

Social and Institutional Networks in Cross-border Medical Services on the Thai-Lao Border

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Abstract

Changes in society and health service structures, which are relevant to socio-economic development in the Thai-Lao border area, have contributed to intensive formation of transnational social and institutional networks in recent years. This study examined networks of cross-border healthcare services in the border area between Vientiane, Lao PDR and Nong Khai, Thailand, using the actor-network theory and the qualitative approach. The informants consisted of 30 persons, including medical officials and Lao service users currently living in Laos who received cross-border medical services in Thailand. The research found four kinds of network transfers: 1) those transferring medical knowledge across borders; 2) business networks, including health insurance systems, hotel businesses and accommodations; 3) civil society networks in Lao PDR and Thailand; and 4) social networks, such as families and friends. These networks reflect the importance of both human and non-human actors that contribute to a variety of relationships through adaptation, negotiation, cooperation, and coordination in the Thai-Lao border area.

Keywords: social networks, institutional networks, cross-border medical services, Thai-Lao border

Introduction

Changes in the economy, society, and politics in the Mekong subregion through globalization have connected member countries with each other and with the global trade market. Attempts to connect and cooperate with neighboring countries in the border area have become locally significant. This situation reflects connectivity in the form of a networked economy that is borderless and that increasingly affects every aspect of society.

Nong Khai is a border town with opportunities to connect with Laos directly and extend to other countries. It has contributed to the formation of institutional structures and the expansion of social networks of entrepreneurs, consumers, and Lao people using medical services as well as financial relationships that drive the local economy in response to economic development by the Thai state. This can be seen in the expansion of healthcare facilities and frequent cross-border travel of Lao people who come for medical treatment in Thailand. Such daily-life phenomena reflect social and institutional networks in the border area. As a result, movement of capital in a monetary form, information, buildings, objects, and movements of people in the Thai-Lao border area are intensive.

These conditions have led to changes in relationships of border areas and state development. They have contributed to the formation of institutional structures and the expansion of networks of entrepreneurs, consumers, and Lao people using medical services as well as financial relationships that drive the local economy in response to economic development by the Thai state. This can be seen in the expansion of healthcare facilities and frequent cross-border travel of Lao people to Thailand for medical treatment. Such daily-life phenomena reflect social and institutional networks in the border area.

This article is based on research that examined social and institutional networks in cross-border health services in the Nong Khai-Vientiane border area, which constitute relationships with nearby provinces such as Udon Thani and Khon Kaen in Thailand. There has

been a shift in the relationship between networks and service users as actors that connect with social and institutional networks in expanding the use of cross-border health services (Jutaviriya, et al., 2020). Cross-border operations for medical services have been growing steadily, not only among Lao people, but also among migrant workers and traders from neighboring countries, as shown in previous cross-border studies (Buadaeng, 2008; Suthisa, 2013; Sritongtham, et al., 2013; Suwicha, Phuchamchot and Yurachai, 2014; Manorom, et al., 2010; Kawsa-ard and Dor (Eds.), 2007; Lin and Jutaviriya, 2017; Sakulsri, Nurick, and Oeur, 2020; Massoni and Abe, 2022). Understanding the social and institutional networks of cross-border medical service users is crucial, as it helps us to understand changes in health service structures related to socio-economic development in the present Thai-Lao border area.

The Social Network Concept and the Actor-network Theory

To gain insight into the actor-network theory, it is necessary to explain the concept of social networking because these two concepts come from the same foundation. The details are described below.

A social network is a group or set of relationships that groups of people have with each other. The nature of the relationship can be used to describe the behavior of these individuals, which is consistent with Mitchell (1969), who defined the concept as a set of interpersonal connections that form a bond with a family or with a group of friends and acquaintances. David (1986) noted that social networks can be compared to nodes that are connected by several straight lines. Each node represents a person, and the straight lines are edges. Each person is a center that has connections with other points or persons who also have relationships with other points or persons that the person in the center might not know. Thus, a relationship network is a set of relationships that have no definite borders or boundaries. Those connections can be passed on to other people outside the network and the relationship set (Boonthook, 2001).

In addition, a social network consists of individuals or actors who are related to each other according to the roles or functions each person or partner has. Each person performs more than one role, as there are many roles that must be performed in everyday life. Interpersonal relationships in social networks are sometimes based on the exchange theory, according to which a person fulfills more than his/her expected role in society or according to the norms that have been passed on. This relationship is also based on perceptions of both material and mental aspects of mutual benefits (Chamaratana, 2011; Kilduff and Tsai, 2003; Wasserman and Faust, 1999).

Thus, a social network can be compared to a set of knots tied between individuals, making up a group in various forms such as family, friends, community, and society for the purpose of making exchanges. However, society is not created by people or performers alone, there are also contributions from non-human components. The social network concept directs attention to humans as actors without much consideration of non-human factors. Therefore, the actor-network theory needs to be applied in this research as it allows us to see the interaction between human and non-human networks (Wasserman and Faust, 1999; Casper and Morita, 2015).

Actor-network theory (ANT) is a method of working between humans and new technologies, such as a banking system that requires people to work with computers or in a virtual organization (Kittivechphokawat, 2008). The idea was co-developed and made widely known by Latour (2005) and Callon and Law (1992), who took an interest in the study of actors and actions in relation to technological development (Chaisukkosol, 2012). Its principles are as follows:

1. Change/continuity: interest in technical changes and continuity/stability;
2. Symmetry: interest in technology functions as a result of technical and social development rather than a cause; that is, more interest is given to the nature of technology as a result of social and technical processes than to technology as a social and technical changer;
3. Actors/structures: studying changes in technology by focusing on the performer as the center (actor-oriented, structural);

4. Seamless connectivity: performs analysis that does not separate the local, technical, scientific, and political dimensions from each other.

Technological changes, however, meet with broad social changes. Therefore, to be successful, technological actors must create a collaborative network with non-human actors that have mutual interests as well as with other humans. In other words, the new technologies that are created must adapt to or negotiate with the network of the original actors in a strategic way (Chaisukkosol, 2012). Since the 1980s, the theory has been applied to explain phenomena in society that relate to the history of technology, philosophical arguments of technical knowledge, as well as the process of creating and disseminating scientific knowledge to the public. In the second half of the 1990s, it appeared that the actor-network theory had begun to influence ways of thinking and educational methods of explaining society, and it expanded into the realm of debate in the social sciences and humanities, especially social philosophy and philosophy of science (Latour, 1986; 1992; Thammawat and Chamaratana, 2022; Chaisukkosol, 2012).

In sociology and anthropology, the theory has broken barriers and led to the questioning approach to obtain knowledge as well as explanations about new social phenomena. Moreover, the theory overcame limitations of science which previously had been divided in the “modern world” by the line between the science of nature and the science of socio-culture. The actor-network theory maintains that society or nature consists of both human and non-human networks. These networks are interrelated and can interact with each other. In general, several social networking concepts focus on human networks without giving much attention to non-human networks. The actor-network theory, by contrast, does not primarily focus on humans, but underlines the importance of non-human factors that are equal to human factors; that is, human and non-human networks both play a part in society. Both kinds of networks can interact and exchange with each other (Pickering, 1996; Casper and Morita, 2015).

In addition, the actor-network theory is defined by a social meaning as a network of heterogeneous elements, consisting of society, nature, politics, technology, and machinery. These elements create social networks through mediating and interacting with humans, for instance, communication via the Internet which requires a computer, keyboard, and printer, and so forth (Law, 1992). It is different from other social theories because priority is not given to either people or objects. It focuses on studying changes or persistence in society, which can be easily analyzed by tracking changes using associations from ascending elements, or vice versa, without having to pay attention to size, vertical space, or hierarchy.

Therefore, this study defines a social network as a group or set of relationships of people. Their duty is to help create benefits or support each other by relying on person-level social networks or social networks of families and friends. Another kind of network is the institutional network, which is defined as a group or set of relationships at the organizational or institutional level. This network is responsible for creating benefits or facilitating at the organizational level. An example is a business network in cross-border health services which includes health insurance systems, hotels, and accommodations during medical treatment of Lao people, and the civil society networks in Lao PDR and Thailand.

Methodology

This study was qualitative research using in-depth interviews. Informants consisted of medical staff in healthcare facilities in Nong Khai, Udon Thani, and Khon Kaen in Thailand, as well as Lao healthcare service users who live in Laos and travel to use such services. The research also included those involved in cross-border healthcare at all levels. A purposive sampling technique was used to select 30 informants involved in the network of cross-border healthcare services as actors and those acted upon. The study took place from January 1, 2017 to March 30, 2020 and pseudonyms are used for the informants so that

they remain anonymous. Prior to field data collection, the research had been submitted to the Ethics Committee for consideration. The research was approved by the Center for Ethics in Human Research, Khon Kaen University on June 11, 2018 for program No. HE613035. The researchers divided informants into four groups according to access to cross-border medical services in Nong Khai, Thailand, as follows: 1) users of public hospitals located in the border area of Nong Khai province, 2) users of private hospitals and clinics in this area; 3) users of service in private hospitals in Udon Thani and Khon Kaen provinces, and 4) those using services in public hospitals in Khon Kaen province. Using these services is seen as a daily routine for those traveling to medical facilities in the Nong Khai-Vientiane border area. Data were analyzed using content analysis and the study results were presented by descriptive analytics.

Social and Institutional Networks in Medical Services across the Thai-Lao Border

Cross-border medical services have emerged from Thai medical staff and healthcare facilities that provide a variety of medical services in Laos, and Lao people traveling to receive these services. The result was the establishment of social and institutional networks of cross-border services on the Thai-Lao border. The details are described below.

Networking and the Transferring of Medical Knowledge across the Border

Recently, several hospitals in Thailand have created social and institutional networks involving various academic activities, such as knowledge enhancement, seminars, training, transfer and exchange of knowledge to Lao medical service users, relatives of Lao patients, and Lao medical personnel. Moreover, public hospitals in Thailand, such as Thabo Crown Prince Hospital, focus on building a network of medical learning resources and coordinators to promote knowledge exchange as well as communication for the transfer of medical technology to hospitals in Laos. There has been an expansion of knowledge through

knowledge exchange, and mobile units are continually dispatched to provide services in communities and medical facilities in Laos every year.

Thabo Crown Prince Hospital is known as a center for knowledge transfer in nursing care that provides information to patients regarding the basics of self-care after they receive medical treatment and return to recuperate at home. The hospital also gives recommendations for monitoring and preventing diseases that could lead to more serious consequences. This is considered a shift in the relationship between institutional networks and medical professionals as actors, which contributes to long-term social networks and social relationships between humans and non-humans in different directions. The network has enabled the flow or diffusion of information from unit to unit or from person to person that conforms with the study of Pocock and Phua (2011). This study found that a hospital is a center for medical knowledge transfer as it plays a vital role in providing information, giving advice, monitoring, and preventing illness risks. Thabo Crown Prince Hospital is considered an actor and a non-human network that represents the development of medical technology and trust by service users. The interaction with humans—both service users and service providers—creates cooperation, exchanges, benefits, and knowledge.

The knowledge exchange arranged by Thai hospitals is presented clearly and proceeds according to a schedule announced in advance for patients or relatives to participate in and learn about self-care practices following state-of-the-art medical principles. The topic is always designed to suit the patient's situation, with a variety of activities for Lao patients and relatives who attend the knowledge-sharing event. This knowledge transfer is therefore a change and expansion of the knowledge network in cross-border medical services of Lao service users who have begun to pay more attention to their own health. In addition to exchanging knowledge about medical treatment, these hospitals have become aware of the perspectives, worldview, culture, and society of Lao service users directly from the shared learning platform. Thus, have become learning platforms for transnational

knowledge exchange with the ultimate goal of creating a healthy network for people on both sides of the Mekong River. It provides opportunities to establish close relationships to expand medical knowledge and achieve better understanding and quality of life of medical service for users. Therefore, the knowledge and activities that the hospitals transfer, publicize, or set as goals are considered non-human actors that create cooperation and cultural exchange of human networks.

Along with the building of an institutional network across borders by public hospitals, private hospitals also build networks of transnational knowledge. One example is Aek Udon International Hospital, which continually provides academic activities to a team of medical personnel from private hospitals in Laos and arranges study visits. Another example is Bangkok Udon Hospital, which is engaged in regular public relations in Vientiane, and provides opportunities for medical personnel from Laos to participate in learning at the hospital. Consequently, large hospitals in Lao PDR regularly send doctors to Thailand to learn about treating heart disease. Moreover, the Mother and Child Hospital in Vientiane also arranges study trips for its doctors to Bangkok Udon Hospital. Such actions represent the interaction between social and institutional networks as well as the interaction between human networks in which people participate in activities with each other through the representation of a non-human network, which includes the hospital.

In 2018, Bangkok Udon Hospital organized a training program at Mittraphab Hospital in Laos. It invited medical personnel and paramedics working in the hospitals and sanatoriums throughout Vientiane to attend a knowledge transfer seminar on laparoscopic surgery technology for general, orthopedic, and spine surgery by a team of surgeons at the hospital.

This knowledge transfer is considered a network action in the form of a marketing strategy that private hospitals in Thailand use to gain access to key strategic areas in medical treatment such as Mittraphap Hospital, which is a large hospital with a great number of people receiving medical treatment. Allowing Lao medical personnel to witness

the readiness of medical teams of Thai hospitals contributes to the distribution of information to the service recipients. Apart from transferring knowledge and techniques in medical science and giving opportunities to its medical team, Bangkok Udon Hospital operates as an institutional network allowing nurses from Laos to come to study. It also has donated medical equipment to hospitals in Laos. The implementation of this model enables activities between institutional and social networks to thrive continually so that health activities can expand to a greater extent. It is considered an expansion of a social network to increase strengths in various areas that is consistent with Kieanwatana (2018), which found that transfer of knowledge and medical assistance from one hospital to another is a process that makes social networks possible.

Srinagarind Hospital in Khon Kaen province, as part of a medical school located in the heart of northeastern Thailand, cooperates by transferring knowledge to medical personnel from Laos every year. The cooperation includes training and presenting lectures on specific topics, according to Kedkaew [Pseudonym] (2018), a nurse at Setthathirath Hospital in Vientiane who came for nursing training. Srinagarind Hospital has been transferring modern medical knowledge to Lao medical personnel for over 20 years. Transfer of knowledge across borders to medical professionals is, therefore, another factor that helps the hospital's medical care to be widely recognized among several groups of Lao people (Khasuwan, 2017), especially patients with specific and chronic diseases requiring continuous treatment and special expertise. In 2015, the hospital and integrated clinic had the opportunity to present their potential and readiness in a convention at Settha Thirad Hospital, Mahosot Hospital, and the International Trade and Exhibition Convention Centre (TECC) in Vientiane. The event was held to publicize the hospital as well as provide blood pressure measurement services and healthcare advice to the people attending. The event received positive feedback from the participants, which reflects how Srinagarind Hospital has recently altered its public relations to be more proactive. Such collaborations with different groups have established social as

well as institutional networks in the form of cross-border medical activities. This is consistent with Bochaton (2013) who proposed that institutional networks create relationship patterns through activities and social operations in cross-border health. Such activities take place quickly with mutual consent at individual and institutional levels. Srinagarind Hospital, in addition to its reputation, modern technology, and medical equipment, has conducted public relations in Lao hospitals through human and non-human networks that reflect quality and reliability, attracting patients to come to receive treatment. Moreover, the hospital has specialists in all fields and is widely recognized in Thailand's northeastern region.

Business Networks in Cross-border Medical Service: Health Insurance Systems, Hotels, and other Accommodations

Insurance systems in the form of health insurance have been growing exponentially because nowadays Lao people are increasingly alert to health care and medical services across the border. Even when no symptoms of illness are detected, some Lao people who have the financial resources have realized the benefits of having health insurance to guarantee their health and reduce the expenses that come when receiving treatment in a hospital. As one of the Lao service users pointed out, "Health insurance gives our family confidence and it minimizes risks that could happen in the future" (Sho [Pseudonym], 2018). This statement shows that life or health insurance acts as a non-human actor enabling social and institutional networks to be formed. Such insurance serves as a center of social relationships or interpersonal interactions in a network economy.

Moreover, business networks are considered one of the most important types of institutional networks and play a vital role in influencing Lao people's decisions to travel across the border to receive treatment in Thailand. These networks involve hotels, apartments, and other accommodations for users while receiving treatment, as well as tourist attractions and large modern shopping malls. Along with the medical teams' expertise and the hospitals' reputations, these facilities

are factors creating social networks and access to medical services for Lao people. This can be observed from those people traveling to receive services at Aek Udon Hospital and Bangkok Udon Hospital in Udon Thani. These hospitals are located near large shopping malls, allowing service users and their relatives to spend time relaxing before seeing a doctor. As a Lao service user said, “We come to use services at the hospital in Udon Thani province because it’s quite convenient, and the hotels and shopping areas are very close to each other,” (Nid [Pseudonym], 2018). This is consistent with the study conducted by Dalstrom (2013) which revealed that convenience and modernity of medical service areas are other factors influencing the use of these services.

Luxurious and prestigious accommodations adjacent to a shopping mall are non-human actors that interact with Lao people who have relatively high purchasing power and choose to stay in such accommodations while waiting for medical treatment. In the case of Khon Kaen province, although hotels and apartments near Srinagarind Hospital are not as luxurious as those in Udon Thani province, they offer rooms with a variety of prices to meet the users’ needs. Additionally, traveling from these hotels to the hospital is very convenient; people can park their cars at the hotel and walk across the overpass to the hospital to receive medical services immediately. As for Khon Kaen Ram Hospital, it has cooperated with hotels in the city, mainly those with standard accommodations, to give discounts for hospital clients if they wish to stay as advised by the hospital staff. This is an example of the integration of business and social networks to establish institutional networks that cooperate (Kulkalyuenyong, 2017) to help Lao service users in the area to use medical services conveniently. The expansion is no longer restricted to border areas, as it can be seen from the case of Lao health service users traveling further from the border area to other nearby areas in Thailand.

Civil Society Networks in Lao PDR and Thailand

The civil society network in Laos plays an important role in cooperating or being an intermediary in providing access to health services across

the border in Thailand. An example can be seen in the case of the Foundation for Assisting Poor People of Lao PDR (RESCUE). The foundation was established in 1965 to gather volunteers who wanted to help society. As a result, informal gatherings were held when people were undergoing hardships and crises.

In 2007, a domestic passenger plane departing from Vientiane crashed into the Mekong River in Pakse, resulting in 49 casualties, including crew members. The incident was the first plane crash in Laos in which a rescue team from Thailand, Huk 31 Nakhon Ratchasima Foundation, took part in the victim search. Upon learning that the Lao PDR volunteer rescue team still lacked skills and knowledge in helping victims, the Thai rescue team coordinated assistance in the training of necessary skills for the Lao rescue volunteers. The Thai team also offered the opportunity to participate in medical emergency training courses in Thailand organized by the National Institute of Emergency Medicine (NIEM) along with Thai volunteer rescuers. This event is regarded as an interaction of human and non-human actors, resulting in the movement and expansion of social relations as well as changes of operation to respond to current situations. After the training was completed, the agency’s officials suggested that a more formal organization should be formed. Moreover, the emergency telephone number for people to call for help should be changed to a four-digit number which is free of charge and easy for people to remember.

The foundation currently uses 1632 as the emergency number. Recently, 15 volunteers completed the Emergency Medicine Training Program in Thailand, and some have completed the Emergency Disaster Assistance Program as well. They have performed their duty as a rescue unit and passed on their knowledge to 300 network volunteers scattered throughout Vientiane. They take turns attending two shifts—a day shift and a night shift—at four service points. In addition, seven vehicles were donated, and certain rescue features were added to upgrade standards of the van and two pickup trucks used by the rescue team and the quality of the ambulance used by Lao public hospitals.

The foundation's goal is to aid people in need. There was a shift in social relations from local to a wider level of assistance through the presence of clearer institutional and social networks. The foundation helps with pick-up and drop-off services and performs first aid to victims of various accidents, illnesses, and disasters. Most of the services are provided within the Vientiane metropolitan area, but the foundation personnel occasionally go out to help disaster victims in different areas and neighboring countries. A key example was the famous case of 13 young soccer players, the Wild Boars, who were trapped by flood waters in the Khun Nam Nang Non cave in Chiang Rai province in 2018.

In addition, special services can be arranged. If patients and their relatives living in Vientiane wish to cross the border to continue treatment in Thailand, the foundation may arrange to have a rescue vehicle drop them off at the destination hospital in Thailand. This happens in case the patient lives in another province and must travel to receive medical treatment in Vientiane where relatives live and is told by the doctor to continue treatment in Thailand. However, such transport services must be first approved by a doctor at the original hospital. Prior to pick-up/drop-off services, doctors and nurses will examine the patient's symptoms. If the patient's condition is too critical for the hospital or if the hospital's medical equipment is not ready, the hospital will consider referral for treatment in other hospitals in Thailand. If the patients and relatives do not specify a destination for treatment, the foundation will take the patients to provincial public hospitals as the cost of treatment is less expensive than in private hospitals. Somdej Phra Yuparat Tha Bo Hospital is often the top choice for the foundation because, as the rescuers point out, it "was bestowed by the Thai royal family. The service is good, standards are high, and it offers treatment discounts/promotions to patients" (Min [Pseudonym], 2018). On average, each month the foundation takes up to 10 patients with congenital illnesses such as heart disease, high blood pressure, and diabetes, to hospitals in the three provinces of Thailand.

Apart from receiving approval from the medical team at the hospital in Laos, upon arriving at the immigration checkpoint area, the

patient must be again approved by the doctor at the immigration checkpoint in order to cross the border into Thailand. In some cases, if the patient has severe symptoms and there is no nurse from the hospital to accompany him or her, the foundation staff will negotiate with checkpoint officials to simplify the crossing process by using a network of state officials stationed at checkpoints in both countries, as well as ask the checkpoint doctor to issue a certificate in advance. When the patients reach the destination hospital, their relatives must return to submit documents at the checkpoint. The fee of using a rescue service across the border is charged according to distance, which is 5,000-10,000 baht each time. If the patient prefers to be sent to a hospital in Nong Khai province, a fee of 5,000 baht will be applied. The fee is increased to 7,000 baht if he/she wants to go to Udon Thani and 10,000 baht to go to Khon Kaen. These fees will be used as the foundation's funds for the purchase of rescue equipment, scholarships, for volunteers who study well but are financially needy, and other activities related to helping victims in order to maintain the stability of the network.

When it comes to cross-border patients, the foundation is often told to only bring patients to hospitals in Thailand because once the patient's condition has improved or is in good condition, he/she may be able to return home in a relative's car without having to rely on medical equipment. However, there are still some complications when the foundation is contacted to bring patients back to their hometown. It often faces obstacles involving the process of transferring patients across border checkpoints. As a result, the networks from both Thailand and Lao PDR have set up an online communication group via the Line application as the channel for coordinating referral and pick-up/drop-off services. It also sets the time for each country to send/pick-up the patients at the border checkpoint. This reflects the creation of a social network, which places importance on both human and non-human actors that use technological tools and information systems to communicate quickly. These interactions within a network build a more defined institutional network than in the past by giving the Lao foundation the role of helping those in crisis situations and connecting Lao people with access to medical services across the border in Thailand.

Social Networks: Family and Friend Systems

Because of economic inequality in the Thai-Lao border area, cross-border medical service users in Laos have to create strategies for different ways to access medical services. This situation reflects the socio-economic bargaining power in choosing services more diverse than in the past. Having a social network, especially family and friends who have experience using cross-border medical services, is important in helping to expand information and provide a channel for using these services. At Srinagarind Hospital, for example, according to a Lao service user, “the hospital staff network helped Lao people with goodwill and kindness” (Num [Pseudonym], 2018). For some Lao patients already familiar with their doctor as they go there often for chronic disease treatment, if they are directed to stay at the hospital after having been thoroughly diagnosed, the doctor will inform the special ward to reserve a room for them using the fast-track to facilitate the process. Therefore, the hospital social network enables Lao people to have access to medical services to connect and network with other users. This situation is in line with Bochaton (2015) indicating that the social networks of medical service users across the Thai-Lao border emerged from different circumstances. They can be formed among medical personnel, volunteers, Lao migrant patients, or they can even be established in the institutional network of transnational public health. This can be observed in the case of a 52-year Lao medical service user who came to use facilities at the private hospital in Udon Thani province. He said, “My family frequently travels to Udon Thani to go shopping, and we have health insurance that can be used in private hospitals in Thailand. A colleague who had used the service in Thailand advised me to try it. After I tried, I was impressed with the excellent services, so I continue to use them and recommend it to others” (John [Pseudonym], 2018).

The fact that information about the services of Thai hospitals is spread among family and close friends has increased the confidence of service users. They take the opportunity to go to Udon Thani for health check-ups along with traveling and shopping. Currently, in some families, everyone uses the service and is a regular patient of this

hospital. This situation reflects how Lao users are influenced by referrals from friends. Once they experience the service themselves, they continue the network by sharing their experiences. Building social networks can pass on confidence through direct experience to others (Sukjai and Srirak, 2022). Therefore, social networks in the form of human networks are significant in terms of facilitating and creating a channel to access medical services across borders for Lao people. Networks also play an important role in helping and collaborating at the institutional network level to ensure that Lao people are able to use medical services across the border without difficulty.

Conclusion

Social and institutional networks in cross-border medical services in the Thai-Lao border area are related to cross-border movements, especially those of medical services. These networks transfer medical knowledge across borders, including both social and institutional networks created in hospital space. Hospital and medical technology are non-human actors capable of creating both human and non-human networks, leading to cooperation and exchange of benefits. Moreover, health insurance systems, hotels, and accommodation businesses are the major factors that influence Lao people in their decisions to receive medical services in Thailand. Although these factors are non-human actors, they create peace of mind and convenience for service users, contributing to the establishment of social and institutional networks. In addition, civil society networks in Lao PDR and Thailand create confidence and facilitate cross-border medical services through people and technology. Social networks are also found among people, agencies, or other organizations to help society and collaborate to gain access to medical services. To provide such services, social networking and the systems of family and friends are necessary to extend relationships that create awareness of medical services among Lao people. Through these networks, their experience of using health services in Thailand is stress-free and continuous. Thus, cross-border medical services in the

Thai-Lao border area can be explained using the actor-network theory, which highlights both humans and non-humans as actors creating a variety of relationships through adaptation, negotiation, cooperation, and coordination. These relationships have immense influence on the existence and expansion of social and institutional networks in the Thai-Lao border area.

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