

Title	An Anthropological Perspective on Health and Health Care System of Gangaw Township in Myanmar
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An Anthropological Perspective on Health and Health Care System of Gangaw Township in Myanmar

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Abstract

The study area Gangaw Township is located in the Pakokku District, Magwe Region. Villagers from Gangaw Region did not used to go to medical clinics and hospitals. They had financial problem to receive medical treatments and some of them did not even consider they should have medical treatments from professionals. Some of them had no time to see the doctors. They relied for their health on traditional medicines. Now a day, the villagers rely mostly on modern medicine and herbal medicines that are available at the village's retail shops when they become to get ill. Moreover, the women, their neighbors give the advice to make offering to traditional believed spirits. In 1980, there was no practice of modern birth spacing before health program started in the study area. There was traditional way of birth spacing and terminating pregnancy about 20 years ago. *Lethe* is still working in the area for delivery cases but more *lethe* was working before 2005. It was learnt from the existing data that there were many death cases of malaria in 1998 (Tharlin Rural Health Center, RHC). This project includes testing the presence of malaria parasite in a patient, giving treatment free of charge when it is positive so that the rate reduced afterwards and it is now nearly disappeared. Nowadays prominent health problem is respiratory infection called acute respiratory tract infection (ARI). In the past, villagers usually perform some traditional practices to protect the village from any diseases and illnesses. An organizer (Nat-Sayar) was requested to do spiritual act and to recite some sacred words (Nat-Puzaw) at special places where the shrine was situated (Nat-Sin). Up to now, people are still practicing traditional way of treatment though western medical services are easily available. People practice both western type of treatment and traditional way simultaneously. Ethnographic research design was used to collect the data and purposive sampling was conducted to select study areas.

Key wards: herbal medicine, birth spacing, spiritual act,
ethnographic research

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Introduction

Health is influenced by physical, biological, and behavior factors. Man is a social animal. The patient is no longer considered as one who is under strict laboratory control, but an individual with personal idiosyncrasies, habits, customs and beliefs reacting on his body and mind. Health and the behavior of individuals and social groups are interrelated in complex ways.

In Myanmar, the religious beliefs have led them to live in harmony with the environment. They believe that growing trees, building roads and bridges, digging wells and ponds, constructing rest houses and planting flower gardens are meritorious deeds and that they will be blessed with health, beauty and long life.

The study area Gangaw Township is located in the Pakokku District, Magwe Region. The construction of Tharlin Rural Health Center (RHC) was started in 1971-72 and renovation was again done in 2010. It was noted that the project for hospital construction in Kyaw Region was started in 1998 with the support of cement and corrugated sheet for roof by Ministry of Railway Transportation. The hospital is 16 bedded and one doctor has been posted since 2000. RHC in Myauk Kin Yan Village was established in 2009. In 2002 treatment for TB and malaria was started giving pills free of charge. Villagers did not used to go to medical clinics and hospitals. They had financial problem to receive medical treatments and some of them did not even consider they should have medical treatments from professionals. Some of them had no time to see the doctors. They relied for their health on traditional medicines. Now a day, the villagers rely mostly on modern medicine and herbal medicines that are available at the village's retail shops when they become to get ill. Moreover, the women, their neighbors give the advice to make offering to traditional believed spirits. Focusing on public health research for once region to another from a hamlet levels to village or town levels, activities of national level to village or town levels, activities of national level development are expected to be supportive plentifully.

The objectives of this study are

- to elicit how socio-economic factors are linked to health care system.
- to identify the adaptability of the local people in the study area on the health care system changes.

- to make recommendations as regards how the positive aspect of indigenous culture should be maintained

Literature Review

Demographic anthropologists examine not only the relationship between environment and population but also cultural values and practices that affect fertility, mortality, and migration rates. In others, political authorities institute programs to increase or decrease population growth. One recent area of anthropological research involves gathering data and developing hypotheses on decisions concerning the costs and benefits of having children and the consequences of these individual decisions on fertility. Anthropologists also investigate strategies of population regulation, such as birth control techniques (Scupin, Raymond, 2000).

Anthropologists have been interested in population abundance as a possible cause of diversity in social organization. Julian Steward was probably the first to see a relationship between kinship and population size. They are better defined as categories combining kin relationships for several purposes, including marriage, ritual, and subsistence. In addition, sections have territorial boundaries corresponding to the boundaries of the local groups included in each section. The number of sections included in a marriage system then, is simultaneously a measure of the number of eligible mates, the number of local groups with which one has kinship connections, and the geographical extent of one's kinship connections.

In addition, the mortality rates, particularly infant mortality rates, encouraged parents to have more children to ensure that some would survive into adulthood. Moreover, children were viewed as future assets who could take care of their parents in later life. In addition to the socioeconomic motives of parents, the political dynamics in agricultural civilizations encouraged high fertility rates. All of the agricultural states promoted the ideal of having large families (Harris & Ross, 1987). These societies depended on a large labour force to maintain their extensive agricultural production and military operations. Policies favoring high birthrates frequently were backed up by religious ideologies.

Methodology

The study design of ethnographic research design, like qualitative research, depends heavily on the specific objective of this study. Purposive sampling was conducted to select study sites. The sampling process is Gangaw Township. Among them, Shon Shi, Zahaw , Taung Kin Yan, Myauk Kin Yan and Kyaw villages are chosen for my field areas. Documentary survey was also used to collect the data in this paper. Regarding qualitative method, key informant interview, in-depth interviews and case studies are used. In-depth interviews were conducted with selected heads of the households, adolescents and students. Key informant interviews were conducted with organizing village elders, teachers, students, priests and health personnel. Informal conversation was used to collect the data. Triangulation method was used to validate the data. When field research was carried out, tape recorder, MP 3 player and camera were used to record the data.

Results and Discussion

Birth spacing

In 1980, there was no practice of modern birth spacing before health program started in the study area. There was traditional way of birth spacing and terminating pregnancy about 20 years ago. In the past induced abortion was done by inserting and stirring with iron rod which was used as a shaft of umbrella. Stirring the uterus till the bleeding comes out from the vagina. It was usually done three times. The shaft of umbrella was sharpened before it was used to induce abortion. There was one incidence that *Lethe* (traditional birth attendant) was doing induced abortion indiscriminately many times so that midwife from that area reported to local authority and warned the *lethe* (traditional birth attendant). Local herbal roots which are called “Taung-Kya ott (*Stephania Venosa*)” are also consumed after mixing with local spirit (alcohol) to induce abortion (the color of that root is reddish that look like blood). After 1990 practice of modern methods of birth spacing, IUCD (intrauterine contraceptive device), depot injection, and oral contraceptive pills have been used. There were three maternal deaths in 1993-94 due to unsafe induced abortion in the Gangaw Township.

Some people are still practicing traditional ways to induce abortion such as consuming herbal blood tonic (*Kathy-Pan-Thwei-Zei*) and putting pipe into the vagina. They take two packets of herbal blood tonic (*Kathy-*

Pan-Thwei-Zei) once they realize that they become pregnant. It was evidenced that the baby was born with a pipe on its part of the body like eyes, scrotum. There was high child mortality in the past.

Thirty eight years old native woman from Shon Shi village said that she underwent sterilization in 2009 at government hospital with affordable cost. She now has three children but her health is not in a good status. She explained that there was very short period between two pregnancies. "I started to be pregnant when previous child became one and half year old. My husband encouraged me to practise birth spacing with one of the modern methods as my health is going to worsen. I was suffering from bleeding from vagina after I underwent depot injection. I felt very hot when I took oral contraceptive pill. I never use condom. Thus I underwent sterilization". Modern method of birth spacing like IUCD insertion, and using oral pills was mostly introduced in 1995; depot injection was mostly used in 2000.

Traditional way of birth

Lethe is still working in the area for delivery cases but more *lethe* was working before 2005. *Lethe* used to push pregnant woman's abdomen to change baby position. First baby is usually born at woman's parent house. The following deliveries are conducted at husband's parents' house. If there is difficulty in giving birth for four days woman should take off her wedding ring and ear rings (particularly for those ear rings with screw type). Moreover doors, and windows are left open, leave the container lid open to help easiness in giving birth. They also believe that reciting Buddha's teaching (*Ingulimalar sutta*) may help easy in delivery of baby.

The umbilical cord is cut only when both baby and placenta are brought outside the womb of mother as they think life exists in a placenta. Three threads are made ready before the delivery is finished which is going to be used to tie the umbilical cord before it is cut. *Lethe* supports bathing the mother after delivery and she puts sesame oil and turmeric on mother's body. Newly born baby is fed honey. After three days the baby is fed meshed steamed rice and honey. If newly born baby does not cry the placenta is put in warm water. The baby is hanged upside down and slap it's back to start crying.

Post partum mother is fed a tonic mixture of turmeric powder, warm water, and toasted salt about the half size of teacup two times a day for one month. It is said to make mother's blood purified. Post partum mother is allowed to take shower but cannot touch soap for at least one and a half month. Post partum period is identified for one week (that is not compatible with medically identified 45 days). Mother during post partum period has to eat warm steamed rice with roasted salt for a week. She is not allowed to eat oil. Oil is said to cause eye problem and is avoided for one month. Nowadays women eat fried chicken, fried fish, steamed chicken, boiled egg.

The act of The-Je-tin (massage on abdomen) is done every three days. The abdomen is massaged to change from old blood to new blood. It may cause coming out old blood. A kind of herbal tree called Se-kalon (*Martynia annua*) is pounded and mixed with salt to make it paste which is applied on vulva of woman to help healing of wounds. The vulva is also washed with warm water two times a day for a week.

Another herbal medicine called "*Mee-Kyasay*" is consumed to help better production of breast milk. Mother also drinks cow's milk, soup of gourd, soup of ash pumpkin, surplus water of cooked rice (that is drained off while rice is being cooked when it is not needed) to help more production of breast milk. Well-off mothers consume soup of pig leg, or fish. All windows of the house are left closed to prevent entering outside air to make a woman warm. The mother also wraps and covers her body and head with sweater or blanket. Perception is that fresh air may make her ill. Post-partum mothers perceive that if they sleep in lateral position there is no breast milk so that mother should lie on her back.

If mother is not able to produce breast milk a child is fed with mixture of cooked rice. The process of making this type of cooked rice is as follow; mix steamed rice and surplus water of cooked rice and cooking oil which is placed in the middle of cooking rice for few minutes. The cooked mixture is fed to a baby. It helps baby stronger. Gold power is now popular as milk powder which helps growth of a child. If a child suffers from fever or wound local traditional medicine called "*SatuRakha*" is given. After a child suffers from illness, it is to pray for Nat (good spirit) with a bunch of banana and coconut in a bamboo basket. A person (*Nat Sayar*) is invited to organize praying for recovering sick child. The act includes offering prickly tea mixed with cooking oil, one plate is placed in front of the house and

another one is at the backyard. An organizer feeds and prays late spirits (*Nats*) of both sides.

In Gangaw Township, some vital statistics for 2006 is as follow: crude birth rate was 13.2/1000, maternal mortality ratio was 4.2/1000, and the rate of abortion was 7.4/1000. These rates changed year after year. In 2010, crude birth rate was 15.9/1000, maternal mortality ratio was 1.4/1000, and the rate of abortion was 3.0/1000.

Mortality

It was learnt from the existing data that there were many death cases of malaria in 1998 (Tharlin Rural Health Center, RHC). It was noted that infant mortality rate was 13/1000 and crude death rate was 6/1000 in 2000 (see Table-1). Mortality rate from malaria was high before 2000 but it has reduced after implementation of malaria project in 2007-2008. This project includes testing the presence of malaria parasite in a patient, giving treatment free of charge when it is positive so that the rate reduced afterwards and it is now nearly disappeared. There were about 100 cases of dengue fever in Zahaw village during 2009. Malaria control project gives service like spraying anti malaria insecticide. Nowadays prominent health problem is respiratory infection called acute respiratory tract infection (ARI). It was noted from the interview that people think ARI is common because there is plenty of dust and because animals are bred without separating from people. They said there were about two cases of death of children who are under one year old per year due to pulmonary problem in seven villages in Myauk Kin Yan village tract. ARI cases increased after the reduction of malaria cases (see Figure1).

There are immunization activities in study areas which including vaccinee for measles, diphtheria, pertussis, tetanus, hepatitis, and polio to one month old babies. Another dose for diphtheria, pertussis, and tetanus is given at the age of two and a half month and three and a half month. The immunization is given free of charge. Due to immunization activities infant mortality rate (IMR) has been reduced and the death of under-5 years children has been reduced (IMR was 9.4/1000 and under-5 mortality was 11.9/1000). In 2010 crude death rate was 5.4/1000 (see Table-1).

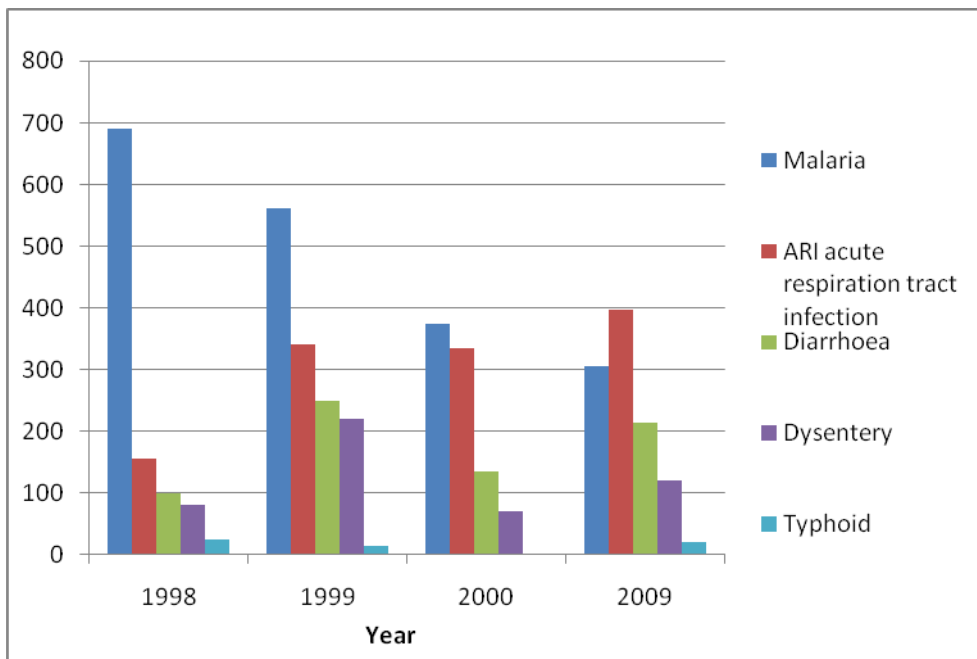


Figure-1: Comparison of five most prevalent diseases by years in Gangaw Region

Source: Tharlin Village R.H.C, 2011

Table-1 Vital Statistics of Gangaw Township (2000-2010)

Year Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Crude Birth rate	21	22.5	23.5	21	15.6	11.7	13.2	13.5	16.9	16.8	15.9
Crude death rate	6	7.8	7.1	5.9	4.6	5.5	4.5	4.6	5.3	5.6	5.4
Infant mortality rate	13	25.7	23.4	20	31.5	46.1	18	28.2	24.6	17.9	9.4
Under 5 Children mortality rate	No data	36.4	36	35	52.8	60.1	30.6	37.5	30.3	25.2	11.9
Maternal mortality ratio	No data	0.8	No data	No data	0.9	3.0	4.2	1.5	0.5	1.9	1.4
Ratio of abortion	No data	No data	No data	No data	1.4	4.3	7.4	3.6	3.0	3.3	3.0

Source: Report of the Orientation Meeting on Public Health Care Activities in Gangaw Township, 2010



Figure- (2): Rural Health Center in Myauk Kin Yan Village

Some traditional belief and practices on health care

In the past, villagers usually perform some traditional practices to protect the village from any diseases and illnesses. An organizer (Nat-Sayar) was requested to do spiritual act and to recite some sacred words (Nat-Puzaw) at special places where the shrine was situated (Nat-Sin). They offered chicken and pig to the spirit to cure diseases and to protect themselves from any harm of bad spirits. Villagers were treated with locally available herbal roots for febrile illnesses. Though health problem was serious they could not go to hospital (in Kalay and Gangaw) due to transport and communication barriers. They also had difficulty in sending difficult labor cases to nearby hospitals due to difficult transportation resulting in high mortality rates.

Up to now, people are still practicing traditional way of treatment though western medical services are easily available. People practice both western type of treatment and traditional way simultaneously. One health staff of North-Khayan said that febrile illness is sometimes due to bad omen. The practice of clearing bad omen is called "*Ahpaw-wunshin Dea*". Health staff also treat the patient through western medicine and also tells them to go worshipping Nat (spirit) to cure illness.

It was also observed the performance of spiritual type of treatment by Nat-Sayar to cure a case of paralysis. They prayed for a female spirit

(*Ahmayyeyin*) by offering cooked rice, fried fish, red moun-hsi-gjo (fried sweet pan-cakes made from glutinous rice) and white (*motesikyaw*) together with Bermuda grass (*Mye-Zar-Ywet*) (see Figure-3,5). They packed all food items in the banana leaves and buried in the backyard of the premise. If the illness is serious they also offer pig to spirit (Nat). In olden days, villagers had to deliver three visses (4.9 kg) of pork to the organizer (Nat-Sayar). Nowadays, they have to give one hand of pork to the Nat-Sayar. These types of practices are still observed in villages.

Modern medicines have been introduced these days. Patients usually come to the hospital only after undergoing different types of treatment, particularly traditional ones. People in this region get locally available traditional medicines as they are not expensive and abundant. “Yaw” Region is also popular for plenty of herbal medicinal plants. It was learnt that nearly two-third of people are treated in combination of traditional medicine and western medicines.

When a child is sick, local herbal roots, and traditional medicines are used. The leaves of Ngayan-Padu (*Clerodendrum indicum*) are mixed with coconut oil and is applied on the nose of a child if a child suffers from running nose. They believe it could cure the disease. Local people believe that less cases of snake bite is due to the presence of shrine of the spirit “Ahmayyeyin Natnan” in the area. Another reason for less snake bite case is that people used to bring a dog whenever they go into the forest and the dog acts as a guard from snakes.

Local people think that it is costly to get modern medical treatment: transport charges, cost of medicines and consultation fees of doctor. Traditional healers said illness is due to fate, due to excess of hot-cold food and so forth. Its treatment goes in line with own causal factor. Most elderly do not visit western medical practitioners. Children are also not brought to the clinic and hospital due to traditional belief resulting in high child mortality rate.

Figure (3) Making offering to the Ahmayyeyin



Figure (4): Nat-Sin in Zahaw Village

**Figure (5): Offering Nat with Bermuda
Nat grass (Mye-Zar- Ywet)**



When studying the population growth in Gangaw Township, not only birth mortality and prevalence of diseases but also changes during demographic behaviour were observed. Moreover, due to increase in childbirths, traditional contraception cases were observed. Birth control after marriage is depicted in Karnataka in rural South India. It is the utilization of one kind of traditional medicine. The village women, at least half a dozen of them, have knowledge of herbal abortifacient, usually acquired from her mother, or a male herbalist who included such knowledge as one of his specialties. Such abortifacients were usually administered orally, and, within living memory, the demand was small. More importantly, there is consensus that such abortifacients were not used to limit family size. They were employed to hide the proof of sexual relations that should never have taken place: those before marriage and more frequently quoted by Hindus (Caldwell, John C. Reddy, P.H. Caldwell, Pat, 1982).

In Gangaw Region, concerning to increase in childbirths, one of the local herbal roots which are called "Taung-Kya Ott (*Stephania Venosa*) are also consumed mixed with local spirit (alcohol) to induce abortion (the colour of that root is reddish that look like blood). This is in fact done without letting any other know, in consultation with a traditional birth attendant. Some ensure abortion by taking this medicine without the knowledge of their husbands, especially done by those who have many children and are very poor.

In Gangaw region, official birth control was started to practise in 1990. Birth control has widely been done through the use of contraceptive injection, and pills, and inserting IUCD (intrauterine contraceptive device), etc. Birth spacing and contraception were thus observed as case study through in-depth interviews (IDI). Mothers who are not in good health and who are close in birth spacing, who have at least three children and one over 38 years old have to undergo contraception (contraceptive operation). Systematic birth spacing practices are very common right now due to official contraception and birth spacing activities by the government cheaply and awareness raising campaigns, causing decrease in childbirth rate.

Conclusion

Another thing is that child mortality rate in the study area has increased due to abortive measures, traditional childbirth practices, and birth control activities. Now, systematic birth spacing practices have been carried out: generally taking only three children. Owing to systematic childbirth and vaccination by village doctors and midwives, child mortality rate has decreased, causing population growth regular.

The people of Gangaw Region have TVs where they can watch health-education programs and medicine-promotion programmes. However, they are still lack of the health knowledge that they don't have regular medical check ups and consult with medical professionals for their health on time. There is a habit among the people of Gangaw of refusing professional medical treatments. They do not follow the doctors' instructions exactly; they take some of the prescribed medicines while they leave others. They stop taking medicines if they feel better. And they mostly rely on the medicines available at the village stores. This is a dangerous habit that can cause a lot of health problems. Therefore, it is necessary that the government organizations and concerned ministries should organize public health educational talks at the school in this local community. It is the responsibility of the government of Myanmar to organize medical check-up for aged people in the village and to give free treatments for common diseases.

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