

Situation of Consumer Protection for Health Establishments A Case Study of Phetchabun Province, Thailand

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Abstract

Thai government has announced a policy to develop Thailand to be Global Medical Hub to promote health business including spa for health, massage for health and massage for beauty. While Thai health establishments have been confronted a crucial problem – service quality, Health Establishments Act B.E.2559 was provided to particularly manage the business. The Act has been recently enforced, so any practices or operations have been not explicit yet which caused performance of engaged officials was ineffective. Hence, researcher studied situation of consumer protection for health establishments: a case study of Phetchabun Province, Thailand followed by the Health Establishment Act B.E. 2559. It was also to investigate problems, obstacles, limitations, and recommendations. In-depth interview with open-ended questions was used to collect data and participant observation was included. Purposive sampling was performed which informants were 6 entrepreneur representatives of health massage establishments which were specifically selected from three zones of Phetchabun - 2 for each, 11 district government officers from 11 districts - 1 for each, and 2 provincial government officers. The results were found that the Health Establishment Act B.E. 2559 was provided to control the health business especially people who required to start the health establishment in oversea and domestic. Health Establishment Division, Department of Health Service Support specified practices, missions, goals, and indicators for achievement followed by the Act, but guidelines, practices, and operations were not clarified. Besides, the practices were not focused on service quality which is a main factors affecting safety of service users. However, the officials applied their own experienced to perform. They required to improve IT system whereas assessment form was needed to develop. Training for staff in the health establishments could be always arranged. Merchants or managers conducting their establishments have insufficient cost for site improvement. They required to create a connection of co-workers for sharing and exchanging knowledge under support and assistant of the officials. In conclusion, stakeholders including government officers, merchants, service providers, and managers could be developed to raise their competency. While regulations and practices could be also adjusted to be explicit and covered phases of health establishment affairs, service quality which was a crucial part could be particularly heightened.

Keywords: health massage establishment, health massage establishment situation, risk assessment, health consumer protection, risk analysis, health massager

Introduction

Health tourism in Asia is a large market which Global wellness institute stated that in 2017 countries

in Asia have 15% of market share for the health tourism¹. There are some countries playing key roles for providing service in health tourism including Thailand, Singapore, India, Philippines, Malaysia,

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respectively². Due to potential of Thai health tourism, government has announced a policy to develop Thailand to be an international health center (Thailand as Global Medical Hub) to promote health business including spa for health, massage for health and massage for beauty which have been popular for Thais as well as foreigners³. As the government has focused on development of standards for health establishments, Health Establishments Act B.E.2559 was provided to promote, enhance, and regulate the business specifically. Department of Health Service Support, Ministry of Public Health was authorized to promote and develop the health service standards because of problems such as no readiness of establishment owners in tourism industry, unstandardized and poor service quality, and unqualified service providers⁴. Besides, owners of health spa and health massage were mainly small business with performance limitations⁵. Moreover, there was poor image of female service providers that male service users preferred to female providers, so it provided an opportunity to engage in hidden sex affairs⁶. Furthermore, staff of spa business including managers or service providers were insufficient and inefficient, and they could not communicate to service users with English⁷.

Previously there is no specific law to regulate the health business that these business were under Service Place Act B.E. 2509. Officials of each municipality or sub-district administrative organization were authorized to control and monitor them. After that, with a great number of health establishments, Thai government has required to handle and enhance them to be more standardized, so the Health Establishments Act B.E.2559 was provided. While the Act was enforced the health business, government officers in each region were authorized to achieve missions, goals, and indicators. As the officials performed and followed the Act, some problems and gaps between the two Acts were found; for example, Department of Health Service Support and each provincial health office had various procedures and differently followed the law that caused the officials were confused about performance. In addition, procedures of license approval were different, so health establishment merchants asking for a permission needed more explanation. Moreover, there are many complicated procedures of training and registration for health service providers. Also, clear and exact practices for related officials were not provided caused them difficult to perform. However, researcher realized

the problems of entire stakeholders including public and private sectors. Therefore, the researcher studied situation of consumer protection for health establishments: a case study of Phetchabun Province, Thailand followed by the Health Establishment Act B.E. 2559. It was also to explore problems, obstacles, limitations, and recommendations.

Materials and Methods

The study was qualitative research, so data collection was review of academic studies and engaged documents from reliable sources. In-depth interview with open-ended questions was used to collect data. Participant observation was included. Purposive sampling was conducted which key informants were 6 entrepreneur representatives of health massage establishments which were specifically selected from three zones of Phetchabun - 2 for each, 11 district government officers in charge from 11 districts - 1 for each, and 2 provincial government officers in charge.

Data Analysis

Due to in-depth interview, while the researcher interviewed the interviewees one by one, voice recorder was working. Then, transcription was performed. Moreover, participant observation of the performances in their establishments was carried out. The researcher recorded into a form whereas the observation was managed. Later, triangulation method was used for data reliability.

Ethical Considerations

This study was approved by the Ethic Committee for Human Research, Phetchabun Provincial Public Health Office 1/2020.

Results and Discussion

Pre-marketing function for the officials of provincial public health office was to approve a license for merchants and service providers following the Health Establishment Act B.E. 2559. People asking a permission were provided involving advices then required documents were submitted which establishment examination was carried out before approval in case of a license for merchant. Later, data input to www.spa.hss.moph.go.th was conducted. Data collection for approval was performed and

submitted to executives. However, standards of Department of Health Service Support for health establishments in Thailand and oversea were found some differences after review related academic documents.

Health Establishment Division, Department of Health Service Support specified practices, missions, goals, and indicators for achievement followed by the Health Establishment Act B.E.2559 and involving law. To accomplish the indicators, the health establishments were required to pass the standards as 90%. Phetchabun provincial public health office was authorized to approve license of health establishments. From 2017-2020 there are 671 licenses which divided into 120 licenses of health massage establishments, 551 certificate licenses of service provider for health establishments. But 13 service manager licenses for health establishment, spa business in Phetchabun province were approved by Department of Health Service Support, Ministry of Public Health as shown Table 1.

Table 1 Number of license approval following the Health Establishment Act B.E.2559

List	Number of license approval				
	2017	2018	2019	2020	Total
1. License for merchant in health massage establishment	0	30	49	41	120
2. Certificate of registered service provider in health establishment	333	57	113	48	551
3. License for service manager in health spa establishment	13	0	0	0	13
Total	346	87	162	89	684

Remarks: the number of licenses for merchant in health massage establishment was not included cancellation.

However, post-marketing function for the officials of provincial public health office was authorized to regulate and monitor the approved establishments followed required standards. If illegal performance

was found, all engaged information was collected and submitted to legal affair division for legal action. According to indicators specified by Department of Health Service Support, the officials of provincial public health office were required to perform for accomplishment that an indicator stated that 70% of health establishments was required to monitor using assessment form of health service standard for health massage establishment which was the same form for new approval. Provincial officials of Phetchabun monitored and inspected all of the establishments a time per fiscal year at least. Next, the directory of health establishment licenses and related documents were submitted to the officials of district Public Health office and community hospitals in order to examine the establishments in charge. However, at present illegal performance was not found.

According to specified practices by Health Establishment Division, Department of Health Service Support under the Health Establishment Act B.E.2559. While the officials of Phetchabun provincial public health office applied the determined practices to be their own guidelines for their operation in order to achieve the indicators, some limitations and problems were found which were classified by frameworks of the indicators and interview of the key informants.

Although the Health Establishment Act B.E.2559 was specifically provided to regulate health spa, health massage and beauty massage business, practices under the Act were not clarified. In addition, safety and protection of service users were not provided as well as service quality. Business owners were required to have damage security money (collateral damage) such as cash or government bond deposited resulting from performing business of service providers from careless service which shall be used to cure preliminary damage to the service users when they were hurt or injured during service that they were asked for it when asking a permission running health establishment which was consistent with studies of Marinwimon⁸, Kongket⁹.

Decentralization of Ministry of Public Health to provincial administration was considered to be appropriate that it empowered to provincial officials following and monitoring throughout the health establishments across area in charge. In addition, it was facilitated for people who required to start a health establishment. However, the indicators specified by provincial health public office to follow for achievement were mainly focused on quantitative

practice. For example, the indicators which would be assessed "Passed" were come from number of passed health establishments divided by total of health establishments without focusing detail assessment. Also, monthly performance report of pre and post marketing was submitted to correspondence procedure and to e-mail that caused excessed tasked for the officials while the officials who were in charge of pre marketing already input data of newly approved service providers and merchants via www.spa.hss.moph.go.th.

www.spa.hss.moph.go.th was assumed improperly practical which the system was not connected to other provincial public health office causing the officials could not check essential information before license approval. Moreover, the officials could not correct any information in the website by themselves when having any mistakes. Therefore, it was considered to improve the system to facilitate the official for effective practice.

Assessment form of health service standard for health massage establishment was found out that there was no exact scoring and assessment criteria caused the officials needed their own experiences for evaluation. It was assumed that the Health Establishment Act B.E.2559 was recently provided, thus the officials needed personal experiences and proficiency involved health consumer protection of another law to adapt for their operation. Furthermore, differences of standard approval for health establishments between domestic and oversea were obviously explored. It was considered to change the assessment form to be similar the assessment form for health establishment in oversea for the purpose of the government policy "Thailand as Global Medical Hub". It was supposed a defect that standards of service providers were different which accorded with Esichaikul's study¹⁰ stated that standard and quality of mostly health spa establishments in Thailand were considered low. It was appropriately emphasized on service quality along with site appearance whereas the service was a vital feature that was essential for license approval and surveillance which consistent with the studies of Chaisuvan¹¹, Kiawmeesuan¹² stated that service was crucial, so development of service skill and massage ethic was required to arrange continuously. Also, practice and massage procedures were needed to be proper with standard which it was not hurt or damaged any customers and it could meet their demand. Besides, good service

management could be presented through social media which influenced on customer decision. Perception of massage quality is the service could meet customers' demand and their expectation. Also, the satisfied massage could provide physical relaxation or relieve their damage or hurt which consist with Esichaikul¹⁰, Kiawmeesuan¹², Thakanun¹³.

According to collaboration of Ministry of Public Health and many official organizations with the purpose of standard development of oversea health establishments, it could contribute to appropriate acceptance of foreigners and trust in service towards Thai spa and Thai massage^{14,15}. However, domestic health establishments were required to urgently develop because they were not reached the standards. For example, although the officials examined the establishments by following the assessment form of health service standard for health massage establishment, obvious differences were found in each establishment including service providers, merchants, and service unit that it could consider their engaged factors and their context when examination such as knowledge, experiences, capability, and cost.

Furthermore, useful connection among merchants was required to create that is a channel to share, exchange, or update information which was consistent with Seede's study¹⁶ that mentioned providing opportunities to learn and exchange their experiences among merchants and specialists created business partners and alliances that That massage service was promoted. Moreover, Saiya¹⁷, Netpradit¹⁸ stated service providers should create a group or community in each district in order to exchange their knowledge and continuously enhance their skill and massage ethics whereas the merchants should set a learning system to enhance service providers to be master and professional for customers' safety and the standards and reliability were increased.

Many merchants, service providers, and managers were interested in development of their skill but they had insufficient cost and sometimes verbal communication among officials and them was mistaken that local dialect and picture media were needed for more understandable explanation. In addition, awareness towards all stakeholders especially staff of health establishment could be provided in order to brainstorm for finding solutions when facing any problems with some methods such as arranging a comment box or managing regular evaluation¹⁹. Besides, the health establishments

could be provided skillful and professional service providers of traditional massage as well as master and experienced receptionists. Also, massage equipment and products could be fully prepared for service²⁰.

However, many people labeled “masseuse” as a poor career and engaged in sex trafficking while the masseuse were satisfied in their career with honestly working. On the other hand, some masseuse involved in secret prostitution which was consistent with Kongangkab’s study²⁰ that stated the career of traditional massage was looked negatively which this problem directly affected reliability as well as their income. Furthermore, Monk-Turner & Turner²¹ mentioned that many researchers stated sex workers usually were found at massage establishments. At present traditional masseuse was a profession under the Health Establishments Act B.E.2559 but some Thais’ thought the masseuse negatively²². Due to the problem of image for convert sex trafficking in Thai massage business, Siriwaiprapan²³ mentioned the reason was business ethics which looming shortage of qualified human resources was appeared. Some skillful and experienced masseuse with English competency went aboard for working in oversea health establishments. As a result, merchants in Thailand needed to improve their health establishments to achieve the standards in order to obtain foreigners’ acceptance and to increase their income. It was consistent with Saiya’s study¹⁷ that stated traditional masseuse, merchants, and managers required to promote themselves reaching the standards and having certificates. They required the engaged official organizations to manage regular training especially massage training and support for establishment improvement.

Conclusion

Even though the Health Establishment Act B.E.2559 was provided to specifically regulate the health business, the health establishments in Thailand were required to enhance and improve for their achievement. Hence, stakeholders including government officers, merchants, service providers, and managers could be developed to raise their competency potential. Regulations and practices could be also adjusted to be more concise, explicit, and covered phases of health establishment affairs. At the same time, service quality for customer safety could be particularly heightened in order to support expansion of domestic and oversea

health establishments. However, there are some recommendations for further studies, for example, comparison of health establishments in domestic and oversea should be conducted. Studies to develop assessment form of health establishments should be carried out for suitability in any contexts. In addition, development of information technology for health establishment affairs should be studied for facility of officials.

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Ethics Approval and Consent to Participate

This current study was approved by Ethical Review Committee for Human Research, Phetchabun Provincial Public Health Office. (reference no.1/20 - 06 -24/02/20)

Human and Animal Rights

Not applicable

Consent for Publication

All the participants were given an information letter explaining the purpose and the nature of the study, confidentiality, voluntary participation at any time with no consequences.

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None

Conflict of Interest

The authors declare no conflict interest, financial or otherwise.

References

1. Manager Online. Thailand’s Role as an ASEAN’s Leader and Medical and Health Tourism Improvement. [Internet] 2019 [cited 2019 Nov 6]. Available from: <https://mgronline.com/smes/detail>.

2. Teeranon K. Thailand's Wellness Tourism: Situation and Potential Towards Competition of ASEAN Region. *FEU Academic Review Journal* 2018; 12 (Supplement): 22-34.
3. Jungsomjatepaisal P. Developing Standards for Spa Establishments and Thai Massage for Health in the Federal Republic of Germany. *Department of Health Service Support Journal* 2019; 15(3): 4.
4. Choibamroong T. *Annual of International Thai Tourism Journal* 2007. Bangkok: Thailand Development Research Institute; 2008.
5. Sripol P, Phakdeeying R, Kowithayakorn V. Marketing Strategy of Health-Promotional Tourism Business in the Northeast of Thailand. *Dhammathas Academic Journal* 2019; 19(1): 123-132.
6. Upathambhakul P, Agmapisarn CH. Sex Stereotypes of Female Traditional Thai Masseur: A Case Study of Traditional Thai Massage Parlors in Pattaya, Thailand. *Journal of Liberal Arts* 2018; 18(2): 75.
7. Junead J, Jamnongchob A, Wanichakorn A, Manirochana N. The Study on Potential of Thai Identity in Spa Business and Traditional Thai Massage Toward World Class Health Tourism Sector. *Panyapiwat Journal* 2018; 10(2): 1-16.
8. Marinwimon K. *Legal Measures Regarding Spa Business in Thailand. Master of Laws.* Bangkok: Ramkhamhaeng University; 2005.
9. Kongket Y. *Legal Measures for Control Health Establishments. Ph.D. in Social Sciences Journal* 2018; Special Issue. October: 1-13.
10. Esichaikul R, Chansawang R. A Study of Potential of Spa Business in Thailand. *Modern Management Journal* 2016; 14(1): 17-31.
11. Chaisuvan CH, Chantachon S. Service Provider Development Model in Health Service of the Union of Thai Traditional Medicine Society. *Journal of MCU Peace Studies* 2018; 6(1): -188-199.
12. Kiawmeesuan V, Khamsa-ard S, Siriwong Ph. Guidelines for Potential Development of Spa Business Focus on Expectation of Foreign Tourists in Huahin District, Prachuapkirikhan Province. *Dusit Thani College Journal* 2018; 12(2): 167-181.
13. Thakanun W, Huanprapai P. Thai Massage Service Behavior in Ratchaburi, Thailand. *Proceedings of the International Interdisciplinary Conference* [Internet]. 2018 [cited 2021 Jan 15]. Available from <https://www.iises.net/proceedings/international-interdisciplinary-conference/table-of-content/detail?article=thai-massage-service-behavior-in-ratchaburi-thailand>
14. Department of Health Service Support. *Health Service Standards for Oversea Establishment.* Bangkok: Genesis Media Com Company Limited; 2017.
15. Department of Health Service Support, Ministry of Public Health. *Handbook of Examination and License Approval for Health Establishments.* Bangkok: Genesis Media Com Company Limited; 2019.
16. Seedee R. *Guideline for Thai Spa and Massage to Build Business Alliances in the ASEAN Economic Community.* *Veridian E-Journal Silpakorn University* 2016; 9(3): 756-779.
17. Saiya S, Koonboonya P. A Thai Traditional Massage and a Health Therapy in the Community: A Case Study of the Communities in Kongchiam District of Ubonratchathani Province. *Bailan Journal, UbonRatchathani Rajabhat University* 2017; 2(10): 7-14.
18. Netpradit N. The Managerial Success of an Occupational Group of Thai Traditional Massage in the Region of Lampang Metropolitan Municipality, Lampang Province. *Journal of the Association of Researchers.* 2015; 20(1): 95-106.
19. Thongmark S, Prachapipat CH, Petchmanee S. The Quality Improvement of Health Spa by Staff Participation: A Case Study of KohSamui, Surat Thani Province. *Community Health Development Quarterly KhonKaen University* 2016; 4(1): 83-93.
20. Kongangkab S, Ngamvichaikit A, Vatjanasaregagul L. Marketing Mix Factors Affecting the Consumer Behavior of Thai Massage Service in Wat Phra Chattupon Wimon Mangkhalaram Ratchaworramahawihan. *VRU Research and Development Journal Science and Technology* 2016; 11(3): 295-304.
21. Monk-turner E, Turner CG. Thai Massage and Commercial Sex Work: A Phenomenological Study. *International Journal of Criminal Justice Sciences* 2017; 12(1): 57-68.
22. Wongkongkat S. Director of Department of Thai Traditional and Alternative Medicine. "Thai Traditional Masseur" Complaint Popular Soap Opera of a Channel. *Daily News.* [Internet]. 2016 [cited 2021 Jan 15]. Available from <https://www.dailynews.co.th/politics/387182>
23. Siriwaiprapan S, Soonthornsmai V. A Collaborative Human Capital Development Model for Small Spa and Thai Massage Business in Pattaya. *Modern Management Journal* 2016; 14(1): 77-90.