



The 1st Conference of International Consortium for Social Well-being Studies



SOCIAL WELL-BEING and SDGs in ASIA: A RESEARCH-POLICY AGENDA

Proceedings

Organized by
Chulalongkorn University Social Research Institute (CUSRI)
Chula Global Network
Center for Social Well-being Studies at Senshu University



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**The First Conference of
International Consortium for Social Well-being Studies
Social Well-being and SDGs in Asia: A Research-Policy Agenda**

Organized by

**Chulalongkorn University Social Research Institute
Center for Social Well-being Studies at Senshu University
Chula Global Network**

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**Asian Development Bank Institute
Japan Center for Economic Research (Nikkei)**

10 March 2017

Chulalongkorn University, Bangkok, Thailand

The First Conference of International Consortium for Social Well-being Studies

Social Well-being and SDGs in Asia: A Research-Policy Agenda Proceedings

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ABOUT THE PUBLICATION

The global consensus on the Sustainable Development Goals as a new stage of international development commitment is well recognized. But the realities of the world of politics and development are much characterized by global imbalances and uncertainties. On the other hand, a major trend in the public discourse across continents has been quality of life, good life, happiness, and subjective wellbeing. In response to this, there are efforts to understand empirically how happiness and social wellbeing in societies in East and Southeast Asia thrive. As Social Research Institute participates with the International Consortium for Social Well-being Studies, in which there are ten member countries, namely, Japan, South Korea, China, Vietnam, Philippines, Indonesia, and Thailand. The Consortium members agree to have a comparative research on social wellbeing in Asia countries including organizing the international conference for public-academic linkage.

Researchers from these countries have been engaged in national field surveys since 2015 for three years. This year Thailand is among three countries that just carried out the field survey. It is therefore important and interesting to share the results and discuss among scholars and researchers in the Wellbeing Studies comparative project and the research community in general. Moreover, in the light of the Global 2030 agenda or the SDGs which are composed of 17 targets, it is of much relevance to have a meaningful interface with policymakers, media and interested public in Thailand and international organizations based in Bangkok. Above all, these events are part of the Chulalongkorn University centennial celebration month.

The Contributors

(in alphabetical order according to the last names as they are spelled)

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Hiroo **Harada** is the professor of public finance at Senshu University, Japan. He was a former Dean at Graduate School of Economics and also the founding and the first chair of the international consortiums for social wellbeing studies. He published various articles on social capital and social wellbeing.

Emma E. **Porio** is Full Professor, Department of Sociology and Anthropology, Ateneo de Manila University; Senior Science Research Fellow, Manila Observatory. Porio writes on development and marginality, urban governance, gender, climate change vulnerability, adaptation, and resilience. Her publications include *Urban Governance and Poverty Alleviation in Southeast Asia* (1997) and *Children in Drugs in the Philippines* (2005). Her recent publication was *Prosperity and Inequality in Metro Manila: Reflections on Housing the Poor, Climate Risk, and Governance of Cities* which published in **Globalization and Democracy in Southeast Asia** (2016).

Victor **Karunan** has been Regional Advisor on Participation and Partnerships at UNICEF Regional Office in Bangkok. He was also the founding member of the Focus on Global South – a policy research program at Chulalongkorn University Social Research Institute, Thailand. Additionally, he also worked as a Development Consultant for donor agencies and has conducted research, evaluation and training programs in over fifteen countries in South and Southeast Asia.

Apichai **Puntasen** is the Professor of economics who worked at Thammasat University and now he affiliated with college of social innovation, Rangsit University, Thailand. He was a former dean of the faculty of management Science, Ubon Rajathanee University. He is also He is also an advisor of Rural and Social Management Institute, Thailand Rural Reconstruction Movement Foundation Under Royal Patronage. His famous works related to Buddhist Economics, therefore, he becomes the Eminent Professor of Buddhist Economics at Thammasat University in 2001.

Marco **Roncarati** works at the United Nations Economic and Social Commission for Asia and the Pacific in Bangkok, focusing on youth, socio-economic issues, health and development and in the context of improving equity. Mr. Roncarati holds degrees from the University of London in anthropology, business, development studies, economics,

psychology, and sociology. With knowledge of Chinese, Indonesian, Lao and Thai, he has spent almost half of his life in East Asia, and lectures at various international universities.

Iwan Gardono **Sujatmiko** is a professor at the Department of Sociology, Faculty of Social and Political Sciences, University of Indonesia International Advisory Board of the Senshu Social Well-being Review, Center for Social Well-being Studies. He specializes in social policy, social stratification, and peace and conflict studies.

Katsumi **Shimane** is the professor of sociology at School of Human Science, Senshu University, Japan. He graduated in sociology from Saitama University. He specializes in ritual ceremonies, especially on the funeral. He has published several papers on death-related issues in various countries. His recent article was *the Experience of Death in Japan's Urban Societies* published in the book titled **Invisible Population: the Place of the Dead in East Asia Megacities** (2012).

Pavika **Sriratanaban** graduated her Ph.D. in Sociology from the University of Warwick. Currently, she is the assistant professor of sociology at the department of sociology and anthropology, faculty of political science, Chulalongkorn University. She is also a deputy director at the Institute of Asia Studies, Chulalongkorn University. Her specialization is the sociology of health especially, on life and death.

Hans **van Williensward** is the Netherland Social Entrepreneur who has worked in Thailand for more than fifteen years. He was a co-founder of Suan Nguen Mee Ma social enterprise founded in 2001 and received the Social Venture Network (SVN) Award in 2013. His works relate to sustainable development, sufficiency economy. As social advocate, he established School for Wellbeing Studies and Research in 2009 to work with various partners in the region. He has many research and training curriculum on alternative happiness and wellbeing. His recent book was **The Wellbeing Society A Redical Middle Path to Global Transformation** (2016).

Surichai **Wun·gao** is a research professor at Social Research Institute and the director of Peace and Conflict Studies Center at Chulalongkorn University. He specializes in rural sociology, social movements, democratization and multiculturalism, human security and social justice, and Japanese studies. His publications include *Confronting Cultural Globalization: A New Framework for Policy* (in Thai, 2004); *The Provinciality of Globalization: A Thai Perspective* (2004); *Rural Livelihoods and Human Insecurities in Globalizing Asian Economies* (2007); *Sociology of Tsunami: Coping with the Disaster* (in Thai, 2007), and *Health Governance and Institutional Learning Capacities in the New Context* (2014).

I. Opening Address



President Bundhit Eua-arporn,
Chulalongkorn University

Mr. Hans Willenswaard, our keynote speaker, Professor Hiroo Harada, Chair of the Consortium, Prof. Emma E. Porio (the Philippines), Prof. Paulus Wirutomo (Indonesia), Prof. Jaeyeol Yee (Korea),

Distinguished speakers, guests, ladies and gentlemen,

It is a great pleasure and honor for me to welcome you all to our university, and offer some remarks today. Social Well-being and Sustainable Development Goals in Asia is very the theme of relevant in today's Asia and the World. I am grateful that you all kindly join us in the Chulalongkorn University centennial celebration. I would like to thank the organizers of this event namely: International Consortium for Social Well-being Studies, Center for Social Well-Being Studies, Senshu University, CUSRI, Center for Peace and Conflict Studies and Chula Global Network for co-organizing this symposium.

Globalization is a fact in today's world. However, the dynamics of globalization differ widely: it benefits some but marginalizes and leaves behind many others. By now, Inequality is recognized as an empirical fact and policy agenda both at global and local levels. Despite this awareness, governments around the world including Thailand have been struggling on how to deal with the problem in its different manifestations. The issue of inequality, both in vertical and horizontal forms, and of different dimensions have worsened under this imbalanced globalization. And in many cases, this has led to conflicts and violence.

There have been most serious the whole world is caught concerns in such cycles of unsustainability. However, in September 2015, the world's governments, including the Royal Thai Government, committed to the Sustainable Development Goals up until 2030. The Sustainable

Development Goals constitute a key inter-government agenda towards reducing poverty, building more inclusive societies, and addressing environmental challenges. Meanwhile, in Paris in December 2015 at the COP21, a global agreement was reached to work together towards addressing climate change.

Whilst both global agreements are certainly a cause for optimism, it is also widely recognized that these are the first steps towards a better future rather than a destination in themselves. There are, however, still serious challenges: a) The question of **who** owns the SDGs? b) partnership? c) **transformative** knowledge ?

Science plays an important role in sustainable development from informing the formulation of evidence-based targets and indicators, to assessing progress, testing solutions, and identifying emerging risks and opportunities. Research has provided critical inputs into our understanding of **the interlinkages** and **interdependencies** between natural **and** social systems which can support integrated policy-planning, monitoring, and review at different scales.

The SDG framework poses a number of concept as well as implementation challenges that will require enhancing the close collaboration between the policy and scientific communities and other stakeholders. Global research initiatives such as the Social Well-Being, consortium aim to mobilize scientists to collaborate tackle these issues in partnership with policy-makers and stakeholders, and more broadly to provide the knowledge needed to support transformations towards sustainable development.

Chulalongkorn University was officially established as Thailand's first national university on March 26, 1917. It is now 100 next month, and it is a timely opportunity to reflect on the university's positioning for the future. Chulalongkorn University is situated within a rapidly changing Thailand, a rapidly changing ASEAN region and a rapidly changing world. It is important that we be adaptive to the needs of the future.

How then can we affect the process of globalization so that it can accrue to the benefit of everyone, instead of dividing and discriminating?

It is clear to me that a proactive engagement strategy of Chulalongkorn University should contribute towards a public body of knowledge and play an important role in supporting the attainment of these agendas both locally in Thailand and the region, as well as globally. In order to do so, the university must further its work with a renewed sense mission: social outreach and global engagement.

First, knowledge generation to support SDGs, according to, a highly authoritative document examining the SDGs¹. Out of 169 targets, 49 (29%) are considered well developed, 91 targets (54%) could be strengthened by being more specific, and 29 (17%) require significant work. Chulalongkorn University realizes that this kind of work could support a technical review of the targets nationally and regionally. We need to focus on research supporting SDGs.

¹ International Council of Science Union and International Social Science Council (2016) *Review of Targets for the Sustainable Development Goals: the science perspective*.

Second, Partnership building one major focus is building knowledge partnerships; it's important to recognize that contemporary sustainability challenges cannot be met alone. Building diverse partnerships across a range of organizations will be key. As one of the most well-known universities in Thailand and Southeast Asia, Chulalongkorn University is well positioned to be a central node within networks around the sustainability agenda in Thailand and beyond. Knowledge partnerships can stimulate constructive dialogue between partners of diverse perspectives to generate innovative approaches to past problems and new knowledge. In essence, building partnerships within research enable a co-production of knowledge approach. Ultimately, such knowledge partnerships can help bridge the **research-policy interface**, and thus ensure that evidence gathered through rigorous research effectively informs and shapes policy decisions and their outcomes.

Third, The governance of the 17 SDGs. The topic of Social Well-Being and Sustainable Development Goals in Asia is very much well - taken. The symposium is designed to be an innovative space for a new kind of dialogue, bringing together scientists, social scientists, policy - makers and civil society actors in search of mutual understanding and reflection. There is a need to challenge the traditional linear interpretation of the scientist and policy - maker relationship so as to ensure the co-production of knowledge between policy, research and civil society. The presence of policymakers, researchers and NGO member of non-governmental organization will enable the development of new forms of cooperation between policy and researchers to respond to today's challenges.

I wish you all a meaningful symposium and a more publicly engaging agenda for our common endeavor. I also look forward working with all of you towards a better and just world.

Thank you very much.

II. Keynote Speeches

From SDG's to Wellbeing: Policy-Knowledge Linkages

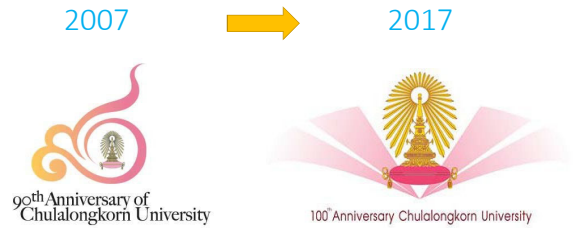
Hans van Willenswaard

School for Wellbeing Studies and Research





From SDG's to Wellbeing: Policy-Knowledge Linkages
 Hans van Willenswaard
 Thailand/the Netherlands
 Social entrepreneur
 School for Wellbeing Studies and Research



Suan Nguen Mee Ma social enterprise [founded in 2001] received the Social Venture Network (SVN) Award in 2013.



I. Developments during the decade 2007 – 2017: seen from our perspective.

2007

3rd International Conference on Gross National Happiness.

A new paradigm.

World Views Make A Difference.
 Towards Global Transformation.

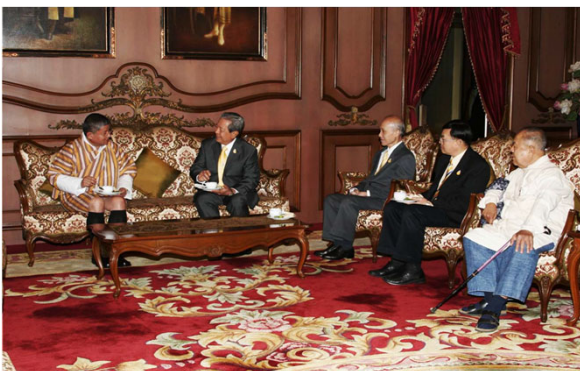
Summary

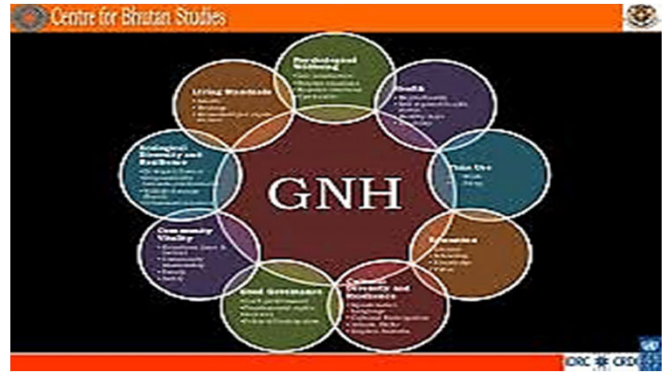
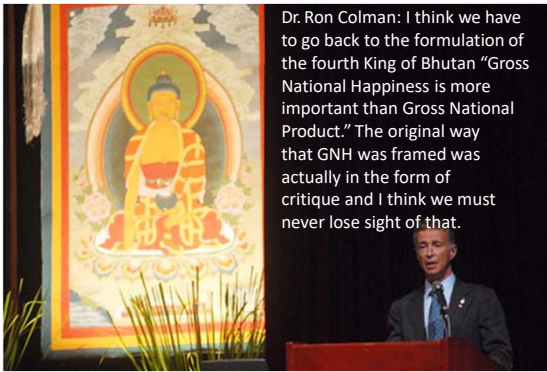
- I. Developments in the decade 2007 – 2017: from our perspective.
- II. From SDG's to Wellbeing: reductionist or holistic science?
- III. Policy-knowledge linkages: the *Wellbeing Society*.











Prof. Takayoshi Kusago: ‘A case study from Minamata. GNH practice as human security and sustainable development’.



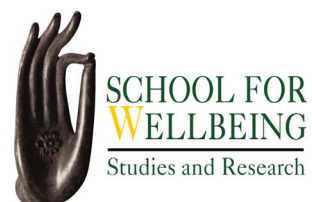
Dr. Sheldon Shaeffer, UNESCO Asia-Pacific: ‘education for transformation’.



Multi-stakeholder platform moderated by Ajarn Surat Horachaikul, Chulalongkorn University.



2009





Jeffrey Sachs: UN Advisor on the MDG's and SDG's

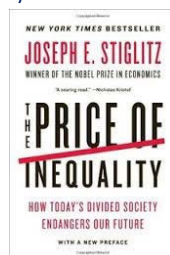
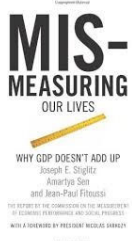


Stiglitz, Sen, Fitoussi Commission.



UN General Assembly Resolution A/65/L.86

GDP says **nothing** about sustainability and inequality.



UN Research-project Happiness: A New Development Paradigm



SDG 3: Good Health and Wellbeing

- Ensure healthy lives and promote well-being for all at all ages.
- 13 targets and 26 indicators
- All regarding health; nothing about wellbeing!

2011



II. From SDG's to Wellbeing: reductionist or holistic science?

- Should we only look at ourselves (“social wellbeing”) or should we see ourselves as part of a greater whole? Are we concerned about the Earth’s wellbeing?
- Who Owns the Earth?
- Do we lose sight of the whole if we break down sustainability into goals, targets and indicators?

Re-thinking Property exchange platform at Chulalongkorn University



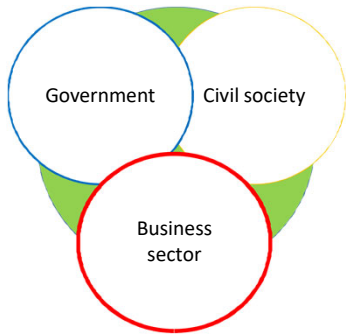
Silke Helfrich, Commons Strategy Group, Germany; Dasho Karma Ura, Centre for Bhutan Studies, Bhutan; Sombath Somphone, PADETC, Laos; Nicanor Perlas, CADI, Philippines; Cheah Vanath, Peace activist, Cambodia; and many others.

Elinor Ostrom (1933 – 2012), Nobel Prize for Economics 2009: “Governing the Commons”.

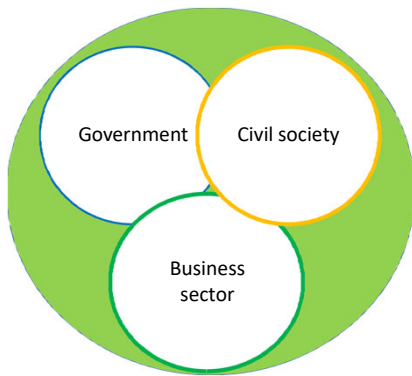


Nicanor Perlas: the “threefolding” principle.





Mindful Markets Asia Forum 2014



Seikatsu Cooperative Club, Japan:
consumers' awakening



Towards Organic Asia (TOA) network



La Via Campesina: the small-scale farmers' movement (Indonesia)



Shared Harvest, China



2015
Wellbeing Studies Programme



An *Academia – Civil Society* collaborative programme between Chulalongkorn University (CU), Royal University of Bhutan (RUB), Right Livelihood College (RLC) and Sathirakoses Nagapradipa Foundation (SNF).



Young Organic Farmers' gathering in Bhutan, October 2017.

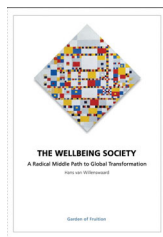


CURLS 2017: "People – Planet Partnership. A Journey Towards Hidden Connections" 18 August – 2 September, Thailand



The Radical Middle Path.

III. Policy-knowledge linkages: the *Wellbeing Society*.



Bhutan 100% organic country.

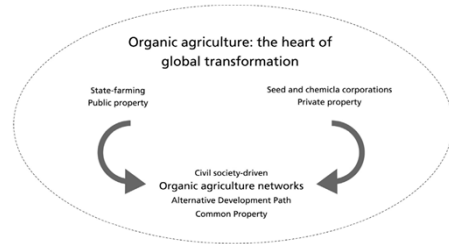


Mindful Markets social enterprise courses

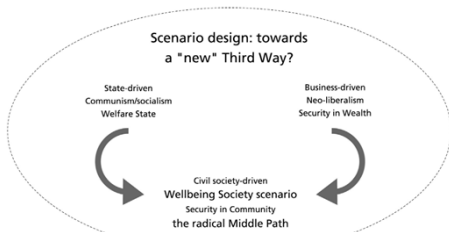


ORGANIC FOOD FOR ALL!

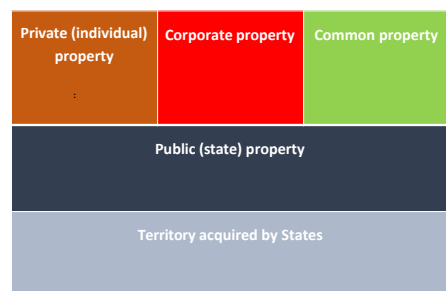
Wellbeing	Satisfaction; utility
	Contentment
	Altruism, Happiness for transformation



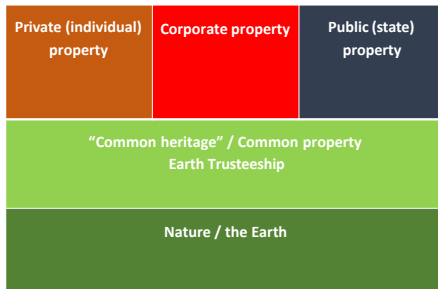
Property	Private property
	Public property
	Common property



Old framework



New framework



Earth Charter, The Hague, 2000



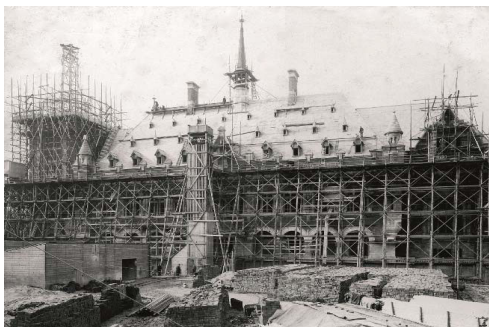
Peace Palace The Hague: symbol of co-creating international law



Earth Charter

- Principle 7: To adopt patterns of production, consumption, and reproduction that safeguard Earth's regenerative capacities, human rights and community wellbeing.

First Hague Peace Conference 1899



Dutch Ombudsperson for future generations: February 2017.



From Wealth to Well-being and Finally Nibbāna: A Transcendence from Traditional to Buddhist Economics.

Apichai Puntasen

This paper traces the origin of Western economics from the time of Greek civilization. The ultimate goal of economic activities then was for spiritual well-being or "good life" or a moral life. The concept degenerated with the increase in trade activities that arose during the free-trade era of the Roman Empire. Throughout the Dark Ages and the emergence of the Holy Roman Empire until the emergence of the Nation States in Europe, the search for power was gradually accompanied by the search for wealth. Capitalism dawned in the 16th with the economic ideology of mercantilism, through the accumulation of gold and silver which were the only source of wealth. Such wealth could be created through trade monopoly facilitated by colonialism. The concept of national wealth was replaced by "aggregate production" of the nation introduced by Adam Smith in 1776 in his book the "Wealth of Nations". This concept gradually replaced the earlier concept of wealth introduced by mercantilism. At the time of mercantilism, the concept of happiness emerged from the hedonic tradition introduced by Thomas Hobbes. Later on this concept was developed into individual utility and social or national welfare. National welfare can be gained through increasing aggregate or national production. The systematic calculation of gross national product (GNP) (more popularly used currently: GDP) by Simon Kuznets 20th century was such that the concept became increasingly popular and was used to represent the improvement of national welfare, in spite of the warning of Kuznets himself that GNP was not designed for that.

Since then, the rapid growth of GNP has become the development objective of almost all nations. This was aimed to be achieved at any cost, resulting in rapid deterioration of natural resources and environment that has become less suitable for the flourishing of all living things, especially human beings. The alternative paradigm of sustainable development was formally proposed by the United Nations in 1987. Unfortunately, sustainable development within the framework of systems analysis, serves only as the output without a clear process and the subsequent outcome. The concept of GNH proposed by former King of Bhutan in the 1970s and made known to the world also in 1987, could be used to serve as the outcome of sustainable development. Also, among the four pillars of GNH, "good governance" in the broadest sense served as the process leading to sustainable development and its outcome, GNH. This concept serves as the bridge linking the Western concept of sustainability to the Eastern concept of "happiness" which is similar to that of "good life" or "moral life" of Aristotle during the Greek time. This concept of GNH has become increasingly popular globally within a short period of time.

In the Kingdom of Thailand in 1974, not being satisfied by the growth-led approach introduced to Thailand by the U.S. experts and the World Bank, King Bhumibol Adulyadej advanced his concept of “Sufficiency Economy” in 1974. This concept complements that of GNH well as it brings the systems analysis for sustainable development into a complete form. The concept consists of inputs, process output, outcome and impact, also within a Buddhist tradition of *sukha* that does not imply the word “happiness” in English. However, according to the Buddhist tradition, the ultimate *sukha* is the state of mind when it is completely liberated or free from all defilements. This is actually the ultimate goal of Buddhist economics, which is not widely known or clearly understood in the West. Therefore, sustainable development, GNH and Sufficiency Economy serve as the bridge for the Westerners and those who claim to be Buddhists but do not clearly understand the essence of the teaching of Buddha, to gain deeper understanding of Buddhist economics that will lead the world to eternal peace.

Keywords: good life; well-being; sustainable development; GNH; Sufficiency Economy; *sukha*; Buddhist economics; *nibbana*

I. Panel Presentation

SDGs and Well-being in East and Southeast Asia: Engaging Stakeholders

The panel reveals the linkage between Social Well-being and Sustainable Development Goals (SDGs). Main questions are how to articulate SDGs to broader framework like social well-being. Based on the lesson-learned from Asian Countries, how to operationalize SDG toward people well-being. Multi-stakeholder in the SDGs including, the role of developmental model of Southeast Asia developing states and emerging stakeholder/targets like youth were also analyzed.

ABSTRACT AND PRESENTATIONS

1. SDGs and Social Well-Being in Asia: Implications for Knowledge Mobilization and Monitoring Progress

Emma E. Porio, Ateneo de Manila University

Several measurements of social well-being and sustainability have been advanced over the last 50-60 years. The most recent is the 17 Sustainable Development Goals launched by the UN in 2015 to replace the Millennium Development Goals (MDGs) which was **actively** implemented and monitored by UN agencies through its member governments (2000-2015). This paper reviews the embedded definitions and measurements of social well-being in the SDGs within the context of Asian cities drive towards social progress for its constituents. More specifically, this paper examines the initiatives of the Philippine government in implementing the SDGs by embedding it in the strategic reviews of its development policies and plans designed, in part, to contribute to the social well-being of its constituencies. An initial review of goals number 2 (ending hunger), 5 (gender equality) and 11 (sustainable cities and communities) show the monitoring indicators are not sensitive to issues of social differentiation, equity and marginality. These goals and indicators do not traverse *sensitively* across social geographies of gender, generation and economic status that confront most Asian megacities. The paper concludes with the issues/challenges related to measuring targets and/or monitoring social progress and sustainability at different scales/levels of urban governance. Finally, it offers possibilities that the Regional Social-Well-Being Consortium (Senshu University) can contribute to responding to these challenges.

2. Authoritarian State, Developmental Model and Social Welfare: A Comparative Analysis of Indonesia, Singapore and Malaysia)

Iwan Gardono Sujatmiko, Ganda Upaya, Indera Pattinasarany,
Jauharul Anwar, Adrianus Jebatu, Surya Adiputra (University of Indonesia)

The new countries and former colonies face an extremely challenging situation as they ought to respond simultaneously to the demands for democracy, economic growth and social welfare. It is difficult to form a new country which has democracy, economic growth and social welfare when in fact each country can only own one or two of those three elements. For example, a country may be high on economic growth, but undemocratic and low on social welfare. In this regard, the problematization of the absence of three factors is often analyzed from a nonhistorical perspective as the combination of the simultaneous three factors had never occurred in world history. The early democracy and industrialized countries such as European countries had the luxury of sequential development: economics, politics, and social welfare in a hundred years. On the other hand, the new countries have to innovate new strategies to implement those three factors. Otherwise, the imbalance may result in socio-economic stagnation and political disintegration.

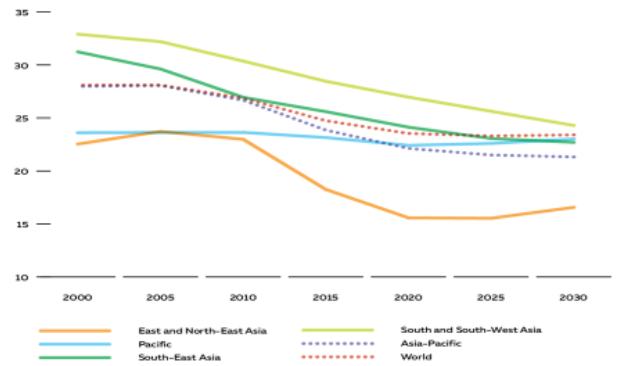
This paper intends to analyze how new countries such as Indonesia, Singapore and Malaysia applied policies that respond to simultaneous demands of democracy, economic growth and social welfare. The analysis will demonstrate how their leaders (Suharto, Lee Kuan Yew and Mahathir) applied developmental model with the state as a leading actor (See Johnson, 1982). The central question is: How is the implementation of a developmental model in those three countries? What are the roles of the leaders? The paper shows that the model can generally increase economic growth and social welfare. However, the same couldn't be said for the authoritarian system to transform into a more democratic system. After Lee's Singapore and Mahathir's Malaysia, the authoritarian political system remained, while in Suharto's Indonesia people power was successful in making Indonesia in a transition from Authoritarian Developmental State to a Democratic Developmental State.

3. Youth, Well-being and Achieving the SDGs in East and Southeast Asia

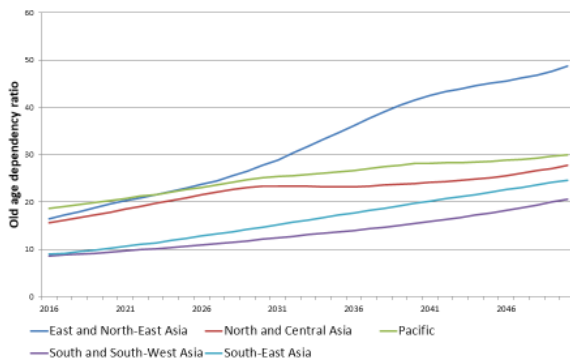
Marco Roncarati, Social Development Division, UNESCAP



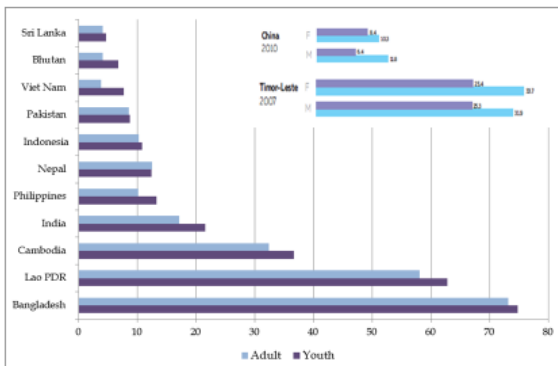
Youth share (%) of the population aged 15 to 64 years, by subregion, from 2000 to 2030



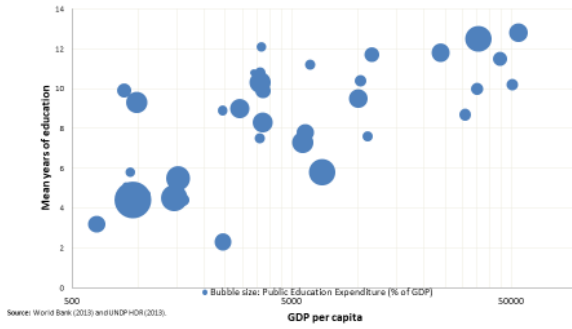
Old age dependency regional trends



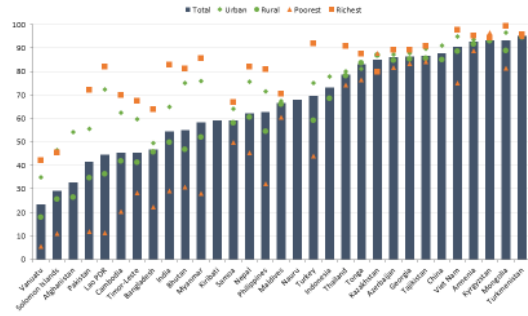
Share (%) of the employed population subsisting on USD\$1.90 (PPP)/day, for youth and adults, in selected countries, latest available year



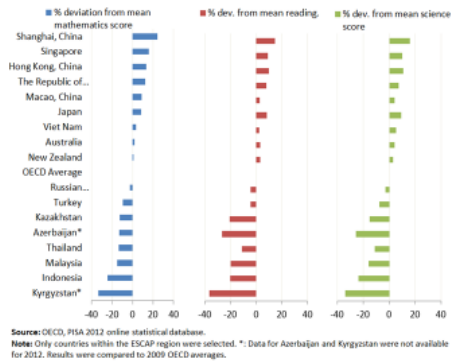
Mean years of education, GDP per capita (USD) and public expenditure on education as a percentage of GDP

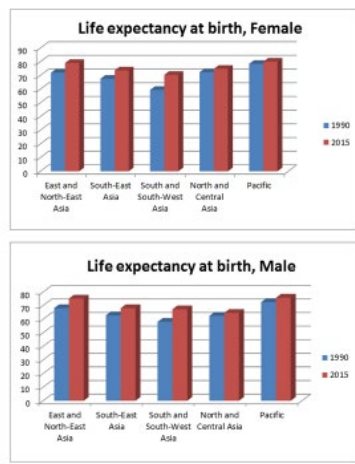
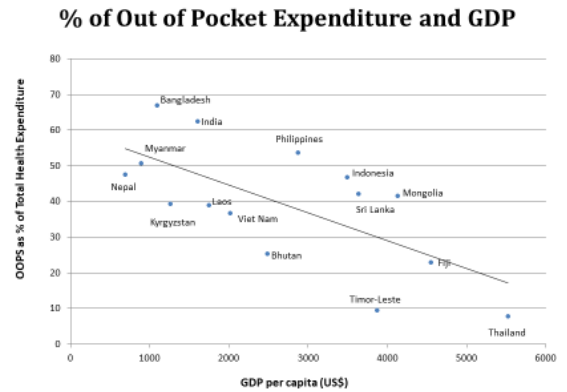


Net secondary education attendance ratios vary dramatically

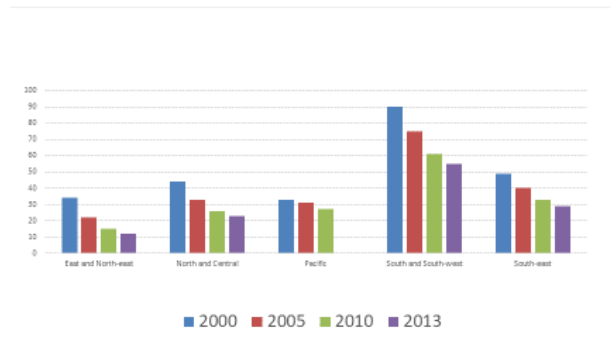


Deviation from mean PISA (mathematics, reading, science) scores across Asia-Pacific countries

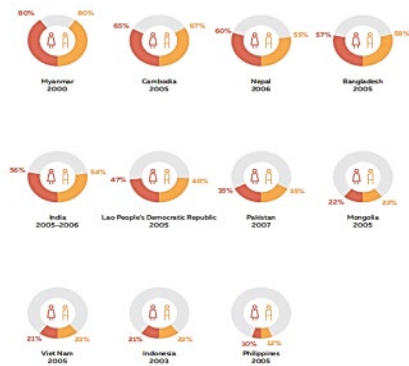




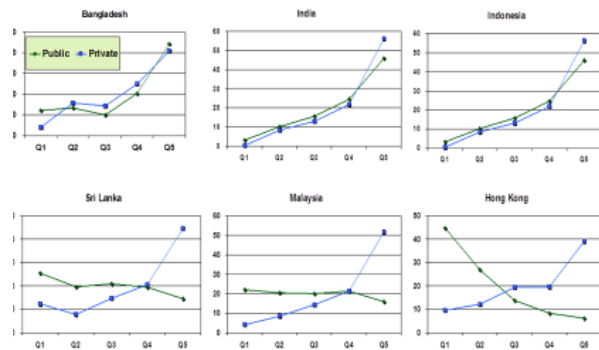
Trends in under-5 child mortality among Asia-Pacific subregions, 2000-2013



Share (%) of youth deprived of sanitation by sex, in selected countries



Equity in health care?



Sustainable Development Goal 16



Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for All and Build Effective, Accountable and Inclusive Institutions at all Levels

ipss-oddic.org
Institute for Peace and Security Studies

17 PARTNERSHIPS FOR THE GOALS



4. Benchmarking Child Well-being Indicators and SDGs in Malaysia – A Case Study

Victor Karunan, Former Deputy Representative and Senior Social Policy Specialist,
UNICEF Malaysia



BENCHMARKING SOCIAL WELL-BEING INDICATORS & SDGS
- case study – Malaysia

Victor P. Karunan, Ph.D.
Former Deputy Representative & Senior Social Policy Specialist
UNICEF MALAYSIA

INTRODUCTION

UNDERSTANDING “SOCIAL WELL-BEING” USING A SOCIO-ECOLOGICAL MODEL

- ▶ Important to conceptually define “social well-being” in the human, societal and cultural context of society
- ▶ Personal, Relational and Societal dimensions
- ▶ Physical, Cognitive, Cultural and Spiritual dimensions
- ▶ Priority focus for countries in the Asia Pacific region: value systems, traditional practices, cultural context, ethnicity and religion

SDGs: PEOPLE – PLANET – PROSPERITY

FRAMEWORK FOR “SOCIAL WELL-BEING” IN ASIA PACIFIC

4 Key Building Blocks for the Theoretical framework

1. A “new social contract”

- ▶ A social contract between:
 - STATE – PEOPLE
 - PEOPLE – PEOPLE
 - PEOPLE – NATURE
- ▶ A contract that respects people’s identity, pluralism, equity, human rights and accountability

2. Key Drivers of SWB

- ▶ Drivers at three key levels”
 - (a) Contextual (social)
 - (b) Subjective (self/individual)
 - (c) Communal (family/community)
 - (d) Civic (citizenship/nation-state)

3. Core Variables/Indicators of SWB

Suggested core variables/indicators to measure SWB in Asia Pacific:

- (a) Value Systems (language, culture)
- (b) Traditions (history)
- (c) Spirituality (religion)
- (d) Relationship: Humans – Nature - Supernatural

CASE STUDY – MALAYSIA THE CONTEXT

4. A multi-disciplinary approach

Any study/research on SWB needs to be inter-disciplinary and cross-sectoral:

- (a) Academic disciplines: economics, political science, sociology, anthropology, history, humanities, etc.
- (b) Religious and Cultural Studies
- (c) Local Knowledge (human experience) – based on a “view from below” (Subaltern Studies – India)



SWB – SOCIAL CAPITAL IN ASIA PACIFIC

Social capital needs to be “unpacked” as:

1. “Bonding” capital
2. “Bridging” capital
3. “Networking” capital
4. “Cultural” capital
5. “Local Wisdom” capital

Demographics – ethnic diversity

- **Peninsular Malaysia:** Malay (50.1%), Chinese (22.6%), Indigenous/Bhumiputras (11.8%), Indian (6.7%) and “Others” (8.8%).
- **Sabah:** 27% of population are “foreigners”, immigrants, refugees, undocumented and stateless. Kadazan-dusun (17.8%), Chinese (9.1%), Bajau (14%), Brunei Malay (5.7%), Murut (3.2%)
- **Sarawak:** Iban (29%), Chinese (24%), Malay (23%), Bidayuh (8%), Melanau (6%), Orang Ulu (5%)

Sabah – East Malaysia

- ▶ Filipino refugees, undocumented migrants, plantation workers & Bajau Laut
- ▶ Filipino refugees: Mostly Muslims, fled to Sabah from 1972-1984 to escape conflict in Mindanao; given IMM13 cards to live, work
- ▶ Undocumented: When refugees fail to renew IMM13 cards
- ▶ Plantation workers: Mostly Indonesians, Filipino refugees & undocumented
- ▶ Bajau Laut: Sea gypsies of SE Asia, roam through the 'Coral Triangle' of Malaysia, Indonesia, Philippines

Malaysia – 10th MDP 2011-2015

- ▶ The Tenth Malaysia Plan, 2011-2015 will encapsulate the spirit of 1Malaysia to create a fair and socially just society with national unity as its ultimate objective. ***A fair and socially just society is where all people, with no exception, have the rights, freedom, and capacity to access services and resources to enhance their well being***, and where the most disadvantaged are given extra support to ensure such success.

(10th Malaysia Plan, p.140)

Malaysia as an upper-middle income country

- ❖ One of the best economic records in Southeast Asia since independence on 31 August 1957
- ❖ GDP growth at 6.5 per cent per annum for the last 50 years
- ❖ Per Capita Income USD 27,278
- ❖ Third largest economy in Southeast Asia – moving from a primary goods producer to a manufacturing exporter
- ❖ 1991 – Former Prime Minister Mahathir Mohammad launched "Vision 2020" – Malaysia to become a self-sufficient industrialised nation by 2020.
- ❖ And yet – high inequalities, disparities, social tensions/conflict, human rights/governance issues, etc. (Social Domains/Indicators)

Malaysia – National Unity and Social Cohesion

- ▶ 11th Malaysia Development Plan 2016-2020: Chapter 9, Thrust 5: "*Enhancing Inclusivity*"
- ▶ National Unity Consultative Council (NUCC) – appointed by Prime Minister – November 2013 – to prepare a "*Blueprint for National Unity and Social Cohesion*". However, unfortunately, this was shelved as the Anti-Subversion Bill took precedence in 2015
- ▶ Aim of National Unity to promote mutual understanding and dialogue among communities, institutions and policy makers on social cohesion – with special focus on language and education

Malaysia – Vision 2020 "The Last Lap"

*"Malaysia should not be developed only in the economic sense. It must be a nation that is fully developed along all the dimensions: economically, politically, socially, spiritually, psychologically and culturally. We must be fully developed in terms of **NATIONAL UNITY** and **SOCIAL COHESION**, in terms of our economy, in terms of social justice, political stability, system of government, quality of life, social and spiritual values, national pride and confidence".*

KEY DOMAINS OF CHILD WELL-BEING

KEY DOMAINS OF CHILD WELL-BEING

- ▶ Five key dimensions of child well-being proposed for 11th Malaysia Development Plan 2016-2020:
 - Material well-being (poverty)
 - Educational and Developmental well-being
 - Health well-being
 - Subjective well-being (new area)
 - Peer and Family Relationships (new area)

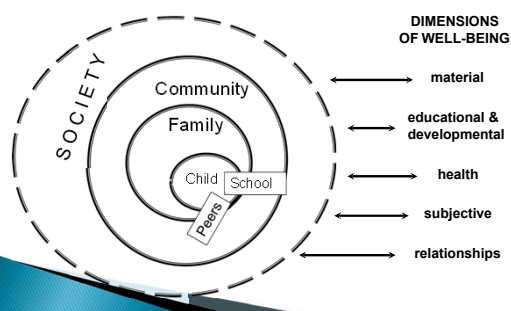
Robust Indicators - Best International Practice (OECD)

Properties of robust indicators

- identify essence of the problem in social context
- statistically validated
- responsive to effective policy interventions
- readily accessible or easy to collect
- can be disaggregated
- internationally comparable
- enjoy public support / approval

UMIC CONTEXT: key domains

Holistic child development & well-being



Proposed indicators for Malaysia

Material well-being dimension

Component	Indicator
Absolute poverty	Percentage of children below the national poverty line
Relative poverty	Percentage of children in households with equivalent income less than 50 percent of the median
Deprivation**	Multidimensional Poverty Index – MPI

RATIONALE FOR SOCIAL WELLBEING INDICATORS

Proposed indicators for Malaysia

Education dimension

Component	Indicator
Access to preschool	Pre-school enrolment rate of 4 and 5 year olds
School Completion	Proportion of pupils starting Grade 1 who reach last grade of primary school
Educational achievement	Basic literacy and numeracy – LINUS, age 9–10 PISA scores in reading, mathematics and science, age 15
Educational failure	Proportion of 15–19 year olds not in employment, education or training (NEET)

Proposed indicators for Malaysia

Health dimension

Component	Indicator
Child mortality	Infant mortality rate
	Under 5 mortality rate
	Child mortality rate, age 0-19
Birthweight	Percent infants born < 2500 g.
Breastfeeding	Proportion of children aged under 6 months who have been exclusively breastfed since birth
Immunization	Proportion of infants immunized against measles

Subjective Well-being

- ▶ What is "Subjective Well-being"?
 - Subjective well-being refers to people's cognitive and affective (moods/emotions) assessment or evaluation of one's own life and wellbeing (happiness/satisfaction/self-esteem)
 - A multi-dimensional concept – based on the social, cultural, religious and ethnic context of the country
 - Directly asking children/young people how they view their own well-being
 - Obtained through self-assessments, focus group discussions, surveys, polls, reports

Proposed indicators for Malaysia

Health dimension...contd.

Component	Indicator
Teen births	Number of births to 15-19 year olds per 100 female population aged 15-19
HIV/AIDS	HIV prevalence among 15-24 year olds

Implications for Policy

Children's well-being can be considered policy-relevant in two senses:

- ▶ In terms of broader debates about the kind of society in which leaders and citizens wish to live, guiding understanding of social progress and overall quality of life (Eckersley, 2008).
- ▶ For the development of specific interventions for identified policy problems, and the monitoring of such interventions.

UNDERSTANDING – SUBJECTIVE WELL-BEING

Proposed Subjective Well-being Indicators for Malaysia

Five subjective well-being dimensions

Component	Indicator
Personal well-being	Percent of 13-17 children who felt lonely most of the time or always
Health well-being	Percent of 13-17 children who reported themselves as underweight or overweight
School well-being	Percent of 13-17 who were bullied at least once during the last month

Proposed indicators for Malaysia

Family and Peer Relations dimensions

Component	Indicator
Family relations	Percent of 13-17 children who thought their parents or guardians understood their problems or worries most of the time or always
Peer relations	Percent of 13-17 children who found their fellow students kind and helpful most of the time or always Percent of 13-17 children who have at least one close friend

Why Children should have priority in Public Policy?

Moral and legal commitments

- Moral Imperative - private and public support
- 1989 UN Convention on the Rights of the Child

High returns on investment

- Childhood is the best opportunity to invest in human resources (Brain Research)
- Broader social and economic gains; returns tend to be particularly high among girls

Short window opportunity

- "Two decade opportunity" to invest in children and adolescents

• Permanently damaging effects of non-investment and neglect

Strong positive feedback from combination of interventions

Progress needed at all major dimensions of child well being (cross-sectoral)

High risks that investment will not happen, due to

- Structural poverty and/or social exclusion
- Current poverty impacts due to economic, social or environmental crises
- Governance and agency issues

Strong evidence on the impact of poverty on children

CONCLUSIONS

Importance of Social Well-being Indicators

- ▶ Social Indicators' role are to measure outcomes experienced by people.- Results based
- ▶ Systematic collection is important to stress, in order to measure trends over time and across countries (if indicators are internationally comparable).
- ▶ Part of a being a developed nation is to be able to compare and contrast social progress beyond simply economic indicators.

Why Child Well-being Important for Malaysia?

- 10th Malaysia Plan shows need to develop indicators of child well-being – in line with the aspirations of Vision 2020
- Comprehensive monitoring of child well-being a key element in Malaysia's progress towards advanced nation status
- ▶
- Indicators provide effective tools for national planning and effective sectoral implementation



THERE ARE TWO
GIFTS WE SHOULD
GIVE OUR CHILDREN:
ONE IS ROOTS, AND
THE OTHER IS WINGS.

Well-being and SDGs, Death and Well-being: Connections and linkages

Conventionally, well-being is contrasted to dying. This panel shows that well-being is really close to well-dying. Good death and how the people maintain the relationship with dead people also reflected to the state of well-being and sustainable development. The panel started from comparative studies of the funerals and the in four Asia countries articulated with subjective social wellbeing. Then, move the the significance of death and good death in Thai Society and the mobilization of death conversation and good death in the world.

ABSTRACT AND PRESENTATIONS

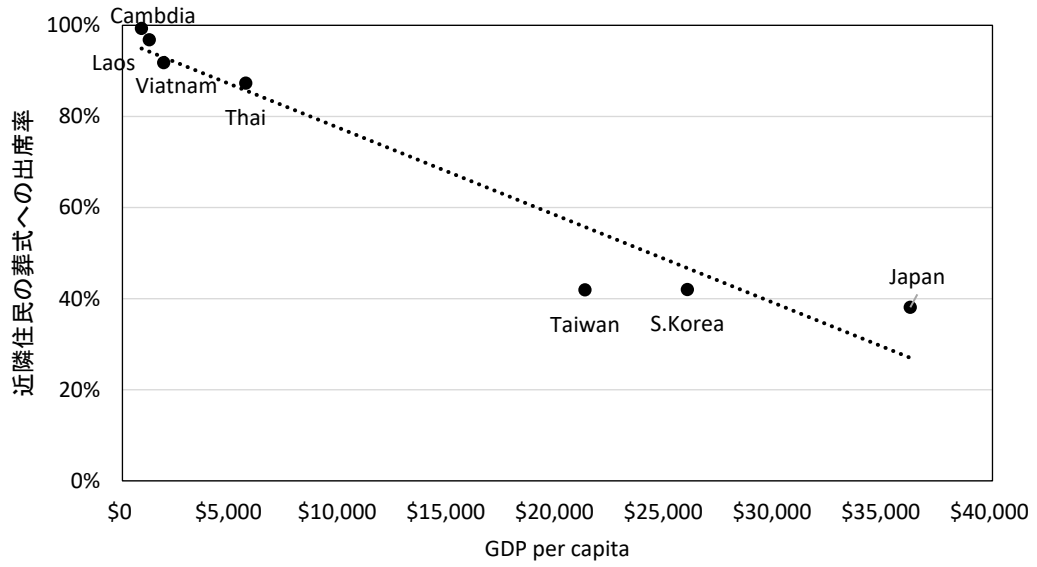
1. The Meaning of Social Bond with the Dead: How the Asians maintain the relationship with the Invisible People?

Katsumi Shimane, Senshu University

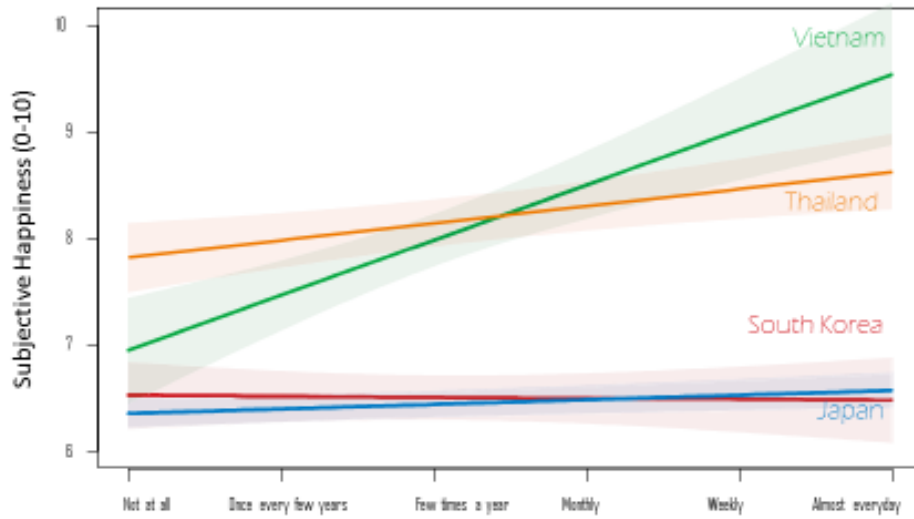
When someone close to us dies, we are obligated to organize a funeral. Funerals are among the most significant events to occur in our lives. We arrange them using our own assets and labor, and that of our families. There is some tragic irony in having to be rational when planning funerals, since these ceremonies are intended for the non-rational purpose of providing an occasion where people can release feelings of sadness, and accept the death of a loved one.

This presentation is organized as follows. In part 1 is the overviews of transformation and actual situation of the Japanese funerals in recent day. Part 2 elaborates on the finding that the lower a society's GDP, the higher the level of participation in funerals, and, conversely, the higher a society's GDP, the lower the level of participation in comparing several Asian countries. In part 3, we will consider the meaning of social bond with the dead for human beings from sociological point of view.

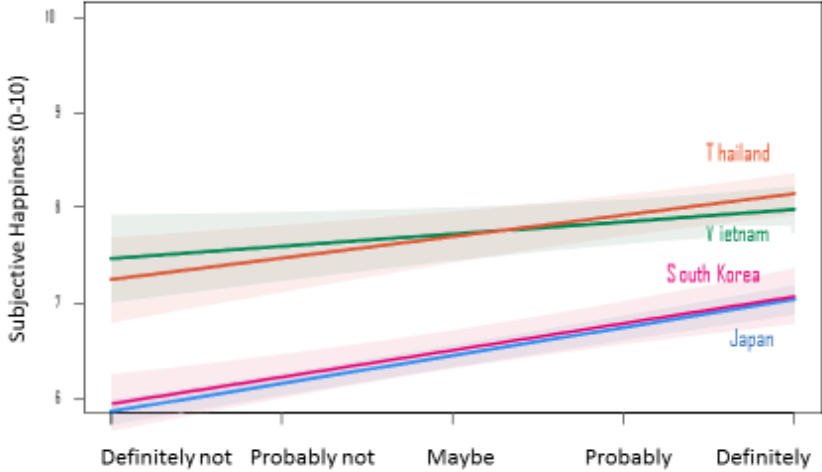
We will try to analyze the data of the survey as following.



Care of Ancestors × Happiness



Expectations of Care × Happiness



2. Dying and Death in the Medicalised Thai Society

Pavika Sriratanaban, Institute of Asian Studies, Chulalongkorn University

The meanings of death can neither be absolute nor universal despite it being a truth of life. Academia of different disciplines tends to take the term death to be an indicator of success or failure of a given social phenomenon. Sociologists see death as closely relates to wider socio-cultural contexts. Death is both an arena and a time whereby a dynamics of relationships between the social and the individual becomes visible. Very much in the same fashion, death from the view of anthropologists manifests historical and cultural reality embedded in a particular society. However, in a broader sense, disciplines like public health and medicine tend to look for tangible aspects of death and measure its impact on the overall function of the society at large. Scholars of the former discipline generally measure death against a good healthcare system. It is a lack of essential healthcare services especially amongst groups of the underprivileged and a kind of poor-quality services they received that account for mortality rates which are deemed preventable and unnatural. Professional training of the latter concentrates on keeping life (bodily function) and preventing death (bodily dysfunction) as if we all are not. Whatever meaning it takes and no matter how efficient is science to combat death, death cannot be prevented. So is the fact that one day everyone must die. Death is the only equality of all human races. Insights on the culturally complex and diverse meanings of dying and death are indispensable to a design of the system of healthcare – the one that functions to close a wide gap of health disparities existed in Thailand. In this brief article, I reflect on different but related issues that is:- the discourse of death in the contemporary Thai society, lay perceptions of a good death, death in the medicalised Thai society, the sphere of the dying patients: Autonomy in question and good death for all: Structural infrastructure to alleviate suffering at the end-of-life.

3. Well-being and Well Dying: Reintegrating Life and Death for Sustainable Development

Narumon Arunotai, Chulalongkorn University Social Research Institute



"Well-being and Well Dying: Reintegrating Life and Death for Sustainable Development"

Narumon Arunotai
Social Research Institute, Chulalongkorn University

We should think about "well dying" as well!

- Well-being and "well dying"
- Highlighting death and dying as potential topic for dialog and discussion
 - Linking it with sustainable development?
- The implication of death?

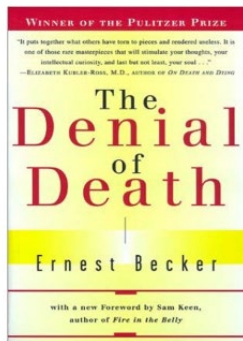
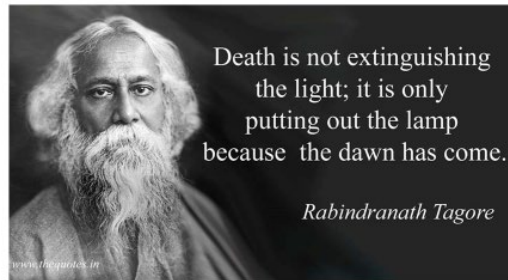


Death



- Cultural views of death and dying-
 - Courses on Anthropology/Sociology of death and dying
- Social aspect, medical aspect, and other aspects of death and dying
- Nature of death, rituals, burial, ... beliefs, values, practices having to do with the dead

Dying and death – taboo topic? Culture-bound?



- Death – alienated concept
- Real death becomes scary and the topic of death becomes a taboo
- Denial of death, aging, etc.
 - Graceful, dignified aging
- Life-sustaining technologies and extending life vs. peaceful death
- Right to peaceful death?



Promoting conversation about death? And implication of death?


Death Cafe
February 12, 2016

At some time or other many of us wish to talk about death. A Death Cafe is a place to do this in a relaxed and agenda free setting, over tea and cake.

In the last 5 years there have been more than 3,000 Death Cafes in over 35 countries.

Organising your own Death Cafe is straightforward and inexpensive and most people really enjoy the experience.

Please see our guide for more information about how to do this: <http://deathcafe.com/how/>



Holding your own Death Cafe
We think that talking about death is a great way to spend some time. If you a...

DEATHCAFE.COM

- The objective of Death Café is to 'increase awareness of death with a view to helping people make the most of their (finite) lives'.
- Death Cafe is a scheduled non-profit get-together
- "Café mortel" in 2004

Death Cafe

Home About Find a Death Cafe Hold a Death Cafe Death conversation Support us Login

Talking about death

To date we've held 4233 Death Cafes. These never involve agendas, advertising or set conclusions. Interesting conversations are guaranteed!

Find your nearest Death Cafe


Recent posts

Death Cafe write up: Bath city center Death Cafe

Posted by edwin on March 9, 2017, 12:30 p.m.

As this was our first meeting Sue and I were apprehensive as to anyone joining us! We need not have worried as the 2hrs swiftly passed with a dozen of us discussing a verity of related topics by our dynamic group! It was a terrific mixture of personalities with a wealth of ideas and interests.

Death Cafe worldwide map



Stories For Kids Who Have Questions About Death

www.parent.com


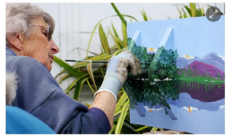


Death café in Asia



Other initiatives/activities pertaining to death and dying in several places –

The coffin club: elderly New Zealanders building their own caskets

Dozens of groups have sprung up across the country, providing retirees with new friends and ultimately, elegant burials.

Reflection-implication of death at several levels

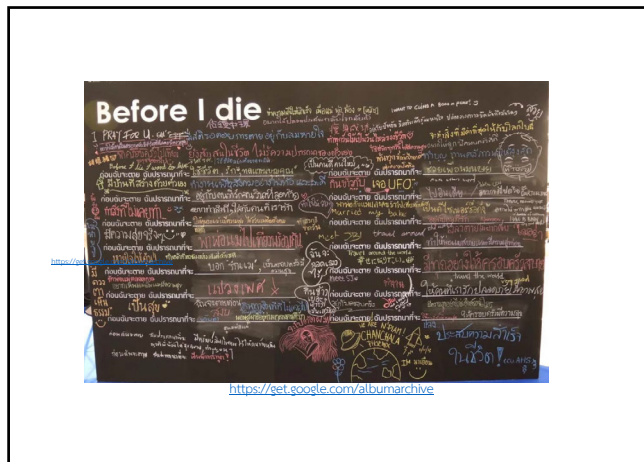
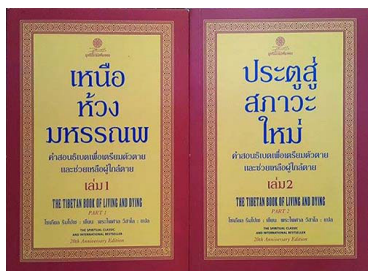
- Invitation to reflection-implication and application of “death” and “dying”
- “Death” and “Dying” -- fruitful topic that makes us reflect on the meaning of life and living itself
- “Death” and “dying” -concept or notion that will inspire more exchanging, sharing, and analyzing among people, and across disciplines or sectors
- Linking death and dying with environment, make it a starting point to discuss about sustainable development

DEATH LESSONS 2016
บทเรียนความตาย 2559

สมาคมศึกษาความตายแห่งประเทศไทย

Individual reflection-implication

- “Death may not be a threat, but a friend that comes to remind us in good faith, a teacher that persist and insist that we use every second of our life in a meaningful way...”
 - <http://www.budnet.org/peacefuldeath/>
- Preparation for departure
- Books and documents about death and preparation for departure



- Budnet “Budhika” network เครือข่ายพุทธิก้า
- Newsletter titled “SUNSET”
- Training/workshop on “how to write a book of memorial” “การเขียนหนังสืออนุสรณ์งานศพ”
- Reviewing our life, living and society

Not only as reflection but a movement....

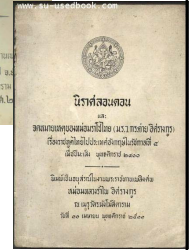
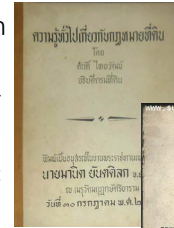
- “Good death” movement --
 - Network of citizens, representatives from civil society and medical professionals
 - Palliative/ End-of-Life Care becomes one of the recognized work in Thailand public health
 - Still, small number of medical professionals in this field “science”, “skills/experiences”, and “art”
- Death contemplation “มรณมานสติ” is more than a thought

Family/community reflection-implication



social reflection-implication

- In the old days, printing books/literature/valuable documents for the public
- The tradition of having cremation books
- started almost 150 years ago during King Rama V
- Grant Olson (1992) "Thai Cremation Volumes: A Brief History of a Unique Genre of Literature" Asian Folklore Studies
- "personal networking and histories/lineages"



Community festival, during the tenth month



<http://www.youtube.com/watch?v=8C886jYFVFI>

Centre of Southeast Asian Studies, Kyoto University

Library Collection



Library

The Library actively collects a variety of research materials, including those in Southeast Asian languages. The library holds over 180,000 items (as of March 2013) and supports specialist research activities inside and outside Japan.

[CSEAS Library Website](http://www.cseas.kyoto-u.ac.jp/)



Special Collections

■ Charas Collection (approximately 9,000 vols., mainly in Thai)

Roughly 4000 vols are cremation books (Nangsu Chaek), issued on the occasion of a person's cremation.

social reflection-implication

- "Making merit" or monetary contribution
- Individual merit gain, but socially beneficial, private fund donated for public use



<http://wreathdelivery.com>



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ABOUT STAFF COLLECTION EVENT COLUMN U-PARL BLOG

TOP > COLUMN > Thailand's "Cremation Volumes": A Treasure Trove of Socio-economic History Research

Thailand's "Cremation Volumes": A Treasure Trove of Socio-economic History Research



Suehiro Column

Thailand's "Cremation Volumes"
A Treasure Trove of Socio-economic History Research

Akira SUEHIRO

U-PARL Concurrent Professor, Institute of Social Science

This article is reprinted from IUP (March 1995) by courtesy of University of Tokyo Press

What Are "Cremation Volumes"?

In Thailand there is a type of book known as "distributed book (nangsu paek)". These books and booklets are handed out to

Social reflection-- Spiritual death for some marginalized group?



WHAT IS CAPSULA MUNDI?
Capsula Mundi is a cultural and broad-based project, which envisions a different approach to the way we think about death. It's an egg-shaped pod, an ancient and perfect form, made of biodegradable material, where our departed loved ones are placed for burial. Ashes will be held in small Capsulas while bodies will be laid down in a fetal position in larger pods. The pod will then be buried as a seed in the earth. A tree, chosen in life by the deceased, will be planted on top of it and serve as a memorial for the departed and as a legacy for posterity and the future of our planet. Family and friends will continue to care for the tree as it grows. Cemeteries will acquire a new look and, instead of the cold grey landscape we see today, they will grow into vibrant woodlands, sacred forests.



HOW CAPSULA MUNDI CAME ABOUT
The Capsula Mundi project arose from a deep examination of the role of designers in our society. In a culture far removed from nature, overloaded with objects for the needs of daily life and focused on youth, death is often dealt with as a taboo. We believe that this unavoidable passage, so meaningful, is not the end, but the beginning of a way back to nature. Inspired by these reflections, we decided to redesign the coffin - an object entirely left out of the design world - using ecological materials, and lay end universal life symbols, such as the egg and the tree.

- Bio-geo-chemical cycle
- Instead of a coffin – a burial egg-shaped pod
- With a tree planted on top
- “Memory” tree

Ecological reflection-implication Well dying -- physical matter?

- Physical death/ the end of living
- “Our common future” -- Our life journey will all end
 - What we all share --the same fate
 - What is death? -going without returning, sleeping without awakening, never is there a resurrection, none can ever escape”
 - → Compassion to all living organism? We all are fragile and vulnerable
 - → Equality

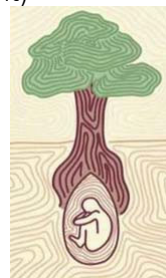
Grave yard or memory forest?



Ecological reflection-implication



Umbilical cord forest of the Karen indigenous group (right)

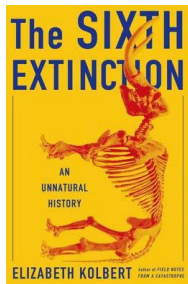







www.enca.com/media/video/capsula-mundi



chm.forest.go.th

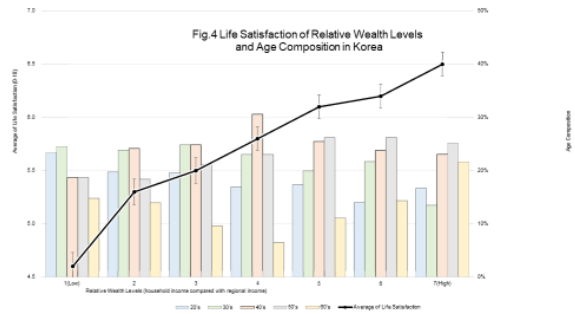
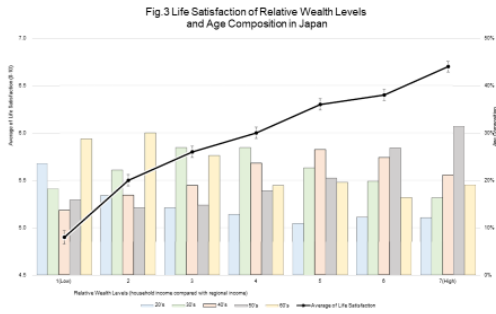
Ecological responsibility



Species	Common name	Image	Date of extinction
<i>Coloema maculata</i>	Spotted green pigeon		2014
<i>Phalacrocorax perspicillatus</i>	Spectacled Cormorant		
<i>Rucervus schomburgki</i>	Schomburgk's Deer		
<i>Nectota elliptica</i>	Saint Helena Olive		December 2000
<i>Neoenas rodericamus</i>	Rodrigues Turtle-dove		2014

Death and ecological concern/responsibility

- Thinking regularly about death and how we share this with other living organisms
- “Source of life” and “interrelations”
- Richard Louv, “Last Child in the Woods”
- Robert Michael Pyle, The Thunder Tree
 - “What is the extinction of the condor to a child who has never known a wren?”
- We should be thankful of death!
 - It can be a bridge/link to think about sustainable development and well-being



2. The Well-Being of SDGs: A Multi-Level Social Learning

Surichai Wun'gaeo, Center for Peace and Conflict Studies, Chulalongkorn University



The Well-Being of SDGs: A Multi-Level Social Learning

Surichai Wun'gaeo
Professor of Sociology, Chulalongkorn University

Key points

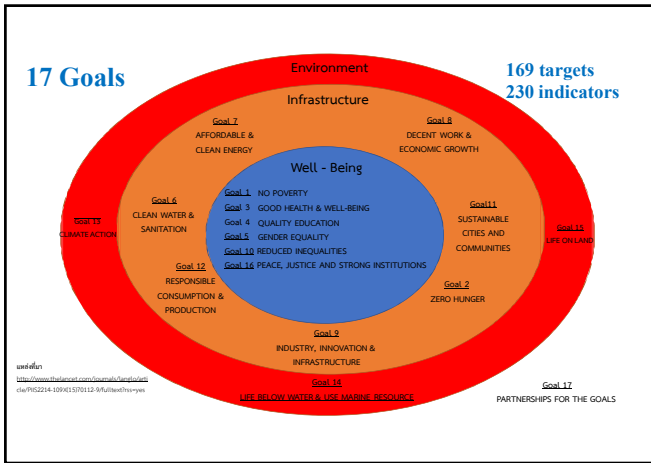
1. Why Well-Being **in** and **for** SDGs in Asia?
 - Who owns this?
 - Shifts : MDGs - SDGs ? !! :
 - SW and SDG : technical or transformative
2. WB and Sustainability (SDGs?)
 - meanings and contestations
 - time dimension : short term or long term, or Now?
 - integrated and **balancing**
3. - Urgency of **integrative challenge**
 - Krabi Coal-Power Plant Case of Localizing SDG efforts
 - BAU or change (going **out** of unsustainability)
4. Towards multilevel learning and governance in Asia
 - SDG as Social Learning: learning and innovations
 - knowledge-policy interface

Global Imbalances, *The Asia Century* and Perception Gaps

- Growth dynamics and Increased Inequalities
- Accelerated Competition and Human Insecurities, i.e. FTAs, EPAs, TPPs, RCEP, extractivism, etc.
- World of Winners and Losers, violence, and of diminishing confidence in humanity
- Back to the BASICS, Back to the Future
- What Values? : Human and Planetary Solidarity
- Scales of thinking and feelings (LEARNING)

New Aspects of the SDGs vs. MDGs



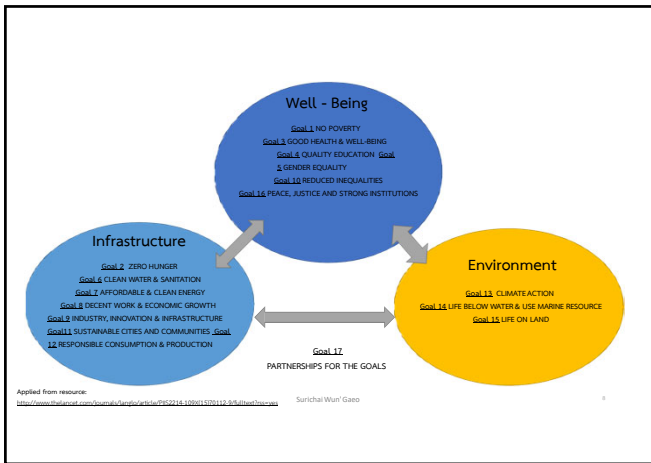
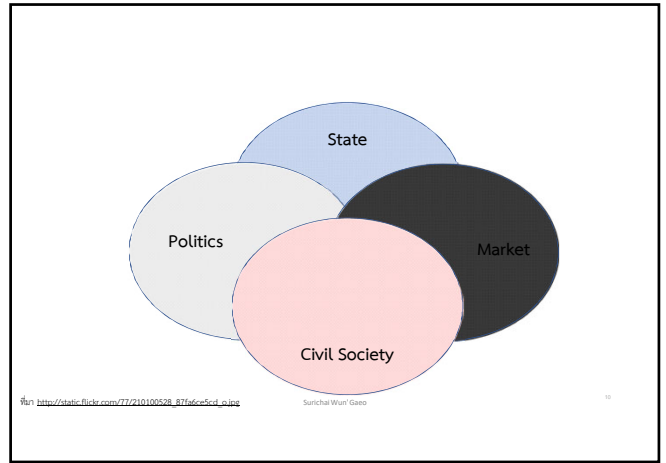
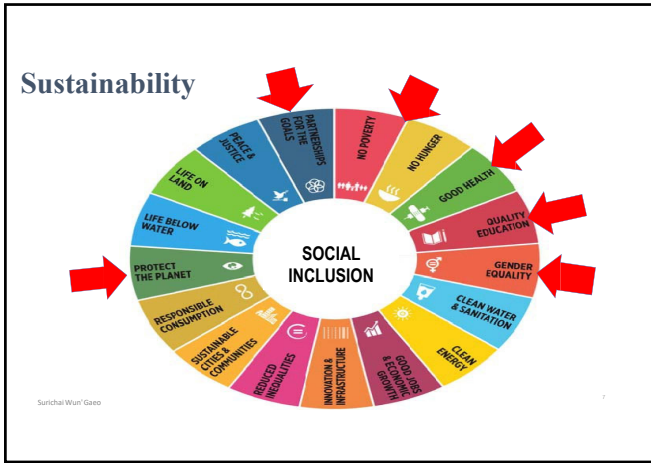


Learning for Transformation

- **Integrative** – not only the ecological and the local, not only the human world
- **Critical**- questioning continuous economic growth and consumerism and associated lifestyles
- **Transformative** – exploration of alternative lifestyles (e.g. 'voluntary simplicity'), values and systems that break from existing ones that are inherently unsustainable

Source : UN Decade Education for Sustainable Development (2005-2014) Renew
Arjen Wals, UNESCO Chair for Sustainability Learning

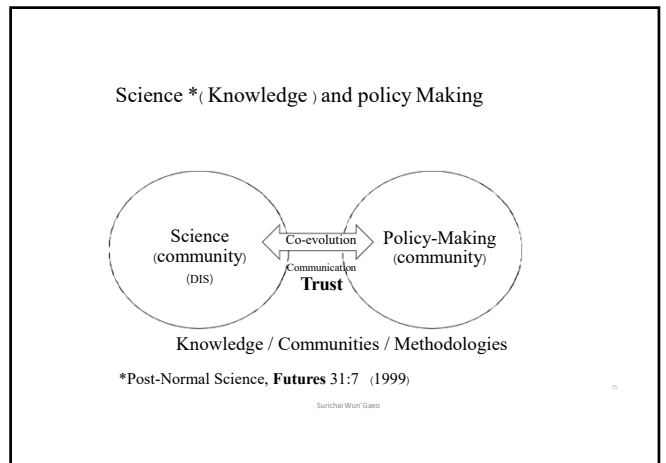
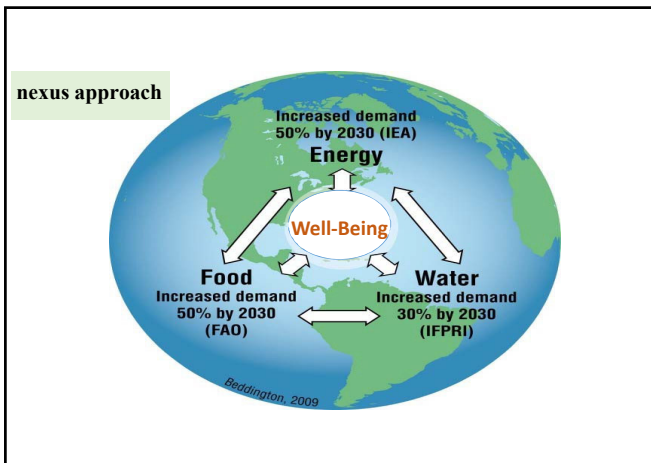
Surichai Wun'Gaio



SDG Implementation Beyond Silo-ization

- Krabi Coal-Power Plan Case study
- lack of **Policy integration**
- Need to bridge the gap between silo-based institutional sectoral and thematic structures and realities of interconnected ness between dimensions/sectors

Surichai Wun'Gaio



Policy integration

- Policy Integration calls for **bringing sectoral and inter-sectoral** policies
- Policy integration is a **process**....
 - ✓ As a **political** process
 - ✓ As a **participatory** process
 - ✓ As a **learning** process

Surchal Wuri/Gaio 13

SDGs and Democratic legitimacy: Engaging stakeholders and Multi Level Learning

- learning and **transformative change** : cross scale, cross-disciplinary, cross-sectoral
- Knowledge production and policy learning
- Knowledge (actor) -policy (actors) gaps
- Knowledge actors: the formal, the bureaucratic, the established, but not the world of civil society: NGOs, social activists, affected communities
- Flexible boundaries of knowledge-policy actors: problem –solving for sustainable futures

Surchal Wuri/Gaio 14

SDG Implementation Wellbeing as Collaborative learning

Opportunities and Challenges

- Beyond the national: subnational, subregional, regional and inter-regional
- Entry points: downstream and upstream
- Future oriented: regional integration and intellectual engagements
- Capacity building: individual, institutional and inter-regional
- New Global – Local, Local-Global Knowledge agendas

Surchal Wuri/Gaio 14

Integrating Social Aspects into SDGs

1 Commitment and Accountability
Recognizing the essential rights of all to healthy, clean and safe environments, equal opportunity, fair remuneration, ethical procurement, and adherence to rule of law

2 Ethics and Decision Making
Supporting organizational ethics, decision making with respect for universal principles through identification, mitigation, and the prevention of adverse short and long-term impacts on society and the environment

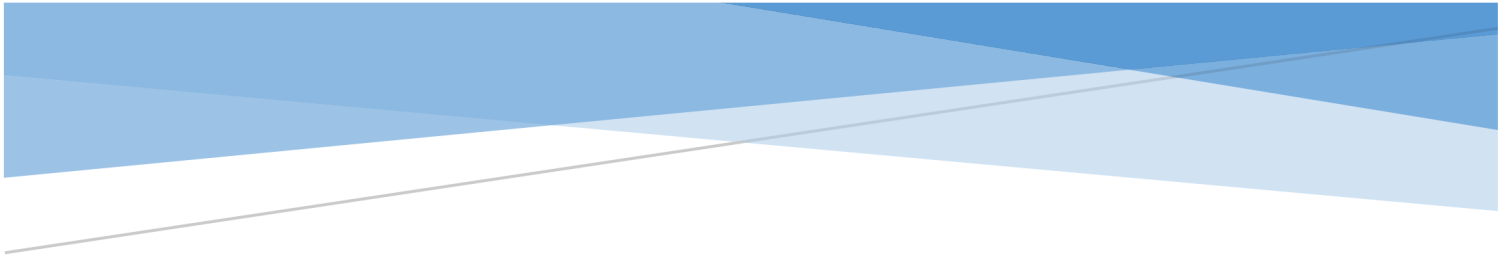
3 Integrated and Transparent
Fostering the interdependence of economic development, social integrity, and environmental protection in all aspects of governance, practice and reporting

4 Principal and Values Based
Conserving and enhancing our natural resource base by improving the ways in which we develop and use technologies and resources

5 Social and Ecological Equity
Assessing human vulnerability in ecologically sensitive areas and centres of population through demographic dynamics

6 Economic Prosperity
Establishing fiscal strategies, objectives, and targets that balance the needs of stakeholders, including immediate needs and those of future generations

17



FULL PAPER

AUTHORITARIAN STATE, DEVELOPMENTAL MODEL AND SOCIAL WELFARE¹

A Comparative Analysis of Indonesia, Singapore and Malaysia

Iwan Gardono Sujatmiko, Ganda Upaya,
Indera Pattinasarany, Jauharul Anwar, Adrianus Jebatu, Surya
Adiputra²
University of Indonesia

1. Introduction

The new countries and former colonies face an extremely challenging situation as they ought to respond simultaneously to the demands for democracy, economic growth and social welfare. It is difficult to form a new country which has democracy, economic growth and social welfare when in fact each country can only own one or two of those three elements. For example, a country may be high on economic growth, but undemocratic and low on social welfare. In this regard, the problematization of the absence of three factors is often analyzed from a nonhistorical perspective as the combination of the simultaneous three factors had never occurred in world history. The early democracy and industrialized countries such as European countries had the luxury of sequential development: economics, politics, and social welfare in a hundred years. On the other hand, the new countries have to innovate new strategies to implement those three factors. Otherwise, the imbalance may result in socio-economic stagnation and political disintegration.

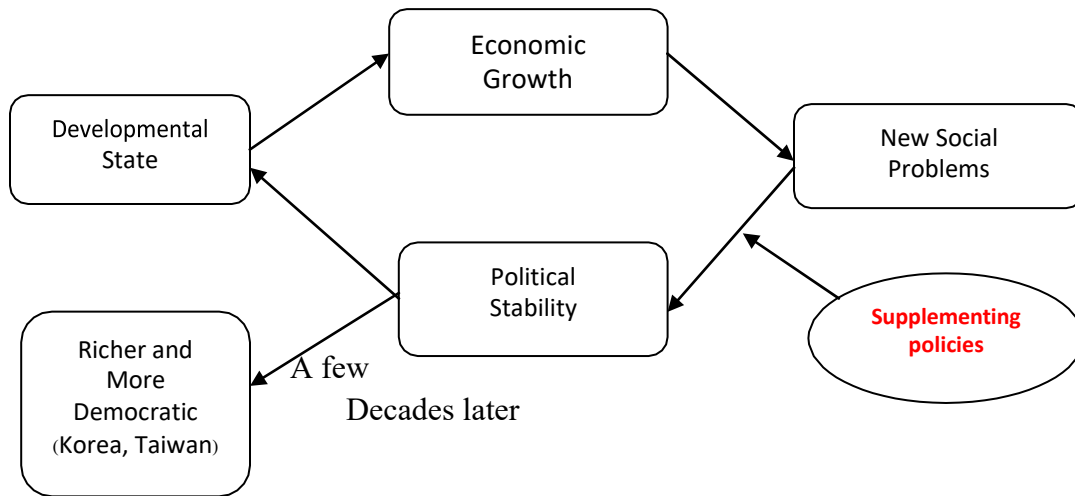
This paper intends to analyze how new countries such as Indonesia, Singapore and Malaysia applied policies that respond to simultaneous demands of democracy, economic growth and social welfare. The analysis will demonstrate how their leaders (Suharto, Lee Kuan Yew and Mahathir) applied developmental model with the state as a leading actor (See Johnson, 1982). The central question is: How is the implementation of a developmental model in those three countries? What are the roles of the leaders? The paper shows that the model can generally increase economic growth and social welfare. However, the same couldn't be said for the authoritarian system to transform into a more democratic system. After Lee's Singapore and Mahathir's Malaysia, the authoritarian political system remained, while in Suharto's Indonesia people power was successful in making Indonesia in a transition from Authoritarian Developmental State to a Democratic Developmental State.

The dilemmic condition faced by those three countries is conceptualized as "No Easy Choice" by Huntington and Nelson (1976) with two alternatives: technocratic and populist option. The implementation of the former will lead to participation implosion while the latter will result in participation explosion. However, there is still an alternative to combining the populist and technocratic model to authoritarian developmentalism. This is conducted through the act of supplementing policies to solve problems, such as inequality caused by economic growth (Ohno, 2013: 8-9). The model was implemented by those three countries and it can be illustrated in the following figure.

¹ Research on this paper is in the preliminary stage and we will later include the Philippines, Thailand and Vietnam.

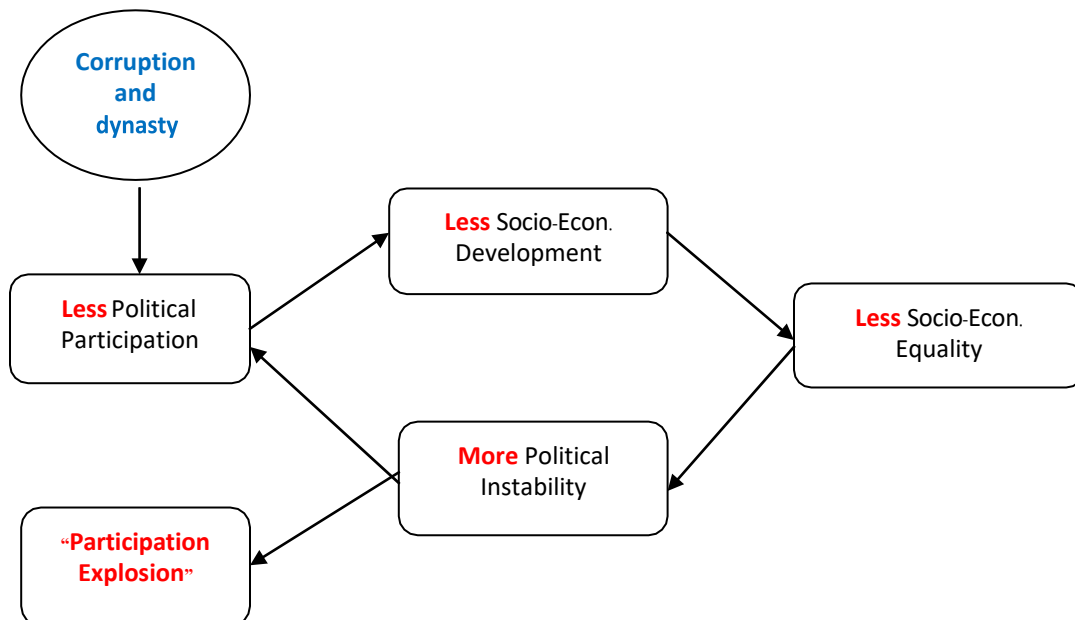
² The authors are members of Research Cluster Social Inclusion and Transformation, Department of Sociology, University of Indonesia. The authors are thankful to Shanty Novriaty for her assistance

Figure 1. The Authoritarian Developmental Model



However, two factors such as corruption and political dynasty (□exclusionary succession) become important factors which will shift □Developmental Model to the Elitist Model□ that can lead to the stagnation and failure as shown in the following figure.

Figure 2. The Elitist Model



The Elitist model occurred in the last ten years of Suharto's regime which led to the fall of Suharto.

2. Data on Indonesia, Malaysia and Singapore

A comparative analysis of Indonesia, Singapore and Malaysia requires the data on differences as well as similarities among those three countries.

a. Differences and Similarities

Table 1: The Differences and Similarities

DIFFERENCES				
	Indonesia	Singapore	Malaysia	Filipina
Population (1965)	100.3 million	1.89 million (1.9% of Indonesia)	9.57 Million (9.5% of Indonesia))	30.91 million (30.8% of Indonesia))
Geography	1,904,569 km ²	719.1 km ² (0.04 % of Indonesia)	127,724 km ² (7% of Indonesia)	300,000 km ² (15% of Indonesia)
Religion	Islam (Majority)	Budhism, Christianity, Islam, Taoism	Islam, Buddhism, Christianity, Hindhuism	Catholic (Majority)
Ethnicity	Jawa (Majority)	Chinese (Majority)	Malay, Chinese, Indian	Visayan, Tagalog
End of the regimes	Student protest and withdrawal of the support of military and Islamic groups, 1998.	Continuity, succeeded by Abdullah Badawi in 2003.	Continuity, succeeded by Goh Chock Tong in 1990.	Coup d'état and people/Catholic protest, 1986
SIMILARITIES				
	Indonesia	Singapore	Malaysia	Filipina
Former colonies	The Netherlands (1945)	Great Britain (1965)	Great Britain (1957)	United States (1898)
Continuity of pre-colonial states	Yes	Yes	Yes	Yes

Ideology	Anti-Communism	Anti-Communism	Anti-Communism	Anti-Communism
Economic system	Capitalism	Capitalism	Capitalism	Capitalism

b. Economic Growth, Democracy and Social Welfare

Indonesia, Singapore and Malaysia experienced economic growth (Table 2), social welfare (Table 3, Figure 3) and authoritarian politics (Figure 4-7). It is clear that those three leaders prioritized economic growth and social welfare over democracy. These patterns are examples of the authoritarian developmental model. The following table shows the economic development of those three countries.

Table 2. Per capita GDP in 1960-2007 (2005 international dollar, 000)

Country	1960	1970	1997	2007
Indonesia	1.036	1.236	4.577	5.186
Singapore	4.151	6.387	33.042	44.599
Malaysia	2.178	3.041	13.418	17.893
Philippines	2.191	2.616	3.651	4.791
Thailand	1.184	1.939	7.551	9.407
South Korea	1.740	3.030	17.875	23.852
Taiwan	1.584	3.103	18.896	27.005
Hongkong	3.894	8.057	32.191	43.116

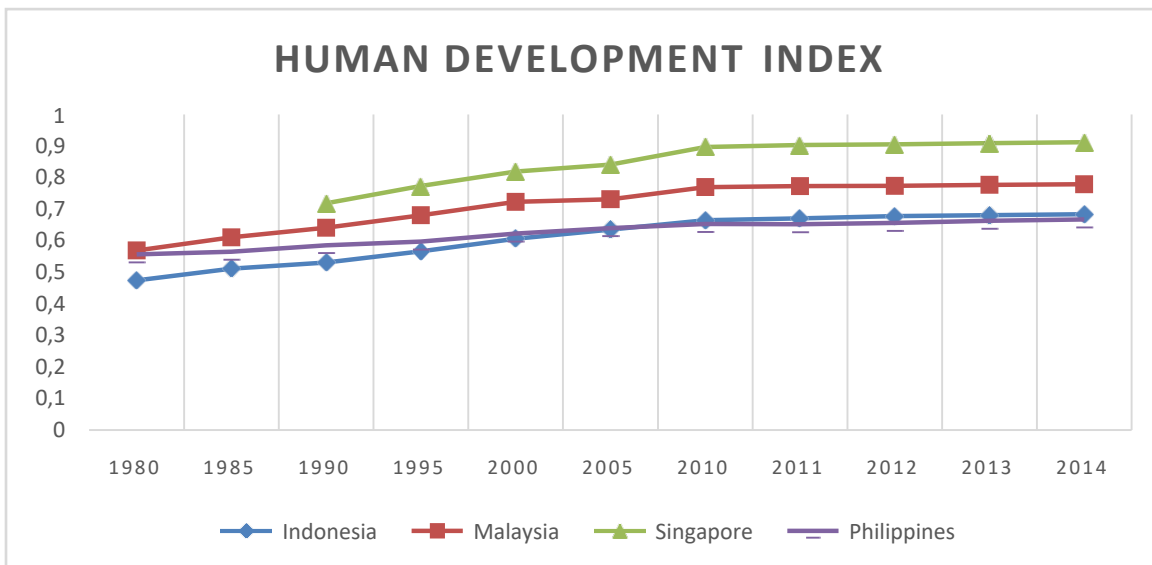
Source: Booth, 2014: 179 based on Hertton *et al* (2009)

The economic growth was complemented by a better social welfare as shown in Table 3 and Figure 3.

Table 3. Poverty and Unemployment

	POVERTY		UNEMPLOYMENT	
Indonesia (1965-1998)	1970: 60%	1997: 17.5%	1976: 2.3%	1997: 4.7% (prior to 1998 crisis)
Singapore (1965-1990)	n.a.	n.a.	1965: 10%	1990: 1.4%
Malaysia (1981-2003)	1981: 3.8%	2003: 0.5%	1980: 5.7%	2005: 3.6%

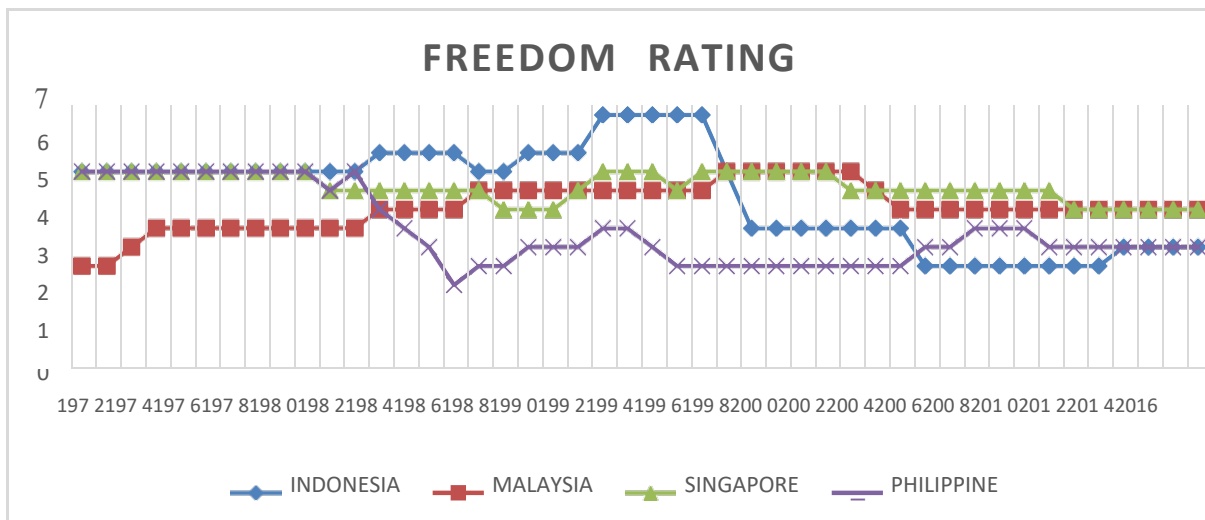
Figure 3. The Human Development Index



Source: <http://hdr.undp.org/en/data/>

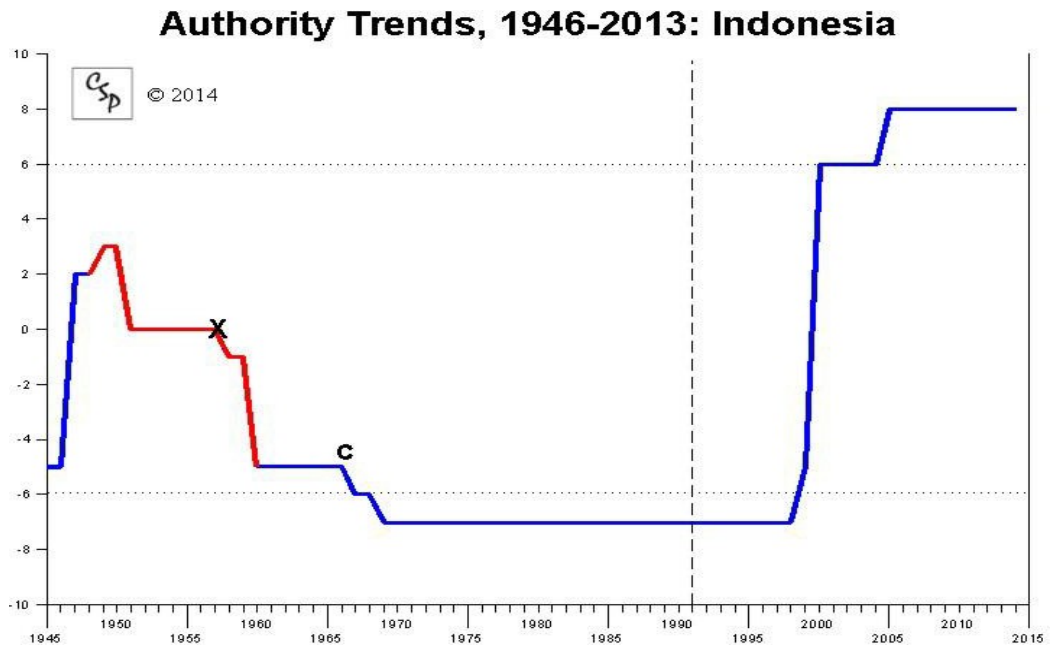
However the economic growth and social welfare in those three countries were not positively correlated with democracy as shown in Figure 4, 5,6 and 7.

Figure 4. The Democracy Index



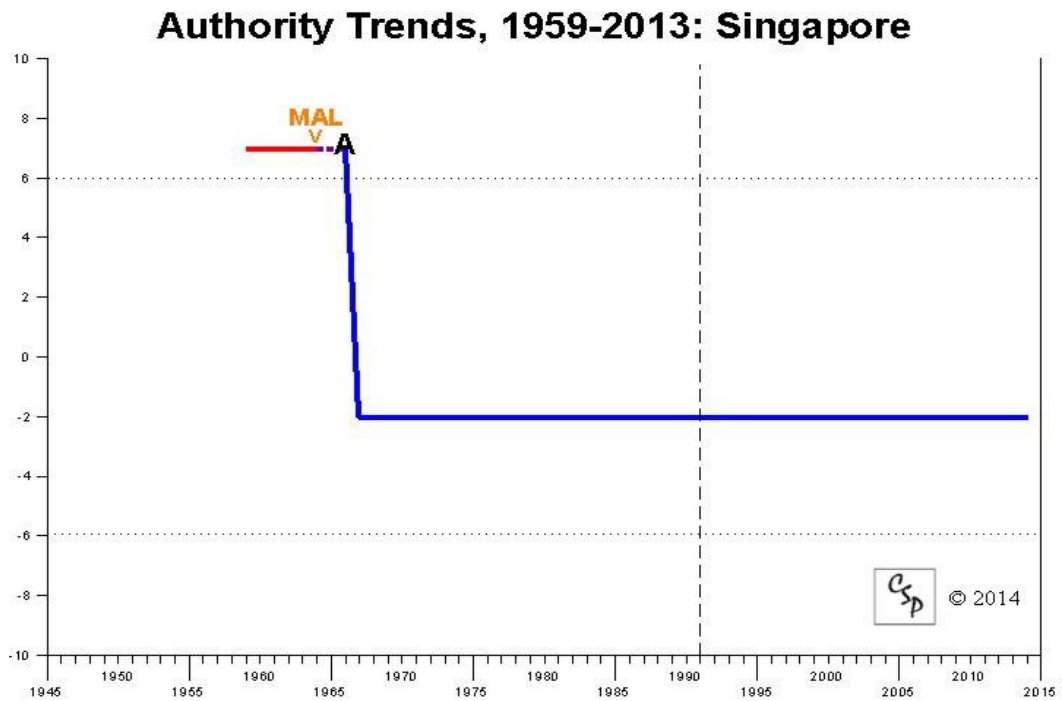
Source: <http://freedomhouse.org>

Figure 5. Authority Trends in Indonesia



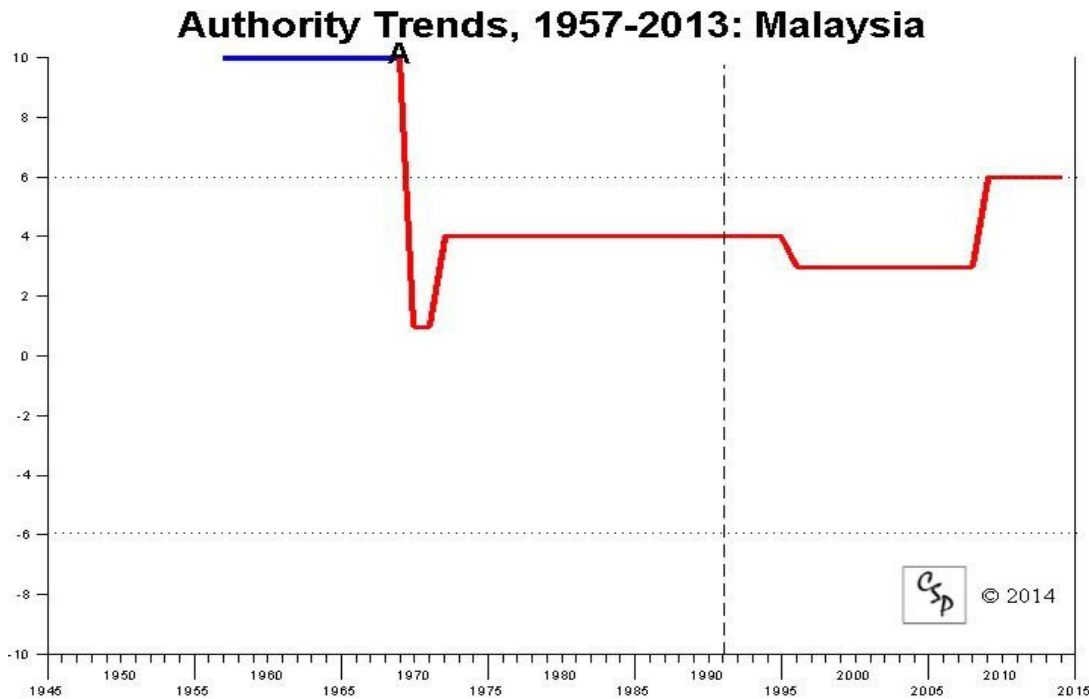
Source: <http://www.systemicpeace.org/polity/ins2.htm>

Figure 6. Authority Trends in Singapore



Source: <http://www.systemicpeace.org/polity/sin2.htm>

Figure 7. Authority Trends in Malaysia



Source: <http://www.systemicpeace.org/polity/mal2.htm>

In the following sections we will discuss how Suharto, Lee Kuan Yew and Mahathir building political order and social welfare.

3. The Leader, Political Order and Social Welfare

3.1 The Rise of Suharto

When Mayor General Suharto began his military campaign to instill order and security the political arena in Indonesia was generally divided into three camps – pro-communist forces heavily supported by the PKI, Sukarno followers within several political parties such as the PNI and some military officers, and anti-communist forces within Islamic parties and the Army led by Mayor General Suharto. The first target was pro-communist followers, especially members of the PKI and other organizations associated with the PKI such as labor, peasants, students, women, journalists, youths, teachers, artists, and some officers of the Indonesian Armed Forces who had supported the coup of September 30, 1965. The army moved swiftly to arrest PKI cadres and activist organizations and mass killings of Communists took place, especially, in Central and East Java (Crouch, 2007: 142-144).

Sukarno's followers who were willing to join the anti-communist forces were treated cautiously – those who were loyal to Sukarno but opposed the coup by hitting the PKI and its organizations were exempt from firing their positions either in civil or military bureaucratic apparatus. The anti-communist parties and organizations were immediately approached by the army to support its military campaign against the PKI.

General Suharto and the army continued to crush the PKI and its followers, especially the higher ranking members of the PKI. During their pursuit, they succeeded in capturing Aidit, the secretary general of the PKI, on 22 November 1965 and then executed him. After receiving the order's authority, General Suharto, in the name of the President, issued the dissolution of the PKI and its affiliated organizations throughout the nation, with no hesitation. Sukarno's armed forces followers were upset by Suharto's decisive action.

3.2. Political Order in Indonesia

In order to develop political stability as one of his national policies, from the beginning of his reign, President Suharto launched, first, the practices of the *DwiFungsi (dual function) doctrine* which legitimated and extended military control over political life. The *DwiFungsi* doctrine formalized two closely related roles of the ABRI (Indonesia's Armed Forces): to defend the country not only from conventional military threats from abroad, but also from domestic threats of any kind, such as military, political, socioeconomic, cultural, and ideological. The armed forces implemented the dual-function doctrine by assigning active and retired military personnel from the MPR (People's Consultative Assembly), the DPR (people's representative Council), and provincial and district legislatures to executive and staff positions of formal and informal authority over Golkar in central, provincial, and district administration (Liddle, 1999: 44-45).

Of the twenty-seven-member cabinet appointed by Suharto in July 1966, six ministers were drawn from the army and another six, including the service commanders, from other branches of the armed forces. The roles of the civilian ministers were further limited by the appointment of army officers to high positions in the civil service. Army officers held the position of secretary general in ten departments and a naval officer was assigned in another. Of the sixty-four director-generals assigned at the same time, fifteen were army officers and eight were from the other three services. In regional government, the armed forces assigned about three-quarters of the twenty-seven governorships and a small majority of district headships. In the 1971, 1977, and 1982 elections, military officers typically held the key positions within Golkar at each administrative level (Liddle, 1985: 72).

The main military agent for implementing security and order in the New Order was *Kopkamtib* which originally was intended to supervise and arrest communist forces. Due to the changing political life after the PKI collapsed its function grew and dealt with a wide range of political problems. *Kopkamtib* played a key role in arresting students who carried out demonstrations against the visit of the Japanese Prime Minister in January 1974, as well as student movements against Suharto's government in 1978. This powerful institution also had some members of *Petisi 50* arrested, which consisted of retired generals such as General Nasution, Mokoginta, Ali Sadikin and several civilian political activists, since *Petisi 50* had released critical statements about corruption and abuse of power by Suharto's regime. Indeed, *Kopkamtib* had banned several newspapers and magazines which had criticized Suharto's family, especially, his children who ran economic activities by manipulating Suharto's power.

The second political operation conducted by the New Order's regime was the emasculation of political parties. Modernist Muslims were at first allowed to form a new party to replace Masyumi but were not permitted to elect old Masyumi figures to leadership.

The regime acknowledged that the old Masyumi figures still had much influence as patrons of young cadres of the new Islamic party. Military officers also intervened in the election of leaders of the PNI. The military intervention had succeeded in placing new leaders favored by military officers unassuming the chairmanship and the vice-chairmanship. Thus, Suharto's policy toward political parties was aimed at reforming its leadership for reasons of patronage and control. In addition, all village-political organizations established since the 1950s were abolished. The rural population was depoliticized from ideological conflicts which had prevailed in the Old Order – the villagers were transformed into a "floating mass". Only officials of the government party, Golkar, were allowed to manage activities in the villages throughout Indonesia.

Parties were forced to amalgamate in January 1973 two years after the 1971 General Election, and the government organized the merger of these political parties into three groups: (1) Golkar (2) Partai Persatuan Pembangunan or the Development Unity Party, consisting of Nahdlatul-Ulama (the Muslim Scholars Party), Partai Muslimin Indonesia, Partai Sjarikat Islam Indonesia (the Islamic Association Party), and Persatuan Tarekat Islam Indonesia (the Muslim Party); (3) Partai Demokrasi Indonesia or the Indonesian Democratic Party which included Partai Nasional Indonesia (the Nationalist Party), Ikatan Pendukung Kemerdekaan Indonesia (the Independence upholders), Partai Katolik (Catholic Party), Partai Kristen Indonesia (the Protestant Party), and Murba (the People's Party).

Established by the armed forces in 1964, the Joint Secretariat of Functional Groups (Golkar) was given a central role in rallying popular support for the New Order. The regime managed Golkar (*Golongan Karya*, Functional Groups) as its electoral vehicle. Enforcement of "mono loyalty," in which civil servants were expected to sever their links with the political parties, massive mobilization of state resources, and widespread intimidation delivered Golkar 62.8% of the vote in the 1971 elections, and similar victories in later elections (Aspinal, 2005: 22). In the early 1980s, the government began to insist all parties and social organizations adopted the state doctrine of Pancasila (the five principles of belief in God, humanitarianism, nationalism, democracy, and social justice) as their "sole principle" (*asas tunggal*), thereby removing the PPP's Islamic *raison d'être*. In 1985 the PPP was forced to replace its ballot symbol, the Ka'abah in Mecca towards which Muslims pray, with an un-Islamic looking star derived from the government's official Pancasila emblem (Liddle, 1988: 184). As a consequence, the PPP lost its "political identity" as an Islamic party with its supporters.

Golkar's political dominance continued until the regime was toppled in the late 1990s. In 1998, the Golkar party won 87% of the vote. The overall picture of national politics that emerges from the election is one of continued domination of Indonesian society by the military-bureaucratic complex, of which Golkar is the electoral manifestation. Coercion, though now in the background and used sparingly and indirectly, still explains much of Golkar's and the government's success (Liddle, 1988: 185).

3.3 Social Welfare in Indonesia

The other national project of Suharto's regime was to pursue economic stability. Prior to the 1997-98 crisis, for some three decades, the New Order under Suharto's leadership maintained Indonesian economic growth. Due to economic stability, the New Order regime was able to stay in power until the crisis. As Liddle says, "It was not just coercion that made the New Order work" (Liddle, 1999: 49). Economic stability was very important for the New Order since it encountered economic problems when Suharto came to power in 1966. In the first half of the 1960s, exports declined, foreign currency reserves shrank to zero, and inflation increased to an almost 600% annual rate in 1966 (Booth, 1999: 110). Suharto recognized that his political struggle would fail if the economic problems were not resolved immediately since people hoped the new regime would provide them with their basic needs.

General Suharto asked economists from the University of Indonesia, led by Professor Widjojo Nitisatro, to join his cabinet to restore Indonesia's economy. Civilian technocrats' ideas probably have more impact on policy in Indonesia than in almost any other Third World country since their views have been decisive in setting economic stability (Jackson, 1978: 13). By way of reaction to what had occurred under Sukarno's Guided Democracy, these technocrats advocated the abandonment of etatism for a more 'open', market-type economy. It was believed that the operation of free market forces would have themselves produced a stable growth process unhampered by inflation and distortions (Rudner, 1976: 255).

From within Bappenas (the National Development Plan Agency), the technocrats struggled to improve the Indonesian economy. As a central planning institution, Bappenas had substantial responsibility for the formulation of development strategies expressed in its sectoral and overall plans. In the New Order's first five-year development plan, which began in April 1969, agriculture received major attention. Several programs known collectively as Inpres (presidential instruction) have penetrated rural Indonesia with village construction projects such as roads, village halls, schools, health centers, markets, and reforestation (Liddle, 1985: 78). These programs were able to take place since the Indonesian economy grew more than 7% per year between 1968 and 1981 (Booth, 1999: 112).

According to Booth, after 1973 revenue from oil company taxes was used to increase agricultural activity –new high-yielding and pest-resistant varieties of rice were developed and distributed. These efforts resulted in a burst of growth in rice production between 1979 and 1985 when total output of the crop increased by 49%. In 1985 the government proclaimed Indonesia's self-sufficiency in rice (Booth, 1999: 114). The New Order's policy on rice brought stable incomes and prices to millions of farmers and consumers of this politically sensitive foodstuff. Furthermore, a prolonged and broad-based improvement in living standards under the New Order took place; consumption of foodstuffs such as rice, meat, and dairy products rose continually from the late 1960s between 1968 and 1995, and daily protein intake per Indonesian improved by more than 60%, from 43.3 to 70.0 grams (Booth, 1999: 129). By the mid-1990s regional and village development projects initially funded by the oil boom transformed the countryside: new roads, bridges, electricity grids, and telecommunications had vastly improved the accessibility to modern life (Liddle, 1999: 51).

From 1969-1974, family planning acceptors increased from 53,100 in 1969 to 1.5 million in 1974. Oral pill acceptors increased from 27% of all acceptances in 1969/70 to 69% in 1974/5. At the end of 1974, 82% of acceptors reported the head of the household as farmer, a fisherman, a manual laborer or as unemployed. In the educational categories, 37% of acceptors described themselves as illiterate and 92% as having had six years or less of schooling. This suggests that younger women with fewer children were entering the program, and moreover women who were representative of the rural poor (Reese, 1975: 104-105).

Within 25 years of Suharto's ascendancy to power, for Indonesia as a whole, infant mortality rates fell by nearly two-thirds (from 145 per thousand live births in 1967 to 51 in 1991), while life expectancy at birth lengthened by more than two-fifths (from 45 years to 64 years over the same period). Suharto's family planning program was successful in reducing Indonesia's fertility rate from 5.6 children per woman in the early 1970s to an average of 2.6 children per woman by 2002.

Social-economic welfare could be felt considerably by the Indonesian people, including those in lower social strata when the New Order regime succeeded in managing economic order. But without stabilized political order there was no economic growth. Only after Indonesia achieved higher economic growth, could the state arrange social-economic welfare policies such as family planning, education, and rice for many Indonesian people. Thus, the authoritarian New Order stayed in power not only with coercion but also with social-economic welfare for the lower social strata.

3.4. The Rise of Lee Kuan Yew

Sir Thomas Raffles founded Singapore as a port in the Straits of Malacca in 1819. Singapore has a strategic location, being located at the trade routes in Asia, as well as between Europe and Asia. Singapore became a meeting place for traders from various countries, such as Arab, China, and India. Singapore's foundation was intended that the United Kingdom, which controlled Singapore, could dominate trade in the region. During the World War II, Singapore was occupied by the Japanese. At that time, the living conditions were dismal.

In 1954, Lee Kuan Yew, a middle class professional lawyer, a Cambridge graduate, founded the People's Action Party (PAP). In 1959, Singapore was given limited self-government by the British (Hill and Fee, 1995:18), but was not granted independence. In the same year, Lee was elected as the first Prime Minister of Singapore after the PAP won the election. He had a vision of full independence for Singapore. In 1963 Lee brought Singapore into Malaysia with Sabah and Sarawak. However, three years later Singapore broke away from Malaysia. On 9 August 1965 Singapore's was declared as a sovereign and independent republic.

Lee resigned from his post in 1990, after 31 years in power. Despite his retirement, he remained influential in government. He continued to serve as a senior minister during the leadership of Goh Chok Tong (1992-2004). After Lee's son, Lee Hsien Loong became Prime Minister in 2004; Lee remained influential, holding the position of minister mentor in the cabinet.

3.5. Political Order in Singapore

In running the government, Lee strictly controls the political life of Singapore, and highly regulated the community. The Singaporean government prohibited political activities, except those carried out by groups registered as political parties. These prohibitions restricted the activities of opposition groups and limited the scope of expression and political action (Freedom of Expression and the Media in Singapore, Article 19 Publication, December 2005:13; accessed on February 13, 2017). For example, in 1987, 22 activists were arrested, which was considered a violation of international standards of civil and political rights (Barr, 2014: 149).

The first generation of leadership of Lee Kuan Yew was effective in influencing the citizens of Singapore. Lee had an impressive intelligence and political skills. The political skills were transmitted to the next generation of leadership (Hill and Fee, 1995:23). He had a very clear vision to build Singapore. During Lee leadership, there was recognition of the rule of law and determination to prohibit corruption (Montagnon, Unique Vision Shaped Modern Singapore□, 2017).

The elite's vision for the future of Singapore was to transform Singapore from a third world to a first world country (Kuang, et.al.1998: 107). This vision was translated into policies that made Singapore a country with high standards in the field of economy, health and education. Economic development was an important priority in implementing the vision of the state. The strategic location made Singapore a hub port of world trade. This was an important capital for Singapore's economic development. In addition, an efficient and honest government bureaucracy strongly supported the foreign trade and investment climate in Singapore. Lee had a vision of building human capital through education. The people are the most important assets in the development of Singapore, given the scarce natural resources. To carry out this vision, the government built an efficient, universal, and superior education system to build knowledge and skills.

PAP was established on 21 November 1954 by Lee Kuan Yew, Lim Chin Siong and Fong Swee Suan. Lim and Fong were radical leftists, in contrast to the moderate nationalist-leaning Lee (People's Action Party: 2017). They agreed that the PAP had a value of political moderation and supported constitutional change. Since the time of its formation, PAP was led by Lee. He served as general secretary of the PAP for nearly 40 years. The goals of this party were to fight for Singapore's independence from British rule. After the PAP formed a government in 1959, PAP determined a work program. The priorities were eradication of unemployment and meeting the needs for housing, in which both programs were mutually supportive of each other (Mauzy, 2002:3). The need for housing was outlined in the housing system policy.

In its development, the alliance between Lee's moderate group and the leftist group was not easy. Often there was tension between them because of the differences of political ideology even though both groups equally desired Singapore's independence from British colonial government. In fact, Lim and his followers built networks with communists and did not eschew violence in achieving their goals (The PAP: Why and how □, 2017). During the 1957 election of members of the Central Executive Committee (the highest policymaker body in PAP), pro-communist members outnumbered nationalists. These elections resulted in a change in the leadership of PAP. Shortly after the election, Chief Minister Lim Yew Hock made an anti-communist operation, arresting those with communist leanings, including members of the PAP. With this operation, the moderate faction was able to restore control in the PAP (Mauzy, 2002: 39). Since the 1959 election, the PAP has always been able to gain a majority of seats in the legislature. The PAP remains the dominant political party in Singapore. After Singapore's independence in 1965, ten of the first generation of PAP leaders occupied ministerial positions in the cabinet (10 First Cabinet Ministers of the Republic of Singapore, 2017).

As a single political party, PAP holds hegemony through grass-roots organizations - community centers, citizen's consultative committees, and residents' committees (Hill & Fee, 1995:23). PAP's use of non-political organizations is much more intensive than other political parties. In addition, the civil society of Singapore tended to focus on the vertical relationship between civil society and government. The activists, in many instances, conveyed issues of the public interest, and they provided support to the government (Koh & Soon, 2012:93). Although Singapore is often regarded as an authoritarian state, the representatives are active and responsive to its constituents. Accordingly, that there is democracy in expressing aspirations.

PAP's strong dominance can also be seen from within the party itself. PAP has a grassroots system, and its membership is very selective and disciplined (Freedom of Expression and the Media in Singapore, 2017). This results in the party cadres having high competence. In addition, the PAP upholds the core value of honesty. Its members are not allowed of corruption and must be transparent, which is expected to create integrity (People's Action Party: Pre-Independence Years, 2017).

While there are the following parties in Singapore: People's Action Party, Worker's Party, Singapore Democratic Party, National Solidarity Party, Reform Party, Singaporeans First, Singapore People's Party, Singapore Democratic Alliance, and People's Power Party, the dominant political party is the People's Action Party (PAP). Singaporean political system can be considered as a single party system, as the PAP holds the largest number of seats in the parliament.

PAP has participated in the first general election in 1955. At that time, PAP only obtained 3 out of 25 seats in the legislative (Mauzy, 2002:4). PAP's position was then an opposition party. However, the conditions changed in the following years. In 1959 the PAP gained 43 of 51 seats (Mauzy, 2002: 16) and in 1962, it gained 37 of the 51 seats contested in the legislative. Between 1968 and 2015, the PAP controlled between 60-87% of seats in the parliament. It can be said that the PAP has no opposition in the government. The authority trend in Singapore can be seen in Figure 6.

3.6. Social Welfare in Singapore

Singapore economic policies are formulated by The Economic Development Board (EDB). EDB, as Singapore pilot agency, is the main government institution for the planning and implementation economic strategies that improve Singapore's position as a center for global hub for business, investment and talent (Our Vision, Mission and Core Values, 2017).

In 1959, the Ministry of National Development (MND) was developed. This is a key government institution that was responsible for national land use planning and development (Ministry of National Development, 2017). The objectives of MND are to develop world-class infrastructure, creating a vibrant and sustainable living environment and building rooted and cohesive communities (Ministry of National Development, 2017). The MND work together with other related institutions to implement its programs. During his reign, Lee implemented a housing policy that was known to be extremely successful. The Housing Development Board (HDB), which began operating in 1960, was a main pillar in Singapore's housing system (Phang and Helble, 2016). The Singaporean government realized the scarcity of land in Singapore, and the regulation of land became very important. HDB's main objective was to provide housing for the entire community, not just the poor (Public Housing in Singapore, 2017). The government subsidized this housing policy. Since 1968, the government used the Central Provident Fund (CPF) as a tool for housing finance (Asian Development Bank Institute, 2016: 8). With the increasing standard of living of Singaporeans, the expectations of society on housing also increased. With this condition, HDB built housing with improved quality, design and environmental layout, and also better public facilities (Public Housing in Singapore, 2017).

In terms of home ownership, at first, HDB housing imitated the British model that provided houses to be leased. Since 1964, HDB offered a home-buying scheme in the form of the "Home Ownership for the People Scheme" which offered affordable installments to the home for the public Phang, Sock-Yong dan Mathias Helble. March 2016. Housing Policies in Singapore. Tokyo: Asian Development Bank Institute. Regarding the price, the government determined the price of rent, mortgage and the selling price as it spent the money for the construction of the housing.

The Singaporean government uses the public housing policy as an instrument of spatial integration policy of the multi-ethnic population (Sim, et.al, 2003: 293). This policy began to be implemented in 1989. In practice, HBD allocated housing to residents from Singapore's diverse ethnic communities (Chinese, Malay, Indian), based on the composition of the three groups in Singapore. That is, the residents of the apartments in each building and each block should reflect the ethnic composition of Singaporean society. The housing policy is closely linked to the economic development policy, and because the house is an important requirement for the majority of the population of Singapore, providing affordable homes quickly and affordably gives legitimacy to the government's political program and is an effective mechanism for social engineering (Hill, 1995:5). The HBD and EDB were the institutions that became the mainstay of Lee in addressing various problems in building Singapore, among others, economic problems, unemployment, and housing.

Lee was aware of the lack of natural resources in the country. Therefore he carried out an improvement in human capital by improving education. The Singaporean educational objective was to build an education system that fits social and political needs (Gopinathan, 2011: 12). Singapore built an educational policy insisting on the principles of meritocracy and science.

Bilingualism is a key component in the education system of Singapore Boon and Gopinathan, 2006: 7). English is the "working language" used in inter-ethnic communication (in the fields of education, learning, and so on), whereas other languages are "mother tongues" of ethnic groups in Singapore (Quentin. no date). Mastery of English gives to all Singapore citizens equal opportunity to learn and improve their skills in a variety of disciplines. English allows one to succeed in the working world, wherever their career are. While the mother tongues are used to keep the citizens of Singapore to stay rooted in culture, maintaining their sense of belonging to their cultural roots and supporting their confidence in a global world (<http://media.ntu.edu.sg>). In the field of health, the Singaporean government has insurance policy in the form of public and financing insurances. The implementing agencies of public financing are Medisave, Medishield, Eldersshield, and Medifund. Singapore has the CPF with individual accounts, where people pay 20 percent of their salaries, and employers pay 20 percent (Plate, 2013: 71). Using the CPF funds, people can pay mortgage and health insurance such as Medisave.

Singapore's development, fulfilling the needs of housing, supported by a free and open educational system, has made Singapore a rich state (Rivard, 2017). Singapore's economic development can be seen, among others, in the increase in GDP per capita, which in 1965 amounted to US\$ 970 million, becoming US\$ 34.5 billion in 1990(Kuang, et.al.1998: 108). In terms of investment, from 1965 to 1975, the value of foreign asset holding in manufacturing increased from \$ 157 million to \$ 3,739 million (Kuang, et.al. 1998: 112).

Other secret of Singapore's success is Singaporean vertical social mobility (Kuang, et.al. 1998: 117). In Singapore society, regardless of parents' wealth and social status, individuals has equal opportunities to experience social mobility from one social stratum to another one.

3.4. The Rise of Mahathir

Datuk Seri Mahathir bin Mohammad, well known as Mahathir Mohammad, is a politician who served as the longest prime minister of Malaysia (1981-2003). Instead of maintaining his work as a civil servant in the health sector with his educational background in medicine, he continued his career in politics and joined the UMNO (United Malays National Organization), the largest party in Malaysia, which paved his way into the Malaysian parliament instead. Mahathir finished his position as prime minister on October 31, 2003, and was replaced by Abdullah Ahmad Badawi. In addition to serving as prime minister of Malaysia, in 1981 Mahathir was also elected as the UMNO party chairman.

Mahathir was expelled from the party because of a conflict with Abdul Rahman, Malaysia's

prime minister, the father of Malaysia, for the thoughts that he wrote in his book, *The Malay dilemma*, about the need for affirmative action for Malaysian citizens, especially for the Malay people, to be equal to Chinese-Malaysians, and also for his criticism of Malaysia's economic backwardness. However, when Abdul Rahman was no longer prime minister, Mahathir returned to the UMNO party and was promoted and entered the cabinet as Minister of Education in 1974. In 1976, Mahathir was promoted to deputy prime minister before being prime minister for 22 years.

The most phenomenal and crucial political conflict involving Mahathir was Anwar Ibrahim's dismissal from all positions in the kingdom and the political party UMNO in 1998. In addition, his disillusionment with his successors, namely Ahmad Badawi, the Malaysian governor pushed the announcement of his resignation from the UMNO on May 19, 2008, to suppress Badawi that he resigns from office. The new government advocated a moderate view of Islamic state defined by Islam Hadhari. At this time, there was also opposition from the socialists and reformists to the efforts to establish the Islamic state.

Mahathir's leadership vision had a significant impact on the economy, culture, and the Malaysian government. The modernization of Malaysia in all sectors waste ultimate vision of Mahathir during his reign. In the economic sector, the liberalization of economic policies to increase investment and capital in order to achieve economic growth was realized in the form of the privatization of some state enterprises, such as airlines and telecommunications, although the policy was considered as prioritizing the party supporters. In 1991, Mahathir designed a direction for policy development called *Dasar Pembangunan* (Basic Development) that emphasized industrial and trade-based development and the eradication of poverty. In the same year, he also initiated the visionary thinking of directing Malaysia's progression into a developed country, namely *Vision 2020*.

3.5. Political Order in Malaysia

The power achieved by Mahathir was a result of political support from UMNO, and the coalition party known as the *Barisan Nasional* was formed in 1973 from a number of parties with the three major parties that dominate: the United Malay Nationalist Party (UMNO), the Malaysian Chinese Association (MCA) and the Malaysian Indian Congress (MIC). The third party does not only represent the ethnic composition, namely the Malays, Chinese and Indian ethnics but also represents the interests of the elite of the three ethnic groups (Kua 1996: 3). Since it was first formed, the coalition has always won the general election in Malaysia.

To maintain its political stability and disturbance from the opposition parties, the *Barisan Nasional* also controls the print and electronic media in Malaysia. With such a political domination system, civil liberties, both in terms of freedom of expression and association

activities (especially among students and scholars) are also restricted so they cannot disrupt the political stability (and security) that has been formed by the Barisan Nasional. In fact, in order to maintain political stability and national security, the Malaysian government did not hesitate to arrest citizens without trial (Kua 1996: 7).

Since obtaining independence in 1957, Malaysia was dominated by the UMNO, which later in 1973 was reinforced through a system of the multi-party coalition called the Barisan Nasional. The coalition has always won control of parliament with two-thirds of the seats.

Table 4. Parliamentary Elections, 1974-1990

<i>Parties</i>	<i>1974</i>	<i>1978</i>	<i>1982</i>	<i>1986</i>	<i>1990</i>
UMNO	61	69	70	83	73
MCA	19	17	24	17	18
MIC	4	3	4	6	6
Gerakan	5	4	5	5	5
BN Others	–	–	20	27	27
PBS	–	–	4	10	14
PAS	14	5	5	1	7
DAP	9	15	6	25	20
S46	–	–	–	–	6
Others	1	–	–	4	4
Total	113	113	138	178	180

Notes: 1. PAS joined the BN from 1974 to 1977
 2. PBS left the BN just before the 1990 elections
 3. Figures for 1974 and 1978 are for Peninsula Malaysia only

Source: Milne and Mauzy in Kua 1996:4

3.6. Social Welfare in Malaysia

Malaysia is blessed with natural resources, especially forestry and mining. It is one of the largest exporters of natural rubber and palm oil, together with sawn logs and sawn timber, cocoa, pepper, pineapples, and tobacco, which dominates the growth of the sector. Palm oil is also a major generator of Malaysia's international trade. Tin and petroleum are the two main mineral resources which have become Malaysia's major economic backers. Malaysia was also the largest tin producer in the world until the collapse of the tin market at the beginning of the 1980s.

Although the federal government promotes private enterprise and ownership, the economic direction of the country is heavily influenced by the government's five-year development plans

since independence. The economy is also influenced by the government through agencies such as the Economic Planning Unit and government-linked wealth funds such as Khazanah Nasional Berhad, the Employees Provident Fund, and Permodalan Nasional Berhad. The government's development plans, called the Malaysian Plan, currently the Tenth Malaysia Plan, started in 1950 during the British colonial rule. The plans were largely centered on accelerating the growth of the economy by selectively investing in particular sectors of the economy and building infrastructure to support these sectors. For example, in the current national plan three sectors – agriculture, manufacturing, and services will receive special attention for their promotion to the transition to high value-added activities in the respective areas.

Although Malaysia achieved its independence from Britain in 1957, economic inequality, especially between Malay people (called the Bumiputera) and Chinese-Malaysians, is a crucial issue that can be seen by the ethnic conflict between them which took place on May 13, 1969, known as the May 13 Incident. Prior to the incident, the poverty rate among Malays was extremely high (at 65%) as was the discontent between races, particularly towards the Chinese, who controlled 34% of the economy at the time. Therefore, in 1971 Tun Abdul Razak, who was then the Prime Minister, implemented the affirmative action policy named the New Economic Policy with the aim of giving Malays a 30% share of the economy of Malaysia and eradicating poverty amongst Malays, primarily through encouraging enterprise ownership by Bumiputeras. Through the NEP, the Bumiputeras majority were given priority and special privileges in housing developments, scholarship admissions, and also for ownership of publicly listed companies.

At the same time, Malaysia began to imitate the four Asian Tiger economies (South Korea, Taiwan, British Hong Kong, and Singapore) and committed itself to a transition from being reliant on mining and agriculture to an economy that depends more on manufacturing. In the 1970s, the predominantly mining and agricultural based Malaysian economy began a transition towards a more multi-sector economy. Since the 1980s the industrial sector has led Malaysia's growth. High levels of investment played a significant role in this. With Japanese investment, heavy industries flourished and in a matter of years, Malaysian exports became the country's primary growth engine. Malaysia consistently achieved more than 7% GDP growth along with low inflation in the 1980s and the 1990s. After 40 years of The Malaysian New Economic Policy which was created in 1971, Bumiputera equity ownership rose to 23% and was worth RM167.7 billion in 2010 against 2.4% in 1970. But, the NEP is accused of creating an oligarchy, and a 'subsidy mentality'.

From 1988 to 1996, Malaysia's economic growth was not less than 8% per year. During the period of Mahathir's government, Malaysia also experienced a jump from an agriculture-based

economy to a manufacturing-based economy and industry (especially in the fields of computer and consumer electronics). During this period, the Malaysia's landscape has changed with the emergence of numerous megaprojects. The most prominent projects are the Petronas Twin Towers (at the time the tallest building in the world), Kuala Lumpur International Airport (KLIA), the Sepang F1 Circuit, and Putrajaya (the new federal administrative center of Malaysia).

Malaysia's progress under Mahathir's leadership was also supported by his view on the need for political stability. Such a view was not only manifested in parliament through the political party the Barisan Nasional coalition, of economic development, achieved accompanied with style authoritarian rule.

During his reign, Mahathir made a statement that Malaysia is an Islamic State; despite in fact that it is a plural society. He was diligent in promoting the country as an Islamic state by stating, "The Law of Islamic or Sharia law enforced in Malaysia by taking into account the state of the countries diverse and justice that became part and parcel of Islamic law." He also referred to the Islamic State in Córdoba in Spain which is a plural society. However, this is denied by Malaysian society itself. In addition, many leaders and rulers rejected the notion that the country was an Islamic state, such as Abdul Rahman, the former prime minister of Malaysia, and "the father of the independence of Malaysia. The practice of capitalism-secularism is strewn there by New Year's parties with scantily clad dancers in famous nightclubs in Kuala Lumpur. There is also a casino in the Genting Highlands. Also, Muslim women do not have to wear a hijab in Malaysia.

4. Concluding Reflection

The previous discussion shows how Suharto's Indonesia, Lee's Singapore and Mahathir's Malaysia implemented developmental model that had succeeded in South Korea and Taiwan. The three leaders had to calculate the degree of democracy, economic growth and social welfare in order to have new and improved societies. The implemented strategies were varied. For example, Indonesia allowed limited participation with three political parties and CSOs in state corporatism. Suharto also implemented basic strategies such as poverty reduction and family planning. The situation in Malaysia shows the integrative strategy for the the Malay, Chinese and Indian in a strong alliance or Barisan Nasional. In addition to this strategy, Malaysia also implemented intensive social inclusion in its New Economic Policy. A different condition occurred in Singapore with a dominant PAP and legal order. It controlled politics and functioned as a quasi single party while improving social welfare with its comprehensive socio-economic development including its social mobility program through the Housing program.

The implementation of developmental model in those three countries dealt with corruption and political dynasty. In the Indonesian case, Suharto and his family were believed to be involved in crony capitalism and corruption with approximately 15-30 billion US dollar worth of fortune. Moreover, he was also deemed to have attempted in grooming his daughter as a potential successor. In Malaysia, Mahathir prohibited his sons to be involved in politics on condition that he was in power. However, his sons were also involved in major business and there was the issue of UMNO capitalism. In Singapore the issue of corruption is relatively absent as dynasty emerged when Lee's son BG Lee was believed to be groomed in order to succeed him and Singapore was mentioned as the "land of the rising son". The three leaders had different endings: Lee was still in charge of the PAP and was still serving as Senior Minister (1990-2004) and Minister Mentor (2004-2011) after his retirement in 1990, Mahathir still had control of UMNO following his retirement as Prime Minister in 2003, while Suharto lost power in 1998 Reform and was indicted as a corruptor but was later acquitted due to health reasons.

Based on the previous comparative analysis, we have come to seven propositions:

First, as former colonies, the mentioned three countries as late developing and democratic countries consider the developmental model with simultaneous demands for economic development, democracy and social welfare are overly difficult to implement. On the other hand, the economic development, democracy and social welfare were found to be sequential during the early industrial societies.

Second, the developmental model is a combination of technocratic and populist model where the leaders in those three countries had to balance among economic development, democracy and social welfare.

Third, the deviant developmental model can shift to an "Elitist Model" where leaders strive to centralize power and implement social exclusion of majority of society. In addition, the developmental models encountered corruption and political dynasty that can weaken the system.

Fourth, the case of Indonesia shows that in the period between 1996-1983/88 the pattern was developmental model. Later on, the model turned into elitist due to corruption and political dynasty that led to the fall of Suharto in 1998.

Fifth, the case of Singapore shows that economic growth and social welfare are relatively high despite that political repression is sustainable and leads to authoritarian stability. In Singapore, corruption is low while political dynasty is not a big issue.

Sixth, with the case of Malaysia similar to Singapore indicates that economic growth and social welfare are relatively good and was relatively no political dynasty. However, there was also

corruption or crony capitalism.

Seventh, the case of three regimes illustrates the importance of leaders' characteristics and behavior in implementing developmental model. In this regard, the collaborative analysis of social sciences, psychology and psychiatry will increase our understanding of the role of leaders in a society.

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DYING AND DEATH IN THE MEDICALISED THAI SOCIETY

Pavika Sriratanaban¹

INTRODUCTION

The meanings of death can neither be absolute nor universal despite it being a truth of life. Academia of different disciplines tends to take the term death to be an indicator of success or failure of a given social phenomenon. Sociologists see death as closely relates to wider socio-cultural contexts. Death is both an arena and a time whereby a dynamics of relationships between the social and the individual becomes visible. Very much in the same fashion, death from the view of anthropologists manifests historical and cultural reality embedded in the particular society. However, in a broader sense, disciplines like public health and medicine tend to look for tangible aspects of death and measure its impact on the overall function of the society at large. Scholars of the former discipline generally measure death against good healthcare system. It is a lack of essential healthcare services especially amongst groups of the underprivileged and a kind of poor-quality services they received that account for mortality rates which are deemed preventable and unnatural. Professional training of the latter concentrates on keeping life (bodily function) and preventing death (bodily dysfunction) as if we all are not Whatever meaning it takes and no matter how efficient is science to combat death, death cannot be prevented. So is the fact that one day everyone must die. Death is the only equality of all human races.

An empirical stand of the inevitable of death tells us that an important question here is of course not about how to delay death. But it is for us all to ask how to be prepared of our own mortality. Based on religious teaching of Buddhism, life is a preparation period for good death. The moment of death is Death can be prepared only when we exert our control over a doing of It is the task of sociology to uncover and communicate with the unaware public insights on the culturally complex and diverse meanings of dying and death are indispensable to a design of the system of healthcare – the one that functions to close a wide gap of health disparities existed in Thailand.

In this brief article, I reflect on different but related issues that is:-

- I. The discourse of death in the contemporary Thai society
- II. Lay perceptions of good death
- III. Death in the medicalised Thai society
- IV. The sphere of the dying patients: Autonomy in question
- V. Good death for all: Structural infrastructure to alleviate suffering at the end-of-life

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The discourse of death in Thai society has its roots in Buddhism- the ruling religion to which ninety-nine percent of its population adheres. In Buddhism, it is believed that we existed before this existence and will be living our next life. Death in this regard is not the end of everything but in fact a beginning of the new chapter. It is not for the sake of this paper, however, to elaborate philosophical teaching of Buddhism but to show how popular death discourse among lay Thais is constructed based on religious framework.

The concept of death is intrinsically intertwined with the opposite concept of life. It is implausible to apprehend death without clarifying what life means. Life is the birth of being and a time span that ones are free to spend. Whatever one did will be bound to bear fruit at death. This belief is meant to be the law of cause and effect and reflects in popular saying as “we reap what we sow”. It is then to assume that the way we live our lives will determine the way we die.

The law of cause and effect, which is one of the central concepts in Buddhism, is generally known as *Karma*. *Karma* in Pali term literally means action or doing expressed in thought, word, and deed. More precisely, *Karma* is understood as the energy that left behind our actions or thoughts which can be good or evil. One has been conducting both good and bad deeds from the course of their previous and carried over to the present live. The meritorious deeds of the present live are the only source of power that one possesses that can act to reshape the whole structure of accumulated karmic tendencies. By using the *Karma* concept, the image of life and death is depicted a man serving what he deserves.

As *Karma* is the law of moral causation, it is which accounts for diversity, if not inequality, of mankind. It is *Karma* that is believed to diversify heredity (the force of nature), design the environment (the force of nurture) of our lives and produces various features and conditions of beings. Simple and straightforward and as it is, the teaching of *Karma* has successfully penetrated and well integrated into Thai's ways of life. It is the way Buddhist Thais apprehend the law of *Karma* that they make sense of differences in live circumstances and carries over to their death discernment as a result. With reference to the issue of death in Buddhist scripts, it happens under one of these conditions (http://www.buddhanet.net/cbp2_f7.htm)

- 1) when one's own *Karma* is exhausted
- 2) when one's own life span is exhausted
- 3) when both *Karma* and life span are exhausted together
- 4) when life ends due to accidental, unnatural causes

From this section onwards, discussions are drawn upon empirical data from a series of my research in the area of dying and death in Thailand.

II. LAY PERCEPTIONS OF GOOD DEATH

“How to make sense of dying and death and to understand the meaning attached to good death?”

A number of studies attempted to have the measure of good death. The concept of good death has

been widely investigated mostly in quantitative rigour to measure quality of dying and death ranged from months to last hours of life. (Curtis, et al.2002, Miyashita, et.al 2008, Munn, et al. 2007, Morita, et al.2004).Most of these studies reveal broad quantitative criteria to assess quality of death.

However, limitations of these broad assessments of the concept of good death lend credence to studies that uncover patients' expectation regarding the very last moment of their lives. Central to the study of various dimensions in dying experiences of individuals is an epistemological-methodological ground concerning, for instance, their existence and its context, possibilities that a given study could yield valid insights into these very abstract and intangible experiences, and more importantly ethical considerations in dealing with fragile experiences of someone. Not until these issues being addressed properly, a production of valid and reliable findings is still in question.

Discussions below draw on epistemological-methodological issues of dying and death study are summarized as follows:

EPISTEMOLOGICAL-METHODOLOGICAL ISSUE

(1) EXISTENCE OF DYING EXPERIENCES IN THE WORLD OF 'COMPLEXITY'

It is a popular view amongst Thais to see death as a separate sphere from the live world (the live VS the death). This dualistic view, fostered by the intensive medicalised consumerism, inspires people to live their lives freely and, in some cases, extravagantly as if they are not going to die. People barely connect their thoughts to the natural course of life in which death is so intrinsic. In this regard, dying and death is not something for public interrogation but will only be reserved for those who are actually dying from sickness and suffering or for those few someone who accept that they are dying. So the dying on the level of thought and of individual is detached completely from the worldview and in real life.

This popular view acts to frame a hypothesis that dying and death can be studied independent of social life. However, Illich (1975) in his classic work of *Medical Nemesis* emphasises an indispensable concept of health in death study. He points out that the dominant image of death in every society determines the prevalent concept of health and *vice versa*. But what really matters then is a question concerning a location of social life – a kind of social system that we living in. Then we start to explore the extent to which it shapes our meaning of life and death.

In my own research on the meaning of dying and death, a very useful theoretical concept that helps consolidate all ambiguous arguments concerning is '**complexity**'. Social complexity is the term used by sociologists to analyse the working social system. Urry (2005) takes on an argument that

The concept of complexity, while applying to a study of dying and death, and an influence of the complexity turn in social sciences in general ways in which we Theoretical assumptions of complexity are relevant to a study of dying and death in a following ways:-

- It has stimulated an awareness that the experience of dying and death contains subjective features of human experiences (such as intention, values, imaginative thinking through the past and to the future, etc.) in as much as it being situated in a complex world. This epistemological-theoretical assumption of complexity stands in opposite to the deterministic and mechanic scientific perspectives of human experiences that tend to move dying and death away from its social location. Rather, the post-modern framework of complexity addresses the issues of

the world/ society being in transition, dynamic, contingent, and uncertain.

- Meanings of dying and death should be made more meaningful than a mere categorization of patterns but to articulate the '*complex adaptive*' or '*vital*' processes that the dying individual has gone through while they are standing on the edge of live chaos.
- It is the process of self-organising that individual spends time adjusting themselves to life-threatening illness and reconstructing the ill-identity.

The conceptual and theoretical premises of complexity has indeed lend insights into everyday lives of the patients' worlds that move at their own pace towards a goal of self-assemble and a reconstruction of identity, and, more importantly, it has shed lights to emerging local (inner) interactions that seem to be a key mechanism in a self-assembling process.

(2) NARRATIVE TURN OF SOCIAL INQUIRY

Based on the above discussion about social complexities, it becomes clear that social research needs both methodology and tools that help researchers map, refine, and make sense of the multiple realities. Qualitative approach in dying and death research seems to provide tools that are capable of recognizing varieties and diversities of the studied area. The work of Glaser & Strauss (1965); Kleinman (1988); Charon (2006); Young (2007) for instance pioneer a use of narrative methodology in medicine to unfold the most fundamental aspect of living, that is, interactions which underlie the self and other.

Developed from the concept of controversies over agency (Latour, 2005), a designand processes of my research took on the following assumptions:-

- 1) The world is complex and pluralistic instead of being consistent and universal. Human actions as well are claimed to have been motivated by many contradicting ideas. Death is, amongst sexual drives; power; conflicts; or the state, claimed to be a source of motivation of all human actions.
- 2) Post-modernism and constructionism are applied as a framework for data collection and data analysis to unfold meanings of complex social interactions of the patients
- 3) The work of Young (2007); Zimmerman (2012); and very recently, Tishelman et al. (2016) have put the constructionist approach into practice by using methods unorthodox to traditional social sciences research which are discourse analysis; narratives; and participants produced photographs, accordingly, to investigate various issues surrounding the end-of-life. Similarly, I have proved that by using narrative and participant-produced photographs (photo voice) methods, there opens perspectives beyond conventional practices associated with public selves. Simultaneously, the constructive nature of these methods remind me of what Latour (2015) called 'the metaphysical innovations proposed by ordinary actors', hence reducing risks of researcher attempts to replace informants' own reality (the metaphysic) by a set of explanations that force universality of experiences at the expense of diversities (practical metaphysic)
- 4) A reductionism approach that treats death as a separate sphere from the lived complex world would yield insights to nothing but a mere categorization of opinions. On the contrary, when death is grounded in the social milieu, it will be a true reflection of the organization of the society. The relationship between death and society as well as with individual members of the society will then become clear

III. DEATH IN THE MEDICALISED THAI SOCIETY

For many hundred years, medicine as an organization has succeeded overwhelmingly in managing human health. Throughout the history of medicine, its ultimate goal is to improve health – combating illnesses, extending longer and longer a life expectancy of the ill. All the success of medicine benefiting all human race is far beyond doubt. Suffice it to say that medicine has proved to extend a limit of human capacities to cope with the force of nature of the life cycle.

Nonetheless, one of the dominant sociological discourses concerning medicine - its organization and practices, is its controlling power (See Foucault, 1965; Zola, 1972; Illich, 1975) that deprives individuals of their locus control, hence weakening capacities of one's self, being more dependent on medical system, and a monopoly of knowledge and experiences of health and illness on the medical side. In this pursuit, the organization of medicine has been able to successfully establish its dominance on individuals and society at large.

In dealing with the premises of medical knowledge and its dominance on society, Jewson (1976) suggests the term '*medical cosmologies*' to define a social mechanism medicine uses, rather than a ground-breaking advancement in medicine and science in general, to set a new definition/ context of human dependency. In other words, it is more likely a link of particular social relations that medicine connects and started to penetrate itself to the very fabric of the society. The power of medicine has thus become socially embedded.

Sociological conceptualization of medicalization can be identified as follows:

- *General definition*: A process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses and disorders (Conrad, 1992)
- *Characteristics of a society*: Referring to such characteristics of a society in which medicine and medical knowledge is used as a mechanism of social control, making people become docile and dependent on medicine. Some even carries this argument forward to assert that our society is death-denying.
- *Characteristics of medicine*: Modern medicine tends to the best wish- fulfilling mechanism for human beings. The limits of medicine are drastically reduced.

(I) CURRENT PRACTICE OF MEDICINE

The term '*curative*' model of care is widely used to describe current practice in medicine. It articulates aggressive roles of medicine in treating patients' physical illnesses or pathologies of the organs. Clarke et al. (2010) uses the term '*technoscientisation of biomedical practices*' while Dumas and Turner (2007) coin the term '*prologevisim*' to explain characteristics of the prevalent curative care that normalize and routinize life-extending technologies. As fast developing and ground-breaking scientific discoveries, advancement in medical knowledge, and cutting-edge health technologies have by far dominated and successfully medicalized the society, curative treatments of all forms thus represent symbolic meanings and being a landmark of victory of medicine in nowadays societies. More importantly, it is a quantitative dimension of curative treatments such as numbers of death in hospitals, readmission rates, for instance, that being used as one of the dominant criteria of healthcare quality assessment. It also plays a critical role in influencing strong public sentiments towards curative care as '*miracle*' medicine. On the other hand, miracle medicine also takes the form of '*hope-selling*' medicine – a psychological defense mechanism of the patients to submerge death awareness and even to deny the fact that death is natural.

Curative care is the most critical point of debate when taking into consideration the end-of-life context or a time and situation whereby a survival period of the patients seems short. Generally speaking, a provision of

aggressive treatments for dying patients did stimulate a wide-range of ontological, ethical, and rights-based debates over a **practice of life prolongation VS death prolongation**. While such debates are being carried forward, the issue of social and economic costs of futile medical treatments during the end-of-life has emerged to the public skepticism.

A new moral framework of life-prolongation has arguably produced dire consequences on the medical profession itself and on the public awareness in general. As for the medical profession, when life-prolongation becomes an ethical value of the physicians, in the case of Thailand my observations reveal the followings:-

- Reductionism and objectivism approach are genuinely a philosophical foundation of medical education
- This approach of medical education offers only a view and a value of the physician's control over the body of the patients; a separation of the body and the mind in treatment processes; life-prolongation treatments;
- Curative medicine dominates and becomes a mainstream in medicine. So new area of specialists and sub-specialists are emerging in attempt to extend life. Life-extending becomes closely associated with identity of the physician. Physician's identity of excellence and his/her lifetime reputation is, as a consequence, shaped in quite a straightforward manner throughout this process of life-prolongation.
- As physicians gain reputation from their practices of life-prolongation, the hospitals and the healthcare system at large benefit from *'public trust'*. However, public trust towards the systems may not be a direct result of virtuous act but in fact can be illuminating
- Trust of the public increases chances of material gains of parties involved
- Long-standing practices of this mainstream curative medicine has therefore transformed itself into an ideology that devalues and desensitizes patients' experiences and suffering
- There emerged a concept of *'unnecessary death'* – a death that is untimely caused by something medically preventable
- However, one of the unintended consequences of this ideology on the medical profession is a polarization of expertise or a categorization of the mainstream (surgical, pediatrics, gynecology, general medicine) VS the peripheral medicine (family medicine, preventive and social medicine, forensic medicine, to name but a few)

Moreover, scholars like, for instance, Illich (1975) and Kaufman and Morgan (2005) have vividly discussed phenomenon of dying that have become evident in most societies including Thailand. Firstly, Illich (1975) points out critically that the structural medicalization, death is closely associated with levels of economic prosperity of a given society. There exists a desirable pattern of death that proposes *'hospital death'* as the goal of economic development. Down to a micro level, it connotes the sense that the more you have in terms of money, the farther you can extend death away. By saying this, it means that death is determined by one's social rank. Death no longer means equality.

While Illich played roles in theoretically analyzing complex interactions, in a very critical way, between society, medicine, and individual and the ways in which these complex interactions contain individuals to the realm of suffering, Kaufman and Morgan (2005) portrays empirical evidences to substantiate the experiences of suffering caused by medical practices of life prolongation. They argue that the pervasive curative medicine in its form of life-prolonging technologies have created new forms of dying, specifically a neurovegetative state or *'persistent vegetative state (PVS)'* – a condition that a patient tends to suffer from irreversible brain damage. In medical term, PVS as a medical conveys message that a patient's

conditions are unlikely if not impossible to recover. A chance that a patient will resume normal life is null. The medical diagnosis of PVS leads to a movement in some countries, for example, the US where their cultural contexts accommodate the possibility for a judicial request to end life support treatments. In the Thai cultural context, on the contrary, a withdrawal of life support treatments is interpreted religiously as a misconduct. Then questions arise as whether life or death that is being prolonged? And to whose benefits do the treatments yield?

However, patient's experiences of suffering regarding practices of life-prolonging especially at the end-of-life period has opened up a space for public dialogue in Thai society concerning alternatives and choice of treatments the patients should have. The issues of suffering are complicated and, more importantly, it is indeed irreducible to physical pain. Saunders, (2001) has coined the concept *'total pain'* in which she argues that, like health, suffering of dying individuals must be understood in its multiple dimensions; physical, psychological, social, and spiritual. But the major pitfall of curative care model is the fact that its focus on treatments of physical pathologies and a life extension purpose tends to submerge a holistic balance between the body and the mind of a patient causing a clear separation between the two. Arguable, this reductionist approach of curative care has established a structural production of pain which works to reduce quality of life of the dying.

Most importantly but barely discussed elsewhere is the role of health and illness information, for instance, conditions, prognoses, clinical management, or chances of survival of the dying patients. In a medicalised society, information is medical knowledge that is so specific and monopolized. Medical personnel in a structural setting of the hospital play a significant role in delaying, withholding, or disclosing types, amount, and, amongst others, accuracy of information. This information of the patients is so crucial that they and their family can be aware and prepare themselves to an impending death.

(2) DEATH DENIAL: AN IMMORTALITY PROJECT?

Sociologists working in the field of dying and death propose a debate on death-related behavior of people living in the medicalized societies. One of the most fundamental arguments concerning theoretical foundation of death-denying behavior is Becker's (1973) hypothesis, he lays a principle that most human action is taken to avoid the inevitability and the fear of death. Death, like Freud's assumption of sex, is the basis for our social construction of reality.

Kellehear (1984) suggests the claim death-denying society to be assessed on five major components that are still under extensive scrutiny. They are as follows:-

- The use of the term denial to refer to any avoidance of reality (however, this requires a lot of theoretical discussions regarding the role of social context and an intangible aspect of denial)
- The fear of death argument
- The medicalization of death argument
- The twentieth century crisis of individualism argument
- Examples of death-denying practices

So to the question of whether or not we are living in a death-denying society is by far unsettled. Debates continue to be fragmented. However, to its broadest sense, I will illustrate some dimensions of the medicalized Thai society whereby the more complex the relationship between medicine and capitalism, the higher the degree individuals depend on healthcare services that weaken their locus control. Health behavior and contemporary health culture in the medicalized society are as follows:-

The Medicalised Thai Society				
	<i>Behavioural: Death denial</i>		<i>Moral: Changes in values attached to healthcare</i>	
<i>Stakeholders</i>	<i>Clients</i>	<i>The Medical Professions</i>	<i>Clients</i>	<i>The Medical Professions</i>
<i>Indicators/ Criteria</i>	Seeking specialist care	Overuse/ misuse of medication	Over expectation of medical care	Hope-selling business in pursuit of life-saving morality
	Regular/ unnecessary hospital visits	Curative care (the debate over life-prolonging over death-prolonging treatment)	Devaluation of personal experiences of sufferings	Material practices of the medical professions
	Unnecessary hospitalisation and the accompanied problem of hospital difficult discharge		Material culture of health	Futile treatments
	Changing relationship between the doctor and the patient towards a		Hospital as a preferred place of death	More relaxing medical criteria to accommodate economic returns of the hospital and the self
<i>Stakeholders</i>	<i>Clients</i>	<i>The Medical Professions</i>	<i>Clients</i>	<i>The Medical Professions</i>
			Doctor and patient relationship	

(3) DEATH IN HOSPITAL

The birth of hospital-based medicine is inevitably associated with broader social changes, particularly the

process of industrialisation that brought about massive and dramatic transformation of socio-cultural and economic structure, and the accompanied rise of capitalism, to name just a few. In the meantime, as characteristics of healthcare system in Thailand has becoming more and more medicalized, public attitudes concerning various dimensions of care of individuals health is shifted from a 'person-orientated' model towards a more 'object-orientated' mode of care whereby the separation of 'body and mind' is clearly visible.

The work of Jewson in 1976 is of significant influence in providing solid accounts for a deprivation of patients' autonomy when the centralized power of medicine is taken into account. As the institution of medicine has continuously been producing scientific medical knowledge that conquers illnesses and diseases, the authority and autonomy of individuals in the management of their own health is as a result diminishing and being replaced by monolithic consensus of medical opinion.

The above thesis of Jewson seems to have been manifested in Thailand since the arrival of the universal health coverage scheme (UHC) in 2002. The universal health coverage takes care of more than eighty percent of the Thais who used to live without any health insurance. However, throughout the passing decade, it is widely evident that the UHC succeeded in reducing the gap of access to healthcare services between the rich and the poor. The key success factor of the UHC, as a populist public policy, is the fact that it gets rid of financial burdens on the patient side, thus encouraging more patients to seek institutional care at the expense of self-care and other types of care based on a given cultural context where a community and its network lies at the heart. To this end, this new healthcare context plays a vital role in reconstructing new meanings of health as external to being. To the broadest sense, the human life cycle is treated as medical illnesses that need both professional and institutional attention.

I argue that this is a crisis concerning health consciousness of the Thais. In other words, a growing medicalization has taken away people's awareness of dying. This is even worse when a patient is hospitalized/ being cared for in the hospital at the end-of-life. The major work of Glaser and Strauss (1965) extensively discusses that medical staff in hospitals have an assumption that in order to ensure an order to be established in the process of care, the active work of the hospital staff is then to act as gatekeeper to medical information. So in the hospitals, medical staff tends to handle information of the dying patient in two different ways:-

- *Silence and secret*- a situation whereby medical staff withhold information in a hope to keep a patient unaware of the prognoses, leading to his/her in a closed-awareness of an impending death
- *Disclosure* - a situation whereby medical staff inform the dying patient and the family the all information they seem to need for a preparation of an impending death, leading to his/her in an open-awareness of an impending death

Timmermans (1994) has literally refined Glaser and Strauss's original theory of dying awareness and proposed that an issue of emotion must be taken into consideration when working in the context of dying. In Thailand and elsewhere, the issue of emotion response of the dying patients and their family reflects a counterbalance between disclosure of information and self-destruction. A disclosure of a life-threatening condition, as practiced in the context of open awareness, is believed, in lays perceptions, to cause an '*emotional crisis*' which might all at once destroy the patient's sense of self and identity. Within a cultural context like Thailand where dying and death is not a private issue, family of the dying patient tend to have autonomy to make decisions over the life and death of the patients. It is often found that the family cooperates with the medical staff or ask the medical staff to withhold information of prognoses and an impending death. Even worse, it is evident as well that the family will be opt for a curative mode of care as to extend the dying process and keep death away as far as possible. It is, then, argued that the dying

patient is not the one who benefits from a withholding of information rather it is the family that being kept in a comfort zone of denial. In short, the work of Timmermans (1994) and Mamo (1999) put forward Glaser and Strauss's analysis of dying awareness in the hospital to stress that it is actually more than a matter of information and knowledge given to a dying patient but it is to recognize emotional responses and management in the dying context.

Nevertheless, death in medical institution, specifically referred to here the hospital, has gradually become a norm and taken the form of being a socio-cultural ideology in Thailand. Theoretically speaking, hospital-based medicine has been evolving along the rise of industrialism and capitalism whereby a new arrays of lifestyles set the also new organizing principles of life such as a birth of the middle class, consumerism and medicalization of life. In a way consumerism causes life environment to be stressful and the natural ones to be degraded. This contributes to explain emerging new diseases, stressful environment conducive to poor health, and public needs of institutional care of the hospital. The hospital represents a symbolic meaning of technology and medical advancement.

Despite a high demand in hospital care, hospital is still not the place for every sick one. In Thailand access to hospital or institutional care (visit, specialist consultation) and its availability in terms of inpatient admission and the use of medications and technologies consist of economic and social costs which inhibit a large group of people who are living on or under a poverty line. However, modes of care that these people used to rely on, largely, family and community care have now been weakening by a dramatic re-organisation of the social structures towards capitalism and replaced by capitalistic characters of the institutional curative care. Therefore, choices are not for the poor to consider neither for the sake of life-extension nor death-prolongation. The choice of life prolongation is otherwise available for those who can afford to pay it. Equality in death may have already come to an end.

(4) DEATH AS MEDICAL FAILURE

It is believed that since the mid-twentieth century the way and manner that people die have become more medicalised. (Howarth, 2007) Medical advancement and the prevalence attitudes toward prologevity set a new moral framework of life-extending on the professional side and internalizing the value of death-denying on level of the general public's perception. Dying from medical illness was gradually transformed into a *medical challenge* not just an *existential moment*. Increasingly medicalised, dying was drawn various institutions and viewed as a site of medical expertise and professional skill.

IV. THE SPHERE OF THE DYING PATIENTS: AUTONOMY IN QUESTION

The way and manner of one's death explains societal values and his/her cultural location. In the West, death is matter of choice of the free man. Then a death that is considered as 'good' should occur when one died the way they choose to die. Moreover, Euthanasia laws and the right to die movements in several countries emphasise Western's outlook of death awareness and death with dignity. These are the most intrinsic feature of good death in the West that reflects the centrality of individual's autonomy and respectfulness in their cultural worldview. However, the situation is quite contrary in the Thai context. Narratives of dying and death (Sriratanaban, 2016) reveal a set of predefined criteria embedded in individual's mindset of the Thais and they later use them accordingly to judge quality of dying and death. The often-cited predefined criteria are:-

- Freed from suffering (without pain and symptoms)
- Surrounded by loved ones

- No unfinished business left behind

In this pursuit of good death, it is evidence that supports and interventions from external agencies - the medical professions and the significant others, come to replace a quest for autonomy of individual at the end-of-life. However, the issue of patient autonomy is complicated than it seems. Autonomy cannot be granted by any political, legal, or societal institutions. Then autonomy is arguably intrinsic, coming into effect only when an individual realizes it. Drawing from empirical research of my own, there is no evident to suggest that patient's autonomy is structurally deprived, arguably it is rather a culture of negligence that make Thais unaware of their own rights - the rights towards oneself to decide the destiny. Furthermore, the phenomenon of medicalization of life discussed above has deprived patients of their autonomy to affirm the control over the course of lives.

Moreover, patient's lack of autonomy to draw the line between his/her private and public sphere of decision-making concerning life and death is visible. Death in Thai society becomes a matter of public (family/ significant others) scrutiny, the private sphere of decision-making has been blurred by an involvement and control significant public has on the dying patients.

The issue of autonomy at the end-of-life is worth exploring. Autonomy of a patient will turn itself to be a significant agent of change that empowers health-related decision-making of the patient that take into consideration the dynamic interactions between the patient him/herself and the surrounded context. At the end-of-life, I propose that in Thai society, there exist the '*dislocation of autonomy*' on two different spheres, each of which works in alliance and finally has become too integrated that the patient's preferences hardly count. These are as follows:-

(1) MEDICAL MORAL PATERNALISM

To the broadest sense, it can be viewed that medical paternalistic value expresses superiority of medicine over individuals. In practice, medical paternalism, on the one hand, means the ways the medical staff have control over desirable mode of treatments and access to medical knowledge significant to the patients, resulting in patients' limited awareness of their own conditions or, in some other cases, unreasonable/unrealistic expectations towards treatments.

- Medical practices generally blind the living contexts, values, preferences of the patients that are always interacting with those of their significant others to shape the patients' own consciousness and, hence, decision-making regarding the end-of-life
- Medical dominance together with patient's ignorance means barriers to alternatives or preferred types of treatment that will satisfy patient's wishes or goals
- However, under the fast changing of wider social structures, the state of '*interconnectedness*' and '*complex mobility*' of the world become organizing principles which make the impossibilities of knowing and learning something beyond one's own reality plausible. Putting the mobility turn into the end-of-life context, the patients, as a dynamic individual, will be better equipped and empowered to be active agents who are more capable of negotiating with the paternalistic structure of medicine.
- The doctor-patient relationship will turn to be antagonistic unless it gears towards mutual respect and shared decision-making. A good relationship between a doctor and his/her patient has its root in constructive communication facilitates by the doctor and is believed to be key to a delivery of quality healthcare services along with its ability to prevent unrealistic expectations from the patient sides or to solve disputes.

(2) THE PUBLIC AUTONOMY OF END-OF-LIFE DECISION-MAKING

In Thai society, dying and death is far from being a personal issue. In contrary, dying is the time where collective decisions of the interested parties, that is, the medical professions and, most importantly in Thai context, the family and care-givers of the patients are drawn.

In the West, it religious brought about a cultural worldview that see dying and death as intrinsic to an individual's experience. Family and care-givers are external to these realities. In this cultural context, when decision-making concerning care/ treatment at the end-of-life is requested, it is the wish and preferences or, in a broader sense, choice of dying individual that count. The rest is to comply.

Thai cultural worldview towards dying and death, on the contrary, emphasizes the primacy of externalities.

- Relatives take responsibility in whether to disclose or to withhold medical information to the patients
- In case that the patients have made known their last wish, the family member have the right to overrule if they deem it inappropriate
- The medical professions respect the choice made by the patients' family and care-giver than that of the patients

I propose to coin the term the 'dislocation of autonomy' that works at different but related levels, the medical paternalism and the public autonomy of family members that contributes to the veil of ignorance on the patient side.

V. GOOD DEATH FOR ALL: STRUCTURAL INFRASTRUCTURE TO ALLEVIATE SUFFERING AT THE END-OF-LIFE

'A good life to the very end' is more tangible to lay people understanding than the abstract and difficult-to-imagine concept of good death. The definition and meaning of good death, apart from it being fragmented, is therefore hardly obtained. Although good death is a culturally relative preconception, attempts have been made around the world, including in Thailand, to, at one level, raise people awareness and prepare for their death and, at the same time, on another level to establish or facilitate existing structures of healthcare that potentially accommodate the last moment of our lives.

There are diverse views/ opinions regarding 'how' an individual can achieve good death. Some people believe that good death is a result of good life. Good life is certainly a byproduct of a fair and just social structure that works to minimize inequalities rather than it being a product of an individual free choices. A few others see good death in a practical sense that it can only be achieved by having both a facilitating infrastructure (healthcare systems) and a competent individual agency. In Thailand, healthcare policy and the medical system in general have been working hand in hand to, first of all, establish mechanisms conducive to an individual's attainment of good death; and secondly to empower individuals in the society to look at death from a new perspective.

The Economist Intelligence Unit in their report of 'The 2015 Quality of Death Index: Ranking Palliative Care across the World', five criteria are used to illustrate availability and effectiveness in the healthcare systems of eighty countries from across the world which are as follows:-

- 1) Palliative and healthcare environment
- 2) Human resources
- 3) Affordability of care
- 4) Quality of care

5) Community engagement

Given this assessment, Thailand is ranked in position forty-four – a little bit below the middle point of the overall. Countries with relatively low quality of death tend to bear some similarities of weakness. The examples mentioned here are truly relevant to Thailand's experience:-

- Palliative care policy in its infancy
- High levels of public spending on healthcare services
- Low public awareness of palliative care

Another way to learn the lessons is to address, instead of assessing, the development and degree of success of *the road to good death project* in Thailand, however. In so doing, Thailand's experiences in laying policy and system infrastructures are discussed based on my research on the development of the right to natural death under Article 12 of the National Health Act, A.D.2007. In so doing, remaining challenges and gaps in the development process shall then be addressed.

There are at least three mechanisms that have been formally addressed at the national level and started to take effect at an individual level, that is, the introduction of Article 12 of the National Health Act, A.D.2007; Thailand's palliative care movement; and the most recent movement of hospice care. It is found that such mechanisms have allowed the country to successfully achieve certain objectives, but still facing a number of challenges.

(1) ARTICLE 12 OF THE NATIONAL HEALTH ACT, A.D.2007

Thailand, in 2007, succeeded in passing the National Health Act, A.D.2007 – one of the landmarks of healthcare reform movement in the country. The National Health Act, A.D.2007 is seen to be a medico-legal effort to empower the Thais to take responsibility of their health. However, the most controversial part of this Act lies in its Section 12- *the right to natural death*. In the Act:-

CHAPTER 1 Rights and Duties in Respect of Health

*“Section 12. A person shall have the **right** to make a **living will** in writing to **refuse the public health service** which is provided merely to prolong his/her terminal stage of life or to make a living will to refuse the service as to cease the severe suffering from illness. The living will under paragraph one shall be carried out in accordance with the rules and procedure prescribed in the Ministerial Regulation. An act done by public health personnel in compliance with the living will under paragraph one shall not be held an offence and shall not be liable to any responsibility whatsoever.”²*

In theoretical term, Section 12 is amongst one of the outstanding turning-points that marks a new chapter of health equity movement in Thailand as it addresses the issue of *right*. However, in its practical sense, it generates disputes and polarization of views amongst the medical professions regarding its contextual appropriateness of a patient's attempt to *refuse the public health service which is provided merely to prolong his/her terminal stage of life or to make a living will to refuse the service as to cease the severe suffering from illness...* and an applicability of that will in the institutional care settings. Main concerns of the medical professions that might have prohibited them from supporting Section 12 are critical. Examples are:-

- Living will and liability: declared will VS a legal document
 - It is not a duty or a responsibility of the medical profession to actually address the issue

² The National Health Act, A.D.2007

- of writing a living will to the patients as this stands against their internal moral/professional ethics
- Medical and ethical liability of the Section is still in question, regardless of what stated in the law. The practice of the medical professions to comply to the patient's will according to the Section 12 might be protected by law but left unprotected by public skepticisms of their ethical liability
- Advanced care plan (ACP): A making of ACP, in the meantime, depends solely on physician discretion and access & availability of palliative care in a given location

Moreover, public views towards the Section 12 are even more complicated than those of the medical professions, as interpretations of Section 12 and respective actions of the patients vary across the temporal-spatial dimension of individual patients. Generally speaking, public perception/awareness of the existence of Section 12 is proved to be low. Even worse, there found a wide range of misconceptions of the concept of Section 12. Putting this argument forward, I would like to address theoretical and practical issues pertinent to the low awareness and public misconceptions of the underlying message of Section 12 for the sake of further discussion. They are as follows:-

- 1) *From space to place*: Casey (1996) coined the term 'from space to place' to emphasise the primacy of context and situation in understanding actions. Some actions such as undressing or sexual expressions, amongst others, are publically banned and considered morally wrong but if done by a given actor in a given location, they turn to be right and acceptable. The meanings of the Section 12 too varies by time and space that an individual first learns it.
 - Section 12 conveys a message to those who receive it as:-
 - A patient's chance of survival comes to an end
 - The medical professions will cease or withdraw treatments which are sometimes considered by a patient and family as necessary
 - This brings constraints, sadness, or emotional breakdown and, in some cases, discontent to the involved parties
 - Section 12 and the healthy public: The Section 12 if first heard while in good state of health, its meaning will be less negative
 - Section 12 and the dying patients: The later the time that the underlying message of Section 12 is introduced to the dying patient, the more likely that it will be interpreted negatively as a refusal to provide necessary care
- 2) The underlying message of Section 12 as existed in the form of Laws discourages rather than encourage the general public to engage themselves in this matter.

Suggestions for further development of the Section 12 from research perspectives shall be illustrated as follows:-

- Using 'Right' as a framework/concept to drive is not seemed an appropriate mechanism in the Thai context
 - Right is primarily based on the concept of 'individualism' while in Thailand, dying and death is not as individual. (see the dislocation of autonomy discussed above)
 - There needs a wide range of strategies to move the understanding, as shaped by its philosophical approach, of the Article 12 to the public focus. The most appropriate context and timing to learn about the Article 12 should be circumstances when those who receive the message is neutral in their health status. Moreover, it is important as well to consider having different set of message that suits interests of different segments/ groups of people, that is, health status; age; education; context of residency (urban or rural);

interest,etc.

- A flourish of palliative care is essential to the promotion and public carry out of the Section 12.

(2) PALLIATIVE CARE AND HOSPICE CARE MOVEMENT

Caring for dying patients in Thai cultural context exists long before the birth of palliative medicine in the late 1970s. The caring context was a compassionate; all inclusive, located in a patient's home. In this heartwarming environment, a patient died in natural manner while surrounded by the loved one. Dying process was witnessed and supported by the neighbourhood. Death connoted no sense of scare.

When the institutional care came to become a dominant mode of care, the cultural model of home care has lost its significance. Dying patients are rush to hospitalization and receive aggressive medical interventions, as a result, they being detached from the caring environment and suffer from death-prolonging attempts. As the disease progresses, they become to lost consciousness and will soon be incapable of controlling their own fate which is now at hands of the family and the medical professions. They have no more opportunity to refuse what they feel undesirable. At worse, they pass away alone in the rush of hospital environment.

The nature and characteristics of curative treatment tend to be aggressive while there is no hope of survival to look for, treatments at the end-of-life are considered *futile* economically and socially. Empirically speaking, futile treatments put the patients at risk of suffering from unnecessary medical interventions such as:-

- Intravenous use of antibiotics
- Mechanical intervention
- Regular blood-test
- Artificial nutrition

This story of suffering and dying in the hospital contexts like this one always break hearts of those who happen to become part of these experiences. And this is an unofficial birth of the mode of care later coined as 'palliative care' in Thailand.

Palliative care has been set as national health agenda which demands that hospitals of all level, primary; secondary; and tertiary, must set up a palliative unit to provide cares that are integrated, continual, and compassionate as defined by WHO framework. Palliative care is regarded as a significant agent of change that empowers the patient to have an opportunity to negotiate with the uniformity of curative care.

Given the fact that chances of Thai people present their living will to the medical professions to request a natural death are extremely low, dying patients are amongst them. At the time when their consciousness is lost or the ability to communicate is gone, dying patients whether willingly or unwillingly have to go through horrors of curative treatments.

In the meantime, despite its infancy, palliative care is perhaps the only route to natural death in Thailand. However, the fact that the practice of palliative care is rather limited in that it is offered only to the dying patients whose lives by definition last from days to a few months, while in theory it is considered optimal for the patients to receive palliative care or, at best, to integrate palliative to curative care as early as they first diagnosed with life-threatening diseases.

As palliative framework emphasises holistic care, it becomes a compulsory that the patients and their family are involved at the earliest stage in the planning and management of care. In Thai setting, a family meeting is called for by the doctors. In this important meeting, the doctors should inform the patients of their prognoses; treatment regime and have them decide the desirable care plan which is known as

·Advance Care Plan· (ACP). In this manner, the dying patients and their family are taken out of the veil of ignorance and the autonomy is now in the hand of the patients. Palliative care and its related practices works to relocate autonomy and disseminate it in a culturally proportionate way to the involved parties, that is, the family and the medical professions.

Nevertheless, it is also important to address limitations in current practices of palliative care in Thailand so as to identify gaps and remaining challenges.

- 1) Access to palliative care: Doctors usually act as gatekeeper to palliative care. Patients find it difficult if not impossible to gain access to palliative care unless advised and directed by the doctor in charge.
- 2) Meaning of palliative care: Referring the patients to palliative track conveys the message that
 - the doctor may not be capable of curing the patients which is considered a serious failure that destroys both the doctor's and the hospital's credits and reputation
 - At a societal level, credits and reputation is arguably a means to material gains of both parties.
- 3) Timing of palliative offer: Late timing of palliative care is common in Thai context
 - Leaving the patients dying under aggressive treatments which yield unrealistic hope to the patients
 - Moreover, end-of-life related issues are left unsettled

It can be said that needs for palliative care is indeed increasing. However, the changing socio-cultural context of Thai society gives rise to the debate over the need of hospice care. Actually, provision of care of the dying patients in terms of hospice care is documented both in and outside hospitals for quite a while. Hospice care movement in Thailand began a few years ago amongst the groups of palliative doctors and advocacies. Controversies over its cultural appropriateness; system management; economic feasibility; practicality and sustainability are still prevalent.

VI. DISCUSSION: FACILITATING GOOD DEATH

To make available basic routes to good death is indispensable. Good death cannot be achieved by the health sector alone; rather its success will depend on the collaboration

- 1) Public awareness that should act to re-orientate healthcare services toward a balance in power,
- 2) Recognizing the fast changing context of the society
- 3) Social model of end-of-life care; recognizing diversity of needs, differences, and available resources such as a community engagement model through network mobilisation
- 4) Nation's wealth and strong policies are still central to the development of good death policy.

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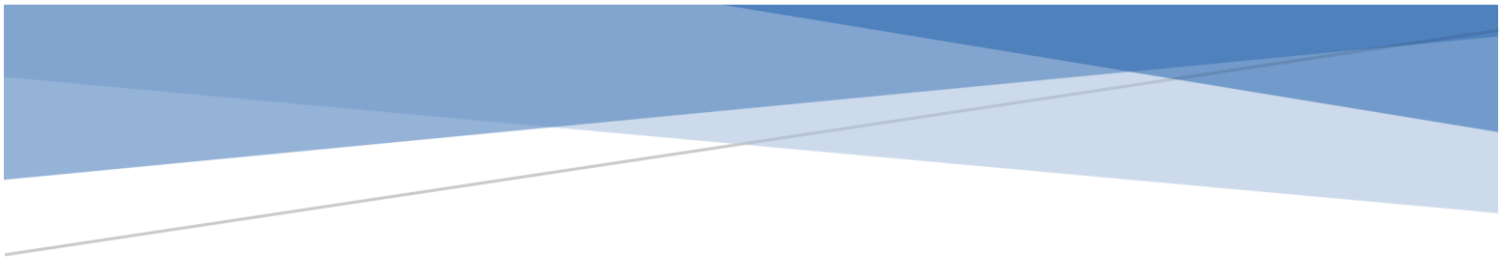
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V. PROGRAM

**The First Conference of
International Consortium for Social Well-being Studies
Social Well-being and Sustainable Development Goals in Asia**

Organized by
CUSRI at Chulalongkorn University
Center for Social Well-being Studies at Senshu University
Chula Global Network

Endorsed by
Asian Development Bank Institute
Japan Center for Economic Research (Nikkei)

**Public Symposium as a part of Chulalongkorn University Centennial Event:
Social Well-being and SDGs in Asia: A Research-Policy Agenda**

Date: March 10, 2017 | **Time:** 9.00 – 16.30

Venue: Main Auditorium Room 801 (7th Floor) Chaloem Rajakumari 60 Building
(Chamchuri 10), Chulalongkorn University

Moderator (morning sessions): **Chantana Banpasirichote Wungaeo**

(Social Research Institute, Chulalongkorn University)

9:00 - 9:20	Opening remarks
	President , Chulalongkorn University
9:20 - 10:00	Keynote Address I:
	From SDGs to Social Wellbeing: Policy-Knowledge Linkages
	Hans van Willenswaard School for Wellbeing Studies and Research
	Keynote Address II: (video)
	Naoyuki Yoshino , Dean of The Asian Development Bank Institute and Professor Emeritus at Keio University
10:00 - 10:15	BREAK
10:15 - 12:00	SDGs and Well-being in East and Southeast Asia: Engaging Stakeholders
	“SDGs and Social Well-Being in Asia: Implications for Knowledge Mobilization and Monitoring Progress”

	Emma E. Porio Ateneo de Manila University
	“Authoritarian State, Developmental Model and Social Welfare: A Comparative Analysis of Indonesia, Singapore, and Malaysia”
	Iwan Gardono Sujatmiko, Ganda Upaya, Indera Pattinasarany, Jauharul Anwar, Adrianus Jebatu, Surya Adiputra University of Indonesia
	“Youth, Well-being and Achieving the SDGs in East and Southeast Asia”
	Marco Roncarati Social Development Division, UNESCAP
	“Benchmarking Child Well-being Indicators and SDGs in Malaysia – A Case Study”
	Victor Karunan Former Deputy Representative and Senior Social Policy Specialist, UNICEF Malaysia
12.00-13.00	LUNCH
Moderator (afternoon sessions): Ratchada Jayagupta Institute of Asian Studies, Chulalongkorn University	
13.00-13.40	Keynote Address III: From Wealth to Well-being: Economics as if Life Mattered
	Apichai Puntasen Rangsit University and Thailand Rural Reconstruction Movement: Foundation under Royal Patronage
13.40-15.00	Well-being and SDGs, Death and Well-being: Connections and linkages
	“The Meaning of Social Bond with the Dead: How the Asians maintain the relationship with the Invisible People?”
	Katsumi Shimane , Senshu University
	“Dying and Death in the Medicalised Thai Society”
	Pavika Sriratanaban , Institute of Asian Studies, Chulalongkorn University
	“Well-being and Well Dying: Reintegrating Life and Death for Sustainable Development”
	Narumon Hinshiranan Social Research Institute, Chulalongkorn University

15.00-15.15	BREAK
15.15-16.00	<p>Social Well-being and Multi-level Learning in East and Southeast Asia</p> <p>Hiroo Harada Chair, Center for Social Well-being Studies, Senshu University</p> <p>Surichai Wun-gaeo Director, Center for Peace and Conflict Studies, Chulalongkorn University</p>
16.00-16.30	<p>Closing Remark</p> <p>Amara Pongsapich Executive Board of Social Research Institute, Chulalongkorn University</p>

