

# HEALTH LITERACY PROMOTION AND ITS INSTITUTIONAL ARRANGEMENTS: RETHINKING COLLABORATIVE HEALTH PROMOTION IN THAILAND

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## ABSTRACT

This research explores institutional arrangements that govern health literacy promotion policies in Thailand since 2014. This study sets the main questions as *what are the main institutional arrangements that governed health literacy promotion policies in Thailand since 2014 and can these arrangements be viewed as collaborative health governance?* This paper argues that the military coup in 2014 transformed institutional-governing arrangements on health system management and health promotion greatly as many legal-political institutions and various social-political agencies were involved and brought together to promote health and health literacy. A so-called principle of 'collaborative governance' has been employed and implemented to promote health in Thailand recently, however, this study argues that the institutional constraints under authoritarian regime offer a 'fictitious-collaborative health governance' instead. Furthermore, deliberative processes on health literacy promotion regulated by many legal - institutional constraints had characteristics of 'pseudo-deliberation'. This work is qualitative research, and it analyzes and explains research results by looking through theoretical concepts of institutionalism and collaborative governance. This study argues that to reach the goal of health literate community and society, Thai health agencies and authorities should re-approach health and health literacy promotion from the bottom-up perspective. Also, overcoming fictitious collaborative health promotion and pseudo-deliberation are necessary. To do that, we need a long-term project of building up a 'critical health regime' based on critical education and anti-authoritarianism as major principles.

## KEYWORDS

Health Literacy Promotion, Health Promotion, Institutional Arrangements, Collaborative Health Promotion, Thai Public Health

The paper was presented at The Hong Kong Polytechnic University's College of Professional and Continuing Education (CPCE) Conference "Post-pandemic health and long-term care: A new paradigm". September 2021

## INTRODUCTION

Health literacy is defined by WHO as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. [1] Health literacy promotion has been one of the crucial aspects of health promotion in every country. Based on information in the last decade from the Health Information System Office (HISO), Thailand increases in health expenditure were from 147,837 million Baht in 1995 to 248,079 in 2005. [2] Health expenditure costs over the last few years have increased at around 4 percent of GDP as in 2017 but a health literacy promotion policy through multi-operations and collaborative works with various social actors could significantly reduce government budget total. [3]

Although the studies on health and health literacy promotions have been fruitful in Thailand, recent studies mainly focus on either development of health literacy measurement tool kits, level of health literacy subjects or roles of any given agencies promoting health education. [4] Existing studies in this tradition explained health literacy while only under the controlled conditions/factors of study. The most crucial weakness of works in this group is the exclusion of significant 'institutional frameworks' such as legal, social, political, and economic structures that could shape behaviour of people or state actions on health literacy promotion in various ways. Lacking in the current knowledge base about health literacy promotion in Thailand is the missing understanding about *institutional arrangements* that govern health literacy promotion policies in Thailand. Understanding institutional factors is helpful as we could achieve a bigger picture of health literacy promotion in Thailand. Rather than focusing on the implementation of health literacy survey, this study argues that grasping what the institutional constraints in public policy are helps us understand roles and power relations among various actors in health literacy promotion policy subsystems.

This research explores crucial institutional frameworks that govern health literacy promotion policies in Thailand since 2014. Dealing with this issue, this research sets the *central questions as what are the main institutional arrangements that govern health literacy promotion policies in Thailand since 2014 and can they be viewed as a collaborative health governance?* This paper argues that the military

coup in 2014 greatly transformed institutional-governing arrangements about health system management and health promotion. Many legal-political institutions and various social-political agencies are involved and brought together to promote health. A so-called principle of 'collaborative governance' has been employed and implemented to promote health in Thailand recently but nevertheless, this study argues that the institutional constraints under authoritarian regime offer a 'fictitious-collaborative health governance' instead. Also, deliberative processes about health literacy promotion regulated by many legal-institutional constraints can be characterized as 'pseudo-deliberation'. This work analyzes and explains research results by examining them through the theoretical concepts of institutionalism and collaborative governance which we will describe these in the next section.

## METHODOLOGY

This study focuses on legal and political institutional frameworks that govern public policies which promote health literacy. Therefore, we employ a documentary research method to collect data utilizing primary and secondary sources. [5] Primary sources include the constitution of the kingdom of Thailand, national strategies, and official plans regarding health and health literacy promotions, national health development plan, reports from the Department of Health, Ministry of Public Health, and other related legal entities. In addition, secondary sources include research reports, articles, pamphlets, online articles, and other documents regarding health and health literacy promotions.

Regarding the approaches to analysis, this study uses a theoretically driven content analysis. [6] We will analyze the study results and explain the roles of institutional arrangements that govern health literacy promotion policies in Thailand in the Discussion section by examining them through the concepts of institutionalism and collaborative governance.

## INSTITUTIONALISM

An institutionalist approach offers important insights about factors that shape the behaviour of policy actors. [7] Institutionalism has been the dominant theoretical perspective in social and political sciences since the 1960s. However, for the areas of public health and health promotion, this institutional approach is relatively new.

Although the institutionalist tradition nowadays can be distinguished between new and old institutionalism, this study invites readers to reconsider the old institutionalism as a theoretical framework. [8] Traditional institutionalism can be described as a notion covering *the rules, procedures, and formal organisations of government* as factors governing people's political behaviour. [9] Social institutions like formal rules, laws, policies, and other formal organisations of government are institutional constraints that help governing policy subsystems. These institutions can be constraining, superimposing conditions of possibility for mobilization, access, and influence. They also limit some forms of action and facilitate others. [10] When considering the interconnection among subsystems of health literacy promotion, this institutionalist approach is helpful as it perceives regulations, rules, laws, and plans of the Thai state as institutional arrangements that direct and steer health literacy promotion. This approach illustrates formal relations of power among social-political actors in the health policy arena within the context of Thai authoritarian regime.

## COLLABORATIVE GOVERNANCE

The term 'governance' has been one of the frequently used vocabulary words in contemporary policy studies and it is defined in various senses. [11] The term is often used with a preceding word such as good governance, network governance, global governance, multi-level governance, etc. Governance is a broad term which, at the most general level, usually refers to theories and issues of social coordination and the nature of all patterns of rule. It was also described as a system of rules shaping and regulating the actions of social and political actors; political steering of social relations based on cooperation. In addition, governance also refers to practices of governing. [12] Within various fashions of governance, collaborative governance is gaining popularity as a superior method of policy studies. [13] Broadly collaborative governance could be considered as any method of collective decision-making where public agencies and non-state stakeholders engage each other in a consensus-oriented deliberative process. [14]

Ansell and Gash defined a succinct definition of collaborative governance as:

*A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets.* [15]

This definition involves six crucial characteristics including; 1) the forum which is initiated by public agencies or institutions, (2) participants in the forum include nonstate actors, (3) participants engage directly in decision making and are not merely "consulted" by public agencies, (4) the forum is formally organized and meets collectively, (5) the forum aims to make decisions by consensus, and (6) the focus of collaboration is on public policy or public management. [16] In addition, collaborative governance is grounded on the principles of trust building, having face-to-face dialogue, shared understanding in a policy community, and commitment to participate from social actors.

This work employs both an institutional approach and collaborative governance to help analyze institutional arrangements that regulate social relationships among policy actors in health literacy promotion.

## RESULTS: INSTITUTIONAL ARRANGEMENTS ON HEALTH LITERACY PROMOTION SINCE 2014 MILITARY COUP

This study sets a major question as *what are the main institutional arrangements that govern health literacy promotion policies in Thailand since 2014?* We found that after the coup health literacy promotion has been one of many important issues that Thai public health authorities aim to pursue and there are many governing institutions that regulate institutional arrangements on health literacy promotion. The results showed in the table below.

**TABLE 1: KEY INSTITUTIONAL ARRANGEMENTS AND GOVERNING INSTITUTIONS ON HEALTH LITERACY PROMOTIONS IN THAILAND SINCE 2014**

Governing Institutions	Institutional Arrangements on Health Literacy	Regulations/Strategies
National Reform Council/National Reform Steering Assembly	<p>Define health literacy as a national agenda</p> <p>Established a national committee on health literacy and health communication</p> <p>Aim to reach health literate organization and community</p> <p>Conducts health literacy surveys</p>	
Constitution of the Kingdom of Thailand, 2017	<p>Chapter V Duties of the State</p> <ul style="list-style-type: none"> <li>• Section 55</li> </ul> <p>Chapter VI Directive principles of state policies</p> <ul style="list-style-type: none"> <li>• Section 71</li> </ul> <p>Chapter XVI</p> <ul style="list-style-type: none"> <li>• Section 258</li> </ul>	<p><b>Section 55</b> The State shall ensure that the people receive efficient public health services universally, ensure that the public has the basic knowledge in relation to health promotion and disease prevention, and shall promote and support the advancement of wisdom on Thai traditional medicine to maximise its benefits.</p> <p><b>Section 71</b> The State should strengthen the family unit which is an important basic element of society, provide appropriate accommodation, promote and develop the enhancement of health in order to enable people to have good health and strong mind, as well as promote and develop excellence in sports and to maximise the benefit for the people.</p> <p><b>Section 258</b> National reform in various areas shall be carried out to at least achieve the following results:</p> <p>g. Other Areas:</p> <p>(4) adjusting the health security system in order that the people are granted comparable rights and benefits from the management thereof and from access to quality and convenient service.</p> <p>(5) establishing a primary health care system in which there are family physicians to care for the people in an appropriate proportion.</p>

<p>12<sup>th</sup> National Health Development Plan (2017 – 2021)</p>	<p>Strategy 1 Actively empowered human well-being for Thais</p> <ul style="list-style-type: none"> <li>• 4 Goals</li> <li>• 4 Measures</li> </ul>	<p><b>Goal 1</b> Thai people at all ages are healthy and strong</p> <p><b>Goal 2</b> Public policy engage with health promotion and reducing risks on health</p> <p><b>Goal 3</b> Public communication regarding on risks reducing for health behaviour changing</p> <p><b>Goal 4</b> Integration among institutions and health agencies for health promotion, disease prevention, and customer protection on health services</p> <p><b>Measure 1</b> Building networks and alliances between social groups, local authorities, NGOs, civil society organisations,</p> <p><b>Measure 2</b> Develop “Health in All Policy”</p> <p><b>Measure 3</b> Promote “Health Literacy”</p> <p><b>Measure 4</b> Improve systems that determinate health</p>
<p>National Strategy (2018 - 2037)</p>	<p>Aspects related to Public Health in Strategy 3 Development of Human Capital</p> <ul style="list-style-type: none"> <li>• Issue 4.5 Enhancing Well-Being among Thai people</li> </ul>	<p><b>Issue 4.5</b> Enhancing Well-Being among Thai people</p> <p><b>4.5.1</b> Promote Health Literacy by developing knowledge and health communication. Support all sectors to participate in health literacy promotion.</p>
<p>Office of Department of Health (DoH) 4.0 and Health Literacy, Ministry of Public Health</p>	<ul style="list-style-type: none"> <li>- Promotion and Prevention Excellence Strategic Plan</li> <li>- Health literate organization (Government, Civil Society, Private)</li> <li>- 66 Key Messages for HL</li> </ul>	<ol style="list-style-type: none"> <li>1. Survey national health literacy levels</li> <li>2. Develop required knowledge on health literacy</li> <li>3. Enhance human development</li> <li>4. Develop health communication system</li> <li>5. Support research and innovation</li> <li>6. Support and engage in development of health literate organization, school, and community</li> </ol>
<p>Health Education Division, Department of Health Service Support, Ministry of Public Health</p>	<ul style="list-style-type: none"> <li>- Health literacy evaluation program and survey</li> </ul>	

Thai Health Literacy Association (THLA)	- Cooperation with health agencies on health communication and key messages on health literacy  - Provide policy recommendations on health literacy to the public	
Regulations of the Office of the Prime Minister on District Health System	- Establishment of the District Health Board (DHB)	Duties and responsibilities of the DHB  1. Set goals for quality of lives improvement in a district  2. Integration among state agencies in a district  3. Support collaboration between all sectors  4. Provide recommendation and being a consultant on quality of lives improvement in a district  5. Evaluate all works regarding quality of lives in a district

Source: Developed by the authors

## DISCUSSION

This work set as a minor question for this study to examine if the institutional arrangements that govern health literacy policies in Thailand after the Coup of 2014 are true collaborative health governance. The authors argue that institutional arrangements that govern health literacy policies since 2014 are only collaborative governance in their appearance and actually are fictitious and deliberative processes written in various regulations which is pseudo-deliberation.

### 1. FICTITIOUS COLLABORATIVE GOVERNANCE

Thai state has been struggling in political crises in the last two decades. The country faced two military coups in 2006 and 2014. The coups brought several structural changes central to the two constitutions in 2007 and 2017. [17] Public health and health promotions since 2014 therefore had significant consequences. As the results of the study illustrated the Thai authorities attempt to bring collaboration and collaborative governance among government agencies and civil society actors. However, the authors argue that under such political and social regimes like in contemporary Thailand, the Thai authorities only offer a 'fictitious-collaborative health governance' because true collaborative governance is based on trust

building, face-to-face dialogue, shared understanding in a policy community, and commitment to participate from social actors.

What is interesting and should be discussed here is that basically the institutional constraints on health literacy promotion have been ordered in a top-down manner. Collaborative governance regarding health governance in Thailand was not driven by the creation of coordinating institutions like NGOs or other civil society institutions [18] Rather, collaborations in health literacy policies were established upon 'coercion' from various governmental, bureaucratic, and official boards set up since 2014 via many legal forms. Collaboration in this sense is, what we argued as fictitious. Indeed, it is a collaboration between several state actors under laws and orders rather than active participation from non-state actors like private and civil society social groups.

### 2. PSEUDO-DELIBERATION

Another important issue is about deliberation. Thai public health authorities have been regulated by various institutional arrangements that promote deliberative processes as guidelines for health literacy promotion. Deliberative policy formation and implementation require deliberative engagement among social actors at the

centre. [19] Deliberative decision-making is also a crucial aspect of deliberative public policy process. Nevertheless, we argue that in the case of Thailand, public policy processes are overwhelmed by the bureaucratic regime which basically is closely tied to the authoritarian regime. The coup in 2014 successfully regained resources and strengths for Thai bureaucratism. This bureaucratic-led regime offers, we argued, a pseudo-deliberative policy process. We contend that deliberative democracy and deliberative public policy could emerge within social conditions that underpin the practices of collaboration. [20] Nonetheless, the Thai state in the context of the post-2014 military coup and the ongoing military-led government afterward did not engage or create collective norms into society. Deliberations through authoritarian institutional arrangements created barriers to citizen engagement and democratic participation. [21] Therefore, it could be seen that health literacy promotion in Thailand since 2014 has been operating on what we called a 'pseudo-deliberation' basis.

### 3. RETHINKING COLLABORATIVE HEALTH PROMOTION

This study suggests that health agencies and authorities of the Thai state should rethink and reconsider their approach to promote health literacy. *Firstly*, health and health literacy promotions cannot be achieved through the top-down approach. It seems normal for Thai authorities to centralize planning and regulating from central authorities in Bangkok and deliver policy to implement in the district and local areas. Based on the results showed earlier, governing agencies regulate health literacy promotion on the one-size-fits-all basis. Instead, the approach the Thai health agencies should employ is the bottom-up health literacy promotion. Rather than ordering several state and non-state actors to act on promoting health literacy, it should initiate the participation of local communities under guidance from official health agencies. *Secondly*, health agencies should not over focus on health literacy survey. It is only a tool to help planning for long-term health literacy promotion. *Thirdly*, the fictitious collaboration should be overcome. Health literacy promotion is not a task to be conducted alone. It requires active engagement from all sectors; official health agencies, civil society organizations, business, local authorities, local communities, and households. Building a strong and sustainable network of collaboration demands political decentralization as a prerequisite. Collaborative health promotion, therefore, should have deliberative democracy as a precondition. *Lastly*, in the long-term, Thai health authorities should create a sustainable 'critical health regime'. A new regime

requires transforming existing patterns of social relations in terms of political, economic, and social aspects in each local community. In addition, a 'critical' understanding of health literacy and health related knowledge can be achieved only by providing 'critical' education with anti-authoritarianism as a point of departure. It could be concluded that all these factors are all interconnected, and it requires time to develop such a sustainable health regime.

## CONCLUSIONS

Thai health authorities should rethink their health and health literacy policies promotion. Within such an authoritarian regime, institutional arrangements that govern health literacy promotion subsystems deliver health literacy policies in a top-down manner. Although these institutional constraints indicate policy actors to work deliberatively and collaboratively, this study argues that it is a fictitious collaboration and a pseudo-deliberation. Legal institutions, rules, and regulations regarding health promotions created under the junta government in post-2014 are only collaborative in their form but highly centralized and authoritative in their real content. The authors argued that to reach the goal of a health literate community and society, we should re-approach health and health literacy promotion from the bottom-up perspective. Also, overcoming fictitious collaborative health promotion and pseudo-deliberation are necessary. To do that, we need a long-term project of building up a 'critical health regime' based on critical education and anti-authoritarianism as major principles.

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