. Professors and student assistants of Chiang Mai University administered and facilitated data collection by translation.

2.3. Expected Outcomes

2.3.1. Health Care

We expected that the ratio of those with access to health volunteers would be higher in urban than rural areas, and utilization of private health facilities is better in urban than rural communities. Additionally, we expected that poor households in both urban and rural areas prefer traditional practices to formal healthcare facilities. Furthermore, we expected that choices related health care depended on income.

2.3.2. Education

High proportion of children who were not enrolled in primary education and a high dropout rate were expected due to poor living conditions. Moreover, high level of gender disparity is expected in enrolment rates, dropout rates, and enrollment in secondary education. Apart from that, both urban as well as rural poor have challenges in accessing formal education. Further, a lack of physical and human resources, limited welfare provisions, no incentives to pursue primary and secondary education, no usage of new technology in education were expected.
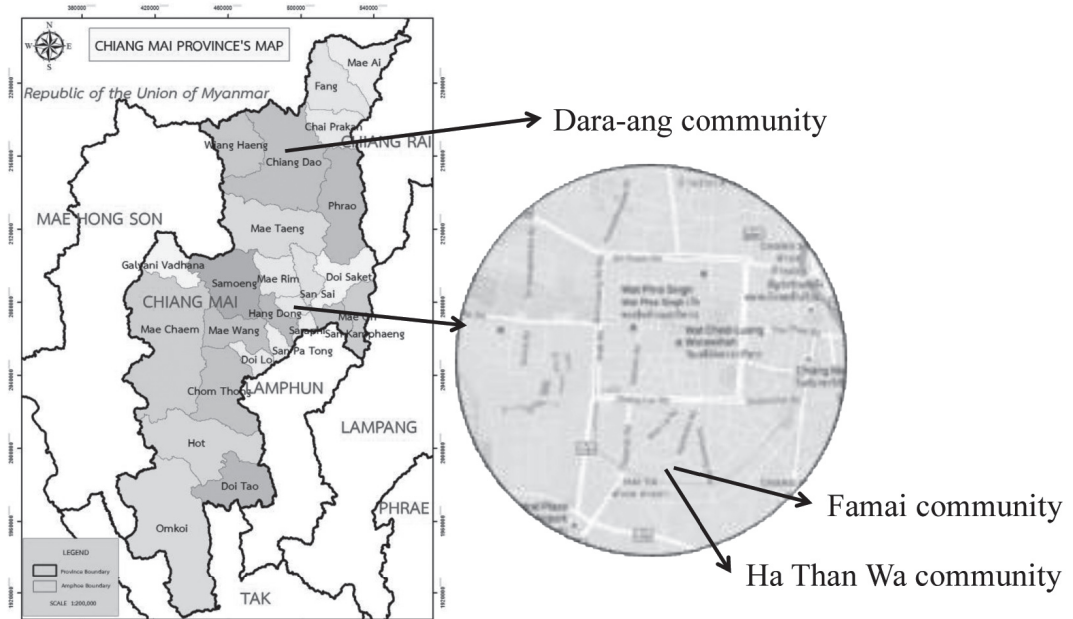
2.4. Findings

2.4.1. Health Care

2.4.1.1. Results of the Institutional Diagram

Figure 2.2 to Figure 2.4 of Group ASS in the Appendices shows the social components with regard to health care in each community. A large circle signifies the community and small circles in the big circle mean the components existing in the community. Squares outside of the large circle are components existing outside of the community.
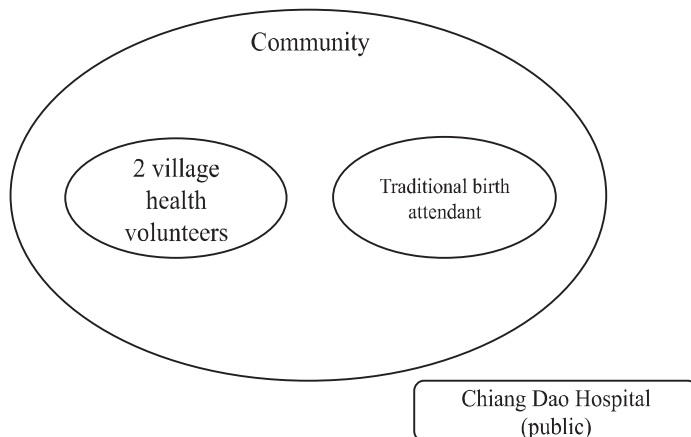
There are no doctors, nurses or midwives in Dara-ang community (Figure 2.1). Instead, the community has only two health volunteers and traditional birth attendants. The nearest public hospital is far from the community and they can only call an ambulance via one female leader. The community does not receive any financial and medical support for health care from outside institutions (Figure

Figure 2.1 Map Showing Study Sites
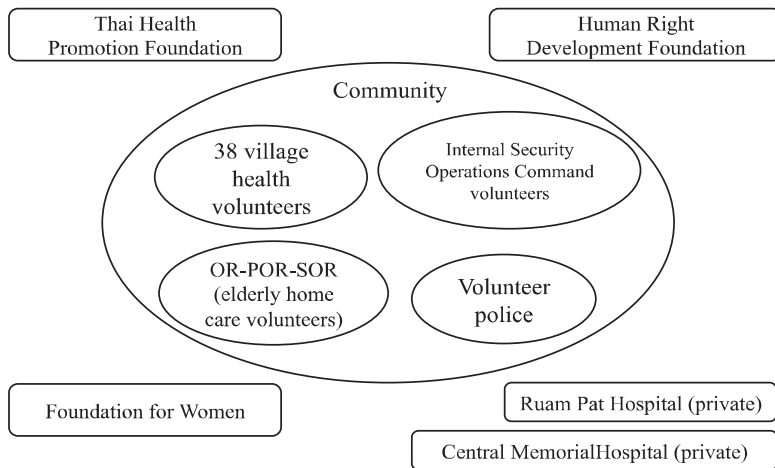

Source: Chiang Mai Privincial Government
(http://www.chiangmai.go.th/english/index.php/welcome/information)
Google Map

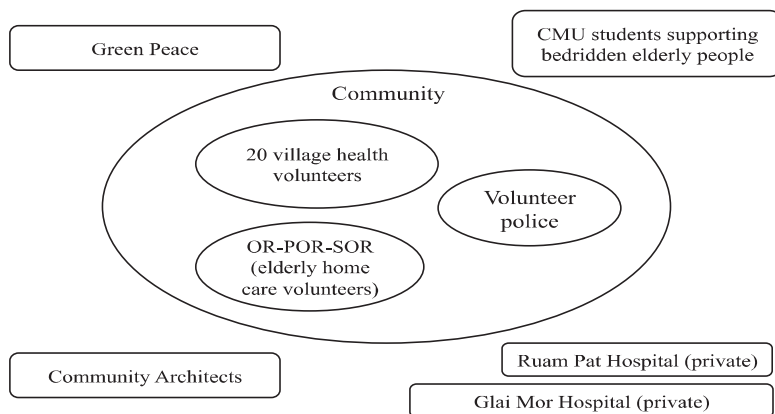**Figure 2.2 Institutional Diagram (Dara-ang Community)**

Source: Interview with people in the community

Figure 2.3 Institutional Diagram (Famai Community)

Source: Interview with health care volunteers in Famai community

Figure 2.4 Institutional Diagram (Ha Than Wa Community)

Source: Interview with a female leader in Ha Than Wa community

2.2). On the other hand, Famai community and Ha Than Wa community (Figure 2.1) have more health care volunteers and elderly home care volunteers (OR-POR-SOR) (Figure 2.3 and 2.4). Also, each community can access hospitals easily because it takes only about 15 minutes on foot.

2.4.1.2. Results of Pairwise Ranking

Figure 2.5 of Group ASS in the Appendices shows an example of the result of Pairwise ranking, which was used to evaluate priority of health care facilities in local people. The priority was determined according to the number of the times an answer was considered a dominant choice (the numbers are shown at the bottom of the Figure 2.5). According to the result of Pairwise ranking, we summarized the priority in Table 2.1 to Table 2.3. Fever is a common disease in Dara-ang community among children and working-age residents (Table 2.1 and 2.2) and joint pain is also common among

Figure 2.5 Example of the Result of Pairwise Ranking

Children in Ha Than Wa community
Common disease: Obesity

	Public hospital	Private hospital	Traditional medicine	Family	Friends	Self medication	No medication
Public hospital		private	public	public	public	public	public
Private hospital			private	private	private	private	private
Traditional medicine				family	traditional	traditional	traditional
Family					family	family	family
Friends						-	friends
Self medication							-
None							
Selected number	5	6	3	4	1	-	0

Note: This figure shows the results for priority for health care to address obesity in children.
The result shows that the top priority is accessing a private hospital.
Self medication is not considered because children do not decide by themselves.

Table 2.1 The Results of Pairwise Ranking for the Priority to Access Health Care: Children

A. Dara-ang community
Common disease: Fever

1	Family
2	Friends
2	Traditional medicine
4	No medication
5	Public hospital
6	Private hospital

B. Famai community
Common disease: Cold

1	Public hospital
2	Private hospital
3	Family
4	Traditional medicine
5	Friends
6	No medication

C. Ha Than Wa community
Common disease: Obesity

1	Private hospital
2	Public hospital
3	Family
4	Traditional medicine
5	Friends
6	No medication

Note: "Self-medication" was not considered because children do not decide by themselves.
In, Dara-ang community, priority of "Friends" and "Traditional medicine" are same.
Source: Created by the authors

working-age individuals. Usually, they depend on family members or sometimes use traditional medicine such as herbs. Only when they have severe illnesses do they visit hospital because of the distance to Chiang Dao Hospital and financial issues. On the other hand, people in the two urban slums generally visit hospitals when they have lifestyle-related diseases, which are common diseases in the urban areas, because they have access to Thailand's universal health-care coverage system and can visit the hospital where they register. However, regarding alcoholism among the working-age residents in Ha Than Wa community, patients rarely visit doctors and also never depend on family or neighbors (Table 2.2).

Table 2.2 The Results of Pairwise Ranking for the Priority to Access Health Care: Working Age

A. Dara-ang community
1. Fever

1	Self medication
2	Family
3	Friends
3	Traditional medicine
5	No medication
6	Public hospital
7	Private hospital

C. Ha Than Wa community
1. Diabetes

1	Traditional medicine
2	Private hospital
3	Public hospital
4	Family
5	Friends
6	Self medication
7	No medication

2. Joint pain

1	Family
2	Public hospital
3	Traditional medicine
4	Self medication
5	Friends
6	Private hospital
7	No medication

2. Alcoholism

1	No medication
2	Self medication
3	Traditional medicine
4	Private hospita
5	Public hospital
6	Family
7	Friends

Note: In Famai community, the most common illnesses are lifestyle-related diseases.
 People visit the hospital where they are registered and do not choose other options.
 In Dara-ang community, priority of "Friends" and "Traditional medicine" were same.
Source: Created by the authors

Table 2.3 The Results of Pairwise Ranking for the Priority to Access Health Care: Elderly People

B. Famai community
Common disease: Hypertension

1	Public hospital
2	Private hospital

C. Ha Than Wa community
Common disease: Hypertension

1	Private hospital
2	Public hospital
3	Traditional medicine
4	Family
5	Friends
6	Self medication
7	No medication

Note: In Dara-ang community, we did not obtain a result for elderly people.
 People in Famai community visit the hospital where they are registered
 and do not choose other options.
Source: Created by the authors

2.4.2. Education

Primary school is located about two kilometers from the Dara-ang community. Famai community had six elementary schools, four secondary schools, four colleges, and many private schools and Ha Than Wa community members named only two public schools. The fact that Famai and Ha Than Wa communities live close to each other but did not mention the same number of schools located near the community needs to be noted and explained. All children of primary schooling age are enrolled in all three communities. However, Dara-ang and Ha Than Wa communities did not mention about enrolling students in private schools, but the Famai community members explained the trend to choose private schools but no shortcomings in human and physical resources in public schools were mentioned. Dara-ang, Famai and Ha Than Wa communities agreed that all the required human and physical resources are being provided for primary education. All three communities insisted that they ensure that all their children attend primary schools and no complaints were to be heard related to dropouts. However, High dropout rates (95%) were noticed during the shift from primary (6th grade) to secondary education (7th grade) in Dara-ang community. Ha Than Wa community too had high dropout rates among the secondary school-age children. However, Famai community showed a higher level of secondary school enrolment. Some of the children have received Bachelor's degrees and some have completed the Master's level. A few of them have chosen education abroad. It was revealed that Dara-ang community school is funded by the government, nongovernmental organizations, the temple and tourists. Government's involvement in non-formal educational programs could not be seen in any of the three communities but nongovernmental organizations seem to contribute actively in non-formal educational programs. In addition, Famai community members seem to contribute to the community educational programs in a more systematic manner.

Education was not a priority for Dara-ang community members who had many other issues to attend to. Famai community members were interested in secondary and higher education, which illustrates the stability of income of Famai and their quest for better education. Ha Than Wa community members did not mention the possibility of sending their children to private schools. They were satisfied with the public education facilities and did not seem to have any particular disappointment related to education. This situation may reveal two key findings: first is that the government has been successful in providing educational facilities, or the fact that the community members need to be happy with the provided facilities as their financial instability prohibits them from having expectations of accessing private education. During the interviews it was revealed that sending the child to school is the only expectation of Ha Than Wa parents, who are daily wageworkers in city convenience stores, Airport Plaza (a shopping mall) and super markets.

2.5. Discussion

2.5.1. Differences between Expectations and Outcomes (Health Care)

Contrary to our expectation, most people in urban slums do not trust traditional medicine. Before visiting, we had imagined that people in urban slums tend to use traditional medicine just as in rural areas because of financial issues and poor access to health facilities. However, most people visit hospitals because the hospitals are very close to the community and they have access to Thailand's universal health-care coverage, and only some people trust traditional treatments like spiritual treatment. The presence of this insurance seems to strongly affect people's behavior regarding health because medicine for people living in low-income areas is guaranteed although available medical treatments are sometimes limited.

It seemed that common health issues are different even between the two urban communities, especially with regard to drug and alcohol use. However, we interviewed only two better-off sections of the Famai community, implying our results were biased to portray Famai community as having fewer problems.

2.5.2. Differences between Expectations and Outcomes (Education)

As long as the primary education was concerned, the public schools did not have the issue of scarcity in human and physical resources despite of the location. Further, the government has taken measures to provide the facility of sharing new knowledge throughout the country through media and technical devices. Moreover very low rate of dropouts to be noticed during the primary education cycle. However, shocking dropout rates were to be noticed in secondary education cycle, which needs a strong interference from the part of the government as well as from respective households.

Quality of life is a key factor that determines the quality educational outputs. Therefore as expected, observations showed that the dearth of basic human needs as clean water, food, shelter, security and social acceptability have resulted in low quality of life as well as low quality in education.

2.5.3. Study Limitations

First, a lack of socio-political knowledge about each community caused limitations in posing and framing questions for each method, which resulted in insufficient accumulation of data to answer the research question. Further, due to the structural differences of the communities, it was difficult to make a comparison between the communities. Inability to understand the Thai language caused some confusion in the process of the survey although the translations on the spot were very valuable in framing questions for the semi-structured interviews. Finally, time was also a barrier in the data collection. We interviewed only a part of the people or groups in the communities because of the time limitations. It may affect the validity of the research findings. In addition, lack of time for observation and informal conversations might have made it difficult to get to the reality behind the issues.

3. Research Outcome by Group SP on Women's Social Participation and Quality of Life in Selected Communities in Chiang Mai, Thailand

Asuka Kenmochi, Doctoral Student, GSHS, Nagoya University

Derrace Garfield McCallum, Doctoral Student, GSID, Nagoya University

3.1. Background

This study was conducted over a ten-day period in August 2016. It involved collaboration with the Chiang Mai University to conduct fieldwork in the city of Chiang Mai in the northern part of Thailand. We conducted interviews with community members in both rural and urban communities as well as with female entrepreneurs and their staff. In this section, we provide information about the communities where the study was conducted as well as a brief explanation of the Sufficiency Economy concept. The research sites are shown in Figure 3.1.

3.2. Research Questions

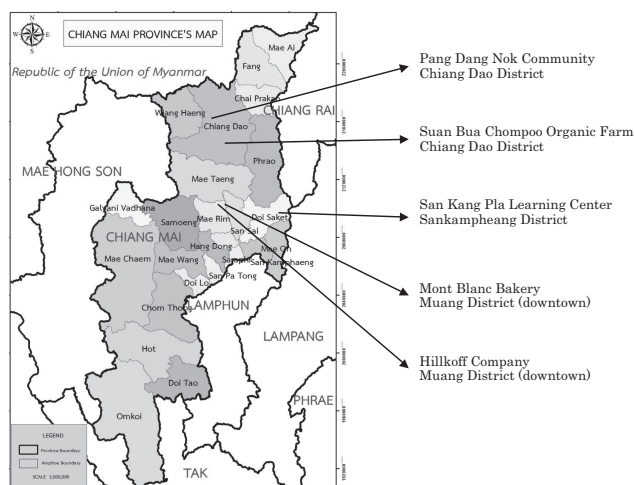The following questions were investigated:

(1) Women as community leaders.

- ➢ To what extent are women involved in community leadership?
- ➢ How do community members feel about female leadership?

(2) Women as entrepreneurs.

- ➢ What level of socioeconomic wellbeing is experienced by businesswomen and their employees?

Figure 3.1 Map Showing Research Sites

Source: Chiang Mai Privincial Government.
Retrieved from: http://www.chiangmai.go.th/english/index.php/welcome/information

(3) Women as links between their local communities and the external community.

➢ Are community women involved in NGOs or other groups/institutions?

➢ What roles do women play in their affiliated groups?

(4) Women's quality of life

➢ What are the personal priorities of community members?

➢ How do community members perceive their personal wellbeing?

3.3. Methodology

In this study, a mixture of quantitative and qualitative methods was used. The methods were largely based on the concept of Participatory Learning and Action (PLA), wherein community members were actively involved in the process of data collection. Institutional Diagrams and Venn Diagrams were used to analyze the institutions which exist in the communities and the relationships among them. Semi-structured interviews were also used in this research.

To measure the quality of life of local women, the US English version of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) was used. This questionnaire was developed by the WHOQOL Group in collaboration with fifteen international field centers to develop a quality of life assessment that would be applicable cross-culturally. For this study, the WHOQOL-

Table 3.1

| Activities | Activity number | | | | | | | | Score | Rank |
	1	2	3	4	5	6	7	8		
1 Prepare/participate in community special event (ex. festival)		2	1	4	1	6	1	1	4	4
2 Talk with community members in formal/informal gathering			2	4	2	6	2	2	5	3
3 Contribute to group/community as a member				4	5	6	7	3	1	7
4 Do housekeeping					4	6	4	4	6	2
5 Spend time/money for children's education						6	7	5	2	6
6 Earn money by working for living							6	6	7	1
7 Spend time with family								7	3	5
8 Spend time for yourself (ex. hobby)									0	8

Note: All the figures and tables hereafter in this section are created by the authors.

Table 3.2

Place	Position/role	Age
Sufficiency economy learning center in San Kangpla Village	①One group leader of the learning center	43
	②Learning center owner's wife, member of livelihood group	63
	③Small private company owner's wife	36
Dara-ang community	④Community leader	37
Organic farm in Chiang Dao	⑤Owner	44
	⑥Employee (farmer)	62
	⑦Employee (farmer)	42

BREF, a brief version of the original questionnaire, was used. This instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. This questionnaire was administered to participants one by one with translation by Chiang Mai University students and professors. Each person's score was calculated on a 0–100 scale according to the scoring instructions.

To identify local people's priority in daily life activities, pair-wise ranking was used. Pair-wise ranking is often used in PLA. First, the list of ordinary daily activities was identified. Then, each activity was compared in turn with each of the other activities. Table 3.1 in the Appendices shows one participant's result. At the end, the activity number appearing most was identified as the most important activity. Pair-wise ranking was done for seven women (Table 3.2 in the Appendices shows the details of each participant) who were legally married or who were living as a married couple. In addition, these women had children. This was also administered to participants individually with translation by Chiang Mai University students and professors.

3.4. Findings and Analysis

First we present the findings of the institutional analysis of two of the communities visited, after which findings about women's social participation and quality of life are presented and analyzed. Diagrams and tables are also used for illustrative purposes.

3.4.1. Community Institutions and Relationships

Appendices Figure 3.2, 3.3, 3.4, 3.5 of Group SP

3.4.2. Women's Social Participation

In this study, women's social participation was examined from three perspectives: women as community leaders, women as entrepreneurs, and women as links between their communities and the external environment. In all the communities we visited we found that women are actively involved in leadership and the management of community affairs. In addition to involvement in women's groups, women are leading livelihood programmes and One Tambon One Project (OTOP) activities. In the

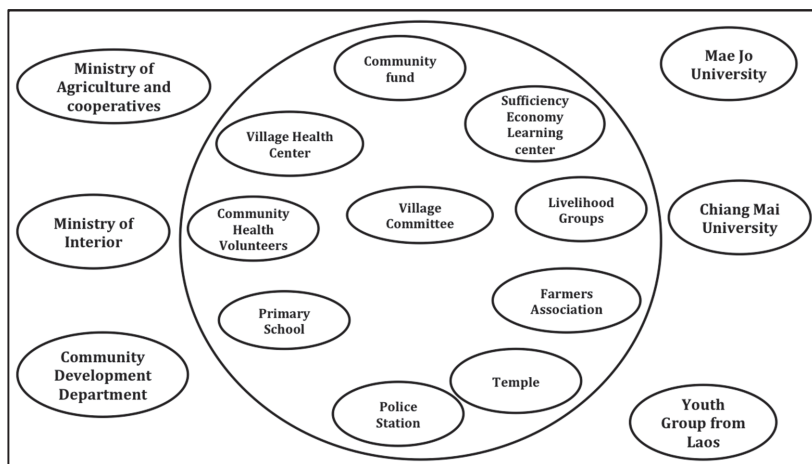**Figure 3.2 Institutional Diagram (Sankampheng District, Muang Keaw Village)**

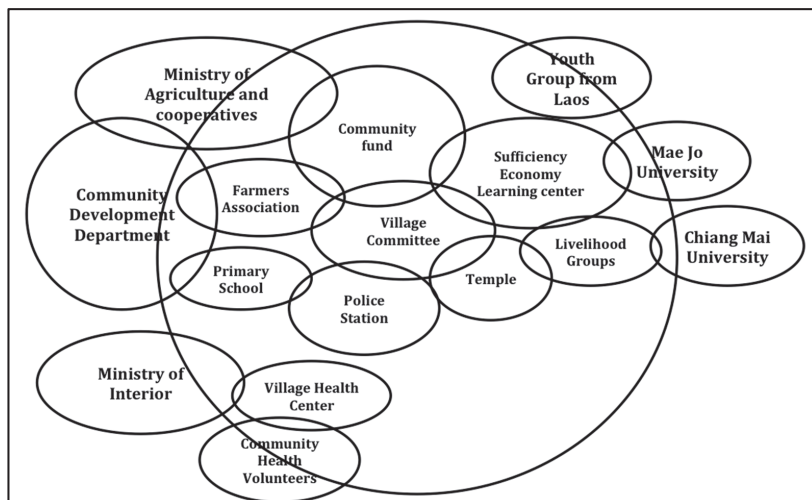**Figure 3.3 Venn Diagram (Sankampheng District, Muang Keaw Village)**

Figure 3.4 Institutional Diagram (Dara-ang Community - Pang Daeng Nok Village)
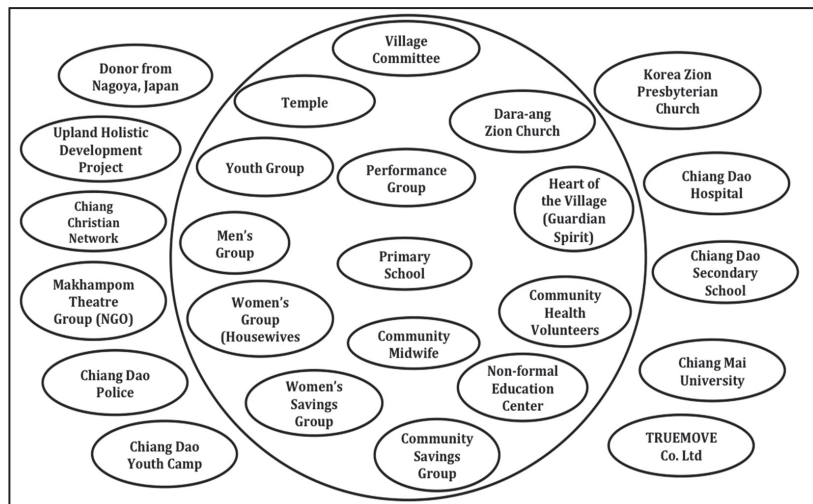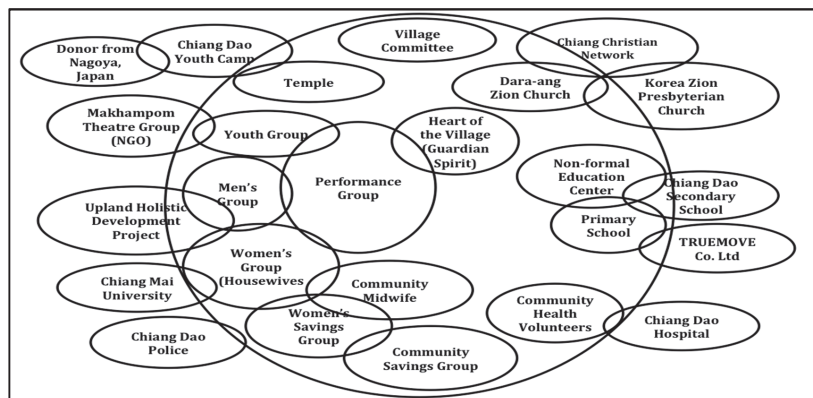

Figure 3.5 Venn Diagram (Dara-ang Community - Pang Daeng Nok Village)

Muang Keaw village, we found that although the property on which the livelihood learning center is located is owned by a man who donated his land for this project, a woman is the main person in charge of the operations of the center and she is instrumental in getting ordinary community members to join and participate in the livelihood activities. Under her management, the community livelihood programme has been awarded a three-star ranking from the government. We found that other women in the community are also leaders. For instance, the wife of the village chief manages the community fund provided by the government. For this, she has received an outstanding award from the government and also offers training to community fund managers in other communities. In the hill tribe community (Dara-ang community), we found that the management committee is gender equal (four men and three women). Even though the village head is a man, the female community leader has most of the responsibilities and is more influential. When asked, she informed us that she is not

interested in becoming the village chief, although she pointed out that she possesses the necessary skills and influence to do the job. She prefers to focus on issues such as women's rights, land rights, and citizenship for her community members. She reported that she has not experienced gender discrimination in her community. Regardless of her gender, community members respect her and seek advice and assistance from her. Generally, the community members support her leadership.

We found that women are also quite successful in business, and in some cases were business leaders in their communities. At the Hillkoff Co. Ltd, we found that the owner is a powerful business leader in her community. For instance, she makes donations to local schools and universities and offers scholarships to conduct research at local universities. Additionally, she gives training on how to make coffee in the local community and donates coffee makers. As a result, she is well respected in the community. She also serves as the president of the alumni association of the local Catholic school, which gives her the opportunity to network with many other influential entrepreneurs. We also found that she is well respected in her family. She is the eldest child of the family and was responsible for turning around the family business after it almost went bankrupted. She enjoys a good socioeconomic status and is satisfied with her business and personal success. She tries to empower her staff by giving them training and opportunities for further study. She also allows them to make practical decisions about the business. Her staff members are happy to work for her. It seems that her female staff prefer working for a female manager because they think that female managers focus on details and are more caring towards staff. According to them, male managers do not focus on specific details. Her male staff member was happier with the kind of approach typical of male managers, although he has never had a male manager in his working experience.

When we visited the Suan Bua Chompoo Organic Farm in Jomkiree village, we found that even though the female owner is not actively involved in the political leadership of her community, she is leading the adoption and practice of organic farming in the community. She also donates organic rice and money for the development of her community. She told us that even though she is required to erect a fence around her property in order to get the organic certification, she refuses to do so because she does not want to isolate herself from the other community members and farmers who have not yet fully converted to organic farming. Her farming activities are heavily based on Buddhist religious principles and the concept of Sufficiency Economy promoted by the King of Thailand. Additionally, she studied organic farming in Japan and has participated in training sessions in the Khao Kwan foundation located in the central part of Thailand. This organization is famous for the promotion of organic farming in Thailand. Interestingly, she thinks that her management style and thought-process is masculine. She also believes that she is less emotional compared to other women.

The female owner of the Mont Blanc Garden Kitchen was also quite involved in her community. She participates in the local Chamber of Commerce and offers free lessons to young people who want to learn about operating a pastry and restaurant business. The staff members who were interviewed

(both male and female) all agreed that they preferred a female manager because female managers usually pay more attention to details.

In terms of linking their communities with the outside environment, women were not just social advocates and activists. They were also establishing national and international business linkages for their communities. Additionally, they were involved in partnerships with universities and research institutes to advance research in particular fields. For instance, the owner of Hillkoff Co. Ltd has partnered with the Chiang Mai University and other research institutes to develop new varieties of coffee and new technologies to better process coffee. She also formed partnerships with the hill tribes to plant coffee. In this way, she links these usually excluded people to the mainstream Thai society. The female leader of the Dara-ang community also actively advocates for land rights and citizenship for her people. Because of her advocacy, her community members are now able to lease land on which they farm.

3.4.3. Women's Quality of Life

To assess the women's quality of life, the WHOQOL questionnaire was used along with pair-wise ranking which revealed the women's personal perception of wellbeing and their daily priorities.

Table 3.3 in the Appendices shows the details of questions and domains, and the raw score of each participant. The average score and transformed 0–100 scale shown in Table 3.4 in the Appendices were derived from this raw score. The Dara-ang community leader's score was the lowest among all participants. In particular, the "Environment" domain score was lower than other domains.

Table 3.5 in the Appendices shows the raw data of each participant's pair-wise ranking while Table 3.6 in the Appendices shows the priority of daily life activities of each person. No pair-wise ranking was done for Participant ⑤ because she had no children and did not live with her husband. The data shows that participants who played a role as leaders (Participant ① and ④) prioritized their contribution to the group/community. They also prioritized talking with community members in formal/informal gatherings. Compared to the leaders, ordinary people were more family-oriented. They prioritized spending time on/money for their children's education, spending time with family, and earning money by working for a living. Less prioritized were activities such as contributing to group/ community as a member and talking with community members in formal/informal gatherings.

3.5. Conclusion

As expected, women play an active role as community leaders although the highest leadership position in the village (village chief) is always held by men except in one community. Generally, community members are very supportive of female community leaders and show great respect. Women are also very active in NGOs and other community groups. In all the communities, women play an active role in bridging gaps between their local communities and the external communities.

Participant

Questions	Domain	①	②	③	④	⑤	⑥	⑦
Q1 How would you rate your quality of life?	Overall QOL and general health	5	5	3	3	5	2	4
Q2 How satisfied are you with your health?	Overall QOL and general health	5	4	4	3	5	4	3
Q3 To what extent do you feel that physical pain prevents you from doing what you need to do?	Physical health	4	4	5	5	5	4	4
Q4 How much do you need any medical treatment to function in your daily life?	Physical health	5	5	5	5	4	5	4
Q5 How much do you enjoy life?	Psychological health	4	5	4	3	5	3	4
Q6 To what extent do you feel your life to be meaningful?	Psychological health	5	5	5	5	5	5	3
Q7 How well are you able to concentrate?	Psychological health	5	5	5	5	4	5	5
Q8 How safe do you feel in your daily life?	Environment	5	5	4	3	5	4	5
Q9 How healthy is your physical environment?	Environment	5	5	4	3	5	5	5
Q10 Do you have enough energy for everyday life?	Physical health	4	4	4	5	4	4	5
Q11 Are you able to accept your bodily appearance?	Psychological health	5	4	3	5	5	4	5
Q12 Have you enough money to meet your needs?	Environment	5	4	3	1	5	5	4
Q13 How available to you is the information that you need in your day-to-day life?	Environment	5	5	5	3	4	3	2
Q14 To what extent do you have the opportunity for leisure activities?	Environment	4	5	4	2	3	2	3
Q15 How well are you able to get around?	Physical health	5	5	4	5	5	5	5
Q16 How satisfied are you with your sleep?	Physical health	3	5	4	5	4	5	5
Q17 How satisfied are you with your ability to perform your daily living activities?	Physical health	5	5	3	5	2	5	5
Q18 How satisfied are you with your capacity for work?	Physical health	5	5	4	4	5	4	4
Q19 How satisfied are you with yourself?	Psychological health	5	4	4	5	4	3	4
Q20 How satisfied are you with your personal relationships?	Social relationships	4	5	5	5	4	3	3
Q21 How satisfied are you with your sex life?	Social relationships	4	5	5	5	4	5	3
Q22 How satisfied are you with the support you get from your friends?	Social relationships	5	5	5	3	4	4	5
Q23 How satisfied are you with the conditions of your living place?	Environment	5	5	4	4	5	5	5
Q24 How satisfied are you with your access to health services?	Environment	3	5	4	3	5	5	5
Q25 How satisfied are you with your transport?	Environment	5	5	4	3	5	5	5
Q26 How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Psychological health	4	4	3	3	4	4	4

Table 3.4 Averages and Transformed Scale of WHOQOL-BREF for Each Participant

	Score	①	②	③	④	⑤	⑥	⑦
	Total	4.73	4.58	4.12	3.88	4.42	4.15	4.19
Average	Domain1: Physical health	4.71	4.43	4.14	4.86	4.14	4.57	4.57
	Domain2: Psychological	4.50	4.67	4.00	4.33	4.50	4.00	4.17
	Domain3:Social relationships	5.00	4.33	5.00	4.33	4.00	4.00	3.67
	Domain4: Environment	4.88	4.63	4.00	2.75	4.63	4.25	4.25
	Overall QOL	4.50	5.00	3.50	3.00	5.00	3.00	3.50
Transformed scale (0-100 scale)	Domain1: Physical health	92.86	85.71	78.57	96.43	78.57	89.29	89.29
	Domain2: Psychological	87.50	91.67	75.00	83.33	87.50	75.00	79.17
	Domain3:Social relationships	100.00	83.33	100.00	83.33	75.00	75.00	66.67
	Domain4: Environment	96.88	90.63	75.00	43.75	90.63	81.25	81.25

Table 3.5 Result of Pair-wise Ranking (Number of Times Preferred)

No. of times preferred	①	②	③	④	⑥	⑦
Prepare/participate in community special event (ex. festival)	4	3	3	3	1	2
Talk with community members in formal/informal gathering	5	4	2	6	4	2
Contribute to group/community as a member	1	2	0	1	2	4
Do housekeeping	6	6	8	5	8	6
Spend time/money for children's education	2	1	6	3	3	6
Earn money by working for living	7	5	4	7	5	1
Spend time with family	3	7	4	3	6	6
Spend time for yourself (ex. hobby)	0	0	1	0	1	1
Others (if any)					6*	

*: Go to temple for praying and donating to monks

Table 3.6 Result of Pair-wise Ranking (Top Three Activities Preferred)

Priority	①	②	③	④	⑥	⑦
1st	Group contribution	Family	Education	Group contribution	Education	Education, Money, Family
2nd	Education	Education	Money	Gathering	Family, Religious activity	
3rd	Gathering	Group contribution	Group contribution, Family	Education		

Group contri: Contribute to group/community as a member
Education: Spend time/money for children's education
Gathering: Talk with community members in formal/informal gathering
Family: Spend time with family
Money: Earn money by working for living
Religious acti: Go to temple for praying and donating to monks

Contrary to our expectations, women's leadership is not necessarily based on education and formal training but more on personality and personal motivation. Women are also not interested in greater community leadership (village chief), preferring to focus on other areas of community service and leadership. Finally, women are not just linking their local communities with the immediate external community. They were creating linkages at the national and international levels in both business and social affairs.

Consistent with our expectations, except for the woman leader in the Dara-ang community, women leaders' QOL tended to be higher compared to ordinary community members. They also gave more priority to contributing to the community or their job, as opposed to household-oriented activities and satisfaction with being a leader. It also seemed that their self-esteem was very high. The differences between the leader of the Dara-ang community and the two other women community leaders were economic status and living environment. Compared to the others, she was poorer because she does not earn a salary as a community leader. In addition, her village is located in the remote highlands, which means that she does not have easy access to a hospital, leisure facilities outside the village, or comfortable transportation. Her community was also suffering from air pollution. This study revealed that financial resources and living environment were key factors that determined the QOL of women.

4. Comments from Thai Advisers and Thai Graduate Students

4.1. Comments on Group ASS's Research

Nalitra Thaiprasert, Assistant Professor, Faculty of Economics, Chiang Mai University

With time constraints and limited information, the analysis by the ASS group is still valuable for students and readers to understand the situation of the marginalized groups in Chiang Mai. Despite the fact that many aspects and disparities between the rural and urban poor from the study cannot be compared directly due to the fundamental difference in their citizenship, many important lessons can still be learned from the interviews and community observations. For instance, the issue of lacking Thai citizenship itself leads to countless negative consequences for the rural, non-Thai, Dara-ang hill tribe people, which is a very important issue to understand in its own right. Thus, students' perspectives in finding answers for the set objectives should have broadened in light of the unanticipated settings.

The analysis could certainly have been improved with more constructive planning and deeper understanding of the structure of Thailand's health and educational systems prior to the fieldwork. However, the crucial lesson from this fieldwork for the students and professors alike might come from the unexpected results from the fieldwork itself.

4.2. Observations of a Thai Student who Participated in Activities of Group ASS

Benjalux Sucharitakul, Master's student, Faculty of Economics, Chiang Mai University

Thailand has already become an upper-middle income economy with some level of economic growth; however, poverty and inequality issues continue to challenge the country. Chiang Mai as the second largest city in Thailand also faces these problems. Many of the poor in Chiang Mai live in urban slums and mountainous areas. We visited these underprivileged people in Pang Dang Nork village, who are mostly members of the Dara-ang hill tribe without Thai citizenship. We also realized from our visit to the Ha-Than-Wa urban slum that there are many immigrants from Myanmar living in the community while working as day laborers in Chiang Mai. Being underprivileged, it is difficult in Thailand to access proper health care services, even though Thailand provides universal health coverage to its citizens. From my observation, the barriers to health care access for the Dara-ang people were due to the remoteness of the village and the registration issue (the free health care services are provided only for local residents who have legal house registration in the area). This led me to realize that having Thai citizenship is very crucial to solving many problems for the Dara-ang people in Pang Dang Nork, as they lack the very basic right to own land and, in many cases, equitable access to justice and legal needs.

From these reasons, Dara-ang people in Pang Dang Nork choose to manage their health and illness on their own. When they have health problems, they rely on the traditional way to take care of themselves, such as by using traditional medicines and herbs to cure a fever. They rarely seek help from modern medicine and health care services unless the illness is severe. Their traditional belief is very strong and passed down from generation to generation. It is difficult to conclude from my short visit whether this self-medication is effective or not, but I was more concerned about them getting the right diagnosis about their diseases. It left me with the impression that something we take for granted like the easy access to health care services could become a daunting obstacles for so many people who are underprivileged.

Traveling back to the heart of the city of Chiang Mai, I wondered about the Myanmar immigrants who make Ha-Than-Wa community their home. We did not have chance to interview these people directly, but I doubt their circumstances are the same as Dara-ang people in Pang Dang Nork. I heard that the Thai health care system is extended to legal immigrants, but what if these people are not here legally? Would they turn to their traditional way to heal themselves even though they live less than a few kilometers from many hospitals in the city?

These health care issues that I faced during my field work have the word discrimination echoing in the background. I wonder how hard it would be for my country to provide equal access to health care just as many other developed countries treat their immigrants and guest workers. I wonder which should come first, fiscal discipline and humanitarian assistance?

4.3. Comments on Group SP's Research

Ariya Svetamra, Department of Women's Studies, Faculty of Social Sciences, Chiang Mai University

Despite the exclusion of women from public roles which are connected with the social division of roles based on gender, this study shows the high leadership and active role of women in social participation within communities and with external communities. It breaks down the gendered division between the private sphere attributed to women and the public sphere of men. Though women as community leaders and women as entrepreneurs have different socio-economic backgrounds, what they have in common is a strong personality and personal motivation. Some key elements for their success are to build multiple support networks to find their way out of the difficulties and essential support from their families. It is important for women to have the necessary social and family support to overcome the obstacles of women leaders.

4.4. Observations from a Thai Student who Participated in the Activities by Group SP

Pacharapan Kulpawaropas, Doctoral Student, Faculty of Social Sciences, Chiang Mai University

From what I experienced in the program, I found it interesting that there were differences between these women. Although we call them women community leaders, there were some things that we might consider more.

Speaking of the roles of women from the four sites examined, although all of them play important roles in their fields of work or their communities, the roles do not guarantee their social positions or quality of life.

The woman entrepreneur from site A (coffee business), after a long time and through many of her actions, stayed on in her high position as a company's CEO. Her actions resulted in her business getting larger and her becoming a wealthy and famous woman.

The owner of site C (agritourism organic farm) was also wealthy, with many tourists visiting her farm. She also was famous since many organizations invited her to be a guest speaker to explain about doing organic farming. Demonstrating the method also attracted government organizations to come and learn at her establishment. All of these facts are the result of her decision to do organic farming even though her neighbors did not agree at first.

A village committee member from site F (OTOP site) was chosen to be the head of the weaving group because she was adept at this kind of work. Her personality also was the reason why village members agreed on assigning her the head position. She worked a lot but did not own a business, thus she was not so wealthy or famous as a result of taking the position. After she retired from the position she remains a respected elder for other members.

A woman activist from site B (hill tribe community), even though she took many actions in the

name of and for her village, remained an ordinary village member without any special position. Members accepted her as a leader, but in the sense that she could help them when they were in need. In fact, she even had more burdens to live with as she did not have special income from taking this activist role. Her income was from the same source as other women in the community, which was selling hand-woven cloth as additional income in addition to agricultural production and wage labor. The activist, by herself, had to spend much time on the issue of her village, hence she did not have enough time to weave her commodities. Having less cloth to sell, she was poorer than other village members.

These differences are important in my opinion. Women apparently have the ability to become leaders, activists or entrepreneurs, but what makes them different is the intention of their actions. From the word intention I mean whether they want to act for themselves or for the community. This should be an important factor for sorting different groups of community leaders. I am not saying that taking action for the community is better than for one's self, but rather that they produce different results for the actor, and this difference might again result in different research analysis.

Thus, even though they all are leaders, they should not be analyzed with the same indicator. Simply being a leader does not mean the woman achieves her goals or has successes; on the contrary, being a leader might bring you fatigue. My suggestion is that researchers should consider classifying or dividing these groups of community leader when conducing research.

5. Conclusion

Naoko Shinkai, Associate Professor, GSID, Nagoya University

Both groups worked hard in the field despite some difficulties.

Group ASS's main findings consist of two parts, access to medical services and access to education. They mainly compared three communities, one rural and two urban slum communities. To investigate access to medical services, they applied two participatory methods, and for access to education semi-structured questionnaires were used. The findings are clear and did not seem to be notably different from what they expected before conducting the fieldwork. It is interesting that universality and applicability among communities are discussed in making a comparison of these communities. They encountered difficulties and complexity in comparing different communities. It is true that all the communities are different. However, whether to focus on differences or similarities is quite important in questing for solutions. For natural sciences, experiments to find out about universality and certain rules are possible, but in social sciences, experiments to find out about rules are difficult since societies usually have long histories. In some social sciences, the methods of natural sciences are adopted and applied to societies. However, for implementing such methods, experiments have to be conducted with

additional care, and the number of observations is usually quite large. To apply the fieldwork method to find out about universality itself would be challenging. Multidiciplinarity for this group appeared as investigation of different angles of the same research communities. Interdiciplinarity came through a mixture of methodology and subjects of different research fields, since the research methodology is based on social sciences and the research subjects are of natural science.

Group SP's findings about female leaders can be divided into three perspectives: women's roles and positions in societies and institutional relationships, the priorities of female leaders inside and out of their communities, and the quality of life of those female leaders. Through interviewing female leaders and by applying participatory approaches and other research tools, group members have achieved the integration of expertise in two fields, sociology and psychology, and deepened the analysis of female leaders. Interdiciplinarity for this group emerged as different approaches to the same research target, female leaders.

All in all, the fieldwork has provided additional inspiration to research through communication with and observation of people and communities in research sites. Research methodology is based on the social sciences but supplemented by and interpreted with their expertise in social and natural sciences in the group work. I believe that the multidisciplinary approaches and multinational teams stimulated each other and deepened the analyses by extensive interpretations of issues in developing regions, communities, and sometimes even by being perplexed.

Last but not least, I would like to express our sincere appreciation to Ms. Naruemon Taksa-Udom, the General Manager at HillKoff Company, the female project leaders, the owner and the owner's wife in the Baan Muang Kew Sufficiency Economy Learning Center in Muang Keaw Village, Sankampheng District, Ms. Yada Kriengkraiwutthikul, the female manager and officers at Makampom, a theater group NGO, Ms. Kam Nainuanthe, the female leader, and Ms. Darin Rodngen, the youth group leader, youth group performers, and community officials in the Dara-ang Hill tribe community, Ms. Saranya Kittikhunphaisan, the female leader at the Suan Bua Chompoo Organic Farm, Chiang Dao District, the female manager and employees at Mont Blanc Garden Restaurant, the female leader and community health volunteers in the Famai community, and Ms. Pran-ngam Somna, the female leaders in the Ha Than Wa Community and Ms. Janpen Takamnerdthe, the female leader of OTOP project site in Chiang Mai for accommodating our visits and interviews.

We would like to conclude by expressing our condolences on the passing of King Bhumibol and convey our deep sympathy to our friends.

Photos:

at Hillkoff Company

at a Sufficiency Economy Learning Center

at Women's Studies Center, Chiang Mai University

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