

**SELF-CARE ORIENTED INDIGENOUS KNOWLEDGE  
OF SHAN NATIONAL, KYAUK-ME TOWNSHIP,  
SHAN STATE (NORTH)**

**PhD DISSERTATION**

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SELF-CARE ORENTEED INDIGENOUS KNOWLEDGE  
OF SHAN NATIONAL, KYAUKME TOWNSHIP,  
SHAN STATE (NORTH)

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TO WHOM IT MAY CONCERN

**Ref: Mya Thida Aung's PhD Thesis**

**Thesis Title\_ Self-care oriented indigenous knowledge of Shan national,  
Kyauk-me Township, Shan State (North)**

This research focuses on the self-care practices of the Shan national highlighting on their indigenous knowledge from medical anthropological point of view. The findings of the study elicit the influences of indigenous knowledge on self-care practices. But medical pluralism is apparent in health seeking behaviours of natives. Her research findings pointed out the important role of social network in self-care practices.

This focus is the first step to study on self-care practices and indigenous knowledge. The results give contribution to public health care program of the government. This research field-work is satisfactory and I recommended that she be awarded the PhD degree in Anthropology.

Yours faithfully,

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## **ABSTRACT**

This study focuses on the self-care practices of the Shan national, highlighting the beliefs and practices of health relating to indigenous knowledge from the medical anthropological point of view. Taking care of oneself regarding health matters is noted to be the most important and fundamental in the well-being of a person. Self-care is not limited to the individual but also includes members of one's own household. Indigenous knowledge (IK) is the local knowledge- knowledge that is unique to a given culture or society. The objectives of this research are to identify self care practices among Shan Nationals, to elicit how indigenous knowledge influences on self-care and to describe these self-care practices within the local social and cultural context. The selected area is thirty one miles far away from Kyauk-me Township. These villages are Munnaun village, Konsant village, Autzay village, Munwein village, and Munpint village. Study design is the descriptive study design. In this study, the qualitative research method is applied. Observation (direct and indirect), in-depth interviews, key informant interviews and informal group discussions were carried out for data collection. Their beliefs and practices relating to folk illnesses as well as malaria, childbirth, childcare, belief in supernatural occurrences, concepts on diets, and utilization of traditional medicine, Chinese medicine, and western medicine are observed. Most of the folk illness, the initial fever and aches are treated by the skin scratching therapy, the popular treatment. In this study medical pluralism is apparent. Most of the findings show that their self-care practices in the popular sectors are due to; they do not know the gravity of illness, faith in their popular care, do not cost a lot of money and convenience. In study area, it is found that majority of Shan national do the self-care practices not only for acute but also for chronic illness. As in recommendation, to find out the conflicts between health care systems and indigenous knowledge of ethnic groups in rural areas, further researches and case studies should be done in medical anthropological point of view to justify the gaps between traditional practices and modern healing practices.

**Key words;** Self-care, Indigenous knowledge, Medical pluralism

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## **CHAPTER (1)**

### **INTRODUCTION**

Myanmar is a country where over a hundred indigenous races reside in peace and harmony. Unity among these races is promoted through awareness of each other's customs and traditions. As there are certain features in the customs and traditions in accordance with their own ecological environment for the hill-dwellers, the same goes for those inhabiting the plains. There are eight prominent nationals in Myanmar: Kachin, Kayah, Kayin, Chin, Bama, Mon, Rakhine, and Shan. This study focuses on the self-care practices of the Shan national, to highlight the beliefs and practices of health relating to indigenous knowledge from the medical anthropological point of view.

The concept of health and its definition differs from one society to the next and from one region to another. World Health Organization (WHO), in the late 1940s, stated that "Health is a complete state of physical, mental and social well being and is not merely the absence of disease" (WHO, 1946). As the definition portrays, health plays an important part in the lives of humans not only to be free of diseases in the physical terms but also to have a mentally and socially sound status. In line with this trend, all societies rely on cures and remedies with this target of holistic well-being in mind. Therefore 'Indigenous Knowledge' (IK) takes on a dominant role in the health-care activities, especially those of the people in the remote areas. "IK refers to the unique traditional, local knowledge existing within and developed around the specific condition of women and men indigenous to a particular geographic area." (Grenier, 1998)

Looking at IK from the medical point of view may appear nonsensical in some ways, but they can easily be justified by considering the cultural factors such as customs, beliefs and norms, from the anthropological perspective. The composition of a human body is more than just a physical organism. It is also the focus of a set of beliefs about its social and psychological significance, its inner structure (anatomy), and function (physiology). Therefore, lay theories of the structure and function of the body influence the way people perceive ill health.

This research is to elicit how Shan's indigenous knowledge influences on health behaviors especially self-care from anthropological point of view. Indigenous

knowledge is native knowledge in the area. Therefore indigenous knowledge is what is locally available and what is familiar to people. It has developed over time and continues to develop. It is dynamic and changing based on experience, tested over centuries of use, and adapted to local culture and environment. Indigenous knowledge is stored in peoples' memories and activities and it is expressed in stories, songs, folklore, proverbs, dances, myths, cultural values, beliefs, rituals and health care behaviors. Much indigenous knowledge exists at the margins of main stream society, tend to be poor, and often lack political clout in managing natural resources or influencing the allocation of funds for their public health care, education and other needs (Taylor, 2007).

Human health is one of the themes of indigenous knowledge research, it includes nutrition, human disease classification system, traditional medicine and the use of herbal remedies in treatment of diseases; and the locations of medical plants the preparing and storing medicine etc (Grenier, 1998). Self-care has been defined as a process in which people function on their own in health promotion and prevention, in disease detection and treatment at the level of the primary health care system (Levin, 1981). Taking care of oneself regarding health matters is noted to be the most important and fundamental in the well-being of a person. Only then, one will be able to enjoy long life and what it offers. Self-care is not limited to the Individual but also includes members of one's own household. In many societies the family operates as a therapeutic group, it is a network for sharing prescription and medicines. In self-care, due to the social background, educational level, and economic condition, as well as the beliefs system, natural environment, and available resources, practices are found to vary from one region to another. As regards available resources, there are hospitals and clinics which can provide relevant information on health matters and medication.

In Myanmar, the status of health education has changed to a specific Information Education Communication (IEC) project under the Health System Development Programme. One of its major objectives is dissemination of health education down to the grass root level. So, the Health Education Bureau performs its country-wide health educational activities, especially personal hygiene, diarrhoea, dengue, malaria, water sanitation, tuberculosis, diabetes, HIV/AIDS, tobacco control, acute respiratory tract infection and other relevant programmes for promoting the health of children and adult through the mass media for self-health care. By the Ministry of health, health promoting school programme focusing on hygiene was

implemented phase wise since 1998 with the objective of promoting the health standard of the entire student youth. As a result, the youth and children do self-care practices since childhood. With the aim to support the State in public health programmes, needs of the public regarding health in rural areas are to find out, this study area was chosen.

Kyauk-me township, Shan State (north) is selected as field area, since most residents are Shan nationals who are living on high land. They used traditional medicine and herbal cures from their homelands, but over time they also borrowed additional herbal lore and curative practices from the neighbors of Myanmar and Chinese. Shan nationals have a long tradition of health and healing practices that shape, in part, what they do to care for themselves in the present day. This study will show, Shan national' self-care practices emerged from strategies for survival and long term efforts to overcome adversity.

The study area, being located on the Shan Plateau, is surrounded by a vast natural vegetation of flowers, shrubs and plants. Therefore it has been observed that natives of the study area collect medicinal herbs and plants according to their IK. Some of the herbs they use are prescribed in the Myanmar Traditional Medicine Texts but there are also some that are not included in the text. They found out using their own IK which plants or animals are medicinal in what way. They also rely on the patented drugs by Shan traditional healers and Myanmar traditional medicine. In addition, since the Shan plateau borders China, the natives have easy access to Chinese medicine as well as western medication. Since health education through media has influence on their knowledge of health practices, a selection of practices that would best suit the IK of these regions should be disseminated as innovations.

Furthermore, they have access to various medicines from Thailand and the western countries made available by traders from Yangon and Mandalay. Due to the distance from hospitals and clinics, and the availability of pharmaceuticals, and easy access to medication compounded by quacks, the natives are found to get into the practice of using medicine and having injections by themselves without consulting doctors and nurses. Among the illnesses, paralysis, malaria, and child-birth were studied in detail. Self-care related topics such as Economic Conditions, Religious Beliefs, Educational level, Communication, Health knowledge were dealt with. Health plays the leading role in raising the standard of living of the village people. Only when their activities regarding self-care were studied and made known, as to

whether there were misconceptions concerning health, and whether their practices were safe.

Their IK was found to be entwined with religious beliefs and assumptions. Although they are Buddhists, they also believe in the existence of spirits such as spirits of the forests, spirits of the mountains, guardian of trees, spirits of the water, spirits of the land, and guardian spirit of the village, as well as the supernatural powers like evil spirits and witchcraft. Most of their traditional beliefs were studied how to relate their self-care practices.

In Myanmar, there are many medical researches related to indigenous knowledge from medical point of view, such as “Traditional Breastfeeding Practices”, “Weaning and Feeding Strategies”, “Traditional Child-Caring Practices”, ‘Indigenous Maternal Care Practices’, ‘Traditional birth and child rearing practices’. But there are no anthropological researches on indigenous knowledge related to health care.

Director General of WHO (1973-88), Dr Mahler said “If doesn’t start with the individual, the home, the family, the working place, and the schools, then we will never get to the goal of health for all.” Therefore in view of health for all, it is important not only to develop personal skills. It is also essential to study the self-care practices in implementing Health Education and Health Planning programmes as part of it.

For villages in the rural areas, studies were made on

- What are the natives’ concepts of health?
- What herbs and animals do they use for what kind of health problems?
- What are the criteria for choice regarding their self-care practices?
- How do they evaluate the outcome of therapy?
- How much influence do the suggestions of friends and family have regarding health matters, and the role of health in their social and cultural context?

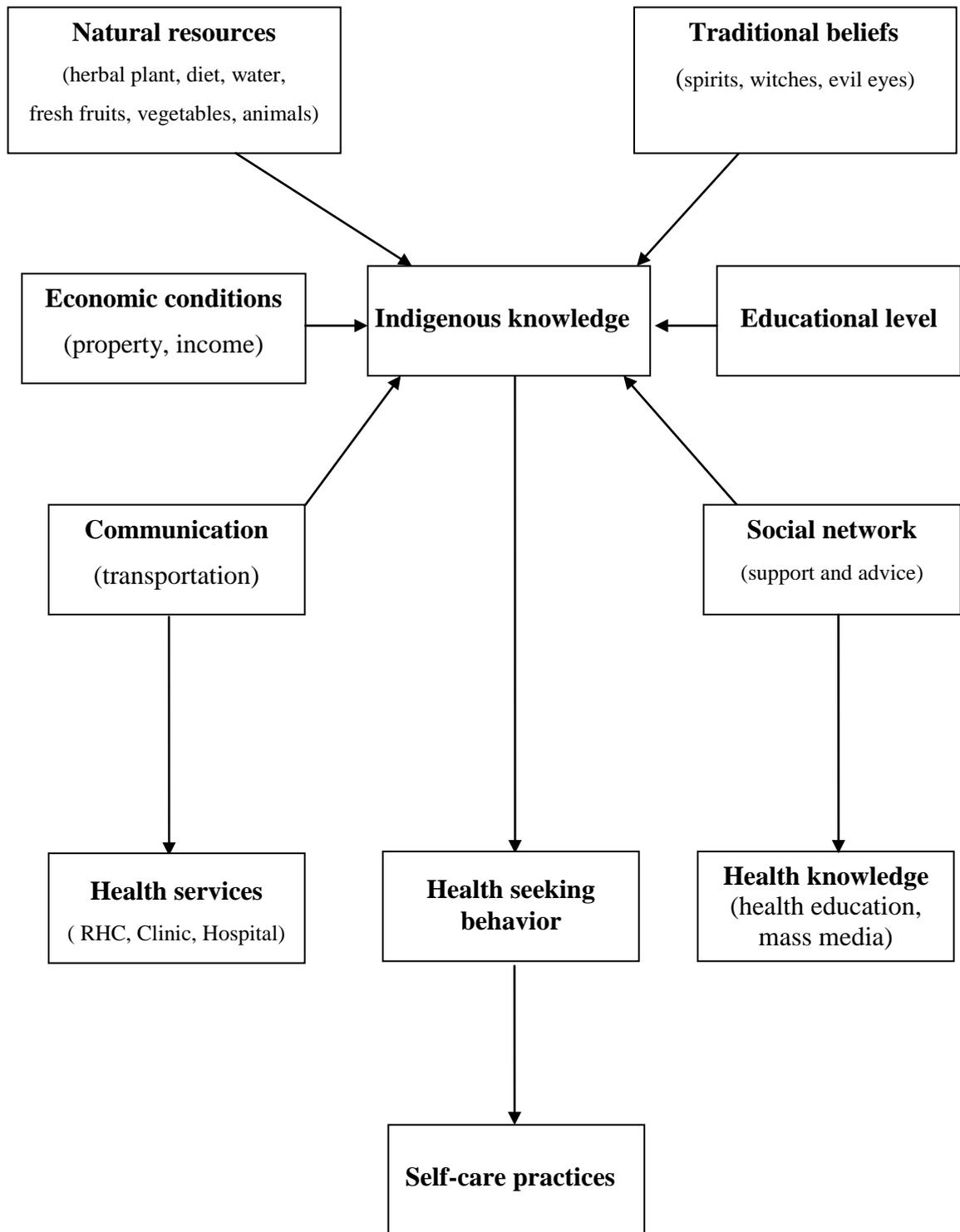
With data gathered from above queries, the self-care practices which indicate their IK is presented in this paper.

## **1.1 The objectives**

The objectives of this research were as follows;

- (1) to identify self care practices among Shan Nationals
- (2) to elicit how indigenous knowledge influences on self-care
- (3) to describe these self-care practices within the local social and cultural context

This thesis is composed of eight chapters. The first chapter is “introduction to thesis” and the second chapter is “literature review”. The chapter three is “Materials and Methods”. And the chapter four is the socio demographic background of study area. In chapter five, “identification of self-care practices” was presented to know how they solve their health problems through their indigenous knowledge. In the chapter six, “social and cultural aspect of medical pluralism related to self-care”, find out the connections between health seeking behavior and social network. The chapter seven is the discussion of the whole thesis and finally, conclusion and recommendation is expressed.



**Figure 1. Conceptual framework**

## **1.2 Conceptual Framework**

The Indigenous Knowledge of the natives of the study area is influenced by the economic condition, traditional beliefs, educational level, social network, health knowledge, natural resources, and communication. This Indigenous Knowledge and other available knowledge especially health education in study area and mass media is supporting their health seeking behavior in times of illness. The self-care practices and the related faiths and beliefs are observed as part of the health seeking behavior.

From observations of the economic condition, the relation between their economy and health can be noted. From studying the traditional beliefs, factors as to whether their faiths and beliefs are supportive of health, whether there are harmful effects arising from these misconception can be revealed. Whether they have sufficient knowledge to make logical decisions relating to self-care practices in line with their educational level and whether their having such knowledge can affect healthcare programmes can also be determined. As for natural resources, availability of natural herbs, water supply, access to fresh vegetables, fish and meat, and how well these resources support the self-care practices can be made known. Regarding the health education programmes by the state government, the effectiveness of the health care practices conducted through the mass media on their health seeking behaviour and the social support from their social network can be supported to health seeking behavior of the natives. Self-care practices are very basic in health seeking behavior. By highlighting the significance of their health seeking behavior, it can describe the importance of self-care within their social and cultural context. This framework is own idea to find out Shan national's indigenous knowledge especially health care practice.

## **CHAPTER (2)**

### **LITERATURE REVIEW**

All societies have health care systems consisting of beliefs, customs, specialists and techniques aimed at ensuring health and at preventing diagnosing and curing illness (Kottok, 2006). Medical anthropology is a branch of social and Cultural anthropology, its roots also lie deep with medicine and other natural sciences. Medical anthropology is about how people in different cultures and social groups explain the causes of ill-health, the types of treatment they believe in and to whom they turn to if they become ill (Helman, 2007). Medical anthropologists have become involved in a variety of multidisciplinary project in many parts of the world, including self-care practices.

#### **2.1 Self-care**

The World Health Organization defines self-care as “the activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness and restoring health” (Wikipedia 2000). Therefore self-care includes all health decision making that individuals make for themselves and their families to get and stay physically and mentally fit. The topic of self-care has emerged in the last 30 years as a particular focus of health concerns, but it was not widely viewed as a legitimate area of inquiry among health professionals until the 1980s. According to Levin (1981) self-care is as a process in which people function on their own behalf in health promotion and prevention and in disease detection and treatment at the level of primary health recourse in the health care system. Therefore one important feature of self care is autonomy (Levin, 1981).

Self-care from a patient’s perspective is also important, why do people prefer it their certain therapies, what are their criteria for choice and how do they evaluate the outcome of therapy. A few studies had mainly studied in industrialized countries which revealed for instance, people prefer to buy drugs in drugstores without consulting doctors because it is convenient, effective, and efficient (cheap) way of treating common disorders.

Backer, Gates and Newsom stated the many scholars’ definition of self-care in their study: Orem defined self-care as learned behavior that was purposeful, with

patterns and sequenced actions, and suggested that individuals acquire the capacity for self-care during childhood, principally in the family, where cultural standards are learned and transmitted intergenerationally. Dill and colleagues observed that definitions of self-care are largely composed of immediate responses to symptom experiences and to preventive or health maintenance activities. In Segall and Goldstein's typology, self-care regulates body process, prevents disease and alleviates symptoms and illness. Self-care practices are thus regulatory, preventive, reactive and restorative (Backer, Gate and Newsom, 2004). Vickery and Levenson (1993) differentiate between medical and health actions: medical self-care deals with medical problems while health self-care is for health maintenance and improvement.

Kleinman (1980) stated that, any complex society, which can identify three overlapping sectors of health care: the popular sector, the folk sector and professional sector. The popular sector is lay, non-professional, non-specialist domain of society, where ill-health is first recognized and defined, health-care activities are initiated. It includes all the therapeutic options that people utilize without any payment and without consulting either folk healers or medical practitioners. Among these options are : self-treatment or self-medication advice or treatment given by a relative, friend, neighbor or workmate; healing and mutual care activities in a church/monastery cult or self-help group or consultation with another lay person who has special experience of a particular disorder. It includes a set of beliefs about the healthy way to eat, drink, sleep, dress, work, pray. In some societies, health is also maintained by the use of charms, amulets and religious medallions to attract good luck and good health (Kleinman, 1980).

In the study of self-care among Chronically Ill African Americans they stated that among African Americans, the maintenance of indigenous traditions of self-care was essential for survival in the south under Jim Crow and in northern, ghettoized cities. They examine the social, cultural and historical roots of Americans' approaches to self-care, as well as the daily self-care practices of people in this research. Key aspects of African American culture are central to the development of self-care strategies. There is a basic approach to self-care that builds on widespread values and practices, including spirituality social support and advice, and traditional medicine. The ongoing nature of this interaction between people and their primary care providers was critical to the development of a self-care approach targeted to specific illnesses. Such interactions resulted in a comprehensive approach to self-care

by insured people that incorporated both basic cultural approaches to self-care and biomedically influenced approaches. The combination of approaches often led to highly effective self-care for chronic illness (Becker G and Newsom E, 2004).

In the study of traditional birth and child rearing practices in Pa-An township of Myanmar, it was found that traditional birth attendant was still popular in rural areas. It had pointed out the local medical needs concerning their negative factors among those beliefs and practices (Than Tun Sein et.al, 2003). This is to elicit how indigenous knowledge influences on self-care.

Self-care is a term that is used increasingly to denote health care activities which in addition to those of individual, include health caring services of family, extended family, friends, lay volunteer groups, mutual aid and self-help groups and religious organizations, and, in some instances the entire, neighbourhood, tribe or village (Levin and Idler, 1981). Ryan (1995) found that in a Kom village of Cameroon, 83% of illnesses were treated at home, with 22.5% of the 454 illness episodes seeking treatment outside the home (Ryan, 1995). Kroeger reported that 80% of illnesses are managed within the household, further pointing to the importance of looking at the home as a major player in the management of health problems (Kroeger, 1983). In Guatemala, Weller and collages have shown that up to 90% of the initial treatment actions take place at home and they may involve use of home remedies or remedies obtained from pharmacy. Of the remaining 10%, 8% of initial actions involved seeing a physician or a nurse while about 2% of the people visited a folk healer. The importance of home treatment with a particular emphasis on malaria has been shown in a variety of studies. But in this study not only malaria but also other folk illness are observed (Weller et al, 1997).

In one study of self-medication both literate and illiterate in Kalukara, a small town in Sri- Lanka, reasons for self- medication are (1) no time to see the practitioner (2) need to wait for long period (3) belief in Ayurvedic medicine (4) other reasons such as lack of privacy financial constraints, distance of clinic hospitals etc (Aboside O A, 1984).

## **2.2 Health seeking behavior**

In every contemporary society, a wide variety of health care options exist. The strategies, that people employ to decide which options to use at which stage of the illness are called pattern of resorts. Medical pluralism is the coexistence in one

society of divergent medical traditions. Multiple therapeutic using is one pattern; it implies that clients use more than one type of therapeutic system during a single illness episode, either simultaneously or in succession (Durkin-Longley, 1984). For example, Simultaneous resort occurred when several options were used at the same time, usually in the case of a serious childhood sickness. Hierarchical resort occurred when different health care choices were made in sequences through the various sectors of health care, usually a chronic disorder or recurrent sickness in adult. In study of multiple therapeutic uses in urban Nepal, it was found that they had actually used more than one type of therapy during the current illness (Durkin-Longley, 1984).

In one study of health seeking behavior among pregnant women in rural Haiti, it was found that nearly all women, in the sample reported their husband or male partner as the primary decision marker in regards to matters of health. Husbands or male partners were most often cited as the person with whom women spoke during times of illness when they did not seek or delayed seeking care during previous pregnancies. Some women mentioned that it was their husbands who finally convinced them to seek formal health care. Mothers were also a significant source of health information for women during pregnancy related illness. Other sources of health care guidance come from other relatives. Economic indicators for Haiti, especially those for rural Haiti women are extremely poor. The majority of women in this research no regular income, minimal economic activity of their own and heavy reliance on their husband. Finally, a large number of rural Haitian women in this study relied on their male partners for income and health care decision marking (White K. et.al, 2006).

One of the major unresolved questions in Health seeking behavior studies is how far knowledge actually determines practice. It is most common to assume, implicitly or explicitly, that changing knowledge entails behavior change (Hausmann-Muela et.al, 2003).

Lewis found in an attempt to clarify local illnesses in an East Sepik society, a single cause could lead to different symptomatology and a same symptomatology could be provoked by different causes (Lewis, 1975). Janzen, in his famous work "The Quest for therapy in Lower Zaire (1978)", brilliantly showed how in people's illness narratives, virus and bacteria interact with witchcraft. In this study one informant explained how a healthy body would let pass contaminated food without

provoking negative affects, whereas in a bewitched body, the ill-causing agents of the same food would be retained and eventually penetrate into the blood (Janzen, 1978).

The melting of different concepts is also made explicit in the local understanding of malaria in south eastern Tanzania. In this ethnographic study, the researchers described how malaria and witchcraft can be interrelated in illness interpretations (Hausmann-Muela et al, 1998). This example showed their concept on health seeking behavior. The researchers explained “a bewitched person who suffers from malaria must seek treatment from a traditional healer who can remove the witchcraft prior to attending the hospital for malaria treatment. Typically, observed treatment sequences with alternating use of traditional and biomedical resources follow logic of interpreting and reinterpreting illness, using merged concepts from biomedicine and local beliefs in witchcraft (Hausmann-Muela et al, 1998).

Stephen Frankel (1986), who is both a physician and medical anthropologist, worked extensively among the Huli clans of Southern Highlands Province during the 1970s and the early 1980s. He found that people are eclectic in their recourse to medical specialist and in many cases used home remedies for minor ills. For diseases which they feel are culturally specific to them such as agali, (a Huli male illness which is frequently attributed to sexual misconduct), they will usually employ the services of a traditional healer, but in the case of injuries will use the hospital (Stephen Frankel, 1986).

However superior the biomedical system of diagnosis and treatment may be in many cases, there is simply not enough of it to go round for this reason and because there are some conditions which are more effectively treated within the indigenous system medical pluralism exists. Medical pluralism is a recognition by many theorists and practitioners that a degree of coexistence between Western and non-Western forms of medical theory and practice are likely to be found in much of the world for the foreseeable future (Hughes, 1994).

### **2.3 Indigenous Knowledge**

Indigenous knowledge (IK) is the local knowledge\_ that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions and private firms. It is the basis for local-level decision making in agriculture, health care, food preparation, education, natural resource management, and a host of other activities (Warren, 1991). Significant

contributions to global knowledge have originated from indigenous people, for instance in medicine and veterinary medicine with their intimate understanding of their environments. IK is developed and adapted continuously to gradually changing environments and passed down from generation to generation and closely interwoven with people's culture values (Wikipedia, 2000).

Grenier stated that all members of a community have traditional ecological knowledge: elders, women or man, and children. The quantity and quality of the IK that individuals possess vary. Age, education, gender, social and economic status, daily experiences, outside influences, roles and responsibilities in the home and community, profession, available time, aptitude and intellectual capability, level of curiosity observation skills, ability to travel and degree of autonomy, and control over natural resources are some of the influencing factors. Indigenous knowledge includes both explicit and implicit knowledge some of it intuitively practiced through cultural rituals or revealed through stories and legends (Grenier, 1998). In the study of knowledge translation and indigenous knowledge, it was discussed that the theoretical and epistemological frameworks underlying western scientific and indigenous knowledge system have fundamental differences (Janet S et al, 2003). Ng'etich (2005) stated that knowledge may be categorized in individual knowledge, distributed knowledge and communal knowledge. In some cases, individuals produce traditional medical knowledge without any interface with the community or outsiders. In such cases, the knowledge is held by individuals (individual knowledge). In other cases, knowledge is in the possession of some but not all members of a group (distributed knowledge). In such cases, the knowledge is asymmetrically distributed among individuals within a group, even though such individuals may not be aware that others in and outside the community share the same knowledge. Individual knowledge and distributed knowledge are often interconnected in that sometimes healers compare notes and share remedies across quite wide geographic areas. Communal knowledge means that certain medical knowledge may be available to virtually all members of a group. In such a case, the knowledge is freely available to its members although it may concentrate among the old members of the society. In every community, for example, there are plants, which are well known to have some medicinal properties.

Grenier explained in "Working with Indigenous Knowledge, 1998", although each IK system consists of an integrated body of knowledge, many researchers interested in learning more about traditional knowledge systems tend to focus on

discrete aspects. But, IK systems are also dynamic: new knowledge is continuously added. Such systems do innovate from within and also will internalize, use and adapt external knowledge to suit the local situation (Grenier, 1998). These are diversity of topics regarding IK, such as learning systems, local organizations, local classification and quantification, human health, water, soil, Agriculture and so on. According to Grenier, the topic of human health includes nutrition, human- disease classification systems, traditional medicine and the use of herbal remedies in treatment of disease and the location of medical plants, the proper times for classification, the most useful parts and the methods for preparing and storing medicines. But in this research the main contribution of self-care practices is studied how influence of IK on health care behavior.

**Traditional medicines** –Traditional or indigenous medicine encompasses knowledge and practices used for diagnosis, prevention and cure, including physical, mental and spiritual therapies. A greater part of IK refers to the properties of natural materials especially medicinal plants, animal parts and minerals (Sindiga, 1995). Thus traditional medicine includes knowledge concerning medicines and their use (appropriate dosage, particular forms of administration, etc.), as well as procedures and rituals applied by healers as part of their traditional healing methods.

In the Shan nationals of Myanmar, traditional practices and traditional medicines is widely used in their self- medication. Traditional medicine is also called indigenous medicine or folk medicine which developed over centuries within various societies. Indigenous medicine is sometimes unwritten and transmitted orally: until (WHO, 2000). In the United States, an old indigenous medicine field called apitherapy, in which bee stings or venom is used to aid victims of autoimmune disorders like arthritis or multiple sclerosis is receiving renewed interest in recent years. Traditional medicine has maintained its popularity in all regions of the developing world and its use is rapidly spreading in industrialized countries in which adaptations of traditional medicine are termed Complementary or Alternative Medicine.

Currently, traditional medicine is one of the most ambiguous and controversial topics in ambits of national and international agencies involved in the development of primary Health Care in developing countries. As a medical recourse utilized by the population, its interest as a study object is unquestionable, but its

position in the design of health planning is a constant motive for polemic among experts (Hausmann-Muela et.al, 2003). Although without outstanding results, the World Health Organization promoted since 1978 (WHO, 1978, Akerele, 1984, WHO, 1991; WHO,1995; WHO,1996; WHO,2002) a search for strategies which, at least, make possible a certain collaboration between the generically called “traditional healers” and health professionals linked to biomedical institutions (Hausmann-Muela et al, 2003). WHO suggested that traditional medicines, adequately used, can help to construct a health system which is both efficacious and accessible for the precarious economies of the implied states (WHO, 1978). The distribution of and access to, traditional practitioners in many developing countries, although by no means restricted to the rural areas, is more even than that of the predominantly urban-based and expensive private sector (Green A, 1992).

**Lay theories of illness causation**– In the study of self-care practices related to IK, lay theories are important to self-diagnose and self- treatment. Helman stated that Lay theories about illness are part of wider concepts about the origin of misfortune in general. They are also based on beliefs about the structure and function of the body, and the ways in which it can malfunction. In most cultures they are part of a complex body of inherited folklore, which is often influenced by concepts borrowed from the media and from the medical model. In general lay theories of illness place the aetiology or causation of ill-health in one of the following sites:

1. Within the individual
2. In the natural world
3. In the social world
4. In the supernatural world

As a very broad generalization, social and supernatural aetiologies tend to be a feature of some communities in the non-industrialized world (especially those in rural areas), while natural or patient centered explanations of illness are more common in the Western industrialized world, though the division is by no means absolute (Helman, 2007).

People’s ideas on the cause of a caught, cold, diarrhea and fever may lead them to choose a certain therapy. Foster and Anderson (1978) divided causation beliefs into two personalistic and naturalistics. Personalistic theories pointed to a person or a personalized being witch, dwarf, divine being or sorcerer as the cause of

illness. The illness is caused by a willful act of such an agent. These notions are usually founded on magical and religious beliefs. Naturalistic theories view illness as being caused by natural processes, imbalances in bodily functions, or by environmental factors. They suggest that when the cause of the disease is perceived to be personalistic, the treatment needs on extensive diagnosis by powerful healers. They stress that in naturalistic disease etiologies, patients and their families tend to determine the cause of illness themselves (Foster and Anderson, 1978).

#### **2.4 Natural resources**

For thousands of year, cultures in every area of the world have used herbs for medicinal purposes. In fact people once consumed entire plants, sensing intuitively that they had health benefits (Ulene, 2000). In human societies everywhere, plants are important as foods, materials and medicines. Indigenous people worldwide are especially recognized for their long-term and in-depth relationship with their environment and for their traditional plants knowledge (Walker, 2001). Most of the foods are edible vegetables and some are recognized as medicinal plants. Diet is the customary set of foods regularly prepared and consumed in a particular culture. All human societies use diet not only to support biological life, but to express social relationships and make statement fraught with cultural symbolism. Food is more than just a source of nutrition. In all human societies it plays many roles, and deeply embedded in the social, religious and economic aspects of everyday life (Helman, 1990).

In one study it is stated that "Some indigenous vegetables provide medicinal effects to human health such as *Dregea Volubilis* Benth (gwei: dau: leaf) and *Foeniculum Vulgare* Gaertn (samoun zaba: leaf)." This study indicates that, "In developing countries, nearly all types of vegetables are eaten soon after they are harvested. They are rarely stored for a long period (with a few exceptions such as pumpkin and other gourds). Due to increasing population and rapid urbanization, the availability of wild vegetables is decreasing. Therefore, vegetables are obtained mainly from commercial farming. Some vegetables are obtained from small or the backyard gardens. In any case, vegetables are rarely a prestige food except in a few societies where they are high on the list of food preferences. An increase in the consumption of green leaves and other vegetables could play a major role in reducing vitamin A deficiency, which is often prevalence of anemia which results due to iron

deficiency in all segments of the population but especially in women of child-bearing age. Increased vegetable consumption would also supply additional calcium and vitamin C which would prevent the rare disease scurvy and perhaps which also assist the healing of ulcers and wounds. Vitamin C also enhances iron absorption. There is no doubt that balanced diet will lead to minimizing malnutrition and health improvement (Maung Maung Yi, 2009).

In natural resources, water is important for alive. Water is essential for growing food: for household water uses, including drinking, cooking, and sanitation; Water development is critical for food security in many regions of the world (Rosegrant, Cai and Cline, 2011). In this study area, their concepts on water resources and how to support their health would be studied.

## **2.5 Economic Conditions**

Economic considerations are commonly cited as important determinants of how people choose between different types of practitioners and therapy systems in pluralistic health arenas. Perhaps because economic considerations are such obvious factors influencing health care decision-making (Nichter Mark, 1983). Economic factors in particular are an important cause of ill, health, since poverty and unemployment may result in poor nutrition, overcrowded living conditions, inadequate clothing, psychological stress and alcohol abuse.

The narrowest concepts of health see it as a measure of the state of the physical bodily organs. An individual is unhealthy if there is a malfunctioning of apart of the body. The health of an individual or community as being concerned not only with physical and mental, status, but also with social and economic relationships. Long duration or concentration of illness episode in a household can lead to selling of all available asset and other coping strategies (e.g borrowing money), pushing the household into the vulnerability spiral. Illness can end up being extremely costly for the poor (Corbett, 1989). Health may be influenced by a number of factors including health care. However other factors that affect health are poverty, education levels, food intake, and access to clean water, and sanitation and housing conditions (Helman, 1990).

## 2.6 Religious affects

Anthropologists studying the socio cultural end of this spectrum have pointed out that all human societies' beliefs and practices relating to ill-health are central features of the culture (Helman 1990). Health, the taboo, mana and superstitions will encompass religious beliefs, effects on self- care. In the study of Burmese supernaturalism, Spiro explained that although ghosts, witches and nats may cause various kinds of suffering, they are especially feared as agents of illness and death. Although the malevolence of the supernatural, is primarily expressed in disease causation, it is not the case, despite the fact that creation types of diseases are attributed primarily to the action of supernatural only, that most illness is caused by supernatural. They are all supernatural in that their power is greater than man's, they are all either harmful or potentially harmful; and they all therefore, are believe to use their power to cause human suffering.

This study attempts to describe and explain a variety of supernatural belief-ghosts, demons, witches, and those spirits whom the Burmese called Nats. Wherever it is found, Buddhism is accompanied by some other religious (using religious very broadly) system. In Burma and in the other countries of Southeast Asia, the latter system comprises folk religions which postulate the existence of supernatural beings and which includes a set of rituals relating to them. Once the diagnosis of supernatural causation is made, various kinds of therapeutic producers can be initiated, depending on the nature of the illness and the type of practitioner who treats the case. When a patient is believed to be possessed by a punitive supernatural, he is treated by an exorcist. Exorcism is achieved by ritual alone; sometimes, however, it requires as well a direct confrontation between exorcist and supernatural (Spiro, 2011).

Anthropologist Clyde Mitchell (1965) found that pressures of urban living created tensions which manifested themselves witchcraft in a style of witches somewhat different from that experienced in the rural areas. Thus road accidents and other misfortunes were often interpreted as manifestations of witchcraft. In the home rural area, witchcraft is confined to the kinship group but in the urban areas it is more dangerous as it is no longer confined to intragroup relations, but is used to terrorise other group.

Witchcraft accusations are often directed at socially marginal or anomalous individuals (Kottok, 2006). Some Shan villagers believed witches was recorded in the

study of social organization of Shan national, Kyauk-me Township (Mya Thida Aung, 1998). In the study of Burmese supernaturalism found that unlike the case of master witches, the Burmese are either more knowledgeable or more willing about to talk about witches (soums). Whatever their motives, witches attempt to harm their victims by causing illness and/death. If a witch has already caused a person to become ill, the only remedy is exorcism (Spiro, 2011). This study would indicate that how to relate self-care practices and beliefs on witchcraft.

## **2.7 Educational level**

Educational level refers to the acquisition of more formal knowledge and normally occurs in a place called a school (Kottok, 1991). In one study of self medication: An important aspect of primary health care, studied in Klutara, a small town in Srilanka has a good mixture of literate and illiterate. This study showed that most respondents regardless of their educational level showed deficiencies in their knowledge of drugs. Of the illiterates 55% did not know the names of their drugs. 75.5% the side affects 92.5% how to store how to store them and 100% had no idea when the drugs will expire. Most literates 62.5% knew the name of their drugs but like the illiterates did not know their side affects or what date they will expire. Literacy is not synonymous with ignorance but the findings of this study showed the literate to be more competent, even though not adequately in managing minor ailments at home. Many of them probably learnt first aid measures in the elementary school. This study found that Self-care is believed to be cheaper than hospital and other types of care (Abosedo, 1984). Artzliche said: Self-medication should be exclusively limited to symptom treatments. Provided that the chemist properly informs the consumer, Self-medication assumes a prominent part within the education of the population to a reasonable use of the medicine (Arzliche, 1984).

## **2.8 Social network**

In all human societies, the primary social group is always the family. The family is always a social, as well as a biological unit, and it always includes members who are not biologically related to it. As well as marriage partners and their families of origin, it may also include honorary relatives or fictive kin, such as closed friends or neighbours, or even health professionals (Helman, 1990). In many studies regarding self-care are suggested that family, kinship, neighbours, friends are

important for sharing knowledge and experience, making therapeutic decisions and for sharing prescriptions and medicines.

Neighbourhood attachment has also been shown to provide a sense of belonging reduce alienation, and offer a reason for overcoming the frustrations of a changing world (Warren, 1977). Natural helping has been found to flourish when the issues were either of little interest to professionals or involved considerable numbers of the people who do not access to the services of professionals (Tracy & Gussow, 1976).

Informal helping network are those indirect ties to resources that one may have access to through the different social grouping to which one belongs (for example, family, neighbourhood, work and voluntary associations). These informal helping transactions are relatively spontaneous and may involve mutual exchanges of support for a variety of large and small stresses of everyday life. Family and friends are the most intimate of helping relationships and are characterized as being long standing through preexisting ties and involving equality of exchange over the long term (Eng Eugenia and Parker Edith, 2002).

Long before the ideas of social capital and social networks entered the arena of health research, social theories, such as Durkheim (1964/1933) and Simmel (1955/1922), grappled with the ways in which the web of social relationships (social networks) influences human cognitions and behavior and acts as glue to hold the society together. They proposed that social relationships, characterized by both the nature and degree of interactions, may offer social support, perform social control, and manage social conflict (Viswanath K, 2008)

Neighbours who live next door or much closer are the most likely to be involved in helping. Their helping relationship is characterized as being long standing through preexisting ties, involves equality of exchange over the long term, and is locality based. The form of helping from neighbours are not based on obligation of kinship or friendship and have defined limits on level of involvement and what is appropriate to ask for and offer (Eng Eugenia and Parker Edith, 2002). The social groupings may themselves be linked and thereby can tie people's self-care practices, in directly to a variety of helping networks simultaneously.

## 2.9 Health knowledge

Health knowledge can get not only transmission of IK from their ancestor but also health education systems and mass media.

**Health education**– Health education is also an important part of health programs in developing countries, but the evidence indicates that it is the perception of desired results-recovery or improvement-and not the understanding of western disease theory that loads traditional people to modern medicine (Helman ,1990).

Health education has thus come to a major role to make the people knowledgeable matters concerning health. One study has shown school-based health education to be capable of producing positive effects on beliefs, attitude, and behavior both short- and long- term. Mostly, health education in schools was concerned with ‘hygiene and cleanliness’, with minimizing the risks of infection (Downie, 1996). In developing countries, health education must pay attention to protecting and preserving endogenous practices while offering new skills as option. Health education methods to increase self- reliance, recognizing the social as well as the personal factors in health must include social change tactics, e.g, community organization and the establishment of networks of health interest groups (Levin, 1981).

Today health education can be found nearly everywhere. The settings for health education are important because they provide channels for delivering programs, and facilitate development of policies and organizational change to support positive health practices (Mullen,et.al, 1995). Particularly relevant to contemporary health education are schools, communities, worksites, health care settings, home, the consumer market place, and the communication environment (Glanz, Rimer and Viswanah , 2008).

**Media affects on health**–The outcomes of media dissemination of images, themes and stories are common only discussed under the rubric of media effects (Bryant and Zillman, 1994). Media many shape an outcome (Knowledge, opinion, attitude, behavior) among individuals, groups, institutions or communities but also in turn, be affected by the audience (Mcleod, Kosicki, and Pan, 1991). In this study consider of media affects and other related factors are observed.

Use of mass media has clear advantages when it comes to providing information to vast numbers of people. Moreover, they reach those groups in society with fewer material and cultural resources and who are thus target groups for health

promotion messages. Use of mass media can be very expensive, may be limited in terms of targeting particular sections of society. However, the mass media are extremely powerful communication mechanisms of health information (Downie et al, 1996).

The information must be useful and relevant to the people. Information is much more likely to be attended to and retained if it has relevance for the person at the moment. Much information collected depends heavily on both the skills of the collector and how she or he views or interprets reality. Much medical information is even harder to obtain “accurately”. Diagnosis is an art not a science, particularly where diagnostic aids are scarce (Green A, 1992).

**Use of Western medicine**—Geest, Hardon and Whyte cited that, it is well known that items from one cultural context may be given a very different meaning when they are introduced into another one. Pharmaceuticals developed according to scientific paradigms are separated from their biomedical context and integrated into other culturally specific modes of understanding. There are always pre-existing concepts about treatment and medicines which form a basis for the cognitive appropriation of new drugs. When drugs are ‘freed’ from the control of professional health workers, through the process of commoditization it becomes particularly important to be aware of the popular beliefs that guide self-medication. Lay people’s ideas about drugs are formed according to their experiences and situations; a number of different conceptions about a particular drug may coexist in the same local culture (Geest, Hardon and Whyte, 1990).

Since Logan’s pioneering discussion of how Guatemalan villagers categorize western drugs as hot and cold in accordance with their own illness classification; a number of studies on the process of cultural reinterpretation of pharmaceuticals have appeared in developing countries (Logan M., 1973). Geest studied that in south Cameroon, for example the head nurse at a leprosarium explained that local villagers were keen on buying medicines taken by the lepers especially Disulone (Dapsone). Some people were interested because they thought Disulone would give them more energy for hard work, having seen how active the lepers were in agriculture and handicrafts. Others thought the medicine would increase their sexual energy or fertility (Geest, 1990).

Pharmaceuticals play an increasingly important role in health care all over the world. Since the 1980s many publications have pointed to the medically unsafe use of western pharmaceuticals in developing countries where regulations are weak and health care system does not function well. People do not only use modern pharmaceuticals on the advice of doctors; a large proportion of illness case is self-medicated, often with potentially hazardous prescription only drugs. Western medicine is not simply a natural phenomenon but an artifact of human society founded in a cultural framework of values, premises and problematic (Kleinman, 1983). Many studies have been conducted on drug use and provision in developing countries. However, most of these studies are descriptive in nature and focus on the providers of drugs. Few studies have looked into self-medication practices at the community level of health care and even less studies are anthropological in their approach. The advantage of illness centered research is that starting with the illness; one can ask what people are undertaking individually to get rid of the problem. This may include non-pharmaceutical self-care practices.

## **CHAPTER (3)**

### **MATERIALS AND METHODS**

#### **3.1 Study Design**

In this study, the descriptive study design was applied. It involved detailed facts.

#### **3.2 Study Sites**

Study area is situated in Northern Shan state, Kuauk-me Township. Research for Master degree had been conducted the title of “social organization of Shan national Kyauk-me Township, Northern Shan state” in 1996 to 1998. But their health care practices were not studied in widely view. The cause of the selection of Kyauk-me is to continue to study the customs of Shan national regarding health. Pre-survey is to Kyauk-me in November 2008. Villages around Kyauk-me were assessed for their suitability as study sites. Since these villages in question are only one or two miles from Kyauk-me, villagers go to the hospital and clinics in the town. The chance is slim for being able to study self-care practices in these areas. Therefore other study area is decided to select and went farther to around 31 miles to Mumpint and Munnaun villages. To query about those villages went to consult three persons in Kyauk-me who know the areas well and managed to obtain some data to commence this research.

Therefore, Mumpint, Munwein, Aukzay, Konsant and Munnaun villages are chosen as study sites. Their distance from towns and the difficulties in communication caused by the many diversions and transits in spite of the car and motor bike roads matters substantially in justifying the choice. It has been assumed that given the above features of the villages, the inhabitants would have their own views and knowledge of health. They have been considered as suitable for a detailed study of the self-care practices of the natives of remote areas.

#### **3.3 Methodology**

In this study, the qualitative research method is applied. Key informant interviews (KII), informal group interviews (IGI), in-depth interviews (IDI), Observation (participant, direct and indirect), were carried out for data collection. The

earliest of these phases are the desk reviews through collection and scanning relevant data of these areas. The first field survey was conducted in October, 2009. Although it had been intended to have in-depth interviews (IDI), key informant interviews (KII), and focus group discussion (FGD), the language barrier was so much of a problem that FGD could not be done. According to the information from Kyauk-me, October happens to be the most appropriate time for the research. October is the month of Thidingyut in the Myanmar Calendar. This is pre-harvest season when most household member stay at home before starting harvest time.

### **3.4 Key Informant Interview (KII)**

As key informants, one village head and one patron from the Munnaun village, a village head from the Konsant village, a village head from Autzay, a man and a woman of wide knowledge from Autzay village, a village administrative secretary from Munwein, the chairman of Munpint village tract, and a nurse and a female youth leaders from Munpint were chosen. Nine persons involved in KII. From these informants' important data concerning the beliefs and assumptions about health, superstitions, practices, and unusual events related to health were gathered.

### **3.5 Informal groups Interview (IGI)**

In the first survey, while the data collection time coincided with a meal donation ceremony offered in representation of a person who had currently passed away. The entire village participated in the process which, fortunately, gathered so many people in a group. To get data grabbed the chance and were able to do the four informal groups interview. Each group has about five to seven and many of them are women 25 to 50 years old. One male group and three female groups were involved in informal group interviews. This male group included five and they were over sixty years old. The knowledge of medicinal herbs and how to use were interviewed. In one female group, the causes of illness and the choice of therapy were conducted. And the rest of two were interviewed regarding the childbirth and child care.

There are many popular festivals in this study time such as Thidingyut lighting festival and the robe offering Kahtein festival. Informal group interviews were done in monastery of study village. In the second survey, one group in Munpint, two in Autzay village and the other one in Munnaun, totally four groups were conducted. In Munpint village, old ladies group including six women was interviewed

about the knowledge of herbs and eating practices of Shans in study area. In Autzay village, one female group including eight women was conducted about infantile ailment and herpes. Another group in Autzay was conducted about witches and supernatural events, four women only participated because some didn't want to talk about witches as they fear of witch. A teacher from Munwein included in this group and she was interviewed in IDI again. In Munnaun, two man and three women group was interviewed about sar scratching therapy. Majority were Shan national but most of them used in Myanmar language.

### **3.6 In-depth interviews (IDI)**

In the first survey, for the in-depth interviews, 3 persons for Megalaun Fever (one person suffering from Megalaun as recent as the previous week, two of them 3 months ago), two persons for the Ngan fever (both of them had the fever before), one person for Malaria who had the fever before, two persons for swelling and bloating (currently suffering), three persons with knowledge of herbs, one self-made compounder, three traditional birth attendants for child-birth and child-care, two mothers of 6-month old infants (for childbirth and child-care), two mothers of children above four years, one spiritual healer (exorcist), a quack, five western medicine users, one female involved in the Healthy Mother project were interviewed for spending over one and a half hour with each.

The second survey was conducted in October 2010. Interviews were conducted with five sar scraping patients, two me'galaun patients, two ngan fever patients, three paralysis victims (currently suffering), one bloating patient (currently suffering), three herbalists, one self-made medicine compounder, four spiritual healer (exorcists), two soul-callers, one stomach therapist, one Sargyi patient who suffered from ten days ago, one woman who just had a baby, five mothers of children above four years, one patient with gynaecological problems (currently suffering), three primary teacher involved in school health education programmes, one person who had had a stomach therapy, five western medicine users, one seller of medicine and, two farmers, and one tea-leaf manufacturer.

### **3.7 Observation**

In the first and second survey, this period has been marked so as to get a chance to mix with the villagers in these feast and festivals and get to know them and

their cooperation with one another and the easy-going lifestyle through direct observation, participant observation, and indirect observation.

By participating in religious and social activities of the village, it can be able to observe how the villagers cooperate with each other and find out about social support and advice regarding health matters. Direct observations were conducted for soul calling, spiritual spell-chant healing, and traditional fortune telling and sar scratching. Indirect observations were conducted with some soul calling and spell-chant healing for witchcraft.

### **3.8 Data analysis**

Transcription of data, coding, and data analysis are carried out manually. Triangulation is used to ensure validity of the data collected by KII, IDI, and informal group discussions. Outstanding cases are presented as case study in the narrative format. A case by case narrative analysis is also conducted. Narratives are the stories people tell about their self-care experiences; they provide important insights into their self-care perspectives on those experiences. The recorded data and the narrative analysis yield the same data and serve as a cross check on each other. Details of responses are documented with handwriting and with the permission of photographs are taken in the process of data collection.

### **3.9 Using interpreters for data collection**

Shan natives converse with each other in their mother-tongue, which is Shan language. Two interpreters were used because although they understand questions asked in Myanmar but some would not respond accordingly. However, key informers being well-versed in Myanmar helped to researcher much in the collection of data. One of them is a forty-year-old Shan lady who was studied up to the eighth standard. She used to live in the study area but she is now residing in Kyauk-me town. She proved to be very helpful since she was well acquainted with villagers and chiefs in this area, and data concerning health and social matters could be obtained without many problems. The second translator is a forty eight years-old Palaung lady who lives in Kyauk-me and can speak Shan, Palaung, and Myanmar languages fluently. She was studied up ninth standard and a trader of dried tea leaves and happens to be a very good speaker who could make people interested in what she is saying. Therefore she also proved to be invaluable for the survey trips.

### **3.10 Limitations**

Due to the language barrier, Informal group discussions had to be carried out instead of FGD which is one flaw of the surveys. However, from interviews at the religious and social activities where many people come together, sufficient data could be collected. Although there were language difficulties in talking to the villagers, bias is reduced because of the key informers and some of the informants of IDI who are well-versed in the Myanmar language.

The self-care practices of the Shan natives have been observed and recorded. The use of the qualitative data collection method was used, quantitative method is absent in this paper. However it can be evaluated as having met the objectives. Being able to put on record the beliefs and practices of the natives regarding health, and the social support and advice arising out of their social and cultural context is a noteworthy achievement.

### **3.11 Duration**

Duration of this research was 4 years. For the first year, a comprehensive review of documents embodying self-care practices related to indigenous knowledge as well as applied methodology had undertaken. Then, in the second year, data collection had conducted in October. Next, in the third year in order to fulfill the incomplete data, the fieldwork had continued between October and November. Each field trip lasted nearly one month. In the last year, writing the final report, cross check data and other necessities were conducted. Then the findings complied with show how indigenous knowledge influences on self-care practices and how self-care practices were tied to broader social and cultural context.

### **3.12 Ethical Considerations**

This thesis has been approved for conducting research in order to fulfill the requirements of the Doctoral degree. Natives of the study area have been requested to give cooperation by giving relevant information. A clear and comprehensive orientation has been given on the theme and objectives of the paper. Informants are informed that they can refrain from responding to any question they are reluctant to answer, and that they can answer only those they feel comfortable with. Data is collected with verbal consent of the informants. Consent has been willingly given by all participants in this study.

## CHAPTER (4)

### SOCIO DEMOGRAPHIC BACKGROUND

#### 4.1 Historical background of Shan national

The Union of Myanmar is a country formed with various ethnic nationals. All Myanmar national descended from the Mongoloid had migrated into Myanmar in three large national groups namely (1) Mon- Khmer group (2) Tibet- Myanmar group and (3) Thai- Chinese group from Mongol highlands. They are the brothers who settled down in this Union of Myanmar land since many years in the past. In these national groups the Shan national descended from the Thai-Chinese group (မြန်မာ့ဆိုရှယ်လစ်လမ်းစဉ်ပါတီ-ရှမ်း-၁၉၆၈).

The word Shan is a term used by other nationals to call the “Shan”. But the Shan nationals themselves used the word “Tai” for them. The word “Tai” refers to freedom. Among Shans they are termed as Tai lon, Tai lai, Tai Nei, Tai mao, Tai li, Tai samtunt, Tai in, Tai kon etc according to region and dress (အာသပြန်စာပေအသင်း-၁၉၇၀). The Shan nationals who resided in Kyaukme township in Northern Shan states are known as Tai Lon or (Shangyi). The Shangyi settled down in various parts of Shan states, Kachin state, Kayah State, and in Pakkoku, Mandalay, Kyaukme, Phyu, Taungoo, Bago, Taikgyi, and Yangon Township in unity as Shan villages and Shan group. In the study of Myanmar history it is also noticed that Myanmar and Shans had mixed up in marriage during the Bagan era, Pinya era, Innwa era, and Kongbaung era and that is why there is a metaphor of saying “Pure Myanmar is Shan and pure Shan is Myanmar”(ရှမ်းစစ်လျှင်ဗမာ၊ဗမာစစ်လျှင်ရှမ်း) (ဆရာမြိုင်.၁၉၆၃)

#### 4.2 Physical features of Shan national

Shan nationals have fair and white skin as they have lived in cool plateau for a long period of time. They are not much tall in their height. They have straight and black hair, nearly round head, short and broad nose, flat face, side upwards pointing eyes, yellow and in sometimes brown complexion. Shans are only slightly different from Myanmar in their structure and parts of their body (အာသပြန်စာပေအသင်း-၁၉၇၀).

### **4.3 Location**

The selected area is situated near the Minengoi sub township which is thirty one miles far away from Kyaukme Township. The names of the villages are Munnaun village, Konsant village, Autzay village, Munwein village, and Mumpint village. To the east lies Minengoi Sub Township, to the west lies Manhwai village, to the south lies Chone village tract, and to the north lies Konkouk village. The villages are connected to one another.

### **4.4 Historical background of study villages**

The Munnaun means the lake village. Long ago there was a large lake in the middle of the valley. At that time there was a group of Shans who settled down near the present Munnaun village. These Shans held a noviciation ceremony and there would be novice was lost in the lake while they were taking bath in it. Since then it was believed that there was a nat (spirit) in the lake. The village was named as lake village relating to that event. The small lake exists till this day and paddy was not grown around the area in belief that there were spirits. That Munnaun village is situated at about one mile distance to the west of Minengoi Sub Township.

Konsant village is just two furlongs away from Munnaun village. It appeared in contemporary with Munnaun village. Autzay village (Figure-2) is nearly two miles away from Konsant village. According to a native man, “in ancient times it was a busy trade centre”. It seems to be a very prosperous village in ancient times as the old pagodas, sima (Buddhist ordination hall), and monasteries are found there. According to the inscriptions in the old sima it is learnt that they were constructed since over one hundred years ago.

Munwein village is only two furlongs away from Autzay village. A native older man said that Munwein village seems to appear since over one hundred years ago and in contemporary with Autzay village. Beside, ancient pagodas similar to pagodas in Autzay village are also found in Munwein village.

Mumpint village (Figure-3) is only about one mile away from Munwein village. But one has to cross over a creek about sixty feet wide. As there is no bridge in that creek it is impossible to pass during raining season when creek is full. It is also believed that there are spirits in that creek and spellbound and take away by them. The meaning of Mumpint is arrow village. According to the sayings of the elders it was the place where the hunter’s arrow fell when he hunted for the Buddha to be

peacock. The village is over hundreds of years old and it is a place where Buddhism flourished.



**Figure 2. Autzay village**



**Figure 3. Mumpint village**

Munnaun village, Konsant village, Autzay village and Munwein village are situated at the end of the valley with a background of mountain ranges. Mumpint and Munwein villages are separated by a creek. Mumpint village is situated on the higher slop of the mountain. According to the people in that area, this area is said to be abundant of fresh water. It is said that the water is so fresh. They believed that the water helps for better appetite and health. Munnaun village, Konsant village and Autzay village have electricity to available for twenty four hours as their own turbine are placed in the small creek outside the village. By placing their own pipes water is

available for twenty four hours at their homes. Other than water connection there are also water wells in Munpint village. Electricity and water are also available for twenty four hours in wealthy people houses.

#### 4.5 Climate

The temperature is from seventy to eighty degree Fahrenheit in summer. The rainfall for the whole area is between forty to sixty inches yearly average. In coldest months of December and January the temperature falls below sixty four degree Fahrenheit. The cool weather relieves tiredness of the Shan nationals working on hillside cultivation.

#### 4.6 Natural Vegetation

The study area, being an evergreen hilly region, is covered with green natural vegetation, including both edible and herbal plants and trees. In addition to trees such as mango, jack fruit, custard apple trees, there are herbal plants like castor, peach, and local medicinal shrubs. These trees, plants and shrubs can be found not only in the yards of and around the houses, but also on the hillsides, growing wild.

#### 4.7 Population

In 2010, the populations of study villages are as follows:

**Table 1. List of population**

Village	Household	Male	Female	Population
Munnaun	36	70	97	167
Konsant	25	41	63	104
Autzay	41	60	70	130
Munwein	66	124	153	277
Munpint	163	375	462	837
Total	331	670	845	1515

(Source; Heads of villages- 2010)

#### **4.8 Transportation and communication**

The research area is about thirty one miles far from Kyauk-me township. It is possible to travel by car or on motorcycle from Kyauk-me town to Mumpint village. From Mumpint village, one has to cross the stream and can reach Munwein village via Aukzay, Konsant and Munnaun village on foot. Other way, one has to travel by car or by motorcycle from Kyauk-me Town to Minengoi Sub Township. From Minengoi to Munnaun village, Konsant and Munwein village, one has to travel by motorcycle or on foot. In 2009, telephone didn't have to contact and in 2010, it could only be contact to Mumpint village.

#### **4.9 Education**

According to the national regulation regarding compulsory education, children are sent to school at the age of five or six. There are no pre-schools for children of age four. Therefore they could attend the primary school. Some older children of about nine or ten have to take care of the baby brothers or sisters while their parents work in the farms. They have to feed the babies, and help out with household chores such as carry firewood or fetch water. To do that, they have to take leave from school. When this becomes frequent, they start to fall behind in lessons and teachers have to go and discuss with the parents. Normally, these children have to leave school due to the dire needs of the parents. However, there are also children who not only matriculate but went on to the university and graduated. There are altogether six graduates, two attending at the university, and five attending in the matriculation class in Mumpint village. There are two graduates and three university students in Munwein village. Although there are no graduates in Aukzay village, Munnaun village, and Konsant village, there are five school children studying in high school of Minengoi Sub-township. In Konsant village (Figure- 4) and Munwein village, each primary school was found. Mumpint village has one middle school and high school students go to school in Minengoi sub-township.



**Figure 4. The primary school of Konsant village**

**Table 2. List of students (2010)**

Classes	Munpint	Munwein	Konsant
Grade-1	20	12	16
Grade-2	16	8	17
Grade-3	17	5	7
Grade-4	20	6	8
Grade-5	15	4	9
Grade-6	15	–	–
Grade-7	15	–	–
Grade-8	13	–	–
Grade-9	9	–	–
Total	140	35	57

(Source: Headmaster of Munpint Middle School, Headmaster of Munwein Primary School and Headmaster of Konsant Primary School)

#### **4.10 Religious Beliefs**

The majority of the villagers in the study area are Buddhists. There is a monastery in each village. On full-moon and dark-moon days, especially during the

Buddhist lent period, nearly the entire village would go to the monastery and keep Sabbath or meditate. Some elderly people would stay overnight at the monastery and go home the next morning after having the post-lent meal. The post-lent meal is contributed by just one donor or in some cases, there would be a combined contribution of many.

The monastery would be packed with villagers on religiously important days such as Waso full moon and Sabbath days, the full moon day of Thidingyut, the full moon day of Tazaung Mone, the full moon day of Tagu, the Water Festival period and the Myanmar New Year day. Moreover, Kahtein Festivals (Figure, 5&6) and Waso Robe Offering Festivals are celebrated in all villages in the area but on different dates, so that all neighbouring villages could come and join the festive occasion. When there are religious or social events, all villagers have participated. Village officials urge all the households to take part. Villagers have to go to the monastery one or two days ahead to prepare for the occasion. Neither farming nor tea-leaf picking is done on these days. At least one member from a family has to take part or else they are punished. They have to weed roadsides, and clear the roads of litter. For fear of being punished or for not wanting to look bad in the eyes of other villagers, villagers stick to this custom. It is the same with festive activities of other villages. There they would meet and socialize and share experience or even hold discussions.



**Figure 5. The ceremony of Kahtein Pwe in Autzay**



**Figure 6. The ceremony of Kahtein Pwe in Munwein village**

The 'Novitiation' or 'Shin Pyu' ceremonies which are the major auspicious events are not aimed at novitiation of just one person into monkhood, but are regarded as a communal event where many from different households are initiated into religion simultaneously. Hence the saying Shan Shin pyu malwei (ရှမ်းရှင်ပြုမလွယ်), meaning villagers have to hold meetings and make preparations about 20 days ahead and there is so much to be done. People who are well-off would contribute a large share for those who could not afford. Guests would also bring cash or rice and thus help out the hosts. Everyone put heart and soul in the work to be done whether their children or siblings are directly involved in the novitiation. Thus the monastery is bustling with guests and hosts even three or four days before the actual ceremonies start. All villages in the study area have a chant platform in the village called Chein Sai Munt in Shan (ရှာလည့်ဝရိတ်စင်) (Figure-7).



**Figure 7. An old woman prays to Chein Sai Munt**

The platform would be built from the time of the first settlement. Every year, in the Myanmar month of Tagu (April), monks are invited to chant prayers from this platform. Villagers bring flowers, thread, sand, and water, and sit around the stage to listen to the chanting of prayers. This yearly event of prayer chanting also promotes social interaction among the villagers.

Apart from Buddhism, it has been found that most of the villagers in the study area also worship nats or spirits. In all villages, there would be a nat shrine on a hillside near the village (Figure-8). Villagers believe that prayers for their economic, social, and health problems would be fulfilled by praying at the nat shrine. They worship the Guardian spirits of the Nine Cities called Koe Myo Shin (ကိုးမြို့ရှင်နတ်) but in the Shan States, the spirit is known as the Guardian spirits of the Region. Every village has his shrine and every year, villagers go and pay respect to the Spirit as soon as the Water Festival ends. They bring nine candles, nine incense sticks, soft drink cans, and snacks and offer them to the spirit and pray.



**Figure 8. Nat shrine of Autzay village**

When they want to hold a memorial prayer for a deceased member of the family, a held would roam the streets of the village and announce the invitation to inform all that the ceremony would be held at whose house for which cause. Then all the villagers would go and help out with the preparation work about two days prior to the event. Then they would also contribute cash or rice to ease the burden of the host. They appreciate the chance to socialize and share knowledge and experience at such occasions.

#### 4.11 Economic condition

Most of the villagers work in fields and farms. The major items they grow are rice, sticky rice, all kinds of beans and peas, corn, soya bean, tomato, sweet potato, and tea leaf. Some villagers have their own fields or farms. Those who do not have farms of their own, they work as hired workers for planting, harvesting, and picking tea leaves. Most farmers grow crops for family consumption and they sell off only when there is extra. Daily wage for harvesting (man or women) is 1500 kyats per day and for weeding and clearing tea grounds (usually man) is 1500 kyats also. If they pick tea leaves the whole day, they would collect about six viss (9.6 Kilogram) of tea. They give three viss (4.8 Kilo) to the owner and sell the remaining three for 200 kyats per viss (1.6 Kilo). Manufacturers of sweet tea and green tea leave collect them at their dealer's. Tea leaves can be picked the year round. Women, mostly from 15 to 45, who are capable of doing house work, are suitable for picking tea leaves (Figure, 8). However, they prefer to go and work in neighboring countries like China and Thailand because they earn very little from tea leaf picking. In some families, the wife would go and work in a foreign country and the husband would stay at home and do farming or looking after children. Some go to a place called Hpa Kant (ဖားကန့်) region in Kachin state to make money.



**Figure 9. Tea leaves picker women**

Many types of careers have been observed in the study area: Field owners, farm owners, traders, daily-wage labourers, and people working in neighbouring countries. Whatever the type of profession they have, all houses have yards around

where they grow vegetables and edible fruits. Various types of vegetables such as mustard, cauliflower, beans, chili, coriander, cucumber, tomato, bitter gourd and bananas are grown everywhere. If a particular vegetable not grown in their own yard is required, they would ask them from a neighbour who has. Therefore, if there is rice, very little expense needs to be spent on food. There are some fishers who fish in the creek using electricity. They go round the village to sell their fish. There are grocery stores in the village as well as motor-cycle vendors. They buy food stuff which cannot be obtained in the village such as chicken, pork, vegetables and snacks from other towns, and go round from village to village selling them. Sometimes, non-licensed meat can be obtained. Some houses keep chicken for eggs but kill them for food when they have important visitors.

There are altogether nine grocery stores in Mum Pint, the biggest village in the study area, three in Munwein, two in Autzay, one in Munnaun, and one in Konsant. Rice, onion, clothing, and snacks are sold in these stores. Some also sell western medicine, Shan traditional medicine, Myanmar traditional medicine, and Chinese medicine.

There are three sweet tea factories in Mumpint but when tea leaf supply is insufficient, the factories have to be stopped for a while. There are only a few workers in each factory and they earn 1500 kyats per day. There is only one noodle shop in Mum Pint but none in other villages. Snacks such as tofu salad and other snacks made of sticky rice are sold by some vendors but not many.

In summary, most of the villagers depend on home grown vegetables and seasonal fruits and vegetables. Most labourers in the area made their living by picking tea leaves (Figure-9), clearing tea leaf grounds, planting rice, and harvesting.

## **4.12 Social Background**

### **4.12.1 Family organization**

Shan families live in a nuclear or basic family according to Anthropological terms which consists of immediate family members: father, mother, and siblings (Figure-10). The head of the family, the father, is the principal member and has the utmost respect in the family. There is a Shan saying, Shan Yoe Lin koe (ရှမ်းရိုးလင်ကိုး) which indicates that the wife is respectful and obedient of the husband to the extent that no one is supposed to sit in the father's seat. Moreover, the father is given a

special plate, bowl, tea cup, etc. which no one else is allowed to use even when the father is away on a trip. A flower vase is arranged in such cases. They believe that should any misfortune befalls the father on his journey, the flower will wilt. However, in modern times, the old houses of tradition have been changed to more elaborate designs and so there are no more special rooms for the father. Some houses still keep flower vases, water jugs and cups for the father though. They make sure that the flower vase always stays fresh and green so that the father would not have any misfortune.

Although the father is the most influential person of the family, he is not the only decision maker. The mother also has the same decision making power. The father and the mother would discuss and make the decisions together. In some cases, the father would be satisfied with the mother's decision. Most of Shan national practice of monogamy is found.



**Figure 10. Shan family**

#### **4.12.2 Social Grouping**

Children of the village are regarded as youths when they come to the age of 14-15. They are recognized as grown ups and are required to help out with the religious and social functions of the village. For every 10 maids there would be one prefect and for every ten young men there would be a prefect as well. The prefects have to be about 30 -50 years old, and who is knowledgeable and active in the village. When there are social or religious functions in the village, the youth will have to take charge of ushering and entertainment under the supervision of the prefects. Although this tradition has been observed in Munpint, none of this nature is found in other

villages probably due to the fact that most of the youths have gone away to work in other countries. For cooking at functions and ceremonies, older persons of about 50 years have to take charge. They need to go to other villagers when the need arises.

At religious ceremonies conducted at the monastery, men are to sit on a raised platform a little higher than the floor on which the women sit. The women are not supposed to sit on the same level as men because they believe that men are born with a special gift of magnificence. Men and women sit in their own groups and talk about the village and social affairs.

Whenever there is a social event in the village, at least one family member of the household has to go and help out. Should they fail to do so, they would be looked down upon and blamed. Even when travel plans have been arranged, if someone dies, the travel plans have to be cast aside in order for that person to and help at the funeral. Helping here involves not only physical efforts made but also contributions of material goods such as rice, produce of the house yard, or cash. Blame is on the way if they fail to do that.

In summary, traditions of the village hold that the villagers are sympathetic toward one another and provide opportunities for the sharing of knowledge and experience.

#### **4.12.3 Housing and Settlement Pattern**

Shan traditional houses normally have a big living room and one small bedroom. Houses in the study area are mostly two storey wooden houses with corrugated iron roofing. The stairway is right in the center and the big room to the left or right is the living room. At one corner of the living room is the altar. Next to the living room is the bedroom. The smaller room across the stairway is the kitchen. The stove is a rectangular formation of clay on the floor. A triangular stand is placed on that structure for the fire. Firewood is used for the stove for cooking, but in the cold season the stove is normally lit for the whole day. On the ground floor, there is a store room for garden products. The toilet would be detached from the house and is a little farther from the house. Some of the toilets do not have doors but only have make-shift curtains made of jute bags. Since the villagers have to leave home early in the morning to work in the fields, and come back only at night time, they usually relieve themselves among groves and bushes nearby as convenient.

Today, with the money that is sent by workers in other countries, villagers can now afford to build brick buildings. These houses resemble those from the cities and being built of brick, they are warm. So there is no more need to light the stove 24 hours a day. However, the toilets are still the same old toilets with make-shift curtains because the villagers hardly ever use them. They prefer to relieve themselves in the fields or among the bushes and they assumed that building a good toilet is a waste. Reason for all houses having sanitized toilets is a compulsory requirement by the Ministry of Health and they would be fined by the village leader if they disobey orders.

#### **4.13 Primary health care for study area**

The five villages under study are from different village tracts. The five villages are Mumpint (မန်ဝင်.), Munwein (မန်ဝိန်း.), Autzay (အောက်ချေး.), Konsant (ကွန်စန်.), and Munnaun (မန်နောင်) villages. Mumpint is in the Pone Lone village tract which has its Sub Rural Health Centre in Pone Lone village (ပုံးလုံရွာ). It is a village in the mountains three miles from Man Pint. Munwein and Autzay villages are in the Chone village (ချုံးရွာ) tract and it is in the mountain and four miles from Autzay village. The Sub Rural Health Centre is at Chone village. If they need to treatment in hospital, they can go to Minengoi Sub township state hospital and Kyauk-me Township hospital.

There is a rural health centre for every village tract with a midwife each. The centers take charge of the health of villagers. They also have to participate in government health programmes. The nearest health centre to the study area is in Minengoi sub-township. There is a state hospital with 1 doctor, five nurses and a male compounder. And there is also a rural health centre with two midwives. They take care of childbirth and give necessary vaccines or drugs, vitamin drugs, and help out health education programs in villages near Minengoi town. There are traditional birth attendants in every village.

JICA (Japan International Cooperation Association) team from Japan conducted a health project in the study area, 'Healthy Mother project' in 2008-2009 by giving training and educating villagers for pregnant women and child care. Moreover, anti-malaria campaigns such as CESVI (Italy) were conducted by non-government organization in 2009-2010.

## CHAPTER (5)

### ILLNESS CAUSATION AND SELF-CARE IN INDIGENOUS KNOWLEDGE

#### 5.1 The concepts of illness causation in Shan

Health is known as *Phi-yu-li* (ဖိယုလီ) in the Shan language. When Shan natives of the study area go visiting other houses or villages, meet elderly people or friends again after a lengthy period, they would greet each other by using the polite expression “*Yu-Li-Ha*” (How are you?- ယုလီဟ) to enquire about their health. ‘Being of good health’, is commonly taken in the area as ‘free of disease, working taung-yar regularly, and having a good appetite’. Analysis of the data from the natives suffering from various illnesses, it is assumed that the lay concepts involves and is depended upon a number of factors.

Beliefs regarding causes of illness in the natural world concern all living and non-living existences. From the responses of the natives, people get ill with the changes of the season, or when the weather is extremely hot or cold.

According to a fifty three years old man from Munpint village,

*“I feel unwell with the changes of the season. I get unwell especially at the time of irrigating water into the farms (between the rainy season and the cold season).”*

Furthermore they assume that people get sick because of the surrounding natural world. If there are frequent loss of appetite and when they find that drugs and medication have no effects on them, they would blame the influences of the social and supernatural forces. Some believe that illness is due to misfortune.

#### 5.2 Self-care for various illnesses

##### 5.2.1 Me’galaun fever

Me’galaun fever (မဂ္ဂလော့ဒ်ဖျား) is assumed to be a kind of disease that causes high fever due to excess heat in the body and accompanied by boils at the opening of the anus. The responses of the informants revealed the peri-anus with septicemia usually prevails during a change in climate and in the extremely hot season. Some

presume that me'galaun fever can recur during unhealthy body vapour prostration, or during sunstroke. Taking indigestible food during the cold season is also assumed to have caused this fever. According to informants, patients affected by this disease suffer high body temperature with feverish symptoms so much so that they could not open their eyes. Me'galaun fever can affect both adult and children. Some call in the local traditional herbalist to diagnose whether it is witchcraft before treatment.

The initial fever and aches are treated by the skin scratching therapy. Then some peoples prick their fingertips and toe tips in the initial stages of Me'galaun. Some believe in bleeding of the extremities of the four limbs to do away with the diseased blood that they assumed to be the cause of the illness. The accepted knowledge on this illness is that diseased blood clusters at the anus and form boils on and around that causes the illness. So, the therapy would be to bleed out the boils which contain the diseased blood. The bleeding is usually performed by a local healer. In some cases, the family member or the neighbour who is well-versed for that job carries out the task. First, the clean cloth is wound around the forefinger. Then the me'galaun hsei; (Shan traditional patented medicine for me'galaun fever) is smeared on it. In other way, the anus is opened with the finger. Some do this with heated needles or palm thorn. But they do not normally prick the boils at the anus. They assume that by pricking thus, the dark bad blood oozes out and they would feel better. Sometimes they receive injections.

A eighty eight years old man from Konsant village said,

*“Anus sore is caused by impure blood which should be let out by opening up the boils. Otherwise, the patient might succumb to extreme high fever or might have to be treated for months before getting better.”*

According to a seventy nine years old woman who is a self-made compounder from Mumpint village ;

*“Hsanwin (Tumeric –Curcuma- ဆန္ဒဲး), Zei;Au ta lone (Wonholon ဝမ်ဟိုလ် in Shan-ဆေးဥတလ်း), Thi'gjabou:(cinnamon– Cinnamomum tamala- ဆဲးဂျိး) and salt mixed up proportionately is to be taken after every meal, and for anus sore, the prescription is three times a day in hot water. To prepare the compound, the herb can be found in the jungle. Ask others if one cannot find it by oneself.”*

For others the concoction comprises, Gazo. Ga: fruits (*Solanum indium-* ကစော့ခါးသီး) ash from the middle part of the fireplace, dissolved in water, add tumeric powder mixed and boiled. Drink the surface liquid and the anus sore could be cured without opening up the boils.

A sixty years old man from Munpint related,

*"When a person suffers from Me'galaun, the Gazo. Ga: fruit is pounded and the juice is squeezed out. Then a small bit of the stomach of a porcupine is added and drank. Injection is also given but not boiling of the anus."*

Some take the *Pyisayarzar Me'ga laun ze:* (medicine for me'galaun fever- မဂ္ဂလောင်ဆေး) or *Saya Mya's Me'ga laun ze:* produced in Kyauk-me town,.

### 5.2.2 Ngan Fever

Ngan Fever is called *Pin Ngan* (ဝင်ငန်း) in the Shan language. *Pin* is for occurrence and *Ngan* means for fits. When a patient has a very high fever and has fits, they assume it is Ngan fever. It occurs more among children than adults. They fear Ngan fever because they believe that it is fatal. Furthermore, they regard paralysis and instantaneous blindness as a kind of Ngan (septicemia). Ngan fever (ငန်းဖျား) is perceived that it caused by seasonal climatic change. However, in some parts of the region, the local people prefer the expression “affected by Ngan fever” to “feverish delirium” since they assume that it is much more than a common illness. The preventive remedies include such indigenous medications as *Saya Mya Ngan hsei:*, *Sartiyway Ngan hsei:*, *Phayarngarsu Ngan hsei:*, etc. Medicine for ngan fever (Ngan hsei: ငန်းဆေး) is the locally compounded medicine from herbs according to Shan tradition. There are patented medicines by the Shan traditional medicine pharmacies for the Ngan fever available at pharmacies in Kyauk-me, as well as those compounded locally at the villages. Generally, the *Ngan hsei:* is taken orally and smeared all over the body as well.

There are also other home remedies like the broth comprising such herbs as *Yarteetu leave* in Shan language, *kjei hman jwe'* (*Eclipta alba-* ကျိတ်မှန်ရွက်), *Mje' moun njin:* ( Kind of sedge – *Carex pandano phyla-* မြက်ပုံညင်), *Yarhanan leave*, and *Gazo.ga: fruit* to go with the *Ngan ze:*; (ငန်းဆေး) medication for feverish delirium.

Still, some informants mention that the total eradication of the illness calls for earthworms to be dried and crushed into powder which is dissolved in water to be consumed by the patient. The region has such a cold climate that the earthworms come up above ground and die (Figure-11). So these are roasted, crushed into powder and stored for later use. Generally, the *Ngan hsei:* is taken orally and smeared all over the body as well.



**Figure 11. Earthworms for Ngan fever medicine**



**Figure 12. Selling medicinal roots and barks**

Herbs are readily available because they could easily be picked along the village roads and in the environs of the compounds and yards of the locals. Since most of the herbs are seasonal, they are not available at any time of the year. However, there are local drug stores in Minengoi and Kyauk-me where they may be bought the year round (Figure-12). Because herbal medicines are readily available to

all from different levels of the society, more economic, and because they are compounded according to the Shan traditional recipes natives have faith in the medicines and use them with confidence.

A fifty two years old man said,

*“Along with the ngan fever attach with the witchcraft. No injection can handle the disease in that case. The sorcerer has to be called in to dispel the witchcraft, and then take the medication orally, or smeared. The “western medication” comes last.*

### 5.2.3 Paralysis

The natives of the study area assume there are two kinds of paralysis. The first type of paralysis (လေဖြတ်) causes victims to be inactive in the hands and legs all of a sudden, and sometimes causes speech impairment or distortion of the mouth. The second type of paralysis (လေဖြင့်နိုး), which is milder than the first, causes heaviness of arms and legs and distortion of the mouth.

According to informants, natives believe that the first type of paralysis is due to hypertension or high blood pressure when blood in the body rushes towards the brain. They became aware of this when the nurse or quacks took their pressure and told them so. In their language, blood pressure is termed either ‘thway tet’ (သွေးတက်) or ‘thway toe’ (သွေးတို) (high blood pressure) and the cause for high blood pressure is because the victim has eaten blood pressure inducing foodstuff.



**Figure 13. Medicinal wooden stick for cure**

As stated by a fifty nine years old stroke victim female,

*“I had a stroke because my pressure shot up after eating steamed pin zein leave (Ocium canum- ဝင်စိမ်းပေါင်း), pounded gju: mji’ (Allium tuberosum- ဂျူးမြစ်ထောင်း) and mustard cooked with fermentrd bamboo shoot (မုံညင်းနှင့်ရွှံ့ချဉ်ဟင်း). After that, I had a stroke.”*

Another victim, a sixty nine years old woman from Munpint said,

*“I ate bamboo shoot, pickle, white tofu, and mushroom curry. I took a nap after doing the household chores. When I woke up I found I had had a stroke. I took treatment from a local practitioner (He is not only a local traditional practitioner but also a quack.). He prepared the medicine himself and soaks the medicine in locally brewed liquor. The lower part of the body was affected. Therefore, medicine was put on my legs, wrapped first in bandage and the in a plastic sheet. It was left like that for six hours. After that, the palms and soles are thumped with the medicinal wooden stick for about an hour (Figure- 13). Six hours after doing this, the medicine was removed. Baths are not allowed after that. If I needed a bath, I had to take it when the weather is warm. Now, I can walk. I take Kaba Aye medicine for paralysis everyday with recommendation from others. I had to take five pills a day. I also had some re-energizing injections from the nurse of Minengoi sub township who resides in this village.”*

According to the informants, villagers assume that paralysis is a type of Ngan fever. No one could define exactly what Ngan is but they use Ngan related words like delirious from high fever (ngan: hpan:- ငန်းဖမ်းခြင်း), high fever with attendant delirium or ngan fever (ngan: bja: ငန်းဖျားခြင်း) very frequently. Actually, Ngan is not pure in the Shan language. It is supposed to be a borrowed term from Myanmar language.

#### **5.2.4 Malaria**

Malaria is known as Noun nook in the Shan language. Noun is illness and nook is bird. Thus the term Noun Nook is just a direct translation from the Myanmar word for malaria. They see malaria as a kind of illness where the victims have a high fever and get tremors. The term used for malaria in the region is ‘Chan Tone’ fever meaning ‘feverish tremors’.

Some think that people get malaria if they do not boil their drinking water first. Some believe people contract malaria because they dwell in the hills and valleys. Some informants say that when a person is hit by malaria, he should not eat cold causing food such as gourd, cucumber, or gurakha: pears (Kind of creeper bearing edible fruit, *Chayote*- ခက်ရခါးသီး). For regular fever, they have traditional drugs and Myanmar drugs. Due to the malaria health education programs conducted by the Ministry of Health, through brochures, talks, and visits, the villagers can now have some knowledge about the disease, but still, because of the traditional beliefs and assumptions they rely much on traditional herbal medication.

A thirty nine years old man from Munnaun said,

*“For malaria, the fever with trembling, root of wild citrus plant is chopped and boiled until only a third of the water remains, which should be taken orally. Rather bitter in taste, but can relieve the pain instantly so that one can do his slash-and-burn farming without fail. Anyhow, the brew must be taken quite often.”*

According to some informants, someone suffering from malaria should avoid taking dietary items that induce cooling effects, or else the trembling recurs. When drumstick leaves are squeezed and the liquid dropped onto the eyeballs, the trembling stops, the saying goes. Another remedy is a blend of the white of an egg and honey, and still, some others said the trembling illness can be cured by taking the *Four Element* anti-malaria drug (Da, lei: ba: hsei:- ခါတံလေးပါးဆေး) or other patented traditional medicines for Malaria.

They believe that eating three or four very hot type of chili dipped in honey; while the patient is having tremors would stop the trembling. Another remedy is to boil slices of one green papaya and a lot of ginger. A decaled fish is then cleaned and cut opened at the stomach and added to the broth. Salt and seasoning is added. The patient is then asked to eat all of it without any rice. They assume the when this is done for three consecutive days; the patient would be completely cured of the disease. According to the natives, there is another kind of high fever without tremors.

One village elder from Mumpint said,

*“We have very few malaria cases in this village because it is covered by the malaria eradication project, and the team visits the village quite often. Blood tests are done on patients and malaria suspects. Those found*

*positive are sent to the civil hospital in Minengoi Sub Township for treatment.”*

A fifty two years old woman from Autzay village stated,

*"Malaria doesn't occur every time of mosquitoes bite. There are some people who never use mosquito nets, yet they never had malaria. Medical inspection teams come to our village every month but they never detected malaria. They find only the regular fevers."*

In addition to the anti-malaria programmes conducted by the state government, foreign organizations are also making contributions to help out. In 2009 – 2010, the “CESVI” anti-malaria organization set up an anti-malaria clinic in Minengoi and distributed mosquito repellent nets, held talks on malaria, and distributed posters. The organization also gave free blood tests, and conducted in-village training for selected candidates on blood testing for malaria. It helped those with malaria infection to get treatment at hospitals and clinics.

#### **5.2.5 Sargyi illness**

These serious illnesses are locally known as *Sargyi* (ဆာကြီး). It is called *Pin Sar* (ပင်ဆာ) in the Shan language. *Pin* is for occurrence and *Sar* is for excess heat in the body. When inflicted by this, the patient suffers vomiting and nausea, accompanied by pains in the abdomen. When this happens the patient is soon to be lost. Since it could also result from food poisoning, it takes time to arrive at the accurate diagnosis. Meanwhile, western medicine or Yar ke le’hsei: (ယာကယ်လဲဟ်- Shan traditional medicine-မဟာဗြေဆေး) need to be tried out initially. When that treatment fails, it could be assumed that *Sargyi* is the culprit which is beyond the treatment capacity of the ordinary/common scratching therapy.

Cramp is one symptom of *Sargyi*. Once the accurate diagnosis is reached, the scraping has to be carried out with great care because red spots on the skin could appear in the treatment process. It is believed that when such spots come to form the shape of an eel which moves towards the abdomen, there is likelihood that the patient will die. As the eel shape clusters of red spot appears, a twist and pull with the fore and middle fingers tucked together is made time and again to ‘strangle’ the head part of the eel shape cluster of red spots. They believe that by scratching to break the neck of the sar in the figure of an eel, the creature dies and cannot get into the body.

Otherwise with the eel head penetrating into the abdomen the patient's chances of recovery will become scarce.

More serious illnesses than those mentioned above could not be dealt with by scratching. Possible affected location of the disease is to be beaten up with one's palm doused in water. If that does not help, the patient's back, chest, thighs, and arms are to be beaten up with rubber flip-flop doused in fresh cool water or boiled water until there appear brown patches, and skin eruptions. The fore and middle fingers are entwined to nip and pull at the neck of the eel shape spots. *Sargyi* might result in black-outs or semi-consciousness. Some patients become befuddled and suffer the loss of voice. The process of beating the back, chest, thighs and arms might produce groans and shouts from the patient signaling the departure of the illness, and thus, the patient survives.

Then the local household remedies like *Zatiyway hsei*: or *Payarngarsu hsei* or curative powders are given in hot water to induce perspiration, and thus, the illness is cured.

A forty eight years old man from Konsant village said,

*“My son affected Sargyi (a fatal illness). His wife and sister-in-law dipped the flip-flops in water and beat him up. However, as they were of the fair sex they weren't able to beat off the disease which had penetrated into my son's stomach. He was brought to the civil hospital in Kyauk-me town where he succumbed to the disease.”*

#### **5.2.6 Self-care on other illness**

**Cuts and bruises**—According to the natives, cuts and bruises resulting from the slash-and-burn farm can be healed by pressing the dust scraped from a pumpkin vine. To stop the bleeding from cuts and bruises, press the cut or wound with dust scraped from the outer cover of the thin strips of bamboo. Ash obtained from burning the *maikai* paper (Shan paper) can be pressed onto the cut or wound, a remedy accepted by the locals goes. Seasoning powder is pounded and pressed into wound. Then cooking oil is poured on the wound and dressed. After three or four days the wound will be healed. Cuts can be treated by pressing the ground leaves of *Yarmeinham* (Biza' –*Eupatorium adorium*- ၆၁၀), the medicinal herb. When there is a cut or bruise by a stone, *Fath kuth* (Da.jin gau' leave- *Lygodium scandens*- ဒရင်ကော့ကံရွတ်) has to be

crushed and applied to the wound and tied with a string. Cuts and bruises from iron pricks or slates can be stuffed with sugar to prevent tetanus. Powdered wood coal can be applied to cuts. For sores, stuff sore with crushed Yarmeinsauk leave (Khwei; thei; pan; jwe'- ရွေးသေးဝန်) mixed with saliva. The bark of the Indian Trumpet tree is ground and applied on septic cuts and sores.

When a person has a split from a bamboo strip, the vein of the bamboo has to be scraped to have fine powder. The powder is then stuffed into the cut, the bleeding will stop instantly. This method is especially useful for woodcutters in the forest when they are moving and working in the woods. While there is a cut wound, one cannot eat salted fish, dried fish, buffalo meat, beef, or chicken in case the wound will swell and it will take long to heal.

**Stomach aches**—Stomach aches can be treated by drinking crushed *Yarteeoke* leave in hot/warm water. Stomach ache can also be treated by covering the navel with *Yarteeoke*. Honey in hot/warm water is good for stomach aches. Pepper in honey is good for both bowels motions and stomach ache. Another treatment of the above is ground nutmeg and honey. For stomach pains due to gaseous disorders, put hot ash into a cup of water so that sizzling sound occurs. Mix it with turmeric (*Curcuma Longa*- ဆန့်ငံ) powder and salt. This is syrup as well as a liniment which totally heals such pains. Stomach aches or pains can be relieved by pricking out blood from the stomach area. Turmeric powder mixed with honey is a cure for distended stomach and upset bowels.

**Diarrhea**—Roasted unripe banana is good for stopping the frequent motions of the bowels. Mitesar plant (မိုက်ဆာဝေ) which is usually used for making mine-kine paper is ground and mixed with the rinse off rice water and taken for diarrhea. Ash from burning a barking deer's skin is dissolved in water and drank for cholera to stop the bowels instantly. Nutmeg (*Myristica fragrans*- စောတိပို့လ်သိ) is ground and mixed with honey to treat stomach ache and diarrhea. Stomach problems due to food poisoning are rare in these areas. Eating white rose dipped in salt stops motions.

A fifty two years old woman from Aukzay village reported,

*"Diarrhea or dysentery is caused by eating over-ripe fruits. Here we have fresh fruit every day. We do not use stored water. Most houses in the study area get water from the streams with pipes or bamboo pole drains or down pipes, so the water is always running. Some store water in*

*containers but the water is always fresh. That is why they never have stomach trouble. When having diarrhea, take a handful of Mangu leaves. Boil these leaves till the water is reduced to one third. Drinking this brew can do wonders for diarrhea and dysentery. Do it three times.”*

**Vomiting accompanied by motions**—The five elements of the plant Kala:mje’si (Cardiospermum- ကုလားမျက်စေ့) leaf, flower, bark, root and fruit are dried and stored. For vomiting accompanied by motions, use it in place of tea leaves in preparing plain tea. The chin strap of the wetted broad rim bamboo hat is squeezed to produce healing liquid for vomiting accompanied by motions. Another remedy for the above is the chin-strap liquid plus that of one root and one leaf of herbal plants known as Mjin:khwa jwe’ (Horse-shoe leaf- Hydrocotyle asiatica- မြင်းခွာရွတ်) and The’ke leave (Imperata cylindrical- သက်ကယ်). The chin-strap contains sweat, and it is said that drinking one’s own sweat element heals the disease.

**Urination troubles**—For urination troubles, the herb, Kala: mje’si (Cardiospermu) tucked to the waist is a sure remedy. Wet tea leave on the navel wrap up with a piece of cloth is a remedy for urination troubles. Horse-shoe leaf is crushed and squeezed for the juice. Then some sugar is added to prepare a cure for urinary tract infections.

**Diabetes**\_ There are also some diabetes and blood sugar cases. Tests could be taken in Kyauk-me and some in Minengoi. Those suffering from diabetes and blood sugar have to drink the potion prepared by boiling the entire Thi La Shin plant (local name- သီလရှင်ဝန်) (root and all) until two thirds of the amount evaporated. Diabetes and blood sugar can be cured by drinking plain tea with Khun hsan-lwan (Hsei:ga:gji leaves- *Andrographic paniculara*- ဆေးခါကြီး) in place of usual tea leaves. This herb means it has so much bitter taste that the taste can last till after climbing three mountains. The remaining juice is to be taken as a daily dose. Another remedy for diabetes and blood sugar needs to go through similar procedure for boiling but the ingredients are Yarmeinham (Bi.sa’- နှစ်), the root of the yellow damson, and jasmine roots in equal portions. This has to be taken daily for three months.

**Jaundice**—For jaundice, a handful of touch-me-nots and one pellet of jaggery boiled until reduced to one third water taken three cupfuls per day is the remedy. For swellings and dropsy, the patient has to take a bath in water from boiled Wankair bulb in Shan (ဝမ်ကယ်). This water is also good for food poisoning.

**Rashes and unhealed wounds**—Rashes and unhealed wounds giving off foul smell can be treated by bathing in water boiled in leaves of the Yarmeinham herb. For coughs, drink a mixture of ginger, betel leaves, jaggery and pepper boiled hard until the water is reduced to one third. Wild safflower (*Carthamus tinctorius*- တောဆူးဝန်း), *Tan kaw ma* (Lau'thei: *Desmodium triquetrum*- လောင်ခေရွက်), herb of vermicial properties, *Ta bin taine mya nan* ( တဝင်တိုင်ဖြနန်း) (Figure-14) and *taun si lam* (*Zo gji mou' hsei* :*Nardostachys jatamansi*- ဇော်ဂျီမှတ်ဆိတ်) leaves can keep up the appetite in spite of extreme cold during the cold season. The roots and leaves of the *taun si lam* herb boiled into syrup will do miracles for cancerous wounds. Guests from other region are offered this syrup which is said to have healing effects for aches.

**Numbness**—Numbness is treated with a bulbous growth of the peach tree, by boiling it to a third of the original cup. Although the potion is very bitter, the patient has to take it until he is cured. If a person is not well and becomes bloated, he has to bathe every now and then in water boiled with Salone lom leave (*Muyar Gyi* –*Adhatoda Vasica*- မုယားကြီး), Mountain Sensistive plant (*Taun Htiga Yone*- *Mimosa pudica* – တောင်ထိကရှန်း), and Khay Kham (*Shwe Nwe plant*–*Cuscuta Reflexa*- ရွှေနှယ်ဝင် ). Induction of sweat through steam or hot fermentation is also done by many. By doing so, it is assumed that the poison or heat in the body is sweated out. However, this is done mostly by older people and not the youth.



**Figure 14. Ta bin taine mya nan medical plant and root**

**Colic**—Colic is treated with a mixture of tamarind, ginger, mustard seed, blood tonic powder, with warm water. The cure is assumed to be effective. Walking with a shake or jiggle could relieve colic.

**Aches and pains**—Applying a lotion prepared by soaking Taw Shauk fruit or Taw Shauk root in rice wine is good for aches and pains. Should a person has aches and pains, he has to bathe in herbal mixture. The mixture is prepared by boiling Yarlan, Miteharyone leave (Thet Yinn Gyi- Croton Odlongifolius- သတ်ရင်းကြီး), Wankair bulb, Hpath Me' Mon ( Bulbous growth of the peach tree- မတ်မွန်ကျီးပေါင်း), and lemon grass (ပေါ့ခင်). Hhpath Met Mon is supposed to be a very effective medicine. (Figure-15)



**Figure 15. Medicinal Me'mon plant**

A forty eight years old man from Autzay village stated,

*"Lime leaves and lemon grass are boiled together. When it is bubbling, its steam is inhaled. The pot has to be put on the floor. The patient has to sit near the pot on a stool. As soon as a blanket is wrapped around the person and the pot the person starts to sweat and gradually gets better. This sweat induction has to be done in the beginning stages of an illness. Since the person sweats a lot, he would need a lot of strength to be able to bear the sweating,"*

**Dog-bites**—Kway Tauk plant ( ခွေးတောင်ရွက် ) is supposed to have influence on dogs. Therefore, the root of the plant is ground and applied on dog-bites.

According to a sixty years old man from Man Pint,

"When someone has a dog-bite, a coin is grounded and applied on the wound to avoid septicemia. I have a dog at home so I need to keep some coins. My dog bites often and my coin has become thin from having to ground it every time it goes and bites someone. I don't know the cause, but I follow the lead of other people and it works."

**Other illnesses and remedies**—Eating a piece of a pangolin's (Thinn kwei jut-ဆင်းခွေချပ်) pancreas halts hiccups. Another remedy for hiccups is to eat the ashes of the part of a peacock's tail where it has a blue ring. Sit fruit is ground and mixed with coconut oil into a paste which may then be applied to the temple to relieve headaches. Pieces of lacquer, turmeric, and pine wood are put on burning coal. Inhaling smoke that comes out is good for dizziness.



**Figure 16. The Angel's Trumpet fruit (Padine Fruit)**

Excessive defecation can be controlled by chewing seven tender *Maiksan* (Thi'ja :Shorea obtuse-ဆစ်ယော) leaves plucked while holding breath. Swallow down with a cup of water. Mushroom poison can be cured by eating raw soya-bean paste. Tamarind, salt, and crushed mustard seeds are mixed with water and drunk for constipation. Eating the Angel's Trumpet fruit (Padine Fruit-ပန်နီးသီး) or Makayma fruit in Shan language is good for piles (Figure, 16). The tree is believed to scare demons away. In cold months like December or January, herbs such as *tan-kaw-ma*, *arr-line* (*tabin-daing mya nan*), *hpath-kone-hpyan* (*hsu-bann-ဆူးပန်းရွတ်*), *yarli-twan* (*thway hsay plant-သွေးဆေးပင်*), *yarlit hsay* (*kyar thway hsay plant-ကျားသွေးဆေးပင်*) can be

boiled and taken to protect from severe cold. They believe that above plants create heat in the body and so having them would prevent the coldness outside from affecting them.

### **5.3 Self-care on childbirth**

#### **5.3.1 Pregnancy**

The local Shan women generally become aware of their pregnancy only after three months when their menstruation stops/ceases. Although the majority do not realize the fact that they have to take preventive measures during the gestation period they are covered by the health project, and thus nurses from Minengoi town provide prenatal injection for most of them. It is generally assumed that child birth has become a smooth process due to regular exercise in the form of working on the farm, picking tea and transplanting.

Some, however, do not bother to take preventive measures, take no medicine nor see local midwife or traditional birth attendant since they take childbirth as a natural process, or perhaps, due to financial difficulties, or both. Most women during pregnancy rely on medicine compounded by pharmacies of indigenous medicinal ingredients, which usually include such ingredients as one or the other type of *Kaempferia*; Mei'thalin (*Zingiber consumunar* Roxb-မိထလင်), Hsanwin (turmeric-နွဲခဲး), salt, Hsin doun: manwe (moonseed vine –*Tinospora cordifolia*- ဆင်တုံ:မနယ်) dried and pounded and the powder consumed as medication.

These medication taken soon before childbirth can control bleeding, it is believed. It helps to normalize the blood circulation in the whole of the body. Some are found working on the farm with four or five months in gestation, while others do lighter work of one kind or the other. Still, there are some working on the taungya (slash-and-burn) farm till they are about to give birth. The husband collects firewood to generate warmth for the wife in pregnancy. No separate labour room is designated as childbirth is accepted as a common natural process. Thus, the promptly usual bedroom is the labour room.

#### **5.3.2 Delivery**

Most women in the study area call in a traditional birth attendant (TBA) for childbirth but there are some who deliver babies with the help of the mother, the

mother-in-law, neighbours, husband or relatives. Should there be not enough time to fetch them; the husband has to perform the delivery himself. Many gave accounts of how the native women, having to work in the fields and thus get exercise, have such easy childbirths that the TBA only has to pick up the baby. Therefore the TBAs are called Me Kip (မဲကိပ်) in Shan language means “the mother of pick-up baby”.

A rope tied to the house roof beam hang down for the woman in labour who in a kneeling position, holds on to it in her effort to give birth to the offspring when the time is ripe. For some, there is not sufficient time to have a sheet of plastic or cloth on the floor before the birth takes place. The husband’s role for the birth process is also important. He holds the wife to keep her sturdy in her kneeling position, and says words of encouragement to be able to cope with her labour, and the process to come to a successful end. In some easier cases, all that the TBA needs to do in picking up the child and cutting the umbilical cord. Some cannot even wait for the TBA to arrive as everything in the process goes well with the husband in attendance. Besides using razor blades and scissors, the umbilical cord is also cut using the outer rind of bamboo strips.

The puerperium period commences from the time the mother has spent all energy during child delivery and lasts until she gains fresh energy and blood and the uterus has regained its normal condition. The mother stays at home in confinement during this period. The natives have a custom of the mother having fomentation at the hearth during childbirth confinement. She has to stay near the hearth and keeps warm. It is customary to use only one type of firewood called Mai’koshan (မိုက်ကော့သျှ်) in the Shan language, which comes from a redwood tree called the red Gone. Should another type of firewood is used; inhaling the Mai’koshan smoke could cause serious damage to the mother resulting in madness. Inhaling smoke could prevent the mother from septicemia, hypertension, and other blood related problems. Moreover, the mothers usually take local or Chinese drugs and medicine, prepared especially for maternity cases. Only four villages out of the four in the study area practises the heat fomentation. Women at the remaining village, Mumpint, rely on drugs and medication as the Mai’koshan tree, which they get this firewood has become scarce in their village area.

Those women in labour living with the parents under one roof have the advantage of parents or parents-in-law praying for a safe birth and have themselves

sprinkled with water from vases on the shrine. Most of the Shan natives in the region adopt the nuclear family system where the two spouses are the main characters to prevent toxæmia in labour: htin;ju; zi (turpentine-*Pinus khasya*- ထင်းရှူးဆီ), hsanwin (turmeric) and samoun ne' (Black cumin- *Nigella sativa*- စမုံနက်) are burnt and inhale the incense. Some designate the labour period as one month, but others recognize the duration at their own convenience, fix time for getting warmth from a fire, bathing in medicinal brew, and fasting.



**Figure 17. Patented medicine for women (only puerperium)**

A twenty five years old woman from Autzay village who has two children said,  
*“I worked till I was about to give birth. I did the transplanting in the morning, and in the very evening I gave birth. After ten days I resumed my shop keeping.”*

For the after-birth, the bathing brew includes mei'thalin (*Zingiber barbatum*- မိသလင်), yalan and maike-ha-yon herbs. Some settle for only two, and yet others would do well with one – usually mei'thalin. Some use the brew for both bathing and drinking. It is assumed that the medical brew bath promotes blood circulation and at the same time, purifies it. Some take the bath for fifteen days or one month. Indigenous medication for the confinement includes such brand names as meenaysay produced in Kyauk-me, such as Yarmeiyon hsei: (ယာမေယ့်ဆေး), Moatsokyaw hsei: (မုဆိုးကျော်ဆေး), Yarnanmifaya hsei; (မိဖုယားဆေး) etc (Figure, 17). For some others,

medication compounded at traditional medicinal ingredient shops (pharmacies) in Minengoi town.

Most of the women prefer calling in a TBA and have the child delivered at home because by doing so, they can save money, time, and the trouble of finding accommodation for the people who accompany her there. In addition to the fact that they save money and time, having babies at home gives them a feeling of security of having the husband nearby and they could also avoid embarrassment of having to take off their clothes. But delivery in Kyauk-me and Minengoi are very few and some call midwife from Minengoi and deliver at home.

Under the instructions from the Ministry of Health, midwives from the Minengoi health centre tour the villages once a month and give necessary vaccines, and discuss health education with the mothers or distribute posters. The Healthy Mother project was implemented in the study area in 2007 – 2008, headed by the JICA team from Japan. Literate females who are active and keen on maternity health care were selected to attend the course which was conducted in Minengoi. Care for mothers and pregnant women, and children under five years of age was explained and taught to them.

Each candidate of the course has take charge of 30 households after completing the course. This person in charge has to educate the people in her charge and help out with health and maternity matters. Should a family is very poor and cannot afford much, she has to collect money, like 50 kyats, 100 kyats, from other households in her charge and help out. Now that there are no more such projects, those activities have stopped altogether.

### **5.3.3 Food habits during puerperium**

According to the informants, diet plays an important role for child bearing mothers. They would not need any special diets during pregnancy, but for about a month after the childbirth, they have to go on a special diet. Most of them have eggs, fish, chicken soup, curries without chili, and peppery soups. Mothers who have had childbirth experience say that only when one goes on a special diet then will they have a healthy normal self again. However, the diet itself varies depending on the income of the household. Those who cannot afford much would have to feed on white rice with salt and green tea. Some have to eat only boiled mustard leaves. In contrast, those who have their own land and are comfortable will have boiled eggs, fried fish,

chicken soup, and stir fried mustard leaves. The rich can afford to have fried chicken, fried fish, chicken soup, pork, and dried salted fish. They can afford medication, milk powder, condensed milk and stay comfortably at home during confinement. Although the diet depends on the income of the family, there are certain food items that all mothers have to avoid during puerperium. They are mushroom, bamboo shoot, mountain gourd, papaya, gorakha; (*Sechiumedule*- ဂေါ်ရခါးသီး), njaun gjin leaves (*Ficus infectoria*- ညောင်ချဉ်ရွက်), bitter gourd, Fath kuth (Da.jin gau'- *Lygodium scandens*- ဒရင်တောက်ရွက်), oily dishes, hot dishes, barking deer meat, and venison.

A seventy one years old woman gave an account,

*“I deliver my grandchildren myself. The mother can eat anything until the time of birth. After that, she has to avoid mushroom, bamboo shoots – fresh or pickled, bitter gourd or she will get septicemia. She cannot eat gorakha; pears or gourd within a month or the skin will turn white. Papaya will bring about leprosy. They must avoid mushroom for three years and bamboo shoot for three months. If they eat venison or barking deer meat, they will have all the old health problems they have had within the last three years again.”*

Therefore, although diet during puerperium is found to be variable according to the financial status of the family, it is also found to be influenced by dietary features according to the indigenous knowledge.

#### **5.3.4 Burying the placenta**

The majority of the natives in the study area take the process of burying the placenta seriously although there are still some who take it lightly. There are no hard and fast rules as to who has to do the burying but it is quite common for the father to get the job done. Some wash and clean the placenta before burying it but some do not. Some bury it and some float it down the stream. When burying the placenta, it is not supposed to touch the ground directly. If it does, then the natives believe that the child would become a cry-baby. After digging a hole, two pieces of wood are put on the ground. Then two more pieces are put across and over the former two. The placenta is then wrapped in paper and placed in between. Earth is filled after that. If the placenta is put in with the left hand, the baby would become left handed and if the placing is done with the right hand, the baby would be right-handed.

Some bury the placenta under the stairs and some in the yard. There is no rule as to the site or location but it has to be buried with care. If the hole is shallow and the insides become unearthed by dogs, the child would cry non-stop. Some wrap it with a piece of cloth or with leaves. The packet should not be pressed with stones in case the baby gets stomachaches. When floating it down-stream, the placenta needs to be wrapped tightly in a piece of cloth and placed tenderly in the water. It is not to be splashed or dropped into the water, because the baby might get startled very often. Burying of the placenta is carried out with care because it has much to do with the health of the baby.

### **5.3.5 Traditional beliefs and practices relating to child birth**

A pregnant woman should not warm up her by sitting with her back towards fire because the placenta will stick to the uterus during delivery. A pregnant woman should not walk with her hands at her back. The placenta may stick up. As it is assumed that it is a bad luck to see a pregnant woman early in the morning, one observes a pregnant woman should pray for good luck as quickly as possible. In ancient days a pregnant woman had to pound rice with her feet when the pregnancy is matured. It is believed that then only the delivery would be easy. If a breast feeding woman becomes pregnant she should terminate her breast feeding. It is believed that her breast milk has fermented so that the baby who takes fermented milk may become ill with infantile ailments.

One should not invoke “father” or “mother” during delivery; it is believed that she may suffer in hell. If syrup from grinding of nutmeg, cloves and Pyinsayaza hsei: (ပဉ္စရာဇာဆေး) is prepared before delivery and fed after child birth, it could prevent giddiness and thwei: te’ chin (Toxemia). Thwei: te’ means that blood does not flow down but flow upwards the patient suffer from giddiness without being able to open her eyes. If thwei: te’ chin is diagnosed after delivery, the floor of the stove is pierced with a sharp iron rod till a hole is made. Then water is poured through that hole and receives with a cup from under the house, and it is believed that if that water is administered to the patient, toxemia is cured. If the mother is suffering from menorrhagia after delivery it could be cured by giving her that blood mixed with that water. This method is known as the counteraction method, *kyinlut tan pyan* (ကျင်လွတ်တန်ပြန်) in Shan. If the mother is suffering from toxemia and become

unconscious after delivery, he husband has to climb over the house roof wearing a pyi basket (a small basket to measure rice about eight condensed milk cans- ပြည့်တောင်း) on his head. Then he has to call continuously his wife's name till she become conscious again. It is believed that the soul had returned from wander ship hearing the call of her husband.

If the placenta is not delivered after child birth it may be delivered if the mother is made to lick up the salt laid on a small stool. The placenta could be delivered by vomiting of the mother hair is knotted at the end and put it into her throat. If the mother is suffering from hemorrhage during her delivery it could be cured by giving her the drug made by boiling the barks of castor goose berry and khadet (*crataena rox burghic*- ကတင်ခေါက်) tree till 1/3 of water is left. If the labour takes place when her husband is away, and if there is difficulty in delivery, it would be easily delivered if a small basket is named as her husband and say "your father has come", "your father has come".

Fath kuth should not be taken by the mother till the child reaches the age of two years. The child may suffer from infantile ailment. The mother should not take bitter gourd and its leaves till the child is one or two years old. It may be allergic, they so-called thwei: hmar:. It means allergy which can cause swellings. The mother should not take marsh rooms for three years and bamboo shoots for three months. They may cause thwei: hmar:. Thwei: hmar could be cured by taking Yar meiyone or Yar nanmifuya medicines. Food containing oil should not be taken during puerperium. The womb may slide down. The pork of striped piggy should not be taken during puerperium. It is believed that it may lead to infection of leprosy.

It is believed that more breast milk could be promoted to output by taking condensed water from the rice pots lid. It is believed more breast milk could be produced by taking piglet, pig tail or oxen tail soup. More milk could be produced by taking aniseed leaves, eggs and pepper soup. It is believed that milk glands are opened if egg and jack fruit leaves soup within out oil and taste powder is taken. Much breast milk is produced by taking distilled water. It is believed that more milk is provided if mistletoes from the jack fruit tree is rubbed with water and smeared around the nipple. The child should be fed on both breasts by the inking that one side is rice and one side is curry. If it is not fed in such way the child could be mulnutralited and wear thin.

People used to refrain from visiting the home during puerperium, it is thought to be the conscious is unclear; one who had visited such a home has to wash his head with soap acacia. The mother who had given a child birth has gone to the homes of those who visited and asked about her during puerperium period to offer soap acacia (kin bon) liquid after one month had passed. It is practiced to clear the conscious of the visitors.

If a pregnant woman expires en route to hospital with difficult delivery, the corpse could not be brought back to her home. If it is on the way from one village to another has to be buried in the vicinity. It is believed that such a return of corpse back home could harm the village tranquility and further deaths should occur. In ancient times, the mother and the child was buried separately if a pregnant woman died.

The corpse of a dead person was not be kept for three or five days but had to bury immediately. They should not be buried in coffins like others but had to bury in a roll of a mat because the village disapprove such deaths. It is intended not to repeat such deaths under pregnancy. At present the mother and child is not buried separately, a baby shape cut from banana stem is buried instead.

#### **5.4 Self-care on children**

Babies are wrapped in a piece of cloth up to about four or five months from the time of birth. Those who are well-off normally make square pieces of white cloth big enough to wrap up the whole body. When wrapped in cloth, the baby would feel warm and comfortable as if it was in the mother's womb. They also have this hope of having the bones stretched and straightened from the tight wrapping. A white piece of cloth is most commonly used. If the family cannot afford much, pieces of the father's loun gji or those of the mother would be used.

When the babies are about four or five months old, they are usually carried on the mother's back in a sling made of cloth. In this way, the mother can do her taung yar work, or cook or go shopping. For the baby to rest during daytime, a hammock is set up in a convenient place in the house. Babies sleep soundly in hammocks so they are well and happy when they wake up. Therefore, hammocks are found in all houses where there are babies (Figure, 18).

Assumptions concerning childcare according to their indigenous knowledge have many variations. Wiping the mouth of a new-born baby with a bear's bile prevents the baby from Ngan fever. Fever would go down with application of

grounded paste of Dan. Gjwe: root (Cassia taro- ဒန့်.က) on the stomach. The fever would go out of the body with the movement of bowels. Houses with babies avoid taking Taun Si Lun leaves ( Zo gji mou' hsei"-Nardastachys jatamansi- ဇော်ဂျီမုတ်ဆိတ်) home.

According to a sixty years old man from Munpint,

*“Taun Si Lun bulb cannot be taken into your house. It has possessed spirit and make the baby cry all night.”*



**Figure 18. Hammock, Shan mother and baby**

Most people used to bathe the child after delivery. Then honey is rubbed on the child lips. This prevents the child from infantile of diseases. Then it is also believed that the child would have a sweet tongue when grown up. Then the traditional birth attendant puts the child in a bamboo tray and touches it three times with the forefront of the house and prays for the child that the child would be healthy and free from high fever with attendant delirium. Most of the mother used of barest feed the children it till they were over one year old. After one year of age children were fed with rice, milk powder and rice flour. Shwethamin ze: (ရွှေသမင်ဆေး- infantile ailment medicine), gawmotta ze: (ဂေါမုတဆေး) and the Chinese medicine known as gaugrhoneine ze; (ခေါင်းသုံးလုံးဆေး) was mostly used for the children when they were sick. Many of the children died from Ngan fever in that area. According to the native Shan nationals that are Ngan fever is one with high body temperature and has fits and death.

A forty two years old woman from Konsant village said that

*“I had given birth to seven children but only one has survived, the middle one was a girl. They died at one year, two years, four months and five months of age. They caught fever and were unable to cure by treatments. The youngest son was a white and fat child, caught fever and died on the next day. Treated with a spiritual healer, but it was too late to save his life.”*

Twenty-eight years old woman from Munwein village who has two children and one is lost said that,

*“I gave birth with a traditional birth attendant. The delivery was easy, but the child died at the age of four-years. She died because of Ngan fever. She was taken to Minengoi hospital, did not recover and died at home, with high fever and having a fit.”*

Though Ngan fever is common for children the attack intensifies in rainy and cold seasons. The children not only contract Ngan fever but also infantile ailments. Infantile ailments are those illnesses contracted by children in their childhood. For example of a child of four to five years in suffering from infantile ailment, (if in fever with-high body temperature and unable to open his eyes) the child should be fumigated with the smoke emitted out of burning some thatching grass from a windows houses, some broom tops and some threads from a Shan bag. The child was to be covered with a blanket so that the fumes should spread all over his body. It is believed that by inhaling that fumes the infantile ailment is cured within two or three days. If such treatment is given once in three or four months, it is believe that the ailment could outright be done away.

They record the time and date of their birth and go to an astrologist as soon as a child is born to calculate the astrological record of the baby. They go to astrologists with these records whenever a child becomes ill. It is also believed that the children are healthy and protected from evil spirit by wearing cotton thread necklace given by spiritual healer it is believed that no evil spirit could harm them.

They also believe in charms and mascots. By wearing the pangolin scale it is also believed that no witch and evil spirit could harm them. Moreover the child also is protected from infantile ailments. It is necessary to place the “Yarfelu hsei: (ယာဖီလူးဆေး)” drugs bearing the picture of an ogre at the head of the child bed. As it is

believed that the drug is extolled with a monk by the producer and believed to be powerful. It is used to protect the child from evil spirits. It is believed that by sprinkling the “Yarfelu” drug resolved in water can make the crying child to stop crying. It is also believed that if a packet of “Yarfelu” drug powder in worn to the child’s neck could make the child healthy and protect him from evil spirits. It is also believed that a child would not cry frequently and protect from evil spirit if a piece of mother’s loun gji worn during delivery was tied up to his hand or foot. (Figure-19)



**Figure 19. Baby wearing the charm**

A child is protected from evil spirit when he goes out at night by wearing mother foot dust on his fore head. If a month old child is frequently crying resin should be burnt and condensed by covering up with a cup. Then put water into the cup and rub the child with that water and also make him drinker and the crying would stop. If a child become ill and if the child is wrapped with his mother’s loun gji worn during labour it could prevent him from attack of delirium fever.

Infantile ailment could be cured by bathing the child with boiled red castor oil palnt leaves (Kulyan in Shan-*Jatropha Glandulifera*- ကြက်ဆူနီဝင်). The tuber of *taun si lam* (Zo gji mou’ hse) should not be brought home. It is believed that the child would cry for the whole night.

### **5.5 Self-care on miscarriage**

The natives in the study area believe that miscarriage is as important as childbirth and needs as much care and attention likewise.

A forty-three year-old mother of three gave an account,

*“Last year, I fell down and had a miscarriage of a five month pregnancy. A mid-wife had to be called in. Just as I had to in my childbirth confinement, I had to drink Yarnanmifaya for about a month. For four days, I could bathe only in hot water. After about a week, I had a drug made of yar lan, mite her yone, mei’thalin , and drink it before having a bath so as to lose all the heat and unclean blood. There is a need to focus on the three jewels: the Buddha, the doctrine of Buddha, and the Holy monks, and take three sips. This went on for a month. I had to apply mei’thalin for one whole month.”*

Miscarriage can be caused by many factors. Elders are against abortion. If the baby in the womb is of high virtue, its abortion would harm the mother. Informers said abortion is avoided and that there are only miscarriages in the study area.

A forty eight year old TBA from Mumpint stated,

*“Sterilization is performed at the hospital. Contraceptive injections are also given there. Other than that we have no other means of contraception. There was one woman in Minengoi who went blind because she performed abortions.”*

Self-care for miscarriages has been observed in the study area. Natives are found to have condemned abortions.

## **5.6 Self-care on menopause**

Natives assume that a woman is approaching menopause when she reaches the age of forty five. Some women do not even remember when they had the menopause. Some said they are not even aware that complications set in at menopause. However, there are some who take medicine in advance to avoid such complications.

According to a forty seven year-old women form Munnaun,

*“Six-inch-long bark strips of the Zi: bju (Emblica officinalis- ဆီးဖြူသီး ) are tied together with a string and boiled in water. About a one square inch cube of fish paste is added to the broth. The broth is then boiled and reduced to a third of the original amount. It can be taken to prevent menopausal complications. It can also be taken during the menopause period.”*

There is also a belief that a woman should eat over-ripe and rotten orange in advance so that all the rottenness and spoilt stuff in the body would be gone by the time she menopauses.

### **5.7 Traditional beliefs influence on self-care**

The natives' idea of the supernatural world is concerned mostly with spirits of the region, the village, the mountains, the ocean, and the land. Buddhism being the major religion of the natives, they pray to Buddha when someone falls ill. They also recite chants from the sacred texts for apostrophic effect. They offer flowers, light, water, and alms at the pagoda. In addition, they offer alms to monks and keep the charms and mascots or wear the blest safety strings around their necks or wrists. For the children to be healthy and safe from evil disturbances, they take the children to the monastery. Monks usually give those strings or necklaces blessed with the holy water, and pray for them. The monks also give them a stick of blessing with a picture of an ogre, for them to keep near their pillow or prepare paste by grinding that could be daubed onto them so that they would not have nightmares or become unwell. Natives also have the practice of going to elders and paying them respect at Thidingyut (October) or Tagu months (April). At such times, elders bless them so that they may have good health, wealth, and long lives. They are convinced that blessings from elders will keep them healthy.

All villages in the study area has an altar right in the middle of the village called *Chain Saun Mahnt* where monks would come and chant scriptures every year around mid April. It is believed that by doing so, the entire village would prosper in terms of economy and health. The altar grounds are held sacred by the villagers. Therefore women are forbidden to enter the grounds being regarded as unclean due to menstruation and childbirth. Whenever there is too much unrest among the villagers or if the village has too many people who are unwell, monks are requested to conduct the scripture chanting ceremony at the altar. Offerings at the ceremony such as flowers, candles, strings, and sand are believed to have the power to drive away evil such as witches and evil spirits. So the villagers take them home and tie the flowers to the entrance of the compound or house, spread or sprinkle sand in the yard around the house, or tie the strings to the house.

### **5.7.1 Beliefs in spirits**

There is a shrine for the *Guardian Spirit of the Region*, worshipped and respected by people, not only in the study area but also from the entire Shan State. The shrine is built on a high ground. Those who go pass the shrine on motorcycle have to honk the horns three times to show respect and those who pass by on foot have to go to the shrine and pay respect to show they have not forgotten to pay respect. Ceremonies for spirits are held and the entire village has to participate in these ceremonies. Moreover, if there is illness in the family, members of the household has to take drinks, foodstuff, candles and incense and offer them to the *Guardian Spirit of the Region*. They have to ask the disciple of the spirit to do the offerings for them. The disciple asks them the name of the sick person; his/her date of birth and pray to the spirit for recovery of the sick person. The natives believe that the sick person will get well again by doing so. Shan nationals from that area have beliefs in guardian spirits of forest, mountain. They are moving in the mountain and forests because they live on jungle cultivation. They believe that there are guardian spirits in trees and other evil spirits in the jungle.

### **5.7.2 Beliefs in witchcraft**

Shan natives believe in witchcraft. When a person falls ill, they think that adverse social interactions which cause envy, jealousy, and antagonism makes their enemies use witchcraft and cast spells on them. Thus they would not recover by giving regular medical treatment. Some cast spells on those they hate and some on those they love. Some believe that if a person ate something sour together with a person under a spell, he would also catch the spell.

A sixty years old male from Mumpint said,

*“My wife was washing dishes at the back of the house at dusk and she heard flapping sounds like those made by birds. She also saw dark objects flying. She couldn’t believe what she had seen. So she looked again but found nothing. We concluded that they were witches. In our village, people believe in witchcraft. They use food as their medium or tool for casting spells. They cast spells not only on those they hate but also on those they love.”*

Majority believe that witches cast spells mostly through food. It is easier to bewitch a person who eats whatever is offered. Informants relate that there are those

who fall ill or even go completely crazy when they are spell-cast. When this happens only witch doctors would be able to help. Sometimes a patient may go from doctor to doctor with no avail. Only when they realize they have been spell bound and go to the witch doctor, then would they recover.

A twenty four years old primary school teacher also gave an account.

*“About six months ago, I had a terrible pain in the stomach at midnight. It was so severe that I could not stand it anymore. My neighbours called in a quack and he gave me an injection and some medicine. I felt a little better but the pain repeated the following night. My neighbours concluded that it must be a witch’s spell and I was taken to a spiritual healer (a witch doctor). The healer sprinkled some of his antidote water and recited some chants. He diagnosed it to be a love-spell. After the treatment, I was cured. I came to accept that there are witches after that experience. The villagers have to rely on local quacks whenever they feel unwell at night time because Chone village where there is a Rural Health center is quite far. Another such village, Minengoi is also about 4 miles from this village’.*

Villagers in the study area assume that if an illness cannot be cured by getting injections, taking oral drugs, and going to hospitals and clinics, it is witchcraft.

According to a forty three years-old spiritual healer from Munwein village, he would heal only the patients of witchcraft.

*“I give them blessed water. I do not use any other medicine. It would take 5 days at the most if the illness is serious. I use only spells. Even with children, I use spells and water. Obsessions by demons occur mostly among children. There are a few adults who are obsessed by demons, but witchcraft is more common among the adults. Villagers believe that it could be ordinary illness, witchcraft, obsession, or soul straying from the body.”*

Therefore, it could be seen that the Shan natives believe in witchcraft both men and women even today.

### **5.7.3 Curing practices for obsession of evil spirits**

There is a belief among the natives of the study area that illness is caused by Nats (spirits), spells, and demons. Therefore every village has a witch doctor or

spiritual healer who would remove the spells with chants, and call back the drifting souls. In that area there is no separate traditional medical practitioner or spiritual healers. It is believed that traditional healer also is able to treat spiritual cases. Moreover there are also persons who could do away with spiritual cases other like traditional healers. They believe that there are guardian spirits in trees and other evil spirits in the jungle. Therefore, they also believe that people who pass through the forest could be obsessed by the evil spirits. Villagers term this as *evil obsession or evil attachment* (အကြမ်းကပ်ခြင်း). When this happens, eyes of the victim would become red accompanied by high persistent fever.

As it is told by a man of forty seven years old from Konsant village that

*“The papules and rashes may occur on skin if a person does not wear tattoos if there are evil spirits in the jungle. Therefore it is essential to wear tattoo to protect against evil spirits. The evil spirits are called “Tawsu (တောဆူ)” in Shan. If the papules and rashes are not treated quickly they may enter into the stomach and harm it. They could be cured by drinking boiled water treated by incantation.”*

According to the words of some elders one could become ill after returning from jungle hillside cultivation. His eyes are only looking upwards. If the eyes are red it is assumed to be spelled by evil spirits and go to the traditional healer. Sometimes a healthy person could suddenly become mentally ill. As it is assumed to be the act of evil spirits, he is taken to the spiritual healer. When the spiritual healer ask why the evil spirit had spelled when the answer is due to cutting a tree or committed other sinful deed. After finding out details about the misdeed, had to go and offer apologies together with offerings such as curry and rice. After that, the sick person would be well again.

The patient is then made to sit before the altar and put a cup of ground nut oil on his head. Then the spiritual healer recites incantations. If the patient is spelled by evil spirit while flakes occur in the oil. But if the patient is normally ill and not spelled by evil spirits the oil remains clear. If the white flakes occur many, the incantation is recited for three times. If white flakes are not cleared, recitation continued till the oil become clear. The oil is not used for consumption but to be burnt down. Because the oil is spelled by evil spirit and is dangerous to eat it. But if the oil is clear since the beginning of incitation it could be consumed.

A fifty four years old male spirit caller from Munnaun said,

*"A neighbour was once obsessed by a demon spirit called Tor Su. The victim was itching all over the body, and the face got so swollen he could not even open his eyes. A cabalistic square is burnt to ashes and the ash was mixed with holy water from the offertory flower vase. The solution was given to be taken orally. It was also used for applying to the whole body like lotion. Chants were recited repeatedly even while applying the lotion. The chants were repeated about fourteen to fifteen times. I did not take any money from the patient because I was helping them to gain some merit in the next life. He took the candles and flowers so that I could make offerings with them."*

They also believe that there are symptoms which indicate the work of evil or demons such as the swelling of the throat or having rashes all over the body. When the throat swells, they have to encircle the swollen area with slake lime. As for rashes, chanting of anti-spell verses help. If the rashes would not disappear at the first chanting, they have to chant again and again to make them go.

Should children of about 6 or 7 years, wake up in the middle of the night crying, villagers would assume that these children have been approached or obsessed by demons. This happens mostly with children. Such cases in adults are rare because only children would go wandering about and so they become easy preys for demons. When this happens, they would cry most of the time and their eyes would become red. Oil is used as cure. A piece of cotton wool is dipped in oil and blessed with chants and the entire body is douched with the wool. Then the piece of wool is thrown outside. If the act is repeated two or three times a day, the patient will be well without getting any medical treatment.

A fifty four years old male spirit healer from Munnaun said,

*"Infantile diseases such as measles, chicken pox, and thrushes, the same cotton wool method is to be used. If the child cries frequently, about 2 tickels of oil is put in a small cup which is then placed on the child's head and blessings are chanted. This has to be done two or four times a day for the child to get well. For thrush, ga zo.ga; fruit is crushed and squeezed out and the juice is daubed on the thrush. The remains of the fruit are placed on the soot shelf. If the fruit dried quickly, the wound would dry fast. If the fruit did not dry fast, the wound will have difficulty in*

*healing(Figure-20). To abide by tradition, they usually take as much money as they could afford rice, a packet of candles, a packet of incense stick, and home-grown flowers when they go to healers. Even if they could not afford anything at all, they would at least offer them the home-grown flowers.”*

The persons who do the blessing and the chanting usually have different methods and procedures. Some bless a cigar or cheroot and blow on the wound with its smoke. Some bless a betel leaf which is later placed on the wound and thrown away after use. Some bless green chili which is wrapped in paper after the blessing and chanting and then hung on the soot shelf. By the time the chili dried, the wound will be dry as well.

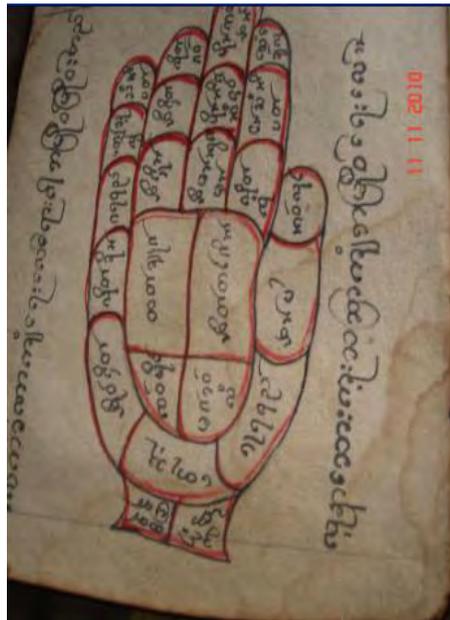


**Figure 20. Chanting with ga zo.ga; fruit**

An eighty three years old spiritual healer reported,

*"Oil is used only for witchcraft related illnesses. Ordinary ailments can be treated with blessed warm water. We need to feel the pulse on the patient's wrists. If a person is not well, his pulse rate is fast. If he is well, the pulse rate is normal. If the pulse at the tip of the thumb is too fast, the demon is at work. If the spot at the foot of the thumb is throbbing hard, there is too much heat in the stomach. If the tip of the little finger is throbbing wildly, it is high fever with tremors. If blood is impure, or the arteries are weak, the patient is feverish and if he is anaemic, has food poison, jitters, it is because he has wronged the village Nat, house Nat, and the Nats if spirits*

caused the illness by taking the soul away. These diagnosis are handed down from my teacher and I can study in Shan medical text (Figure-21). Therefore if the cause of illness is spirit related, the patient has to bring 5 or 10 tickles of oil, which would be warmed and put on the patient's head and the spell cure is cast. If the illness is not an ordinary illness but comes from witchcraft, the oil will give out white fumes. If that happens, the oil is poured into the fire to burn. Then the bad omen will burn with the oil."



**Figure 21. One page of Shan traditional medical text**

If there is a pain in the leg and the patient cannot stand properly, it is assumed that the guardian spirit is angry with the person and has caused trouble for him. They call this 'capture of the earth' (မြေကိုခံမြဲနဲ). Here, too, there are many different procedures for the cure. A spiritual healer from the Mumpint village would ask the patient to bring either 5 or 10 tickles of oil, and a cup of hot water from home. Then the patient has to sit with his legs stretched out. The healer would cast a cure spell on the warm water and pour it onto the legs of the patient for about three times (Figure-22). The healers use a bamboo strip called *Mite Htoh* (မိုလ်ထို) (Figure-23) to brush down the length of the leg. Cure spells are chanted while doing this. Then the oil cup has to be put on the legs and the spell is cast. There would be white fumes if the

patient has illness or is spell bound. In that case, the oil has to be thrown into the fire taking the bad omen with it.

A forty years old male from Mumpint village said,

*“I had a pain in the leg without hurting it in a fall or slip. I could not walk properly. The spiritual healer from next door treated me and said it was the work of the spirit of the land. I had had the same problem about three or four months ago, and the same spiritual healer treated me for that. This time, I go to healer’s house every morning to take treatment”*(Figure, 22).



**Figure 22. Exorcist and patient (Curing for capture of the earth)**

They believe that the bamboo strip "Mite Htoh" has power. These strips are gathered at the funerals of the holy reverend monks with a high prestige. For the fire to burn well at the pyre, bamboo poles are used to enflame it and the strips are taken from there. These strips have power because they have been blessed. They believe that evil spirits and demons are sacred of the strips. Healers have to wait for quite some time to get these strips and they are invaluable. Even if hundreds of thousands of kyats are spent, it is not easy to find one.



**Figure 23. The bamboo strip "Mite Htoh"**

An eighty three years old spiritual healer said,

*“I have been studying under teachers of the village since I was 21 years old. This bamboo strip I use was handed down to me from my teacher. He also gave a medical text. The patient has to be treated until he is well again. If they come to my house, I have to treat them every time and anytime. If I have to go to them, I can choose the day and time. The patient's birth date and time has to be considered and treating the illness accordingly is more effective. If the preliminary tests show that the illness could be cured, it is all right to heal him or her. But if the results indicate that the illness cannot be cured, we have told them straight away and decline to heal them quite frankly.”*

Should the guardian spirit of the land or earth is angered, victims would not be able to stand or walk properly.

In addition, these blessing chants or spell cures are used for all kinds of toxic insect bites, whitlow sores, thorn pricks, iron pricks, as well as other kinds of sores on hands and feet.

A twenty two years old woodcutter from Mumpint reported,

*“I cut wood in the forest. I once stepped on a dead poisonous caterpillar and got a sore on my foot. The sore ached terribly while working. At nights I could not sleep. I had to place my foot near the fire and heat it to ease the pain. The sore was red and swollen and later there was pus. I had to go to grandmother (exorcist) and had a spell cure and the wound got healed. The same thing happened when I had sore eyes once.”*

His neighbour remarked that he suffered only that much because the caterpillar was dead. If he had stepped on a live one, he would not be able to walk right there at that moment. Grandma (exorcist) could heal all such wounds. She could spell cure even the drought cattle or buffalos.

In healing such wounds, a bowl of boiling water from the victim's house has to be brought. The healer has to pick two or three sprouts of ma ja gji; : plant (*Adhatoda vasica*- မုယားကြီး) from his or her own garden and soak it in the boiling water. When the water becomes yellow tinted and gets Luke-warm, the spell cure is cast while the lotion is poured on the wound until all the lotion is spent. For three or four consecutive days, the patient has to bring boiling water from his or her house and be treated thus. The lump falls off taking the caterpillar hair strands and only a hollow is left in its place.



**Figure 24. Exorcist and patient**

According to the seventy seven years old exorcist,

*"I would spell cure only wounds on the hands and feet. I would not cure other ailments that I am not familiar with. "I heal children suffering from measles. For ordinary bruises and cuts, the patient has to scoop up a cupful of water backhanded. Our ancestors believe that water gather with a backhand is medicinal. One needs to put a cure spell on the water and wash the wound with it. Spells have to be chanted while washing the*

wound as well. Although many of these spiritual healers use similar procedures, variations can be found owing to the different teachings.”

Shans also believe in the astrological environment such as the sun, moon, stars and the movements of the planets. Since they assume that people become ill when their stars are unfavourable, they go to diviner to calculate why (Figure-25).



**Figure 25. Divination for health**

## **5.8 Soul calling**

If a person becomes ill and cannot sleep or eat properly, they say his or her soul is afloat and has to conduct ceremonies for calling back the soul. Soul calling is conducted for both adults and children. As defined by informants, Soul Calling is an activity carried out for a patient when his or her soul is wandering so that it will return to his or her body. In the initial stages when an unwell person recovers, he or she would lose appetite and cannot sleep properly or have nightmares, the natives would assume that the soul is wandering. Soul calling can be conducted by a family member, a spiritual healer, bless-chant healers, or by someone who has studied soul calling from another person.

For instance, if a child falls ill, or wakes up crying at night time, the mother or grandmother has to open the front door of the house while the child is asleep. Then, holding a piece of cloth torn from the mother's loun gji and call out to the soul,

*"Son/ Daughter, where are you? Don't stay on the street, don't stay near the stream, come back and stay with mother."*

After that, the loun gji piece is tied to the sleeping child's hands and feet. They believe that the soul will be back after that. If the child does not get well by then, they have to repeat every night until the child recovers fully.

If the patient is an adult, his own shirt is shredded and a family member has to open the door and call back the soul, holding a piece of the shirt. After that the piece of shirt is tied to the patient again. Some would use a piece of Parei' (Sutta to ward off evil or harm- ဝရိဝိ) string instead of a piece of shirt and tie it to the hand. Some do the soul calling at home but some go to soul callers or spiritual healers. Sometimes, the healer is called in. Just as there are many healers for soul calling, there are different techniques. Some healers place a plate on the patient's chest and put a condensed-milk-can full of rice topped with two bows of string each with seven strips of thread tied together.

Soul calling is done in front of the altar or shrine. Then the two bows are put together and picked. If the bows pick just one grain of rice, it is assumed that the soul has come back. If they pick four or five grains, the soul calling is supposed to have failed and has to be repeated until the bows pick just one grain. The patient has to chew that particular grain. As for the two bows, one is tied to the hand of a patient and the other to the foot. Then they are left there until the bows wear out and break. If the illness is intermittent, then the soul calling has to be conducted at a time when the patient is not ill, because they believe that the soul would not come back while the patient is not feeling well.

Some put two cans of rice, two white roses, and two bows of thread made of seven white strands. Soul calling is done in front of the altar. After that, rice grains are picked using three fingers, the thumb, the forefinger, and the middle finger. Should the number of grains picked is even, like ten, eight, six, and so on, they assume that the soul has come back. If the number is odd, the picking is to be repeated until the number is even. According to the soul callers, the white rose represents the soul.

In addition to the above methods, soul calling with a chicken egg is also practised by some (Figure-26). For this method, two fresh bananas, two roses, a packet of cooked rice, a packet of curry, one boiled chicken egg, two bows of string made of seven strands of white thread, a basket of rice grains, and some money as much as they can afford, and the patient's shirt, are needed. All the above items are

placed in a bowl and soul calling is done in front of the altar. To find out whether the soul has come back or not, a strip of bamboo is formed into a loop and the boiled chicken egg is fitted in the loop. The loop is picked while soul calling is in process. The egg falls onto the rice grains if the soul has not come, but would be shaking in the loop when it has. The patient then receives the egg in his hand and eats it with the rice in front of the soul caller.

Should the egg falls and the soul has not return, the process is repeated four or five times. If the soul still would not come, more rice is added and the egg and the cooked rice packet have to be replaced with new ones. The discarded egg and rice should not be eaten. They are to be thrown away from the backyard. Whoever eats them would fall ill or misfortune would befall them. Soul calling in this method has to be done either in the early morning or in the evening and never during day time. Usually it is done in the evenings. There is a belief that evening is the time when draught cattle go home and spirits and souls wander about. Therefore, they assume that it is easier to call out to souls at this time to come home.

A seventy years old soul caller from Autzay Village stated,

*"I conduct soul calling, and heal general illnesses but I don't use medicine. I look at the patient and chant spells accordingly. I put an egg in the bamboo strip and chant a spell. If the egg falls I would not take charge. If the egg stays put, I would treat the patient."*

Some informants try to avoid soul calling by egg. They think the effects are too strong. Those who are keeping Sabbath or those involved with religious work should be more careful. Sometimes the soul would wander into some woman's womb and conceive a pregnancy there. When the soul is called back, it would abort the unborn child.



**Figure 26. Soul calling with egg**

In general, there are many ways of soul calling with so many different procedures and quite a number of soul callers. This soul calling is accepted by most natives in the study area and is found to be in practice even today.

#### **5.10 Traditional diets that affect self-care**

Some natives believe that illness is caused by the diet. According to them, there are foods that cause coldness, heat, air, and stiffness of the muscles. This classification of food categories are handed down to them by their ancestors, or shared by a knowledgeable person in their society or relayed by those who come back from other places.

The staple food of the Shan natives in the study area is rice and curry. In times of farming, working in the fields, and plucking tea leaves, they normally have three meals a day for breakfast, lunch, and dinner. On rest days, they usually have snacks and coffee or tea, or snacks and green tea. Snacks such as i-kja-kwei (deep-fried twisted dough stick) or assorted deep fried crisps can be obtained from motor bike food vendors, and sometimes they like to eat home-made kawpoke made of sticky rice. Kawpoke (ခေါ်ဖုတ်) is made from pounding steamed sticky rice (white or brown) with a touch of sesame seeds. Kawpoke is usually eaten deep-fried or grilled. Thus the Cold Season in the Shan States is referred to as the Kawpoke Season. Kawpoke is either made at home or bought ready-made from the market. Being seasonal and regarded as traditional food stuff, natives believe that there is no harm in

eating kawpoko despite the fact that sticky rice sometimes causes constipation or sore throat. For young children and the elderly, food items such as biscuits or cookies, milk powder, condensed milk and sugar are kept at home.

Most Shans in the study area have gardens and vegetable plots around their houses where they mostly grow mustard, carrots, turnips, coriander, spring garlic, roselle, tomato, aubergine, bitter gourd, drumsticks, chili, and paprika. (Figure-27 and 28) They only have to go and get fresh vegetables just before cooking. If they do not have a certain vegetable that they need, they can go and request for them from a neighbour's garden. Furthermore, they can also get them from the woods where vegetables grow wild.

Mustard is the favourite leaf of the Shans. They normally grow mustard in vacant plots in their gardens or around the house around October and November. All through the mustard season, they prepare mustard dishes such as stir-fry, soup, steamed, and a sour mustard soup called Mon-nyin-hsaw (မှန်ညှင်းဆော). Mustard leaves are mixed with sticky rice powder, white rice powder, salt, ginger, pickled soya beans, and tomatoes. The mixture is then wrapped in banana leaves and steamed. This steamed mustard is one of the traditional dishes of the Shans and is supposed to be most suitable for the elderly. However, it is eaten by both the young and the old. Sour mustard soup is prepared by cooking mustard leaves with the chin so ga; fruit (kind of tree bearing sour fruit, *Cydonia cathayensis*- ချဉ်စေံကားသီး) fermented bamboo shoot, or tamarind.



**Figure 27. Growing Mustard (Back yard)**



**Figure 28. Growing Mustard (Back yard)**

At the end of the mustard season, pumpkin leaves, snake bean leaves, French beans, string beans, and butter beans are eaten most frequently. Sweet potato and corn are either grown or bought. In the months of October and November, Mahlwa blossoms (မေ့ခွဲ) are gathered from stream banks and fried with onion. Sometimes onion, pickled soya beans, and tomatoes are stuffed in the mahlwa blossom and tied at ends before having them deep-fried. This dish is believed to absorb heat from the body.

Around December and January, seaweeds gather at the lake near the monastery of the Autzay village. Villagers and those from the surrounding areas come to get the seaweeds and prepare curry with fresh weeds whereas some dry and keep them at home for later use. Seaweed is mostly cooked with dried soya bean, and seasoning powder and served as soup. The weed is known as Shan seaweed (ရှမ်းရှေ့ညို) (*taung* in Shan language) is used as a tonic. It is supposed to be good for inflammation. Seaweed from Muntor village (မန့်.အေဝ်ရွာ) is also available there.

Villagers also like to eat a kind of leaf called Da-yin-kauk (*lygodium scaridens*) a lot. The leaf is eaten fried or made into soup together with fermented bamboo shoots. It is also eaten as salad but villagers avoid eating it when they have bruises, cuts or sores, because they assume it can worsen the sore. Another dish is prepared with thin slices of the soft inner part of the Taw Hta naung plant, supplemented with dried mushroom and white rice powder. This soup is a popular traditional dish, called *Hsit* curry (ဆစ်ဟဲး) in Shan language, served at religious ceremonies like Kahtein, Shin byu or initiation ceremony, etc.

Bamboo shoot is eaten stir-fried. It can also be fermented or pickled. However, it is believed to cause muscular stiffness. A kind of fruit called Kanazoe (*Baccaurea sapida*- ကနုနီ:သီး) is eaten less frequently because it is assumed to create heat in the body and would cause boils if eaten a lot. Cucumber creates coldness in the body and would cause indigestion. Moreover, it is not good for people who have had a stroke or a paralysis. Wa bulbs (Wa.U, Elephant foot yam tuber, *Amorphophallus campanulata*-ဝဉ), Pein bulbs (Pein: U, Rootstock of the taro, *Colocasia antiquorum*- ပိနီ:၉), egg plants or aubergines, and potato are also avoided for its effects on paralysis and enlargements of thyroid glands.

Mushroom is a seasonal vegetable and it is much liked by many. However, people with hypertension, arteriosclerosis, and women in childbirth confinement avoid eating mushroom because they believe it can cause harm to the nervous system. Some look for natural mushrooms in woods or local environs but some buy them at markets. Some mushrooms are poisonous and not suitable for eating. Horse-shoe leaf (cress) is eaten as salad or soup. Natives assume it is good for the urinary tract, and hepatitis. Its juice is also believed to be good as an eye-wash.

Apart from the daily diet, the dishes that are occasionally prepared are grilled fish, grilled bean-curd, steamed mushroom, mustard broth, Shan noodles, Shan tou hu: (bean curd- ရှမ်း:တို့.ဟူး) and fried tou hu slices. In preparing grilled fish, onion spring onion, Indian coriander, coriander, Chinese chives, spring garlic, are pounded and marinated with fish, wrapped in banana leaf and smoked or grilled on kitchen shelves overnight. Elderly people are very fond of this dish. It is a common item at feasts and festivals such as Waso or Kahtein robe offering celebrations.

Grilled bean curd is prepared by mixing Khant (ခန့်) powder and crushed bean curd. Salt, soya bean paste, garlic, onion, coriander, onion spouts are pounded and added to the bean curd mix. The paste is then wrapped in banana leaved and grilled to serve. Steamed mushroom is prepared in the same way as steamed mustard.

Shan noodle is made from rice. It is served with tomatoes, peanuts, coriander, chicken (or) pork and a touch of seasoning powder. Although it is called Shan noodles, it is not the staple food of the Shans. It is prepared only at home occasionally. There is one Shan noodles shop in Man Pint village and none at others in the study area.

Shan tofu is well-known among dishes in the Shan cuisine. Warm tofu, which is made with crushed chick pea is also popular for its tonic effect. It can be eaten together with Shan Noodle. Fried tofu slices are well-liked by both children and adults. Tomato, green chili, and garlic are pounded together into a paste called namt pyit (နံ့ဖြူ) and is eaten with white rice. In the same way, garlic and ginger are pounded and eaten. Most homes in the study area would preserve bamboo shoots and tomato for long-term purposes. Bamboo shoots are either preserved at home or bought from the market ready-made and preserved in big earthen glazed jars at home. The preserved food lasts for about a year. The preserved bamboo is eaten in combination with mustard, fish, or *da-yin-kauk* leaf. However, preserved bamboo is assumed to cause muscle tension and heightens blood pressure and when eaten after taking western medication, it can be fatal. The other preserved food item is tomato. Tomato is bought from the market or picked at home yard and is preserved oil-free, with salt and cooked until all the water and juice is gone. It can be kept in bottles and eaten the year round (Figure-29). Thinly sliced mustard is mixed with giu:mji' (edible root from the herb, *Allium tuberosum*- ဂျူးမြိ) and preserved during the whole of the mustard season. Natives' responses indicate that Shans eat mainly vegetables.



**Figure 29. Tomato sauce stored for the whole year**

A seventy nine years old owner of tea plantations and cornfields from Manpint said,

*“I only eat vegetables especially roselle, egg plants and rock melon. I eat fish and meat only occasionally. I eat three meals a day. The pharmacy*

*prescribed Astymin vitamins and I take it twice daily. I am healthy since I have no grandchildren and have to do everything myself.”*

Chicken, pork, and beef can be bought from motor-cycle vendors or from illegal butchers. However, Shans eat meat only occasionally. Although Shans are famers and have cattle kept at home, they rarely drink milk. They rely more on milk powder for drinking. Some keep chicken at home but do not normally kill and eat them. Some natives believe that chicken meat heightens fever and do not give it to sick persons. When there are streams or creeks near the village, some villagers fish for their living. There are some who catch fish by using electric nets. However, there is a belief among them that electrified fish is not suitable for eating and cause people to feel uneasy.

Villagers also like to eat goan fruit (ရံခီး), roasted cane nuts (ကြံခီး), boiled peanuts, fried peanuts, sweet potato, or corn as snacks when in season. They buy fruits and vegetables from motor cycle vendors when they are not locally available. They love fish paste, dried fish, salted preserved fish, and dried prawns but do not normally eat them frequently since they have to buy them from non-local traders.

Observations reveal that it is rare for Shan natives of the area to eat fish or meat. They eat vegetables a lot more, believing in their concepts from their ancestor's time that consumption of fresh vegetables is the key to good health. In November, the season for mustard, low-income families eat dried soya bean paste with mustard curry. Well-off families eat fried fish with soya bean and mustard curry. Although there is awareness of the effects of certain types of vegetable on particular health problems, their consumption of vegetables as a dish is more or less out of convenience and habit. For example, it is quite common for a person who has picked fallen mahlwa blossoms by chance would share them with neighbours and friends to eat on that very day solely as a common gesture although they are well aware of the fact that it reduces heat in the body.

However, there are times when they eat or avoid certain food items for health purposes, For instance, if there is a person with bladder problems in the family, they would have horse-shoe leaf soup. Some families avoid eating pickled bamboo shoots since they assume that even the smell of it could cause edema and hypertension. From above instances, it can be concluded that the daily diet of the natives is not directed toward self-care except for occasional instances.

### 5.11 Beliefs concerning water

Shan natives in the study area normally use water from the mountain creeks. Water is carried to the village by using bamboo halves as water faucets. Villagers gather at the site to bathe, wash clothes, and collect water for home use. Well-off villagers install water pipes at the creeks to get the water straight to their homes (Figure-30). There, water is collected in tanks, pots and buckets. There are only a few houses with wells.

Natives report that water from their area is very fresh and sweet and is quite different from that one could get in Kyauk-me. Because the water is fresh and sweet, the food cooked with that water is delicious and most appetizing. Shans usually drink green tea, but some drink fresh water, because they like the taste of their fresh water. Some drink boiled water, cooled in pots. Shans in the study area have full faith in their water and believe that although not test scientifically, their water is free of germs.

A male villager from Manpint reported,

*"My health is in the tip top condition. Nothing ever happens to me because we get fresh air here and I drink fresh water. Although not boiled, there aren't any germs in it."*

Natives in the study area mentioned a small village called Nantman (နမ်မန်းရွာ) on the route to the study area about ten miles from Kyauk-me. The village is regarded as the source of sweet, fresh natural water for the villages in the area.



**Figure 30. Water supply from creek**

A female resident of Kyauk-me who used to live in Mannaun said,

*“Water is sweet and fresh and makes very tasty soups. It is very appetizing. A week’s visit will make a person start gaining weight.”*

Studies indicate the natives’ assumption that their water is very different from other areas. They believe that their water is good for health. This assumption turns out to be a very effective psychological feature in their knowledge of health.

### **5.12 Beliefs concerning the environment**

The study area is situated on the hills, facing the fields. According to the interviewees, the villagers are healthy because they get fresh air, fresh clean water, and exercise from farm work, availability of fresh home-grown vegetables and traditional medicinal herbs. However, they believe that there are spirits and demons in the woods, and there is also the guardian spirit of the land. When they fall ill, it is their belief that the spirits and demons are angry with them.

Shan natives of the study area believe that the cool wet climate induces the natural herbal growth. There is a saying that *Medicine is abundant everywhere*, because of the herbs which can easily be found and picked. For this reason, the natives are happy and content with their land. However, there are illnesses with the shifting of seasons. Furthermore, they assume that extremely hot or cold climates cause health problems.

### **5.13 Smoking**

The majority of males smoke cheroots as well as cigarettes. Although there have been anti-smoking campaigns warning them that it is harmful to health.

### **5.14 Drinking**



**Figure 31. Wooden stock for drinker**

With the exception of the elderly and practitioners of religion, most men in the villages of the study area drink. They love to drink especially on festive days such as the Waso festival, Kahtein festival, novitiation ceremonies, and at weddings. They normally gather to sing and dance together as merry-making at night time. There are liquor shops in all villages. However, drunkenness is not tolerated by the village. There is a wooden stock where criminals and drunks are fettered for punishment at Mumpint village (Figure-31). Like smoking, in spite of health educational programs, warning them against drinking, there are those who drink for pleasure and those who assume that drinking enables them to bear hard work.

### **5.15 Self-care in Indigenous Knowledge**

In studying the self-care practices as a phase of their indigenous knowledge, their beliefs relating to me'galaun fever, ngan fever, sargyi illness as well as malaria, edema, childbirth, childcare, belief in supernatural occurrences, concepts on diets, and utilization of western medicine are observed and noted as relevant features. Self-care happens to be the most fundamental feature in forming a healthy society. In the study of self-care as a component of the indigenous knowledge of the Shan natives of the study area, it has been observed that their self-care practices are a composition of knowledge from heritage and knowledge gained from communication with outside societies. For instance, high fever is known as 'Ngan Fever' to them and the medication for this type of fever is the use of herbal medicine, knowledge handed down from a line of ancestors. High fever which could not be treated with medicine

would be regarded as obsession by evil spirits or witchcraft. So they would rely on spiritual healers or witch doctors. Knowledge from heritage also includes cures for cuts, bruises, diarrhea, and dysentery. Ancestors handed down knowledge such as vegetables with medicinal effects. It has been observed that they would use the compounding methods or techniques of their ancestors to compound medicine for themselves. However, due to the eccentricity of the ancestors, some of the recipes and procedures are lost. This has been dealt with in Chapter Six.

Indigenous knowledge of the Shan natives includes some good features. For example, they believe that exercise in the form of moving about at work keeps them healthy or that they are healthy because of the fresh vegetables that they eat. But the downside of their knowledge concerns superstitions and belief in supernatural occurrences, which leads them to inappropriate choice of cure. For instance, if they think a person is suffering from a Sargyi attack, they would beat the patient who is already suffering greatly. As they have been giving priority to the local cures, it would be too late for giving him modern medical treatment.

Indigenous Knowledge is dynamic. In addition to the local cures, new knowledge gained for connection with other societies are adapted for use. For instance, Sar scraping is accepted as an effective cure for aches and common fevers. Although this knowledge had not been handed down by the ancestors, it has become communal knowledge in the area. As viewed in line with their indigenous knowledge, healthy living and recuperation procedures are inextricably linked to their social and natural environments, and traditional customs and practices.

## **CHAPTER (6)**

### **HEALTH SEEKING BEHAVIOR IN SHAN**

Anthropologists have pointed out that any society's medical system cannot be studied in isolation from other aspects of that society, especially its social, religious political and economic organization. It is interwoven with these, and is based on the same assumptions values and view of the world. Since the rights for decision making is given to all members of the family, these members can decide freely on the matters concerning their health. Whenever a person's health fails, he or she will start looking for ways and means to cure this illness. Accordingly, all societies have ample means of solving these problems. Whether the methods are effective or not, they are closely related to the faith the victims have in the methods, exposure, familiarity handed down from ancestors.

#### **6.1 Utilization of various medicines**

##### **6.1.1 Shan traditional medicine**

Medicines found to be of most frequent use by the natives of the study area are patented Shan traditional medicines such as *Yar Ke let* (ယာကယ်လတ်) in Shan language, which is good for indigestion and other stomach irregularities and varieties of medicine (Figure-32). It is found in almost all houses. A small dose of Yar ke let after meal helps digestion and also acts as anti-toxin when one has eaten harmful food. Furthermore, local pharmaceutical products such as Shan Pyo Mae hsei: (ရှမ်းပျိုမေ့), Me'galaun medicine, Ngan fever medicine, cough depressants, laxatives medicine for infantile diseases and medicine for the puerperium period are most commonly used. Furthermore, drugs for paralysis and diabetes can be bought from village drug stores or traditional medicine shops at their convenience (Figure-33).



**Figure 32. Shan traditional patented medicine**

### 6.1.2 Myanmar traditional medicine

In addition, they have come to use popular Myanmar drugs, advertised on TV and by the media such as *Kun Ywet Pone hsei*: (ကွမ်းရွက်ပုံဆေး:- anti-cough drug), *La Min hsei*: (လမင်းဆေး:- brand ointment), *Kaba-aye* (ကမ္ဘာအေးဆေးဆေး: brand neuro drug for paralysis), *Adika Nan Saung* (အဓိကနန်းဆောင်ဆေး:- digestive drug), and *Tun Shwe War* (ထွန်းရွှေဝါဆေး:- ambrocatation).

### 6.1.3 Chinese medicine

It has been observed that Shan natives in the study area use Chinese and Burmese medicine in addition to Shan traditional medicine and western drugs. Among the most popular Chinese drugs are those for childhood diseases, fever, and good blood flow, pre-natal drugs, tonics, and ambrocatation. The spread of Chinese medicine in the Shan states is most probably due to their sharing of the border, and the Chinese being in Myanmar for a great number of years, causing a merge of cultures. Most of the natives in the study area use Chinese medicine.



**Figure 33. Traditional medicine shops in Kyauk-me**

A seventy years old man reports,

*"I usually have fits when I get ill. If I take "Ta-sa (တဆ)" Chinese drug in advance, I don't have fits even if I fall ill. This drug was recommended to me by the drug store when I told them my problem. It costs 300 kyats."*

Although there are very few persons who can read Chinese, the natives try to mark the drugs by their appearance like the colour and design of the packet or container. They buy drugs at the store using these markings. They have become well-accepted by the locals. For instance, the drug they use for fever has a picture of five pagodas on the jacket of the bottle and thus it goes by the name *Five Pagodas* (ဘုရားငါးဆူဆေး), *Pig medicine* is for the drug with a picture of a pig (ဝက်ဝဆေး), and the drug for general childhood diseases is *Three Headed Child* (ခေါင်းသုံးလုံးဆေး). Some drugs go by their original names such as *Yar Fee Lin* (ယာဖီလင်) Tonic, *Yar Har Yan hsei*: (ယာဟရန်ဆေး- blood cleansing drug), and *Sar Ti Yway hsei*: (စာတိရွှေဆေး- anti-fever drug).

#### **6.1.4 Medicines from Thailand**

Moreover, most of the youth in the study area go to Thailand to work, and when they come back they would bring drugs from Thailand for their parents, grandparents and the rest of the family. Therefore Thai drugs are also among those used by Shan natives.

#### **6.2 Sar Scratching**

Scar scratching (ဆာခြစ်ခြင်း) is a therapy used by the natives to relieve them when they have aches, pains, and fever by scratching the neck, shoulders, back or chest with pieces of condensed milk cans, soft drinks cans, the base of any metal cans, or a steel spoon until the area becomes red (Figure-34). A variety of ambrocatation is applied before they start to scrape. It does not need to be carried out by a person with medical knowledge. It can be done by any member of the family, neighbour, or friend who has experience of this. They believe that the patient would lose the heat in the body when the body is scratched. After that, they could take any pain killer, analgesics like Paracetamol, a Shan, Myanmar, Chinese traditional medicine to get better.

A fifty two years old woman said,

*“When I feel sick, the best tools for scratching are empty tins of condensed milk, or like other empty tins such as the Red Bull tonic drink, to mention a few. Taking a paracetamol after such a scratching will make me feel fit again.”*

According to the informants’ saying there are two types of *Sar*: *Sar* scratching the body – one for ordinary common ills, and the other for more serious illness *Sar* (*Sargyi*). *Sar* scratching is one type of therapy for aches and *Sargyi* is one type of serious illness.



**Figure 34. Sar scratching**

The art of scratching was a treatment applied to any grownup, middle aged, and up to the old, but not on children because they could not be able to endure its effects of eruptions on the tender skin. *Sar* scratching is done in the four villages out of the five in the study area. There are a few people in Munpint who do not scar scratch.

A forty seven years old woman from Munnaun is recorded to have said:

*"The whole body becomes heavy and got feverish. I went to have an injection at Minengoi but did not feel any better. The uneasiness went away only after sar scratching. It is not only scratching. Pinching the skin on the neck with two fingers was also done. Sar scratching cannot be done directly after having an injection because it can be fatal. One has to wait*

*for at least a day to do that. Sometimes it is better to have an injection after the sar scratching."*

The most common illness in the study area is the *Me'galaun illness*. Sar scratching is done in the initial stages of the fever. The fever lessens are the scratching. Therefore, sar scratching is also called Me'galaun scratching.

Most people believe that scratching sar directly after having an injection is fatal. A fifty five years old male from Mumpint stated,

*"We do not practise sar scraping at home. Sar scratching after having an injection causes death. There are some old men and women who died from doing that. There are few people who practise sar scratching in our village. Only the old people do that."*

A seventy seven years old woman from Munnaun village also reported at an interview.

*"We use local medicine for health. We go to the nurse when we are not well and make her compound medicine for us. I do not sar scratch because I'm scared of the pain it will cause. If I feel weak, I go to the nurse for injection."*

Most people assume that sar scratching is a habit. Those who have faith in the therapy would believe that they feel better only after sar scratching. Therefore, people from Mumpint avoid the habit. It could be that the illness is cause by having Sar. It is known that sar is a health problem caused by the blood flow and the air in the body. Although it is said that fever accompanies sar, there are those who got sar without fever.

A fifty seven years old man related that

*"The whole body starts to ache as a symptom of sar. When it happens, sar scratching is needed. The back and the sides have to be scraped. The skin also needs to be pinched by using the fore finger and the middle finger. If a person feels painful in the stomach, the muscles of the stomach are pinched. If the pain persists, muscles at the side of the stomach are pinched as well. If scratching is not done as soon as a person starts feeling unwell, he or she starts having chest pains and may not be able to speak at all. The Five pagoda brand Chinese medicine (၇၇၇:၇၇:ဆူဆေး) is to be taken after the scratching of sar. Another option is two tablets of*

*Anagesin. The ailment is caused by physical strain and fatigue in the field and farm, and also by constipation. Sar can occur so many times in a year that one lost count of them. Sar does not occur for people who do not have work hard. When there is so much action and work that they become unbalanced, sar starts”.*

The term ‘sar scratching’ is most commonly used not only in the study area but also among other Shan natives and Palaung natives of the region. Sar scratching is done not only in the study area but also in other places of the region. It is found to be in practice in Kyauk-me, which is about 31 miles from the study area. The people there also use the sar scratching and the procedures are the same.

Information from the some informants indicate that sar scratching is used as a remedial method handed down from ancestors about 80 years ago when the Chinese migrated into Myanmar.

A thirty eight years old man stated contrary to this assumption that

*“The activity (Sar scratching) started with the Shan people who went to work in the jade mines in Hpa Kant. Many people died of intense fever in that region. The Kachin natives scratch themselves to relieve Me’galaun and the Shan natives did likewise. Taking treatment after scratching Me’galaun (Sar) is no cost effect and easier to recover. Sar scratching is therefore assumed to have been relayed by the returnees from those areas”.*

Most of the Shan natives readily accept the sar scraping practice regardless of where it came from or when it started. Sar scraping is accepted by most people because the procedure is easy and can be carried out at home without the need to go to the hospital or clinic. It saves time and money as well.

The majority of the natives are found to have experienced Ngan fever and Me’galaun fever. There are only a few who had had Sargyi. The some goes for Malaria as well. There are a few who had dropsy or bloating. Most of them frequently suffer from general illness and uneasiness. But they normally do sar scratching get better. If there are frequent loss of appetite and when they find that drugs and medication have no effects on them, they would blame the influences of the natural and supernatural forces.

### 6.3 Stomach massage

Remedial measures from their IK include stomach massage as well. There are only three persons in the study area who give stomach massages. They learn it not in the systematic way, but taught by those who know a little of it.

A twenty five year-old mother of an eight-month-old baby said,

*“I had chest pains when the baby was three or four months old. I went to the western medicine practitioner but could not do anything about it. The village traditional birth attendant told me that it was due to the wrong position of an organ called ‘tha gyi’ (ဆူဒီး). She gave me a massage and I felt much better. After about three or four massages, I was completely cured.”*

Stomach muscles also get strained when a pregnant woman lift heavy loads. Then they will have to get a stomach massage. Furthermore, if the ‘tha gyi’ in the womb is not in place, or on the wrong side, one has stomach pains.

According to a seventy one year-old female stomach masseur,

*“What you have directly below your navel is called tha gyi. It produces pulses. If you cannot feel the pulses there, you have to feel for it around the navel. If tha gyi is in the wrong position or if it has gotten to the chest, you have to get it back to its original position. If tha gyi is on the wrong side, one gets fever, coughs, nausea, or loss of appetite.”*

However, stomach massage is done only by a few. Only close relatives and friends of stomach masseurs make a practice of it. Others find some other means to relieve their pain.

### 6.4 Assumptions concerning Western Medicine and its utilization

Just as Western medicine is used globally, it is found to be used in townships in northern Shan states, Kyauk-me study area. Five villages in the study area have neither hospitals nor dispensaries. There are no doctors there either. However, there is a hospital in the place called Minengoi which is about two miles from the study area. A nurse from the Minengoi hospital resides in Munpint village which is one of the villages in the study area. Almost all villagers have quacks. Therefore, Munpint villagers take treatment such as injections or oral drugs from both the nurse and quack.

Persons from other villages such as Munwein, Autzay, Konsant, and Munnaun, only have quack doctors to rely on. Patients with serious problems, those having difficult childbirth, and those who are well-off go to the Kyauk-me State Hospital, or have their ailments diagnosed or take treatment at private clinics. Majority of the male patients report that use of western medicine heals faster. However, most women who use western medicine are found to use herbal medicine and home remedies.

Quacks are called Pu Saya (ပုဆရာ) in the Shan language, meaning Mr. Know-how because he knows how to heal the sick. Quacks have not studied medicine systematically, but they studied when and how to use which medicine from experience. They have also studied when and how to give injections. Most of the quacks in the study area are familiar not only with western medicine but also with local health practices as well.

Some quacks have teachers. They studied under quack of other villages especially the methods for treating, high fever, septicemia, paralysis, tetanus, and me'galaun fever. These quacks make visits around the village and gain trust from villagers. According to the villagers, they are easy to contact and less expensive. Furthermore, being from the same village, the quacks know them personally and help them with other social activities. They make their rounds on motor bikes and go from village to village and from house to house. Thus they make themselves easily available. Sometimes there are cases of injection mistakes because they are not systematically trained.

A forty eight years old mother reports,

*"My baby boy was alright when he was born. He had a high fever when he was two and had treatment from the quack from another village. The doctor gave him a shot and the baby was crying the whole day after that. Then he could not walk anymore. His limbs became attenuated and had to walk with a crutch. Now he is over twenty."*

Although there are such cases, villagers are still going to quack. Most of the villagers from Mum Pint take treatment from the nurse or quack. Villagers from Munwein, Autzay, Konsant, and Munnaun get treatment from quack doctors only, and some from Munnaun often go to Minengoi hospital or clinics because it is only two miles from the village.

Some villagers have bought syringes and needles and have learnt how to give injections. A thirty-seven years old male villager reports,

*"Some friends and I pan for gold in a stream quite distant from the village, living in a tent near the stream. When someone is ill, we do not bother going back to the village but give him the malaria injection we have bought. We also give shots to our family and friends when we are at home. We also buy oral drugs by asking around at the drugs shop."*



**Figure 35. Western medicine with Myanmar prescription**

Most natives in the study area use western medicine advertised from the media and those recommended by health workers or experienced friends or acquaintances. For common ailments like colds and fever, they buy drugs such as *paracetamol*, *analgesin*, *biogesic*, *chloremphanicol*, *artemeter*, *artesenate*, or drugs with local terms like *gold card*, *silver card*, *horsone* (rheumatism pain killer) or cough mixture (Figure-34). Sometimes at the Minengoi hospital or clinics, they could describe their ailment and ask the compounder to prepare something suitable for them. They call it combination of drugs (twair sei- တွဲဆေး). Majority of the informants said the combination of drug costs 100 kyats to 200 kyats per dosage. Getting shots from the quack costs about 4500 kyats. Therefore they turn to combined drugs.

Moreover, most villagers are not proficiency in English and try to memorize the western drugs by their size, colour, or container. However, they could not recognize the expiry date. They are not even aware of that. They have no idea about the side effects either. They would try to memorize a drug and buy it if once

recommended by a health worker or an experienced person and the drug worked on them. They would also recommend it to another person with the same symptoms they have had.

According to a seventy years old man,

*"I take amino if I have fever. I don't normally take Shan medicine. I just take amino for three or four days. If it doesn't work, I go to the nurse (from Minengoi hospital who resides in Munpint)."*

According to a forty eight years old man,

*"If I get swellings and coughs, the nurse (from Minengoi hospital who resides in Munpint) gives me shots once or twice. If the problem still persists, I don't take Shan drugs because they cause heat and makes it worse. I only take amino."*

Although western medicine is used among the natives, there are still a few who do not use it.

A forty seven years old woman states,

*"I took a shot when I was ill and it didn't work. I feel congested and begin to perspire whenever I get an injection. As for oral drugs, I only take amino and ampicillin."*

A forty eight years old woman reports Munwein village,

*"I only have running nose and coughs. I have never tried western drugs. Even when needed, I only have Shan medicine for indigestion."*

According to a seventy one years old woman from Munpint village,

*"I have hypertension, so I can't take injections, or energy drugs. I need Burmese medicine whenever I feel dizzy or have headaches."*

However, there are very few people who can afford to have systematic treatment from doctors and nurses in the study area. Systematic use of modern medicine and health services of hospitals and clinics is found to correspond to the financial status of the families.

A sixty years old wealthy man from Munpint stated,

*"I took treatment from a doctor in Kyaukme for my enlarged heart. He prescribed a month's medicine for me. I cannot take it together with Shan traditional medicine for my heart problem. Now I am making plans*

to go to Thailand via Ta Chi Leik (တချီလိတ်) for consultation with the doctors there.”(Because his daughter lives in Thailand)

Most natives buy the drugs in drug store for convenience without consulting doctors or nurse.

### 6.5 Health education programmes that affect self care

Health education programmes in the study area commenced around the year 2000. School health programmes are an important sector of health education in this study area. There are three schools in the study area. According to the teachers children are taught hygiene and the use of sanitary toilets. Furthermore, there are quite a large amount of facts on health in the government prescribed text, facts for life "Bawa Twet Tar" (ဘဝတွက်တာ). It is also included in the school curriculum as a health education module. Although the programme was effective for schooling children on health awareness, children who could not attend school or those with irregular attendance did not gain much from it.

The Minengoi township education officer and team hold talk-shows on 'Hygiene and Toilet Use' twice a year. In addition, a doctor from Minengoi and team also give talks on health education. To find out if children have sufficient iodine on them, they are asked to bring small packets of salt they use at home and test it for them. They are also given malaria tests and give medication to those who need it. De-worming is done for them as well. Polio vaccine drugs are given to children under the age of five.



Figure 36. Poster for Malaria in Shan language



Figure 37. Health education poster for child care

The anti-malaria campaign team comes to the village about twice a year and holds talks, distributes handouts, brochures, and mosquito repellent nets for each family (Figure-36). Moreover, doctors in the team would test their eyes, their ears, do check-ups on pregnant mothers, and give medical treatment for their ailments. Villagers can get tests from those two ladies and if the test shows positive, they are sent to Minengoi anti-malaria center and get treatment there.

Under the instructions of the Minister for Health, health workers for the Minengoi General Hospital give monthly visits to the village and conduct medical check ups and give anti-tetanus shots to pregnant mothers. Although the shots are given free of charge there are those who come only once and some who never come at all. For villagers, gatherings at schools and monasteries where talks and discussions on health matters also have good outcomes. For health activities, notice is given to all houses one day in advance. Households are called upon to participate without fail. There would be talks, vaccinations and medical checks. There are two persons at Mumpint who have been trained by the anti-malaria team. The Ministry of Health and the World Health Organization (WHO) have also distributed posters on hygiene, anti-malaria, dengue fever, bird flu, pregnancy, childcare and nutrition poster for children in two languages, Myanmar and Shan. (Figure-37)

Talks on use of toilets are conducted and houses that do not have such toilets are fined. Although village patrons made sure that all households come to the gathering, problems that they encounter are the language barrier and their education level. As note-worthy outcomes for the health education programmes, children now give more attention to personal hygiene. In addition, natives now use medicated mosquito nets and sanitary toilets.

## **6.6 Social network and health decision-making**

The lifestyle of the Shan natives in the study area falls in line with the basic family pattern where a family constitutes the father, mother, and siblings. The father, head of the family is respected by the wife and children. However, when it comes to economic and health matters, it is not only the father that decides. Both the father and the mother have the right to decide. Therefore, when a family member is unwell, either the father or the mother can choose the medicine or the doctor. Moreover, they may also consult neighbours and friends. This cohesiveness is obvious in the way

villagers participate in festivals such as Communal Kahtein and Initiation ceremonies, and social obligation occasions such as weddings, funerals and the like.

It is customary therefore, when one person is unwell, people give advice and share experiences or suggest cures. They would suggest cures that they have personally experienced, obtained from various sources, or heard of, or have learned from advertisements. In the light of health decision making, it is observed that the natives from the study area follow the guidelines and suggestions given by the family, neighbours, and friends. Furthermore it has been observed that the role in the family, qualifications, experience, economic status are the factors have great influence in health decision making. Today, most of able persons of age from the study area go and work abroad in Thailand and China, or locally in Hpa Kant region to make money. Children stay behind at home with their grandparents. Therefore grandparents become decision-makers of the family.

Social support and advice is found to have become an important part of the society. Neighbours and relatives give them advice in health and help out in financial matters at times. As for medicine, they help to find and herbs and ingredients. They share whatever medicine they think is effective, such as Shan, Myanmar, and Chinese traditional medicine. To help out financially, villagers collect money, a little if not much from other households.

A male informer reported that

*“The quack from the next village was very money-minded. If the patient looked as if he could not afford much, he would ask the people who brought the patient if they would pay for the patient. Only when the people promise they would pay would he start treating the patient. If the patient’s family could not afford, the neighbours had to pool in some money to help out”.*

It has been found that support in the form of visits and advice is given to the sick persons. Should the family be poor, money is collected to support the family.

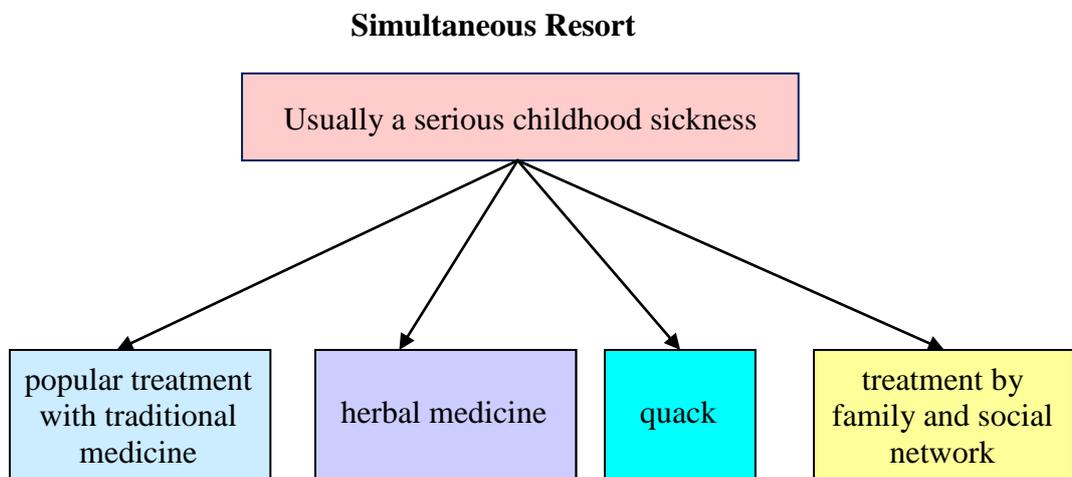
## **6.7 Patterns of Resorts**

In every contemporary society a wide variety of health care options exist. It has been observed that there are many means that the natives in the study area use in cases of ill health. In all bodies of society individuals have the right to choose whatever approach regarding health matters. The choice of the means to tackle a

particular disease is known as the pattern of resorts. They assume that ordinary ailments might lead to me'galaun fever. Ordinary ailments could easily be cured by taking Chinese, Shan, or Western medicines. When different means or medicines are used simultaneously on a patient, it can be regarded as simultaneous resort. This is seen among the natives especially for cases of Ngan fever.

A case study: Simultaneous resort patterns in a severe attack of Ngan fever in child

An account is given by a twenty-eight-year-old mother of a child victim. She has gathered that high fever followed by fits is a symptom of Ngan fever. She was worried because it is fatal. She first used Shan traditional medicine, rubbed in the ointment, and gave it orally as well. She boiled Yar-ti-tut, har-huan-kyo, yar-han-ahn, and kazor-kha leaves together and gave the mixture orally to no avail. She went to a quack and he compounded medicine for the child but found that ineffective. A neighbour provided a piece of gall bladder of a bear, to dissolve a portion of it the size of a matchstick head in water. The fever went when the child was given it orally. (Figure-38)



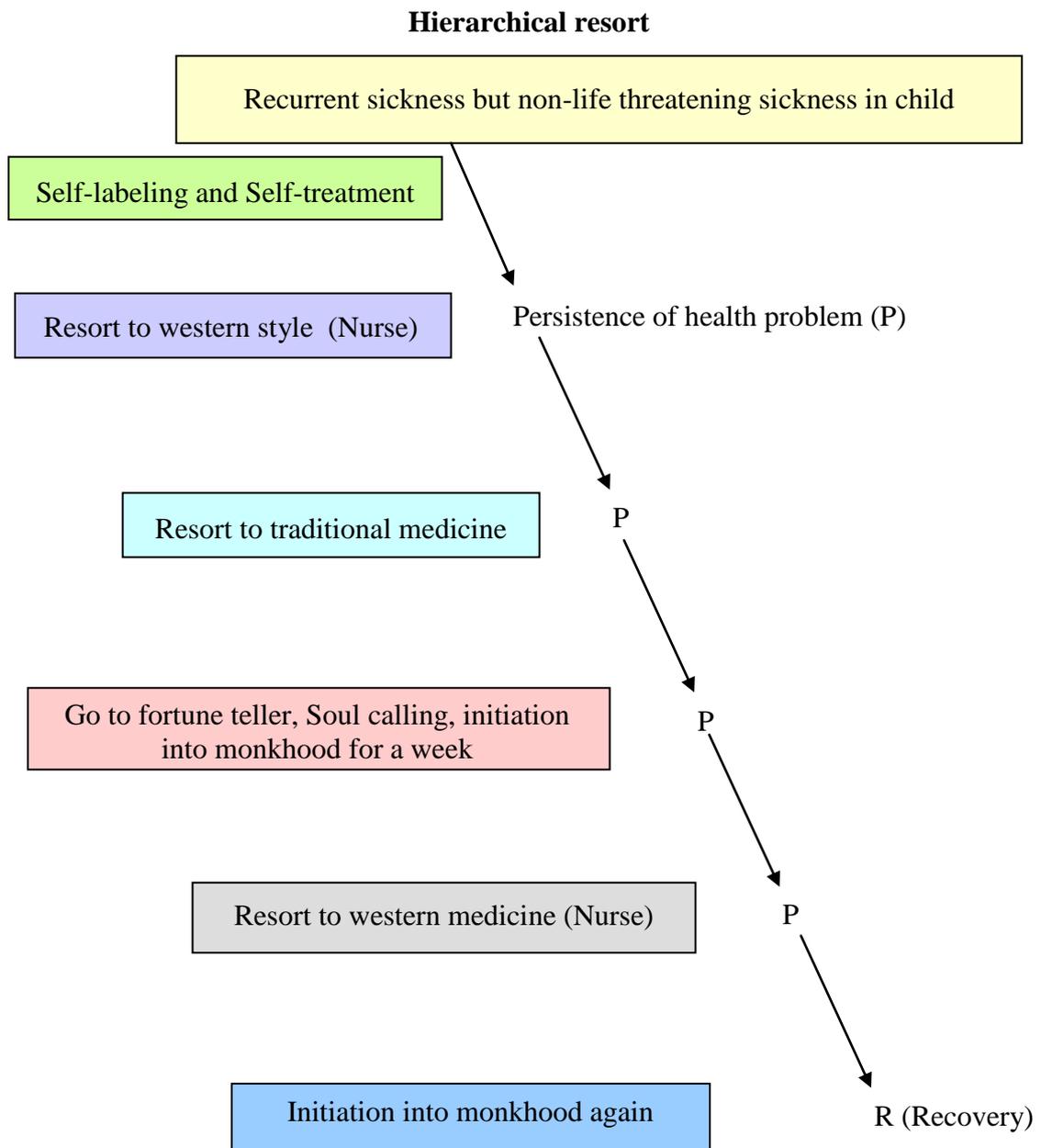
**Figure 38. Simultaneous resort**

A case study: Recurrent sickness in childhood

Pattern of Resort is also found in cases of recurrent sickness in children.

An account is related by a mother, forty-five years old. My son is sickly and gets ill quite frequently. When he became ill I gave him western medicine, gave him shots, and oral medicine. When the illness persisted, I gave him Myanmar traditional medicine. When he got well, I did soul-calling for him, made donations, consulted fortune tellers and did whatever they thought was good for him. The fortune teller asked me to initiate him into monkhood. I did not want him to be absent from school

for long, so he stayed in monkhood for a week only. When he came home, he fell ill again. I took him to the nurse and she gave him injections and oral drugs. After getting well, he fell ill again and I went to the astrologer and he told me his stars were unfavourable. He asked me to send him back into monkhood again and make him stay there until he is free from the misfortune his planets are creating. When the position of the planets changed, he could do what he wished and come back to his normal life. I did as I was told and he got well. He is not sickly anymore. He attended school and made it to the eighth standard. He has been in monkhood again for one year now. (Figure-38)

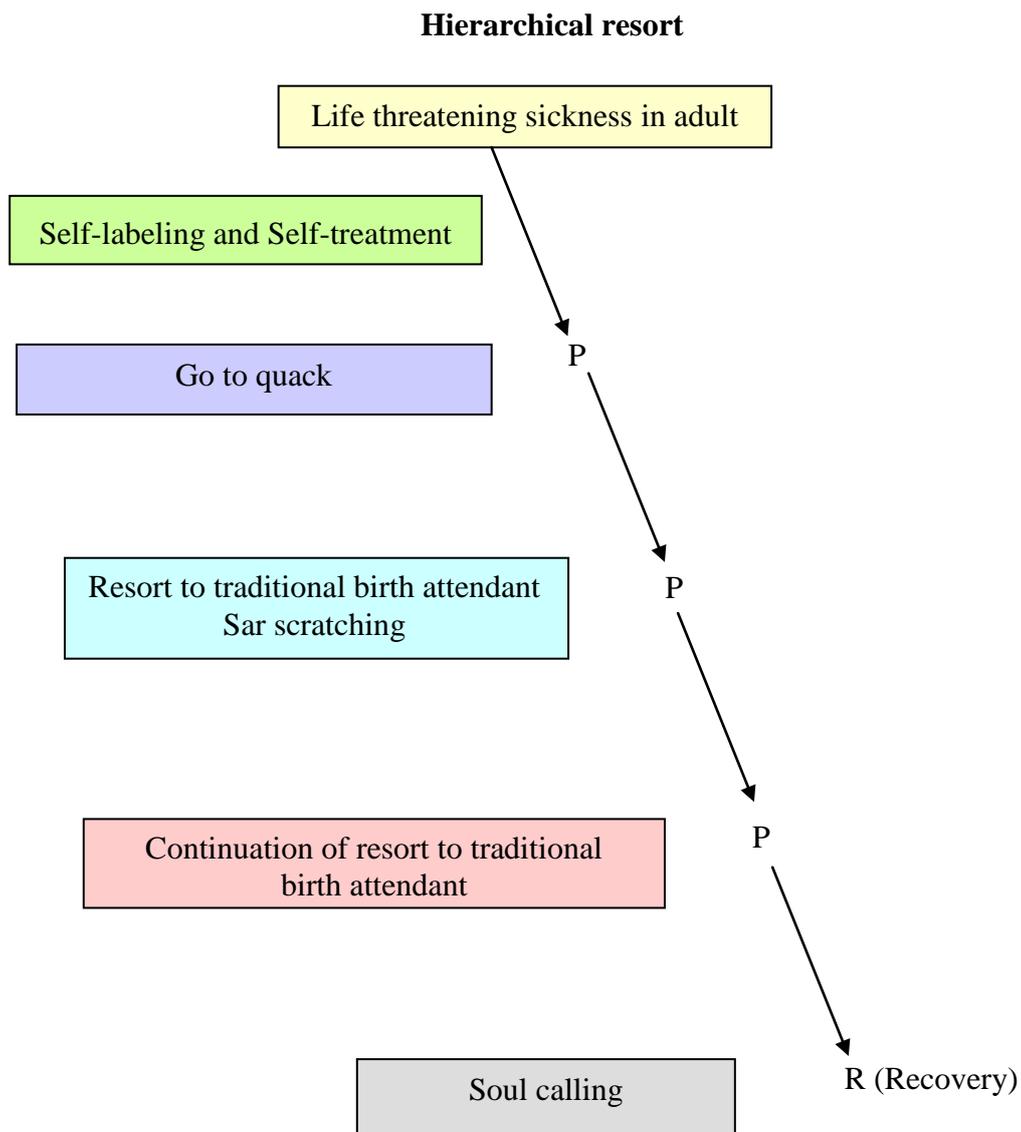


**Figure 39. Hierarchical resort for child**

## A Case Study of the Pattern of Resort in Me'galaun fever

According to natives, me'galaun fever occurs with both adults and children. If careful attention is not given, it can be fatal.

A thirty-two-year-old woman got sick and had rashes all over. She said, I thought it was common fever and took Shan traditional anti-fever drug. When the drug did not work, I went to a quack doctor and got an injection. The illness persisted and I became very weak and could not eat any longer. I called in a traditional birth attendant (TBA) who treated me when I was ill during childbirth. The TBA asked me to look at my own body carefully and she found I had rashes all over the body. The women remarked I was having a Me'galaun fever. She tried to scrape off the sar but she could not because the Me'galaun was hidden and would not come out. She prepared a mixture of kazor-khar fruit, tumeric powder, crude oil, and Shan Me,galaun medicine. Then she had to tie a piece of cloth on my forefinger, put the mixture on it, and push the forefinger into the anus as far into it as possible to daub. The TBA said Me'galaun occurs when papules form in the anus. Some papules are like bunches. One has to prick the sacks with the forefinger and the unclean secretions come out. After that I feel better with bowel movements and urination as the body heat also goes out with them. The TBA gives the treatment and I felt better. However, I still could not sleep properly for two or three days. I realized my soul was drifting. So I called back my soul with spiritual healer. He had to tie the soul-calling string to my hands and feet. I slept soundly when my soul came back and was fully recovered. (Figure-39)

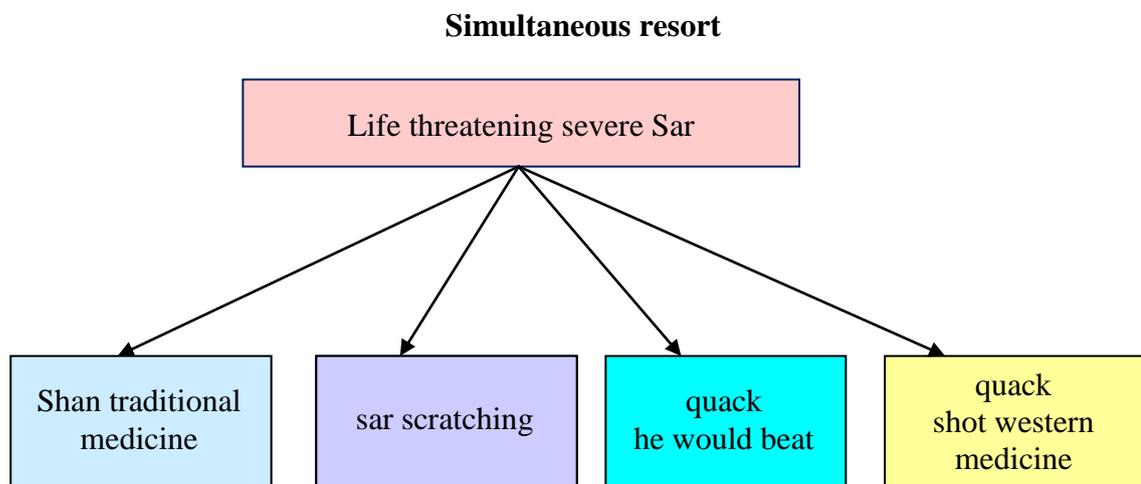


**Figure 40. Hierarchical resort for adult**

A Case Study: the Pattern of resort in a Sargyi case

A twenty-two-year-old woman gave an account of her experience of a severe Sar attack. She was alright until an acute pain in the stomach disturbed her. Then the pain came to the top of the thighs. She was suffocated and could not breathe well. There came a pain in the stomach. Her bowel movements became irregular. She used to have stomach trouble before, so she took Shan digestives but they did not help. Neighbours thought it might be Sar and tried to scratch it off but to no avail. She did not feel better at all. So the family called in a quack. The quack said he could not give injection because the patient had eaten mustard and fermented bamboo shoots and his

medicine would produce an unfavourable effect. Instead he said he would beat the Sar out. A woman's strength is not sufficient to drive a Sargyi out. He himself wet his hands and smashed hard on the arms hands, shoulders, chest and thighs. He beat her until she was black and blue. They beat her hard because they believe the Sar won't go until the victim is black and blue. She fainted at the beating. The marks were still visible even after she had been well for about a week. After that the quack gave her a shot of antidote. Two hours after that, he gave her another shot he termed the life saving shot. He said the life-saving injection would heal the insides of the body to make it function well again. A few days afterwards, she had to call back her soul. The family and neighbours advised her to avoid eating air-producing foodstuff such as fermented bamboo shoot, mushroom, and tea leaves so that the attack would not repeat.(Figure, 40)



**Figure 41. Simultaneous resort for severe Sar**

Self-labeling and self-treatment are found to be the most significant feature in the health seeking behaviour. It has been observed that their lay experience and lay concepts depend largely on their indigenous knowledge as well as social network.

### **6.8 Social and cultural aspects of medical pluralism related to self-care**

As the saying goes, no man in an island. He always involved in social relationships such as family, relatives and friends. Members of this society would discuss the social, health and economics problems issues and help out each other. In the study of health care of the Shan natives of the study area, it has been observed that their social and cultural factors are somewhat mixed. Kleinman has suggested that, in

looking at any complex society, one can identify three overlapping sectors of health care: the popular sector, the folk sector and the professional sector. Each sector has its own ways of explaining and treating ill-health. Defining who is healer and who is the patient, and specifying how healer and patient should interact in their therapeutic encounter (Kleinman, 1980). In line with the study of self-care of the Shan natives is conducted in three sectors: the popular sector, folk sector and professional sector.

### **6.8.1 The popular sector**

The popular sector refers to the lay, non-professional sector, non-specialist domain of the society where a person, from the moment he or she noticed and felt the symptoms of an ailments or disease would start carrying out health care activities. The choice of cure and remedies would not be associated with folk healers, nor medical practitioners. It would also be a low-cost or no-cost option. Mostly, the majority of treatment of this kind would be self-treatment or self-medication, typical of which involves following suggestions by others, especially those who have had the same experience, or asking for medication.

One important feature of self-care or self treatment is autonomy: that a lay person is able to action effectively on his or her own behalf in health decision making. Self-care is nit limited to the individual but also includes members of his owns household. For instance, the grandmother or the mother of family would take charge of the matter and give suitable medication available at home or near by, such as digestives (Yar kelet in Shan ), anti-fever drugs (Yar ngan in shan), paracetamol from near by shops, and analgesics (gold card, silver card as called by the natives). Moreover, neighbours and friends would also come and help diagnose the problem and give suggestions. The father of the family usually leads the discussions and the search for suitable medication. It has been observed that the self treatment relies heavily on lay beliefs for the natives of study areas in the popular sector.

### **6.8.2 The folk sector**

The folk sector is occupied an intermediate position between the popular and the professional sector. Although the healers in this sector are not acknowledged as professional healers, they are specialists in the sacred or secular fields of their society to a certain extent. Various types of folk healers such as spiritual healers, traditional birth attendants, quacks, soul callers and exorcists are found in the study area.

Regarding traditional birth attendants, some are barely literate and some are not literate at all. They neither need any teacher nor instructions since they themselves had gone through four or five childbirths and had gained substantial experience. Some gained experience by helping out with the child delivery of in-laws, relatives, friends and neighbours and become traditional birth attendant. In performing child delivery, they do not have a fixed payment but are happy with their clients offer them. Most of the Shan natives in the study area call in a traditional birth attendant when it comes to childbirth.

Most of the spiritual healers, soul callers, and exorcist are barely literate as well. Some are literate in the Shan language. To study the tricks of the trade, they have to go to their predecessors and give the amount of money they are charged for lessons, like 30,000 or 50,000 kyats together with a bowl of coconuts and bananas required for blessings. They are to commit themselves into the hands of the teacher and pay respects to them, offering what they have bought. After that, the teacher would teach them the chants, give them charms and bless them. They are regarded as qualified from then on and are allowed to practise. However, they themselves have to observe lent, meditate and count rosary beads to rise to a higher level of auspice.

They believe that their healings would have a better effect only by doing so. Some of the methods are handed down only to those within the family.

A female exorcist from Munpint village (seventy seven years old) said,

*“I learnt my trade from my father as he learnt it from his. The trade stays only in the family and just one is chosen to carry it on. In choosing a successor, the recipient has to be keen and interested to take it on. My father taught me only in the final moments of life on the deathbed. I’m now 77years old but I cannot pass it on to my children because when my father handed it down to me, I did not ask for permission to relay it to my children. When I die, this knowledge will come to an end.”*

The majority of the natives go to quack, spiritual healers, exorcists and witch curer when they become unwell. Among the quacks of the area, some have already passed the matriculation but some only to as far as the seventh standard. One of the quacks in the study area (Munwein village) used to be a teacher at local primary schools of high land villages. He felt sympathetic and have concerns about health problems among the natives. Consequently, he studied remedies from western medicines including injections. He studied also how to give injection, take pressure,

and using the stereoscope. When his family and friends got ill, he would study the medication prescribed by doctors in Minengoi and Kyauk-me township and read texts on medicine.

According to a quack (thirty eight years old) from Munnaun village,

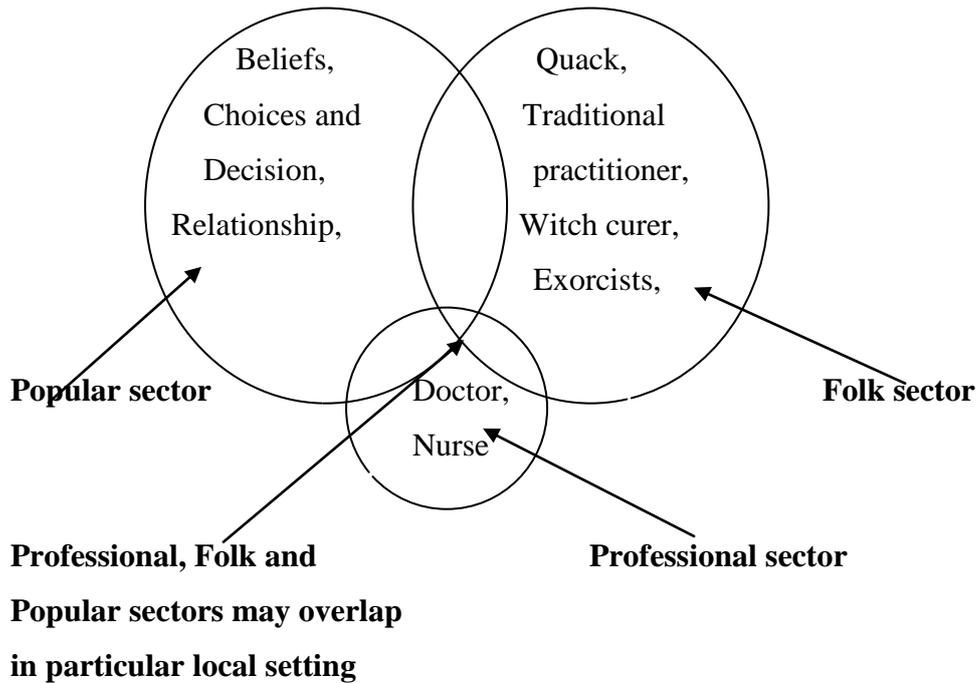
*“I acquired this knowledge including administering of injections from observations and that it is very difficult to pin-point. I showed the medical prescriptions at drugstores and pharmacies, and asked around which medicine is used for what purpose. I had to buy the syringes and medicine myself and practice giving injections recalling what I had seen at hospitals and clinics. I read books on medicine. I also studied about diseases. I accompanied patients on their trips to hospitals and clinics in the cities and observed people at work.”*

For whatever the reason, tradition, finance or communication, natives in the study area go to quack to get treatment and combination of drugs, to spiritual healer for cure, and to faith exorcists, soul callers and witch curers. It has been found that there are quacks who use only western medicine as well as those who use both western and indigenous medicine.

### **6.8.3 The professional sector**

This comprises the organized, legally sanctioned healing professions, such as modern western scientific medicine, or registered traditional medicine practitioner. It includes not only physicians of various types and specialists, but also the recognized para-medical professions such as nurses, midwives or physiotherapists. As regards the professional sector, it has been observed that only the minority consisting of the rich, or those in a critical health conditions, or those with childbirth problems go to Mandalay, Kyaukme or Minengoi hospitals for treatment. From among them, a few would call in a midwife from Minengoi for childbirths. Quite a number of Mumpint villagers visit the resident nurse for treatment.

There are hardly any qualified doctors with degrees or certificates from the Institute of Medicine, traditional or otherwise. There is a certified physician for traditional medicine in 1980 in Konsant village, but he does not practice anymore.



**Figure 42. Illustration of three sectors in study area**

When medical pluralism is studied in depth, it is found that the majority of the natives prefer the features of the popular sector which applies well to their socio-cultural context. A shift to the folk sector is observed when medication from the popular sector would fail to work with them and the patient gets worse. Only a few people would take treatments in the professional sector. (Figure-41)

## **CHAPTER (7)**

### **DISCUSSION**

This thesis deals with important features concerning self-care of the Shan nationals. The key factors of this thesis are beliefs and practices on self-care which in turn indicates indigenous knowledge of people in the study area. Within the approach to self-care, values and practices can be observed. Furthermore, traditional medicine, herbal medicine, home remedies, beliefs about witchcraft, and use of western medicine are found to be closely linked to self-care. In addition self-care practices are also closely related to social support and advice, and economic conditions. Therefore, by studying this subject, one will come to understand how the Shan natives react when they are unwell according to their beliefs, and why they choose certain kinds of remedial measures.

#### **7.1 Identification of Folk illness**

Megalaun fever, Ngan fever and Sargyi illness are observed as folk illnesses in the study area. Rubel has defined folk illness as syndromes from which members of a particular group claim to suffer and for which their culture provides an aetiology, a diagnosis, preventive measures and regimens of healing (Rubel, 1977). The Me'galaun Fever is related to Sar scratching therapy. Since victims of this fever start Sar scratching as soon as they feel unwell. When scratching does not help, finger tips and toe tips of the patient are tied firmly with a string and the tips are pierced. They believe that when dark blood comes out, the patient feels better and become well. Actually, the blood supply stops with the tying of the strings and the blood in the finger and toe tips become dark. Should the needle they use to pierce is not sanitized the patient may get tetanus. Therefore, this is a method they should avoid.

Some take medicine when they have Me'ga laun fever. However, most assume that the sickness is related to boils around the anus. They believe that if the boils burst dark blood would come out and the fever would go down. Therefore, they would pierce the boils with plum thorns, needles, or wrap a piece of cloth daubed with medicinal powder and scrub the boils until they burst. These methods also are vulnerable to infection and are very risky. The concept of Me'ga laun being linked to boils around the anus is a widespread concept. Not only the Shans but also the

Kachins, Kayins, Kayahs of the hilly regions and some villagers of the Myanmar plains, believe in this concept and the cure. They assume that unless the boils are made to burst, the patient would die from extreme fever. For them it is imperative that the boils burst, so they ignore the possibility of having tetanus or infection.

Another significant health problem is the Ngan Fever. This fever is when the patient has a very high temperature and gets fits or cramps and is believed to be fatal. Natives take medicine: Shan medicine, Myanmar medicine, Chinese medicine, or western medicine such as Paracetamol or Analgesin. Most of the victims are supposed to be children. Therefore, they let children wear charms or amulets to protect them from this fever. When a child suffers from Ngan fever, he would be given oral medicine and sponging with cold water, wrapping them up in blankets, and inserting suppository. However, due to mistreatment such as not giving them effective medicine, and to having the patient treated by spiritual healers, many children lost their lives unnecessarily.

Shan natives are found to have organizational skills which help them to ease feverish aches and pains. For example, they use the Sar scratching method. This method has filtrated from China about 100 years ago as part of the cultural diffusion. Other regions that share their boundaries with China such as certain Kachin tribes are also found using that method (May Thi Han, 2011). When a person suffers from feverish aches and pains, he or she has to scratch his or her throat, back of the neck and chest with the lower edge of a Lipo tin or condensed milk tin or even with the steel spoon. From the scientific point of view, when the skin is scratched with a hard substance repeatedly, the small capillaries under the skin burst and become extravagated. When the capillaries burst and one feels variations in the body temperature, they believe that the body loses heat.

The skin is like a shield to the human body. When there is frequent scratching, there could be sores and the body becomes vulnerable to infection. The skin can also become coarse and get prone to skin diseases. This is one bad habit they should refrain from. This therapy is called Quat Sha in China. It is a Chinese folk therapy used to scratch the wind and to relieve symptoms, such as fever and headache. Water or saline is applied to the site of scratching, which is usually the back. The skin is then scratched with a porcelain spoon until bruises appear. A similar procedure\_ coin rubbing\_ is popular in Vietnam, Cambodia, Thailand, Malaysia, and Indonesia. Spoon scratching is believed to improve health by blocking synaptic

networks or by increasing circulation and relieving inflammation within the soft tissues. Regardless of whether spoon scratching has a scientific rationale, the procedure is practiced by caring families with good intentions (Leung, 2005).

They believe there are two kinds of Sar. The first one is a remedy for the ordinary feverish aches and pains and the second is the Sargyi (or) severe Sar illness when some creature like an eel would dash about among the organs. The patient would then feel intense pain and faint or lose consciousness. The natives are convinced that unless the patient is beaten so that the eel-like Sar leaves the body, he or she will surely die. It was thought analytically that; the presence of what they believe to be the Sargyi in the body is actually a pain in the one part of the body when there is something wrong in one part of the body of a person. Sometimes the pain would be so intense that the patient faints or loses consciousness and would not be able to respond to the calls. People around would beat the person in agony with wet rubber slippers or palms. This is something unspeakable. When the victim dies from being so roughly treated, they would put the blame on the Sargyi. There it is advisable that when there is a Sargyi victim, he or she should be taken to the hospital or a clinic and get systematic treatment right away.

Frankenberg notes how people's experience of a particular form of ill-health is also shaped by wider cultural and social forces (Frankenberg, 1980). Helman suggested that a doctor or nurse working in any culture or society should therefore be aware of how folk illnesses are generated, how they are acquired and displayed, and how this may affect their patients' behavior and the diagnosis of ill-health (Helman, 1990).

## **7.2 Malaria and other illness**

High fever with tremors is regarded as malaria. In spite of the fact that there are very few malaria cases after the year 2000 anti-malaria campaign, there are still villagers who are reluctant to take malaria blood tests or take systematic treatment when they fall ill. They would fall back on convenient medication and take pills such as Artemeter or Artesenate without prescription by the doctor and rely on injections or traditional medicine and herbal medicine. Therefore there should be more effective anti-malaria campaigns to organize the villagers.

Puffiness and swelling are also observed. They have no idea of why the swelling occurs and just make themselves comfortable with local remedies or go to a

quack for cure. The same goes for ordinary cuts and sores, stomach problems, diarrhoea and dysentery where herbal medicine comes in handy with them. Only when the pain got worse, they would go and see a quack. This practice of relying on convenient local remedies can also be found among other native tribes such as Kachin, Kayin, Mon and so on.

### 7.3 Using Traditional Medicine

In addition, Shan natives have easy access to Shan and Myanmar traditional medicines which are patented. Knowledge of medicine compounding has also been handed down to them and thus they compound their own medicine. They believe that using them daily helps them to be healthy. There are many findings on how natives prefer traditional care to proper treatment. Colson reported in his study of a rural Malay village that there are many people who prefer self-medication and traditional treatment (Colson, 1971). Although these Shan people rely on home remedies and traditional medicine, they also use modern medicines. For instance, they would use contraceptives, both oral tablets and injections easily, but turn to local midwives or traditional birth attendants for childbirth. Traditional confinement procedures like warming up near fires and drinking medicinal brew which have been practised since the time of their ancestors are also preserved. In one study of traditional medicine for Javanese children, all of their traditional medicines are still being used by most of the families in Java. Aside from the fact that most of such medicines are cheaper, people continue to patronize them simply because they have already been tested and proven effective (Sukirno. et. al.2000).

**Using Herbal medicine**– Knowing that there are so many medicinal herbs growing all around to make them choose the easy way out and use them. This knowledge about herbs is handed down from ancestors. Examples of herbs are Zo gji mou’ hsei (ခေန်ဂျီမုတ်ဆိတ်) Ta pin tain mja nan: (တပင်တိုင်မြေနန်း). These herbs are recorded as medicinal in the Myanmar medicine manuals (ရှင်နာဂသိန်-၁၉၇၈). Although these villagers have never read any medical literature, they know the use of these herbs well owing to their ancestors. In the study of “planning for essential drugs: are we missing the cultural dimension” stated that information about how the drugs should be used is passed by word of the mouth. Lay people’s ideas about drugs are formed according to

their experiences and situations; a number of different conceptions about a particular drug may coexist in the same local culture (Geest et.al, 1990).

One study of 'Enhancing appropriate drug use: The contribution of the herbal medicine promotion; A case study in Thailand' stated that the inappropriate use of pharmaceuticals is an increasing problem all over the world. At the same time, the use of traditional herbal medicines is declining. In Thailand the household survey shows that self-care is predominant treatment in response to an illness episode. This suggests that the promotion of herbal medicine should be directed towards lay people and focus on popularizing herbal knowledge (Grand, et.al, 1993). However, due to difficulties in transportation, funding, and language barrier, promotion of herbal medicine may not be feasible in this study area.

Galvez Tan stated that all indigenous knowledge in health and healing utilized herbs, animal parts and minerals as medicines (Galvez Tan, 2000). According to the accounts made by some natives, earthworms that emerge in the cold season are effective ingredients of indigenous medicine.

**Using western medicine**—Despite the use of traditional medicine there are some people who use modern western medicine because they cure faster. Since they believe that western medicine is fast-curing, they would use pharmaceuticals such as analgesin, paracetamol, arte meter, artecenate, gold card (Tetracycline), or silver card (Api-pyrin) and Hawksone without consulting doctors or nurses.

Most people would follow the orders of quacks, ask quacks to combination of drugs for them, or buy medicine as they prefer. By not consulting doctors or nurse, and by buying medicine on their own, ailment and medicine would not match, and it takes longer and more difficult to cure. Misuse of drugs is increasing at alarming rate as there are increasing numbers of quacks (Abosede O.A, 1984). Most of the natives in the study area rely on quacks. Even in the village closest to Minengoi have quacks. They call in quacks for most illnesses except for childbirth. For emergency cases that occur at night time, the villagers have to rush to quacks. Manwein and Autzay villages have more quacks than others because they are farther away from RHC as well as Minengoi.

Even when some people go to doctors and nurses, they would never finish the whole course of medicine and stop before the course is complete. The next time they fall ill, they would take the left-over medicines or buy the same medicine. These

things would not give a person a complete cure. Another detrimental factor is that they are ignorant of the expiry date. Even medicine store owners and drug sellers do not know this. There are so few people who can read English and so they do not know about expiry dates. Neither do the majority are aware of side effects. One study of self-medication: An important aspect of primary health care of Klutara, a small town in Seri-Lanka observed that most respondents, regardless of their educational level showed deficiencies in their knowledge of drugs. Of the illiterates 55% did not know the names of their drugs. 75.5% the side affects, 92.5% how to store them and 100% had no idea when the drugs will expire. Most literates like the illiterates did not know their side affects or what dates they will expire (Abosedede, 1984).

Sometimes they would even use medicine and injections within the family without consulting anybody. Although they use modern drugs, they are found to be using them in any way they prefer. Although utilization of western medicine is observed in many parts of the study area, there are actually very few people who systematically use them. They obtain the drugs they need from the Minengoi clinics, the local nurse and quack doctors. Lay people's ideas about drugs are formed according to their experiences and situations; a number of different conceptions about a particular drug may coexist in the same local culture (Geest, et.al. 1990).

#### **7.4 Spiritual healers and Witchcraft**

Spiritual healers are also found among the traditional practitioners in the study area. According to Alma Ata document, these indigenous practitioners can become important allies in organizing efforts to improve the health of the communities. However, there is not much chance of this in the study area due to scarcity of such practitioners, current practitioners being elderly, and most of them have problems with communicating in Myanmar language. The natives also hold onto the beliefs concerning supernatural events like witchcraft, evil possession, exorcism, spells and curses of spirits of forests and mountains which could cause ill health. Helman (1990) stated that in some non-industrialized societies, the commonest forms of these are witchcraft, sorcery and the evil eye. In all three, illness (and other forms of misfortune) is ascribed to interpersonal malevolence, whether conscious or unconscious. Not only Shans of the study area, but also other ethnic groups like Myanmar, Kayin, Mon, or Salone also believe in witchcraft and spells (Spiro, 2011). Haviland states that the positive functions of even malevolent witchcraft may be seen

in many African societies in which people believe sickness and death are caused by witches (Haviland, 1990). According to the beliefs in witchcraft, witch doctors are also found in the area. They usually treat their patients with oil or warm water prepared with chants and spells. One study of malaria explained much of treatment-seeking behavior; a bewitched person who suffers from malaria must seek treatment from a traditional healer who can remove the witchcraft prior to attending the hospital for malaria treatment (Hausmann-Muela et al, 1998). This study also found that their concepts on me'galaun fever and ngan fever can be relating witchcraft. So, some call the local traditional healer to expel whether it is witchcraft before treatment with medicine. It is assume that their concept may not be right way. If this illness would be serious one is danger in life because it may be late for cure.

## **7.5 Child birth and TBAs**

In this study of self care relating to child birth it was found that they believed that delivery is easy for them who are doing hard work in hill side cultivation, paddy transplanted and domestic duties. In former days, a pregnant woman had to pound rice with her feet when the pregnancy is matured because they believed that their delivery would be easy by doing so. In one study of indigenous practices from pregnancy to child birth in Apayao, Philippines, the pregnant woman pounds rice when labor pains begin. This is done so that the child will descend fast (Lingan. et.al.2000). Moreover it is also found in this study that the husband assists at labour of child births. Most people believe that the body and blood became clear by bathing with hot water boiled with medicinal leaves. Although there are a few women who give child birth in Maingngoi and Kyauk-me hospital they all use to bathe in boiled water with medicinal plants for cleaning their blood. In the study of indigenous knowledge and practices on two rural communities in Maternal care and Child Health in the Philippines, their new mothers after delivery take banyos (full bath) using water with boiled herbal bark, stems and roots are also found (Ibo and Catherine, et. al. 2000).

Most of the women prefer home delivery because not having to take off their clothes, her husband assists at labor, save the money and time and they rely on traditional birth attendants (TBAs) at labor. In one study of knowledge of pregnant women on pregnancy, delivery and postpartum care in Hlaing Tharyar township of Yangon Division, it was also found that over seventy percent of the mothers in the

study said that delivering the baby at home was their preference (Thida, 2006). One study of traditional birth and child rearing practices among Skaw Kayin, Pwo Kain, Pa-o and Mon ethnic groups residing in rural area of Pa-an township, Kayin state, Myanmar that all births among these ethnic groups took place at home and most of the mothers use both TBA and local midwife for their delivery. This study recommended that the role of traditional birth attendants was still strong in rural areas. They were found to be collaborating with local midwives in providing delivery services. Essential knowledge and skills on safe delivery practices and on the other maternal and child care practices should be imparted, on a continuous basis, to these traditional birth attendants through local health staff (Than Tun Sein et.al, 2003).

A majority of births in the Philippines take place at home, and a significant proportion are either attended by a TBA or friends and relatives of the mother. The heavy reliance on TBAs in developing countries may be related to the heavy concentration of modern practitioners in urban areas and of traditional practitioners in rural areas (Brad et.al, 1993). Popkin said that it is generally believed that some of the practices of the traditional birth attendants are harmful, and that many others, while probably harmless, are of uncertain effect. Harmful practices, or those which can be potentially harmful, include dietary restrictions, mishandling the umbilical cord (associated with neonatal tetanus), misuse of drugs, postpartum feeding practices which exclude the feeding of colostrums, and incorrect responses to complications of pregnancy (Popkin, 1984).

In contrast with the modern, technological model of birth, most births world-wide -especially in rural areas of the developing world – are delivered in a very different way, usually by female birth attendants, such as the parteras of Mexico, the nanas of Jamaica. In 1978 a report of the World Health Organization (WHO) supported the further training of TBAs, who already deliver about two-thirds of the world's babies. TBAs are found in almost every village and in many urban neighbourhoods throughout Africa, Asia, and Latin America. The WHO's aim is to increase their numbers and further training, and also consultation with them, and eventually to integrate them into the overall health programmes in developing countries, but ensuring at the same time the continuation of the traditional art and a respect for their roots in traditional cultures (Helman, 1990).

Regarding child birth, it has been found that most prefer home deliveries. Saving expense, time, having the husband near during delivery, and not having to

take off clothing which they regard as embarrassing, justifies their preference. A TBA from the village is usually called in to do the delivery because the TBA, being a village mate, they do not feel bad making her do the chores and because the TBA would let the husband stay and help out. One study of traditional care for mother and child care in Java, Indonesia, pregnant women tend to follow the advices of the dukin bayi (TBA) to ensure the safe delivery of her baby. There are many indigenous practices that are still being followed in the rural areas (Djamiyah, 2000). Galves Tan stated that TBAs are the dominant force in every culture. They are the experts in pregnancy, childbirth and care of the mother and child after delivery. They are still preferred to this day in most of Asia because of their close interpersonal relationship with and intimate care to the pregnant women and her family before and after birth (Galvez-Tan, 2000).

The custom of the mother having to avoid food taboo during childbirth confinement is also observed. Since bamboo shoots and mushroom tend to increased blood pressure, they are supposed to avoid eating them. Moreover, there are so many other taboo items that the mothers have to stick to eating chicken, fish, mustard, and soup only. Those who cannot afford have to contend with boiled rice and salt. Helman (1990) said that after the birth, women in most cultures observe a special post partum period, during which they have to follow certain dietary and other taboos and are cared for mainly by other women. In another study, diet and nutrient intake of pregnant women in urban and rural areas of Thonegwa Township, Yangon Division stated that pregnant women had a habit of avoiding nutritious foods like fruits, vegetables, meat and fish because of food taboos (Moh Moh Hlaing et.al, 2009). However, this food taboo avoidance is hardly practised in the pre-natal period. The mothers may eat whatever is convenient for them.

## **7.6 Child care**

Folk superstitions are also found regarding childcare. For instance, for a child to have good health a strip of the mother's loun gji may be tied to the hands and feet of the child, or the child may be made to wear amulets and blessed strings or keepsake. Most commonly, babies are breast fed until they are about two years old. Should the mother have to go and work abroad in Thailand or in China, remaining relatives at home such as grandmothers or aunts would have to feed them on local baby food like Golden Cow baby food, rice powder or rice.

Mothers carry their babies on their backs in slings made out of large pieces of cloth or blankets. They do all their household chores, farming, shopping or harvesting with their babies on their backs. Lui Shumei said that this equipment can improved the social and psychological relationship between the child and his/her mother (Lui Shumei, 2000). Besides, people usually have hammocks inside their houses or where appropriate for their babies' afternoon naps. Their hammocks are used until the baby is about two to three years old. When babies sleep in hammocks, they sleep longer and more soundly so they do not cry when they wake up. Use of hammocks for babies is similar to that of other Myanmar nationals, differing only in the design. In Myanmar, a swinging hammock makes a baby sleep longer and protect him or her from mosquitoes and flies (Hla Kyi, 2000). For new-born babies, parents used to apply local medicated powder to the cut where they discard the umbilical cord, but today, they apply methylated spirit instead. This indicates that they now accept new knowledge.

In one study of traditional medicine for Javanese children, all of their traditional medicines are still being used by most of the families in Java .Aside from the fact that most of such medicines are cheaper, people continue to patronize them simply because they have already been tested and proven effective (Sukirno. et. al.2000).

## **7.7 Eating fresh vegetables relating to health**

The Shan natives in the study area eat mostly vegetables obtained from their own gardens or picked from their farms. They can have the vegetables very fresh because they get them from their own house garden or farm. However, due to the fact that the villages in the study area do not have markets and their reluctance to buy from the vendors, they preserve bamboo shoots and tomatoes and keep them the year round. They also preserve mustard, turnips at home. They rarely eat fish or drink cow's milk although they have cows because they lack the milking know-how.

There are also some meat-sellers who conduct illegal butchering of cows and pigs. Anyway, since not many people eat meat, it is not available every now and then. Some fruits are assumed that hot/cold dichotomies are also found. The notions of hot and cold do not refer to certain symbolic values assorted with each category of foodstuff. There are special diets that affect self-care such as grilled fish, steamed mushroom, mustard broth, and grilled bean-curd. In other societies, special diets may

also be seen as a form of medicine for certain illnesses or physiological states (Helman, 1990). The locals believe that the main reason for their being healthy is mostly due to their eating fresh vegetables and getting regular exercise. They also believe that the water in their region is so fresh and sweet that it makes the curry delicious and makes their appetite improve.

According to the responses of the natives, Shans are healthy because they have access to fresh vegetables from their farms. It is communal knowledge that eating fresh fruits and vegetables is good for health. Natives believe that common vegetables they eat most contain valuable vitamins. From that, we could conclude that their conviction that "Eating vegetables make people healthy" proves to be true. For instance, the most common vegetables they eat - carrots, sweet potato, pumpkin, musk melon, dark green leafy vegetables such as spinach, drumsticks leaves, turnip greens, mustard leaves, coriander leaves, tomatoes, are vitamin A rich vegetables. Broccoli, tomatoes, cabbage, potatoes, leafy greens such as turnip greens, spinach, coriander leaves, bitter gourd, drumstick pods, are Vitamin C-rich vegetables. Folic Acid-rich vegetables are cooked dried beans and peas, peanuts, spinach and mustard greens, romaine lettuce, and green peas. Potassium rich vegetables are sweet potatoes, spinach, orange, and cooked dried beans. Lemon-rich vegetables are Cauliflower, and spine gourd. Phosphorus-rich vegetables are garlic, pea, beans, taro, drumsticks, pumpkin leaf and mushrooms (Mandal, 2008). Villagers may not know which vegetable contains which vitamins, but they hold on to their belief that they are healthy from eating fresh vegetables. This is a conviction handed down to them from their ancestors.

## **7.8 Economy and education relating to health**

According to the research findings, hired workers or daily-wagers who cannot afford proper treatment are the majority who rely on home-remedies. Relatives, friends and neighbours also recommend local medicine, Shan traditional medicine, Myanmar traditional medicine and Chinese medicine which they would easily use without consulting medical practitioner. Labourers and those with low incomes despite their ownership of land, cannot afford to let their children stay at school until they matriculate or obtain degrees. Parents themselves are not well educated either. Most of the natives of the study area, both landowners and labourers, have their custom of going to their taungyar (fields) at dawn and come back only at dusk. At

tea-leaf picking season or at harvesting, the whole family moves to their farm house, taking the children with them. At such times, children will be absent from school. They have little knowledge since they have no set time to read. They neither have time to see to their children's education.

Lack of education leads to low knowledge in medicine. Therefore, when they become ill, they choose care options which may have good organization skills but have little effect on severe attacks. When a family member becomes ill, there will be shortage of labour in addition to the medical expenses. They start heading for poverty thus. Therefore, it is not only the case where poverty leads to health problems but also the case where health problems lead to poverty. People who are well-off like land owners, or those who have relatives or spouse working abroad would use proper patented medicine but they are ignorant of the expiry date system. Neither do they know the effects of the medicine and take them just as it is. Some natives have such poor knowledge of health that they do not know who is what in the hierarchy of health personnel. Some would regard a compounder as a doctor or a quack as a medical officer.

Suggestions and recommendations of relatives and neighbours also play an important part in their health decision making. Since the natives in the study area have strong social relationships due to their closeness in working together in religious and social events, they have a strong sense of sharing. What one person knows is more or less the same as any other person, so the choice for treatment would also be more or less the same. For example, it is common knowledge to pound castor leaves and swab the cut or abrasion with the juice, and to give Artemeter or Artesenate to a patient with a high fever accompanied by tremors. They all believe that when a person feels feverish and has aches or pains, the patient needs to have a Sar scratch with a follow-up of paracetamol or any other antibiotic.

## **7.9 Self-care and social network**

Whenever a family member is unwell, regardless of the age, first they would turn to local traditional remedies. Then they would take modern western medicine. Sometimes if they think that the illness is due to witchcraft, evil obsession, or soul splitting, they would go to spiritual healers. In the hierarchical resort, problem solutions for life threatening sickness in adults differ from one person to the next. Most of the time, self labeling is found to be significant in seeking remedies. Self-

diagnose and self-care implies the extent of knowledge of that person. It is also important to be able to choose an appropriate practitioner. Kleinman's Model (1980) indicates two types of resorts: simultaneous and hierarchical. Serious childhood sickness is described in Kleinman's simultaneous resort but in this study not only serious childhood sickness but also serious adult sickness is defined as life threatening severe Sar, their resort method for which is not recommended. Patterns of resort in the study area involve quacks, spiritual healers, traditional birth attendants, nurse in addition to herbs, Shan medicine, Myanmar medicine, modern western medicine, which they would use with ease.

From observing the beliefs and practices concerning health of a certain society, their indigenous knowledge can be summarized. Indigenous knowledge is something that is always changing. It is a type of knowledge that is formed by adapting new knowledge from outside and combining it with the original knowledge as deem fit. For instance, instead of taking for malaria cure, they would also use insecticide treated mosquito nets and take blood tests every now and then, and take proper treatment if needed. So this study shows a tendency to accept new knowledge in this study area. They buy medicine that they see in advertisements, use tonics, ambrocation and so on which are brought back by returnees from China and Thailand, and medicine recommended by visitors from the city.

In all bodies of society individuals have the right to choose whatever approach regarding health matters. This is referred to as medical pluralism. It is observed where the subjects make use of Shan traditional medicine, Myanmar traditional medicine, Chinese medicine, western medicine, home remedies and consult traditional practitioner, exorcist, quacks, and spiritual healers and so on. Medical pluralism is the coexistence in one society of divergent medical traditions (Durkin-longley, 1984).

Multiple therapeutic use is observed in the study area since it is a small ethnic group as a part of the large Myanmar society and has coordination with other groups. They have access to drugs and medicine through media, advertisements, and brochures. Several alternatives can be observed in their health seeking behaviour because of the multiple therapeutic use. Justification of their choice is an important factor here. Their choices vary according to their indigenous knowledge, media, visits to other places, and visitors to their village. Nichter found a similar pattern of multiple use in Karnataka, India and attributes it in part to the ideal there that doing

the most for a sick family member means taking him or her to as many different healers as possible (Nitcher, 1983).

Feierman's observation that the phenomenon of multiple therapeutic use is more prominent in societies in which the extended family is a meaningful unit of social organization. He observed that throughout much of Africa, multiple use is generally associated with large and diverse "therapy managing groups" which co-occur with extended families. He reasons that this association occurs because such groups have access to a wide range of therapeutic knowledge and resources (Feierman, 1979). Also in Kathmandu, for the majority there, the extended family (comprised of actual and fictive-kin) is the most meaningful social unit. The decision-making adults within one such family typically span three generations, they are diverse in educational backgrounds and they often live in or travel to different parts of the country. Consequently, they bring to the family, knowledge of access to and a propensity to seek help from different types of therapists (Maureen, 1984).

Contrary to this concept, multiple therapeutic use is observed in the basic families of the study area. Although the native families in the study area have knowledge within the families, they easily accept the advice of relatives, friends and neighbours. The majority of the families have similar social status background but they differ in the societies in other places they communicate with. Although they pertain to the basic family pattern, they are found to have multiple therapeutic use owing to their good social relationships and interactions.

Health related activities of the study area can be analyzed in three sectors: the popular sector, the folk sector and the professional sector. The popular and the folk sectors are found to be competitively strong whereas the professional sector shows less intensity. Overlaps are also found among the three sectors. Thus it can be summarized that they have multiple therapeutic use where consultations with doctors and nurses are few and reliance on home remedies, herbal medicine, spiritual healers and quacks are more frequent. In Kleinman's study (1980) in Pakistan, the popular sector is found to be chosen by the majority. Although not many chose the folk sector and the professional sector, there is not much difference between these two. However, all these sectors overlap with each other like in the present study.

Health-care is crucial for all societies. In other words every human being and every member in a family needs to care for oneself in health matters. Self-care plays an important role for human beings to lead a happy and healthy life. Although

autonomy is a significant feature of self-care, in many cultures the family operates as a therapeutic group: it is a network for sharing knowledge and experience, making therapeutic decisions and for sharing prescriptions and medicines. As a person's relatives, friends, and society is important to his family, so is the social support and advice for the well-being. Clearly, the kind, level and quality of self-care practices vary widely among culture and societies but precisely how self-care practices are influenced by social economic and political factors are not understood (Levin, 1981). One study suggested that improved outcomes can be obtained through the provision of knowledge and skills by means of self-care teaching, booklets and other communication channels, support from health professionals and active participation in design and implementation of behavior change interventions (Le Le Win, 2005).

Natives have a compact and strong social network due to their custom of cooperating with each other at festivals such as Waso ceremony, Kahtein ceremony, Thingyan festival, and Spirit offering ceremony, they also work together in cohesion at ceremonies and social events such as weddings, novitiation, and funerals. From frequent interactions and discussions, they have developed a social network and highlighted social support advice. Heaney and Israel said that the potential effects of social networks and social support on organizational and community competence are less well studied. However, strengthening social network and enhancing the exchange of social support may increase a community's ability to garner its resources and solve problems (Heaney and Isreal, 2008).

Social support can be provided by many types of people, both in one's informal network (for example, family, friends, coworkers, supervisors) and in more informal helping networks (for example, health care professional, human service workers. Different network members are likely to provide differing amounts and types of support (Mcleory, Gottlieb, and Heaney, 2001). Social epidemiological studies have clearly documented the beneficial affects on health of supportive social networks. However, these observational studies cannot tell us whether we can promote good health by strengthening social network and increasing the availability of support (Heaney and Isreal, 2008). But the study area, having a strong social network, has potential to become a healthy society, owing to their cooperation in all activities including health. The overall view of the study area reveals that it can become a healthy society once a network of health knowledge is established because it already has a strong social network.

## **CHAPTER (8)**

### **CONCLUSION AND RECOMMENDATION**

#### **8.1 Conclusion**

All human beings in the world need healthy societies and yearn for healthy living. Shan nationals, when they meet would greet each other with the polite expression "U li ha" meaning "Are you in good health or how are you?" From this, we can infer that they place great value on health. They assume that they are healthy due to the exercise they get from sound sleep and good appetite after their taunyar (farm) work and from eating fresh vegetables, breathing fresh mountain air, and drinking fresh clean water. However, they have the lay concept that they get unwell due to aches and pains after the taunyar work, changes in the weather, improper diet, bad conducts against the spirits of the mountains and forests, evil possession, witchcraft, and soul drifting.

Regarding folk illnesses, Sargyi, Me'galaun fever, Ngan Fever have been identified. Sar scratching is also observed not only among the Shan nationals but also in southeast Asia and China. According to the accounts of the natives, sar scraping got to their land from China as part of cultural diffusion. It has also been observed that environmental and religious factors have a notable influence on the lay theory and lay concept. Regarding the lay theory they assume that herbal medication could cure common illnesses, but when it comes to illnesses due to supernatural forces, spiritual healings like soul calling and spell chanting are required.

For herbal and local medication, due to scarcity of some species of herbs, unavailability of seasonal herbs at the time of need, and difficulty in finding the right creatures at the right time, they use Myanmar traditional medicine, Chinese medicine

and western medicine which they could easily obtain. In using patented medicine, they would use the dosage as instructed on the packets or bottles, but they could not read instructions on western medicine packets or bottles. They have no awareness of the expiry dates, and are ignorant about the side effects. They buy drugs and injections over from drug stores in Minengoi or village grocery stores without consulting doctors or nurses and use them as they think fit. Therefore, they could be risking their lives by their habits from using medication this way. Some use gold cards or silver cards, western drug which have instructions in Myanmar language. They would use the powder for cuts and bruises as well.

Village women rely on TBAs for childbirth. Sometimes, the mother-in-law or the husband has to do the delivery. Although nurses from the Minengoi hospital, under the instructions of the Ministry of Health, organized and urged the expectant mothers to get tetanus injections, there are some who would not comply for various reasons. There are some mothers, especially labourers, who have to work in taunyar until the time of birth and leave again for work ten days after childbirth. They usually rely on traditional medicine to make themselves healthy enough to work again. This practice has also been observed Southeast Asian and Chinese villages. Shan natives assume that the exercise from doing taunyar work makes it easier in childbirth.

It has been observed that the natural world, social world and the supernatural world have influence on their illnesses. Thus, the self-care practices in dealing with health problems vary from one person to the next according to the influence. In such cases, the social support and advice play an important part. Advice from relatives, neighbours and friends, having influence, multiple therapeutic uses come into existence.

In this paper, the notable patterns of resort are presented in individual case studies. The self-care practices are studied in three categories like in Kleiman's study as the popular sector, the social sector and the professional sector. The tendency for the popular sector and the social sector has equal strengths whereas that for the professional sector is weak. Visits to hospitals and clinics are infrequent due to the distance from their village to the RHC, hospitals, and clinics. Moreover, there are also difficulties with funds, language, time and location.

In summary, for fever, aches and pains, natives in the study area usually rely on sar scraping except for a few in Mum Pint village. Most of the natives in the villages have knowledge about herb-use but only a few practice it. Some use home remedies. The majority of the natives depend on patented Shan traditional medicine

and some on patented Myanmar and Chinese medicine. There are many who rely on easily obtainable over-the-counter western medicine but still there are some who do not do this. Regarding childbirth, preference is on home delivery whereas some go to Kyauk-me or Minengoi for this. Normally, babies are delivered at home with the TBA, but some called in midwives from Minengoi to perform childbirth at home.

Most of the natives believe in the supernatural occurrences such as evil spells and curses of witches, spirits of the mountains and forests, and evil possession. Their remedy or that would be local spiritual healing counter-spells and chants. Natives, at times, assume that they fall ill because of the soul drift and they perform soul-calling. The majority of the natives from four villages Munwein, Autzay, Konsant and Munnaun go to quacks for healing but some get proper medical care at the hospital and clinics at Kyauk-me or Minengoi. In one village Mumpint, most of the villagers consult nurses and only a few go to quacks.

Most of the findings show that their self-care practices in the popular sectors are due to (1) they do not know the gravity of illness (2) faith in their popular care (3) do not cost a lot of money and (4) convenience. In study area, it is found that majority of Shan national practise self-care not only for acute but also for chronic illness.

Most of the findings indicate that majority of natives use to practice self-labeling and self-diagnose base on their experiences and indigenous knowledge. Some of their indigenous knowledge, which involves local superstitions and beliefs which can sometimes be full of risks, is also observed. Their indigenous knowledge would probably change with cultural diffusion, innovations, improved transportation, and stronger media connections. In addition, advances could be made with further health education programs. In this way, the study area would be able to flourish as a healthy society.

## **8.2 Recommendations**

- (1) To support for self-care practices regarding Information Education Communication (IEC) programme, it should promote
  - a. to conduct health education programmes on ‘systematic care for women and child’ and ‘clean deliveries’,
  - b. to give talks on the harmful consequences of using western medicine carelessly in both Shan and Myanmar language.

- (2) To improve utilization of proper medication both western and tradition to reduce the practice of self-labeling and self-diagnose, and the use of quack.
- (3) To find out the conflicts between health care systems and indigenous knowledge of ethnic groups in rural areas, further researches and case studies should be done in medical anthropological point of view to justify the gaps between traditional practices and modern healing practices.

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# APPENDICES

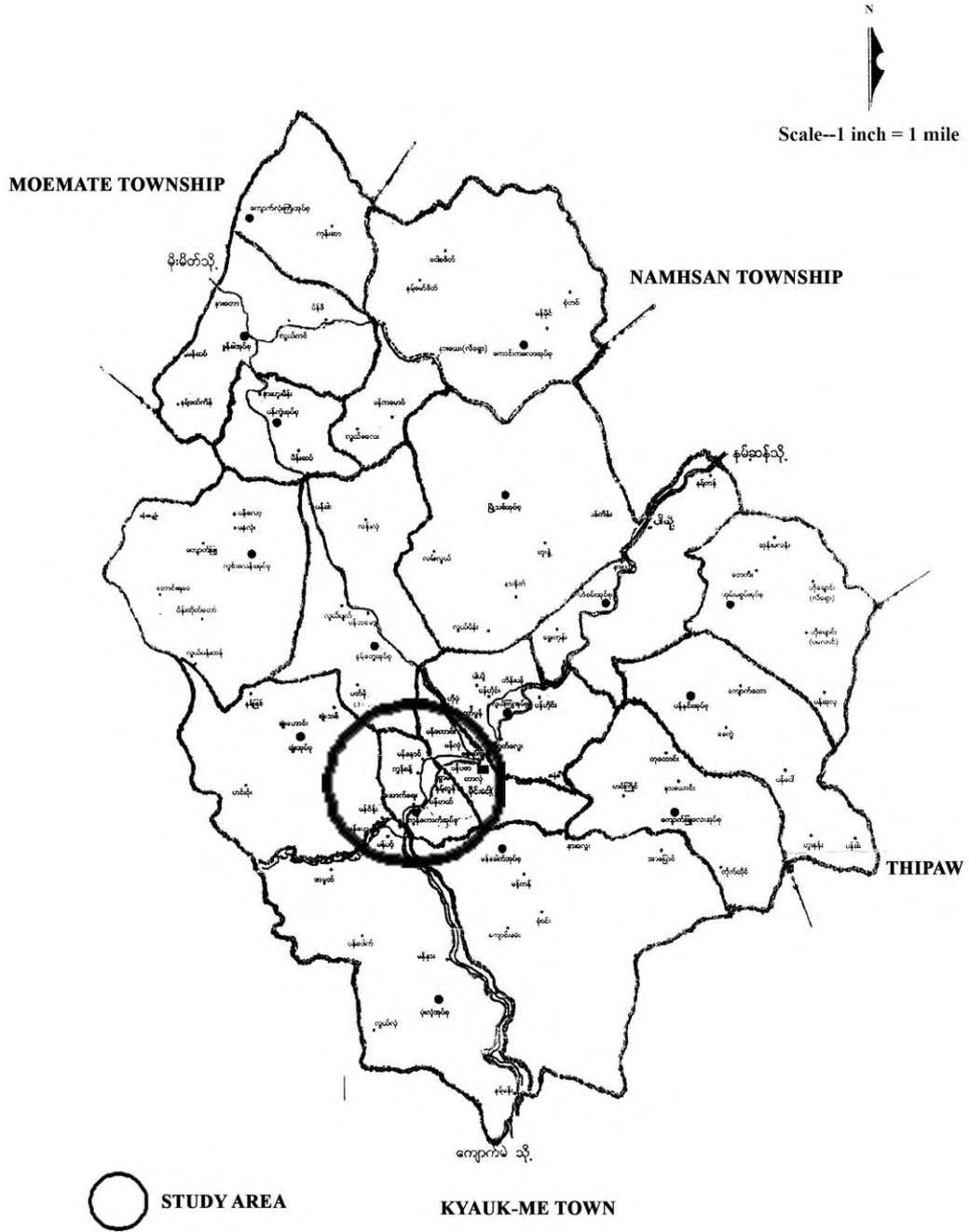
## APPENDIX-1

### Map of Shan State



# APPENDIX-2

## Map of Minengoi Sub-Township and Study Villages



# APPENDIX-3

## Study Villages

