

**PROVISION AND UTILIZATION  
OF TRADITIONAL HEALTH SERVICES  
IN RURAL THAILAND**

The seal of Mahidol University is a circular emblem. It features a central blue circle containing a golden Chakrasukh (a traditional Thai symbol of good fortune and happiness). The Chakrasukh is a multi-tiered, flame-like structure with a central spire. Surrounding the central circle is a golden ring with Thai script. The outermost ring is also golden and contains the name of the university in Thai script.

**CHARUWAN SAWATSING**

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OF THE REQUIREMENTS FOR  
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Thesis  
entitled

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IN RURAL THAILAND**

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IN RURAL THAILAND**

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**ABSTRACT**

This study examined the process and methods of traditional healers and the reasons underlying the utilization of traditional health services from practitioners and clients. The study was conducted in Tambon Lumpook, Muang District, Buriram Province. The research instrument was a question guideline for in-depth interviews with informants composed of 41 traditional healers and 112 clients. The research also observed the practice of traditional healers.

This study has found six types of traditional healers comprising *mor pao* (blowing healers), *mor song* (the mediums), *mor samunprai* (herbal healers), *mor kradoog* (bone healers), *mor nuad-jabsen* (masseurs) and *mor sadaukrauh* (fate healers). All the healers used similar method of treatment, starting from *tang kay* (presenting offerings as a sign of respect and gratitude to the healers), diagnosis, treatment and *plong kay* (giving honorarium to the healers). The traditional healers' practice is relevant to the villager's lifestyle because they live in the same place, have the same beliefs about ghosts and supernatural powers, understand their life-style, give the same names to the symptoms, and have a similar perception and evaluation of illness. People of all ages went to these healers because of common beliefs about the causes of disease and satisfaction with the outcome. All clients considered the treatment to be convenience, inexpensive, simple and successful. Some illnesses are believed to only be curable by traditional healers, for example, *kam-rerd* (a child illness of crying all night), *kai-marg-mai* (fever with rash). It was also found that clients went to traditional healers because of previous experiences and having the received information from grandparents, and because the treatment is not against the community culture and belief about ghosts and supernatural powers. For example "pee poo-taa" are the spirits of founders of the villages. There is usually an annual ceremony to pay respect to *pee poo-taa*. Anybody showing disrespect to these spirits will get ill.

Base on the findings, it was recommended that health care professional should share and exchange knowledge with traditional healers, learn from traditional healers and utilize their service when trying to solve health problems. Moreover, traditional healers should be encouraged to enter primary health care system as village public health volunteers in order to support the basic health care concept.

**KEY WORDS :** PROVISION OF HEALTH SERVICES / UTILIZATION OF HEALTH SERVICES / TRADITIONAL HEALERS

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การให้และการใช้บริการสุขภาพของหมอพื้นบ้านในชนบทไทย (PROVISION AND UTILIZATION OF TRADITIONAL HEALTH SERVICES IN RURAL THAILAND)

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**บทคัดย่อ**

การวิจัยครั้งนี้ มีวัตถุประสงค์เพื่อศึกษารูปแบบและวิธีการรักษาของหมอพื้นบ้าน ลักษณะของผู้มาใช้บริการและเหตุผลในการใช้บริการจากหมอพื้นบ้าน ซึ่งผู้วิจัยได้เลือกตำบลลุมปุ๊ก อำเภอเมือง จังหวัดบุรีรัมย์ เป็นพื้นที่การศึกษาและใช้วิธีการวิจัยแบบผสมผสานทั้งเชิงปริมาณและเชิงคุณภาพ โดยใช้แบบสัมภาษณ์เจาะลึกและการสังเกตวิธีการรักษาของหมอพื้นบ้าน จำนวน 41 คน และผู้ป่วยที่มาใช้บริการกับหมอพื้นบ้านจำนวน 112 คนในระหว่างวันที่ 25 กุมภาพันธ์ 2546 ถึง 25 มีนาคม 2546

ผลการศึกษาพบว่า หมอพื้นบ้านในการศึกษาค้นครั้งนี้มี 6 ประเภท คือ หมอเป่า หมอทรง หมอสมุนไพร หมอกระดูก หมอนวดจับเส้นและหมอสะเคาะกระดูก โดยมีขั้นตอนในการรักษาที่ไม่แตกต่างกัน เริ่มตั้งแต่ การไหว้ครูหรือตั้งคาย ตรวจดูอาการ วินิจฉัย การรักษา และการสมานแผลหมอพื้นบ้านหรือปลงคายภายหลังรักษาหายแล้ว เหตุผลที่หมอพื้นบ้านยังคงมีบทบาทในการรักษา เนื่องจาก มีรูปแบบและวิธีการรักษาที่เรียบง่ายไม่ซับซ้อน และมีความเข้าใจเกี่ยวกับสาเหตุการเจ็บป่วยและการประเมินผลการเจ็บป่วยที่คล้ายคลึงกับชาวบ้าน รวมทั้งคุณสมบัติของหมอพื้นบ้านที่น่าเชื่อถือศรัทธา เหตุผลที่ผู้ใช้บริการเลือกใช้บริการกับหมอพื้นบ้าน เนื่องจาก มีความเชื่อว่าการเจ็บป่วยบางอย่างต้องรักษาด้วยหมอพื้นบ้านเท่านั้น เช่น โรคกำเริด ไข้มาลาเรีย มีความพึงพอใจในผลการรักษาจากประสบการณ์การเจ็บป่วยในครั้งก่อน ค่าใช้จ่ายที่ผู้ป่วยและญาติสามารถกำหนดได้เองตามฐานะของตน การเดินทางที่สะดวกสบายเนื่องจากหมอพื้นบ้านอาศัยอยู่ในหมู่บ้านเดียวกัน และการได้รับคำแนะนำเกี่ยวกับประสิทธิภาพและความชำนาญในการรักษาของหมอพื้นบ้านจากพ่อแม่ ญาติพี่น้อง

ผู้วิจัยเสนอแนะให้บุคลากรสุขภาพแลกเปลี่ยนความรู้และเทคนิคการรักษาโรคระหว่างการรักษาแผนปัจจุบันและการรักษาแบบพื้นบ้านโดยการนำจุดดีของการรักษาแบบพื้นบ้าน และเหตุผลที่ชาวบ้านยังนิยมใช้บริการมาปรับใช้ในการให้บริการสุขภาพและควรส่งเสริมหมอพื้นบ้านให้เข้าสู่ระบบการดูแลสุขภาพแบบปฐมภูมิ โดยการอบรมและสนับสนุนให้เป็นอาสาสมัครสาธารณสุขประจำหมู่บ้าน

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## CHAPTER I

### INTRODUCTION

#### **Background and Significance of the Study**

Social health care systems are the cultural patterns of the society or community related to illness, people's response to illness, belief about causes of illness, norm for the selection of treatment, evaluation, as well as the pattern of relationship between service providers and clients (Pimpawal Preedasawas, 1997: 91-92). A social health care system is generally composed of 3 main sectors comprising popular health sector, folk health sector, and professional health sector (Kleinman, 1980: 50). The three sectors are different in their ideas, concepts, theories, and their cultures of health care delivery.

The first two - popular health and folk health sectors, are relevant to and are based on local culture and wisdom. Popular health sector consists of concept, belief and behavior concerning various levels of illness ranging from personal, family, community to social level. Consequently, health care activities, either in family or individual context, is determined accordingly (Loechai Sringconyoung, 1991: 41). These health care activities derive from learning or from past experience in searching for the treatment and the transferring of knowledge from generation to generation. Finally, the conclusion about knowledge and treatment of illness is established and the defined activities are practiced at personal level as well as among the families, social networks, and people in the community (Pimpawal Preedasawas, 1997: 97-98). In comparison with popular health sector, the folk health sector have more systemic theories, knowledge, and health care patterns and it is more complicated in terms of clients and the health care providers, who have learned or received knowledge from previous health care providers in social context. The patterns of health care, therefore, vary, depending on natural environment, society, culture, and race; however, some patterns may be similar. The professional health sector is composed of professional structure, organization establishment and health care practice with advanced medical technology. Clinical practice in this sector is conducted in modern medical culture

based on biomedical mode. The practice considers illness with emphasis on scientific information of each particular disease (Kleinman, 1978: 86-87). Success in curing many diseases that were untreatable in the past such as pneumonia and tuberculosis, induces popularity to the professional health sector, contributing to its provision and utilization worldwide (Kunchana Deeviset, 1996: 7).

In the past, the health care system in Thailand was largely dependent on the professional health sector, which emphasizes modern medical treatment. This resulted from the government policy aiming to develop and expand the boundary of modern medical service to cover the whole country, including rural areas, by setting up modern health service centers such as hospitals or health centers ever since the Ministry of Public Health was found in 1942 ( Thaveethong Hongwiwat, 1995:15). The development and promotion of professional health services leads to the ignorance of folk health system. Traditional Thai knowledge and wisdom, which played an important role in the health care system of Thai society in the past, has been increasingly neglected (Saowapa Pornsiripong et al., 1996: 1). Thai traditional medicine, which is an outcome of long-term accumulative experiences of treatment after several trials and intense observations to achieve deep understanding, is part of the folk health sector. The knowledge, understanding and experiences were developed into theories and patterns of health care, integrated step by step by learning and adjustment to have a unique pattern of its own. Importantly, it was associated with way of life, tradition, and culture of community on the basis of Buddhism teaching and natural balance principle with other sciences, which can put the patients' mind at ease (Wiwat Lim, 1999: 2). At present, it is realized that professional health sector, which emphasizes on modern medical system, can not really solve health problems and have limitations especially in expanding the service to people thoroughly and equally (Saowapa Pornsiripong et al., 1996: 2) due to the specialization of medical disciplines or high cost of medical expense.

Current modern medicine has been trying to bring back holistic approach by taking all aspects of a patient into consideration, either physical or mental aspects, including the environment e.g. society and culture. However, the approach is not fully practiced on account of several discrete medical fields and too much specialities. As a result, many patients suffer physical and mental defects, complications, or illness

from malpractice (Kunchna Deeveset, 1996:14). This is, the increasing of illness, defects and death due to excessive use of technology or equipment for the treatment. Moreover, the process of treatment that emphasizes physical problems with little concern about psychological needs of the patients may cause them anxiety and unnecessarily seeking treatment from other medical services in in order to answer to their mental needs (Sun Huttheerat, 1977: 7-9; Komart Juengrathiensap, 1992: 12).

Modern medical system has substantial economic impact on Thailand due to financial loss, specifically from medical expense, which is increasing every year as the expenses are mostly for treatment. This economic burden has strong impact on the budget for country development. Moreover, health promotion and the use of holistic health care are still unsuccessful. Current report has shown increased morbidity and mortality rate of preventable illness or disease caused by social behaviors and lifestyle such as cancer, heart disease (Budsayamas Sinyhuprama, 1996: 1). Although the government has increased the number of health service centers to cover the whole country, the coverage of medical service is still insufficient. The ratio of doctors to people in Bangkok was 1:915 while in the northeastern region was 1: 10,740; thus, medical service is ten-time less in the northeastern region (The Ministry of Public Health, 1996: 13-14). The World Health Organization has encouraged their country members to combine the professional health sector with the folk health sector since 1977. As a result, the Ministry of Public Health had applied more aggressive strategies to public health development as seen in the 4<sup>th</sup> National Public Health Development Plan. The Ministry has used the primary health care strategy, which focuses on prevention of illness and promotion of health and basic self-care, based on self-dependence concept with the use of community resource and appropriate technology. As a result, traditional medicine, which is part of national heritage, has returned to public attention. The folk health sector provides health care with holistic approach, explaining illness in relation with sociocultural context and in accordance with people's lifestyle. More importantly, the cost of folk health care is cheaper because it uses local resource for treatment (Janpan Wiwattana, 1980: 93-94). All country members of the WHO answer to this policy, including Thailand. The Ministry of Public Health developed a policy for the utilization of traditional treatment on the basis of primary health care principle. It is expected that the

utilization of traditional treatment should be able to solve the problem of modern medication system because it used to have important role in health care service in the past. Moreover, many people still use traditional medicine such as herbs or treatment from traditional healer, which is relevant to Thai culture and society thus having high value and substantial benefits to the country (Pravase Wasee, 1986: 2). The fact that traditional treatment is still popular indicates that people still believe in its existence and effectiveness. Additionally, modern medicine does not provide spiritual support to many people because of its irrelevance with the lifestyle of rural people. Therefore, traditional medicine still significantly exists in rural society.

Having treatment philosophy of harmony and relationship between the body and the mind, as well as natural-balanced lifestyle, traditional medical system has been a social heritage since ancient times. Traditional medicine views that illness is not only caused by microorganism or physical weakness but it may also be caused by supernatural power or misbehavior of family members (Komart Juengsatheensap, 1989: 81). Referring to a study of self-care patterns in rural area, most people started curing their illness with the resources available in their houses and the community. If the illness is not cured, they will find other treatment both with medicine and without medicine. They may seek traditional medical service from medicine men, bone healers, blowing healers, mediums, etc., which is quite an important source of service for the community (Thaweethong Hongwiwattana, 1990: 101-102). It is evident that self-care in the rural area is under the surveillance of modern medical system thus people's ideas and beliefs should be under the influence of the modern system; instead, rural people maintain their original beliefs, which are combined with modern medicine at a certain level, but not all. Therefore, traditional medical system has been sustained to these days (Preecha Oopayokin, 1990: 22).

At present, traditional medicine is still popular and plays important role in some communities (Komart Juengsatheensap, 1992 ; Sujinda Dujareevanich, 1992). Previous studies about the utilization of traditional medical service in Thailand have found evidence about the role and qualification of traditional healers. For example, a study conducted by Orathai Ruayarchin and Kanchana Kaewthep (1980) about the roles of traditional healers in the development of public health in Thailand showed that traditional healers had active roles in the community and their qualification

assured the clients about the efficacy of their practice. Walaiporn Pawaputanon Na Mahasarakam (1978) studied the role of Thai monks as traditional healers in community and found that the monks had treatment role although their efficiency was not guaranteed. Buriram is an example of the community in which traditional medicine is still popular. A survey conducted by the Buriram Public Health Office in 1998 found 1,369 traditional healers in Buriram with the majority of them, 121 healers, working in Muang District. Further survey on basic information about traditional healers from the Public Health Office, Muang District found that Tambon Lumpook had 23 traditional healers, the highest number in comparison with other communities. The researcher of this study conducted a pilot study in April 2001 and found 51 traditional healers providing traditional health service in the community. The healers were of various expertise including medicine men, bone healers, blowing healers, etc. The service from these healers was popular among people in the community, either within the same village or the villages nearby.

The modern medical service has expanded to cover all areas as stated in the policy of public health development plan. There are provincial hospitals, private hospitals, pharmaceutical shops, private clinics and health care centers everywhere. Tambon Lumpook is located only 12 kilometer away from the provincial center, which has a provincial hospital and private hospitals. There is also a health care center in the area of Tambon Lumpook; thus the modern health service should be sufficient for health service requirements. However, as revealed in the aforementioned information, villagers still utilize traditional health service despite the availability of modern health service. Therefore, it is interesting to examine the provision of traditional health service in order to find the reasons underlying people's utilization of the service and factors that influencing their utilization of traditional health service. The results of this study could be beneficial in combining modern treatment with traditional treatment to develop the service that is relevant to problems and needs of the community.

### **Conceptual Framework**

This study was based on the PRECEDE (Predisposing, Reinforcing and Enabling Causes in Educational Diagnosis and Evaluation) framework, which is

proposed by Green and Keuter (1991) for the analysis of factors influencing health behavior. This framework is used to analyze the cause of behavior from both internal and external factors affecting a person. For this study, phase 4 of the PRECEDED model, the educational and ecological assessment, was applied as the research framework. The three factors being examined were predisposing factors comprising age, gender, family structure, education level, occupation and income; enabling factors comprising convenience in traveling, cost of treatment and satisfaction with the service; and reinforcing factor comprising family support. These factors would elucidate the characteristics of illness among the people who sought medical service from traditional healers as well as the patterns or characteristics of services that traditional healers provided to their clients in both aspects of types and ways of treatment. The obtained information could be used for the development of appropriate health service that is relevant with both modern medical system and the community context in the future.

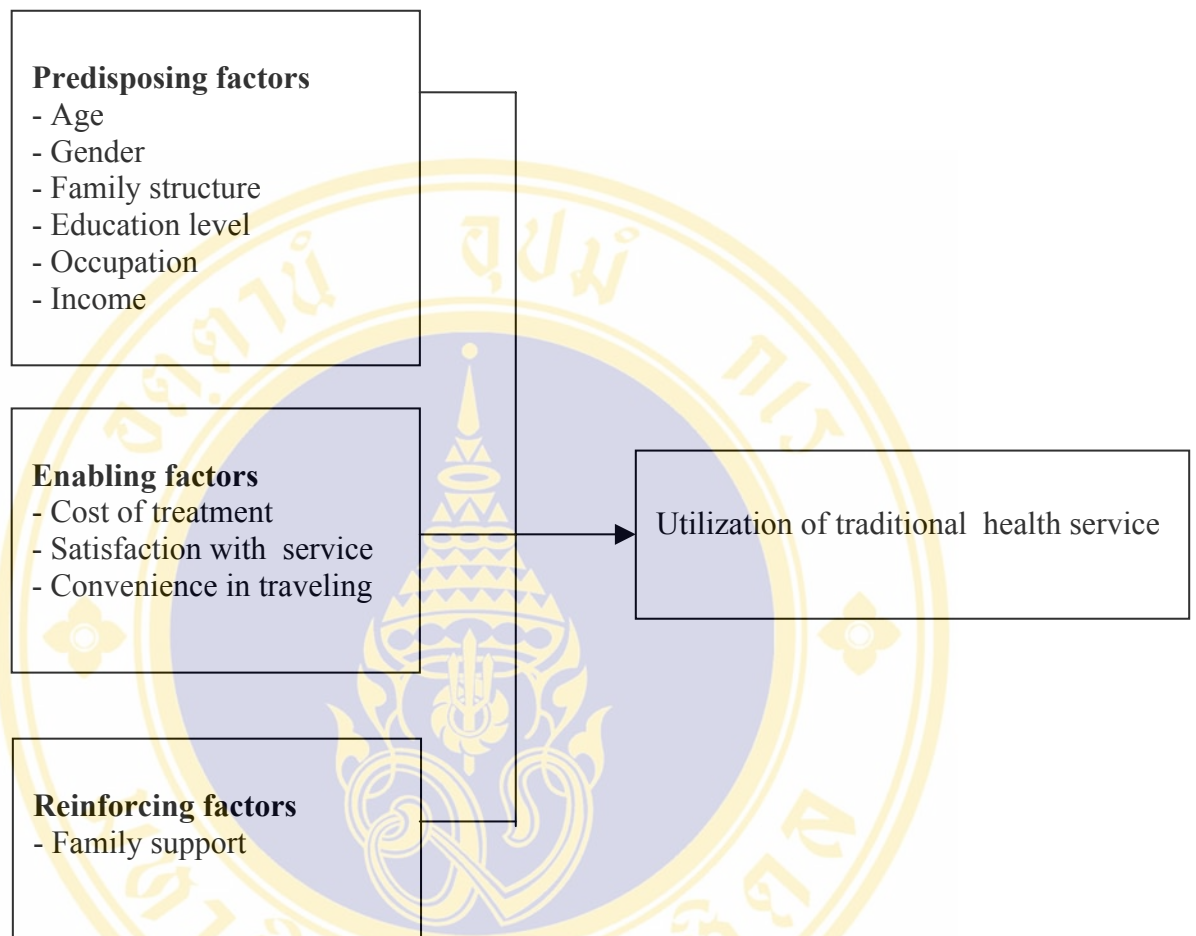


**Figure 1 Conceptual Framework**

### Research Questions

1. What are the process and methods of traditional treatment?
2. What are the characteristics the illnesses that require traditional health services and what are the reasons underlying the utilization of traditional health services?

### Purpose of the Study

1. To study the process and methods of traditional treatment.
2. To survey the characteristics of illnesses that require traditional health services and the reasons underlying the utilization of traditional health l services.

### Scope of the Study

This research was a study of process and methods of traditional treatment, characteristics of the illnesses and the reasons underlying the utilization of traditional health services of people in Tambon Lumpook, Muang District, Buriram Province who sought traditional treatment during 25 February to 25 March, 2003.

### Definition of Terms

**1. Service provider** refers to the traditional healer who has roles in giving treatment, prevention and diagnosis of illness, as well as in rehabilitating both mental and physical conditions of the patients, with traditional treatment that has been transferred from generations to generations and has been modified within the cultural system of the community. The service providers in this study included *mor pao* (blowing healer), *mor song* (the medium), *mor kradoog* (bone healer), *mor nuad-jabsen* (masseur), and *mor sadohkrauh* (fate healer).

**2. Clients** refer to people receiving traditional health services from the healers in Tambon Lumpook during 25 February to 25 March 2003.

**3. Process of treatment** refers to the process in providing traditional treatment, starting from making a diagnosis to the evaluation of treatment outcomes.

**4. Methods of treatment** refers to the methods that traditional healers used in the provision of treatment. The methods of each type of traditional healers differs,

depending on the healer's expertise; for example, oil anointment, herbal medicines, blowing holy incantations, or going into a trance.

**5. Predisposing factors** refers to the factor that motivates a person to have certain behaviors. Predisposing factors in this study included age, gender, family structure, education level, occupation and income.

**5.1 Family structure** refer to the pattern of people living in the same household and having relationship according to their roles such as being a father, mother, husband, wife or offspring, etc.

**5.2 Education level** refers to the highest level of education receiving from formal education system.

**5.3 Occupation** refers to a regular job that provided one with regular income.

**5.4 Family income** refers to the amount of money that the family earned each month.

**6. Enabling factors** refers to the factor that enables people to develop or change their behavior. Enabling factors in this study included convenience in traveling, cost of treatment and satisfaction with the service.

**6.1 Cost of treatment** refers to the amount of money that the client spent for each visit.

**6.2 Satisfaction** with the service refers to the client's positive feeling toward traditional service.

**6.3 Convenience in traveling** refers to a person's perception concerning the convenience in traveling to receive service focusing on the location of service center and the journey to receive the service.

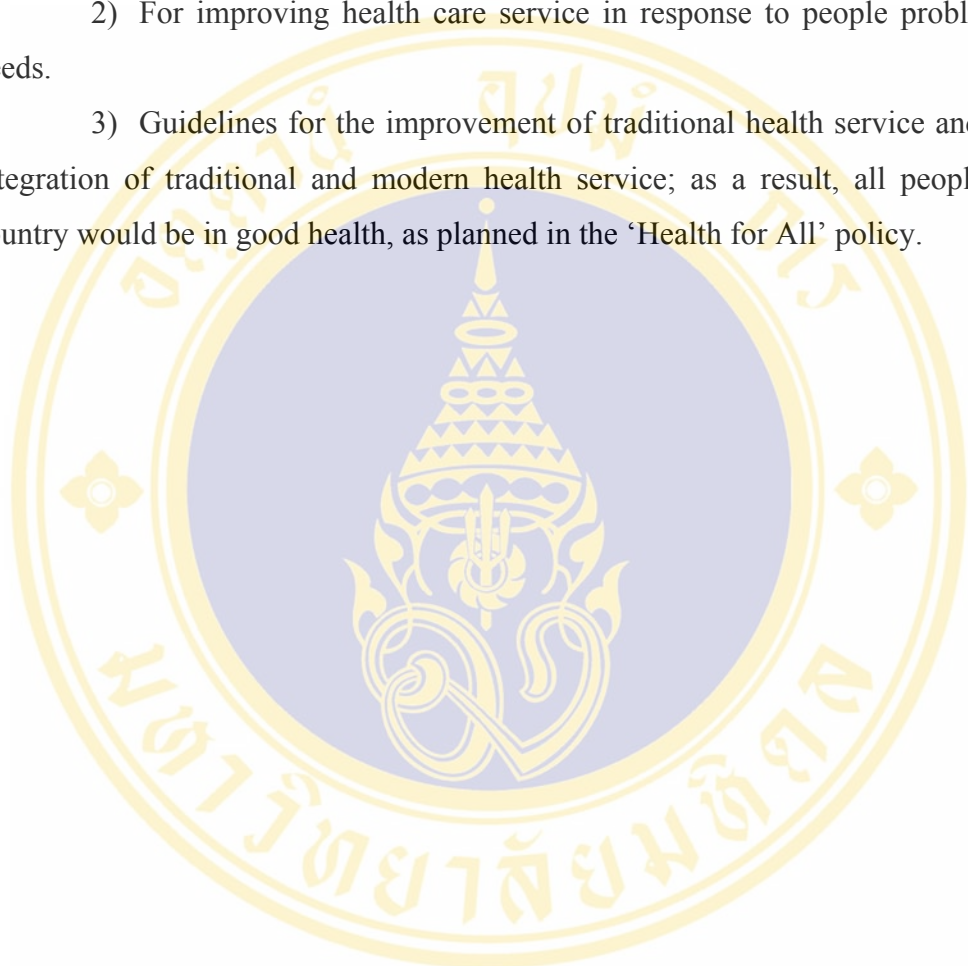
**7. Reinforcing factors** refers to the reflections that people receive or expect to receive in response to their behavior performance. The reinforcing factor in this study is family support.

**Family support** refers to the reception of advice and information about traditional treatment from one's influential persons such as spouse, parents, relatives or neighbors.

### **Expected Outcomes and Benefits**

#### **The results of this study can be used as**

- 1) Basic information for application to health care planning of concerned organization such as the Ministry of Public Health.
- 2) For improving health care service in response to people problems and needs.
- 3) Guidelines for the improvement of traditional health service and for the integration of traditional and modern health service; as a result, all people in the country would be in good health, as planned in the 'Health for All' policy.



## CHAPTER II

### LITERATURE REVIEW

This research was a study of the provision and utilization of traditional health services in rural Thailand. The researcher studied and reviewed textbooks, research papers, journals, and related literature to develop the conceptual framework of this study as presented in the following order:

1. Health Care System
  - 1.1 Popular Health Sectors
  - 1.2 Folk Health Sectors
  - 1.3 Professional Health Sectors
2. PRECEDE Framework for the analysis of the factors influential to the utilization of traditional healers.
3. Factors affecting the utilization of traditional health service.

#### **1. Health Care system**

Healthiness and illness are natural phenomena occurring to every human being. Maintenance of well-being and management of illness are human's common experience and activities (Komart Juengsathiensap,1990:91-93). As social living creatures having culture and community, human beings respond to illness by organizing their society, leading to the development of cultural system known as health care system. The health care system or a norm of causes and consequences of illness many differ in each community depending on various social factors such as education, religious belief, subculture, occupation and social groups (Klienman, 1980 :51). Due to various health care systems, categorization of the systems has been suggested and several categorizations have been widely accepted. Klienman (1980: 51-53) proposes that health care system is similar to social and cultural system and it consists of three main sectors: popular health sector, folk health sector , and professional health sector. These three sectors are partly related to and partly separated from each other and they all form into a local health care system of each

community. Each sector has its unique way in explaining and managing illness, starting from the definition of service providers, clients to steps or process of treatment. Nevertheless, these three sectors have an interrelated stage where belief, knowledge, and technique are exchanged among the sectors in both process of treatment and explanation for the management of illness. Details of the three sectors in a health care system are summarized in Figure 2.

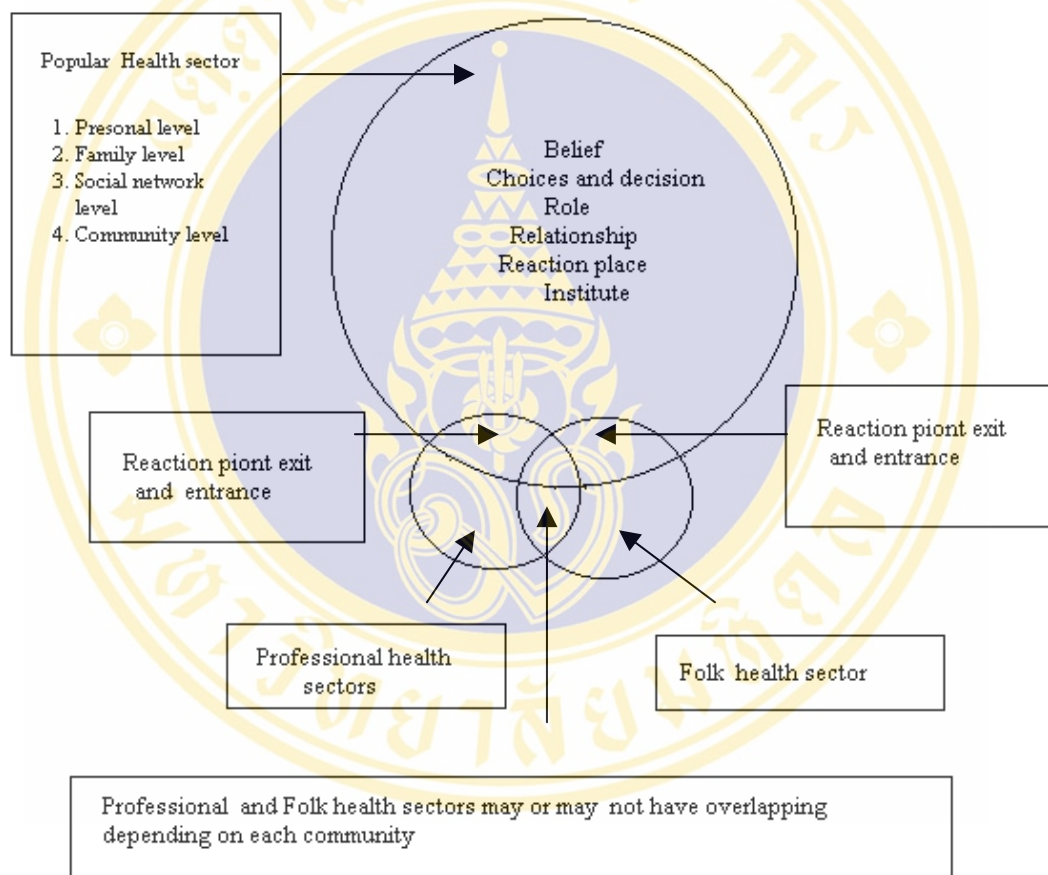


**Figure 2** Structure of community health care system (Klienman , 1980: 51)

### 1.1 Popular Health Sector

Popular health sector refers to the health care system that relies on practical experiences in provision of treatment, prevention of illness and health promotion without any guidelines from systemic theory. It is a fundamental system of seeking solution for health problems. This system constantly occurs and is subsequently

maintained and reproduced on the basis of local experiences (Komart Juengsathiensap,1990:92-93). Several alternative treatments have been developed in popular health sector in aspects of method, techniques, treatment and sources of treatment (Chrisman and Kleinman, 1983: 570-571).

### **1.1.1 Illness concepts**

Definition of illness in popular health sector is based on cultural meaning; therefore the perception and defining of ill feeling will be dependent on the culture or experience of patients, their families, social network, and community. The causes of illness in popular health sector are explained with various beliefs (Chrisman and Kleinman, 1983:575) as follows:

1) Humoral pathology belief. This belief is based on the theory that causes of illness are related to physical balance such as the balance of body elements (earth, water, air and fire), dryness and damp or heat and coldness in the body; for example, a person going out with wet hair, walking in the rain or swiftly changing from hot to cold places may catch a cold (Chrisman and Kleinman, 1983:576) or an ill person should not eat durian or ginger because the foods have hot element and may exacerbate the illness (Pimwal Preedasawas, 1987: 86-87).

2) Supernatural belief. This is the belief that illness is a consequence of fate, punishment, test of faithfulness, action of spirits or witches, or bad luck associated with astrology. For example, people in the northeastern rural of Thailand believe that newborn babies are dead because spirits or ghosts have taken their lives (Pimwal Preedasawas, 1987: 86-87).

3) Germ theory belief. This belief is based on germ theory, which states that germs are causes of illness. For example, children have diarrhea because they eat dirty foods or the foods that fall on the ground and are contaminated with germs or flies (Pimwal Preedasawas, 1987: 87).

4) Other popular cultural beliefs. These beliefs are developed from the community culture; for example, babies have diarrhea because of the alteration of their position or the alteration of the brand of formula milk, or because their mothers have eaten pickles or preserved food (Pimwal Preedasawas, 1987: 87).

### **1.1.2 Patterns of treatment**

The selection of treatment in popular health sector covers a number of choices. The patterns of treatment that are common in personal, family, social network, and community levels are:

1) Non-pharmacological self-management. The self-management behaviors include dietary control, dietary alteration, exercise, rest, reduced work, taking fresh air, special diet, or application of first aid such as applying toothpaste on burnt skin, having tepid sponge to relieve fever or application of hot-compress (Chrisman and Kleinman, 1983: 571), saying a prayer, meditation, and other social support activities such as attending a fate healing ceremony and blessing ritual for the maintenance of the essence of life (Komart Juengsathiensap, 1990: 92-94).

2) Pharmacological self-management. This pattern of treatment is the most noticeable in popular health sector. The medications being utilized may be modern medicines, herbal medicines or traditional medicines. The modern medications may be bought over-the-counter from one's experience of treatment or from other people's advice, some medications are leftover from the treatment of past illness, or some may be bought by showing medications received from government health service as samples (Chrisman and Kleinman, 1983: 571). Herbal or traditional medicines are used with existing knowledge of household medicinal plants thus the herbs are mostly from house gardens or in the neighborhood. Most herbal plants are easily found and are frequently used for common illness, such as diarrhea or a cold. They may be used even in daily living such as taking ebenaceae fruit to kill intestinal parasites or shampooing with kaffir lime for black and shiny hair. The knowledge of herbal treatment is learned and transferred within a family from generation to generation and within a social network from asking and sharing advice among the social members (Komart Juengsathiensap, 1990: 93-94).

### **1.1.3 Health promotion and prevention of illness**

Popular health sector has system for the prevention of illness and health promotion through the prescription of taboos e.g. no sewing at nighttime to prevent needle's pricking, no fast eating for the prevention of aspiration (Komart Juengsathiensap, 1990: 94), or during the period of physiological changes such as postpartum period or physical weakness some diets e.g. pickled and preserved foods

or durian are not allowed as they may weaken the body and induce more serious illness. (Budsagamas Sinthuprama, 1996 : 34)

## 1.2 Folk Health Sector

Folk health sector refers to non-professional medical practice. It is a non-organizational practice but is developed from community culture. The practitioners in this health sector have more expertise than the practitioners in popular health sector as they possess more systemic theory (Chrisman and Kleinman, 1983:571-572). In an overview, folk health sector is a consequence of long-term experience in solving health problem accumulating from learning and understanding of life and health in a natural way, leading to the formation of traditional knowledge concerning health care. This knowledge has been practically tried out, screened and observed to the extent that it is thoroughly understood.

### 1.2.1 Illness concepts

Folk health sector, similar to popular health sector, defines illness according to cultural meaning. It perceives an ill person with holistic approach, taking not only the illness but also body, mind and social characteristics into consideration, unlike the modern health system. The belief about causes of illness in folk health system can be classified into two types as follows (Budsagamas Sinthuprama, 1996 : 33-34; Pannee Pinyarattana, et.al., 1995 : 30-31):

1) Belief of invisible, supernatural causes of illness that is inexplicable with scientific knowledge. For example, illness may be caused by misfortune from the universal power having impacts on earthly objects, which is astrological belief or it may be caused by ghosts, spirits or evils which comes from belief in sorcery (Komart Juengsathiensap, 1992: 19-29). The treatment is usually given in ceremonial practice e.g. *phoe fa* dance (medical folk dance) and checking the astrology.

2) Belief that the loss of natural balance is a cause of illness. It is believed that natural beings are composed of various elements and natural phenomenon such as storm and flood are consequences of the changes of these natural elements. The Thai traditional medical system based on this belief, therefore, believes that human body consists of four elements comprising earth, water, air and fire (Komart Juengsathiensap, 1992: 9-19) and the loss of balance among these elements

can cause illness. Treatment can be given in various ways including taking herbal medication to adjust the body balance, massage, or heat and cold compression, etc.

### 1.2.2 Type of traditional healers

Referring to the pilot study surveying information about traditional healers in Tambon Lumpook, Muang District, Buriram province, traditional healers can be classified into various types as detailed below.

1) *Mor pao* refers to the healer who gives treatment by blowing on the ill person. The most common ingredient used in blowing is red lime that is usually added to betel. Some blowing healer chewed garlic, betel, or some kinds of leaves before blowing on the affected area. Illness commonly cured this way included abscess, colic babies (babies who constantly cry at night), headache, some skin disease (herpes zoster), and dog bite. It is believed that the effectiveness of the blowing depends whether the patient and the healer had made merit together in the previous life.

2) *Mor tham (mor song)* or *mor sorn* refers to the healer with thorough knowledge about magic verse and incantation. *Mor tham* can investigate whether the illness results from acts of spirits by getting into a trance. When they feel ill, villagers seek help from these healers by asking for a binding with sacred tread or sprinkles of holy water.

3) *Mor samunprai* refers to the healer with expertise in herbal medicines, animal canines, or organs of some animals.

4) *Mor kradoog* refers to the healer with expertise in managing fractured bones by rubbing sesame or coconut oil on the fractured area.

5) *Mor nuad-jab sen* or masseur/ masseuse refers to the healer providing massage for treatment and having expertise on massaging certain areas to relieve sprain, sore, and pain.

6) *Mor sadau-krauh* refers to the healer performing ceremonial treatment to correct bad events that are believed to bring illness to the patient and family members e.g. having nightmare or have bad-omen animal such as vulture and a barn owl getting in the house.

The traditional healers not including in this research are traditional midwives of which the service is much less popular at present and *ram phee-fa* or medical folk dances which is hardly performed for treatment of illness anymore.

*Mor saneh* or the love-philter men were not included in the study because they do not have role in the treatment of illness and *mor soo kwan* or blessing healers were also excluded because other healers can also perform the *soo kwan* ritual.

### 1.3 Professional Health Sector

Professional health sector refers to the provision of medical service with professional characteristics. The service is systemically organized in official ways; clinical practice is conducted on the basis of advanced medical science and is based on the culture of contemporary medical system which consists of medical school, hospital, professional organization and medical care activities along with medical administration and management (Pimwal Preedasawas,1997: 99 ; Chrisman and Kleinman, 1983: 570-572).

#### 1.3.1 Illness concepts

Professional health sector perceives illness as disease, which reflects dysfunction of body organs or disorder of body system (Kleinman, 1978: 572). This concept is the basis of modern medicine, which emphasizes biological factors as the only cause of illness (Budsayamas Sinthuprama, 1996 : 33).

1) Germ theory states that diseases are caused by germ, which are microorganisms such as bacteria, virus, fungi, etc. These microorganisms enter the body and subsequently induce signs and symptoms of physical illness e.g. small pox, tuberculosis, etc. (Komart juengsathiensap,1990: 40-43).

2) Medicinal-biological concept considers human body as a composition of cells accumulated into tissues and organs, which function differently. Dysfunctions of body organs, therefore, interfere or disrupt normal biological or physiological process.

#### 1.3.2 Patterns of treatment

Modern medical treatment is given according to medical diagnosis; for example, if a dysfunctional organ is diagnosed, treatment will be given to cure that organ, or if a patient is diagnosed with an infection, the type of infectious organism must be identified whether it is a fungus, bacterial, or virus so that antibiotics or antiseptic treatment for that particular organism can be administered (Kunchana

Deevised, 1996: 8-9). Modern medical treatment can be classified into different types as follows:

1) Pharmacological or chemical therapy. Medications currently available are in various forms and could be administered via various routes including, oral administration, intramuscular or intravascular injection, spray and suppository. Pharmacological or chemical agents may act by eliminating microorganisms or inhibiting the growth of organisms, such as antibiotic agents or they may act on the dysfunctional organs or dysfunctional body systems.

2) Physical therapy. This way of treatment requires anatomical knowledge. For example, the removal of dysfunctional organs or abnormal cells by surgery, interruption of cell growth and destruction of carcinoma cells with radio therapy, placing fractured or damaged bone in a cast, bone fixation with plates and screws or induction of medical instrument into the body such as urinal catheterization and endotracheal intubation, etc.

## **2. PRECEDE Framework**

PRECEDE stands for Predisposing, Reinforcing, and Enabling Causes in Education, Diagnosis and Evaluation. (Green and Krueter, 1999: 32-43) This PRECEDE framework, which was proposed and developed by Green, has been widely used for the diagnosis and evaluation of health education programs and health promotion programs.

The PRECEDE framework takes into account the multiple factors that shape health status and helps the planner arrive at a highly focused subset of those factors at targets for intervention.

In fact, individual health behaviors are caused by many factors. PRECEDE framework as used for diagnosis and evaluation of health promotion programs suggest that there are three major groups of factors influencing health behaviors as detailed below.

**1. Predisposing factors** include internal factors such as knowledge, attitude, belief, value and perception that facilitate or hinder motivation for changes.

**2. Enabling factors** are those skills, resources or barriers that can help or hinder the desired behavioral changes as well as environmental changes.

**3. Reinforcing factors** are the rewards and the feedback the learners receive from others following adoption of the behavior. They may encourage or discourage continuation of the behavior.

### **Eight phases of PRECEDE framework**

Phase 1: Social Assessment and Situational Analysis. Ideally, one begins with a consideration of quality of life by assessing some of the general hopes or problems of concern to the target population (patients, students, employees, residents, or consumers). This is best accomplished by involving the people in a self-study of their own needs and aspirations.

Phase 2: Epidemiological Assessment. Phase 2 applies when the model is used by health professionals to plan a health program. A general community development program might apply this model to other problems or social goals identified in Phase 1. The task of Phase 2 is to identify the specific health goals or problems that may contribute to the social goals or problems noted in Phase 1. Using available data, information generated by appropriate investigations and epidemiological and medical findings, the planner ranks the several health problems or needs.

Phase 3: Behavioral and Environmental Assessment. Phase 3 consists of identifying the specific health-related behavioral and environmental factors that could be linked to the health problems chosen as most deserving of attention in Phase 2. If the model is applied to a problem other than health, skipping Phase 2, the outer arrows connecting lifestyle and environment to the quality-of-life box become the focus of this phase. These are the risk factors or risk conditions the intervention will be tailored to affect.

Phase 4: Educational and Ecological Assessment. On the basis of cumulative research on health and social behavior, and on ecological relationships between environment and behavior, the PRECEDE model groups them according to the educational and ecological approaches likely to be employed in a health promotion program to bring about behavioral and environmental change. The three broad grouping are predisposing factors, reinforcing factors, and enabling factors.

Predisposing factors include a person or population's knowledge, attitudes, beliefs, values, and perceptions that facilitate or hinder motivation for change. Predisposing factors could also include genetic predisposition and the early childhood experience that created the attitudes, values and perceptions in the first place.

Enabling factors are those skills, resources, or barriers that can help or hinder the desired behavioral changes as well as environmental changes. One can view them as vehicles or barriers, created mainly by societal forces or systems. Facilities and personal or community resources may be ample or inadequate, as might income or health insurance, and laws and statutes may be supportive or restrictive. The skills required for a desired behavior to occur also qualify as enabling factors. These factors thus include all those that make possible a change in behavior in the environment that people want.

Reinforcing factors that are the rewards received and the feedback the learner receives from others following adoption of a behavior may encourage or discourage continuation of the behavior. Reinforcing behavior produces lifestyles (enduring patterns of behavior), which in turn influence the environment through political advocacy, consumer demand, or cumulative actions.

Phase 5: Administrative and Policy Assessment. Armed with the pertinent and systematically organized assessment information, the planner is ready for Phase 5, the development and implementation of a program.

Phase 6, 7 and 8: Implementation and Evaluation. Listing evaluation as the last phase is misleading, for evaluation is an integral and continuous process from the beginning through all phases of implementation.

In this study, the researcher adapted the idea of PRECEDE framework to use as research guidelines by selecting variables expected to involve in the decision making about traditional healer utilization among the people in Tambon Lumpook. This research focused on Phase 4 of the framework to investigate related factors that might be predisposing, enabling and reinforcing factors in the utilization of traditional medical service.

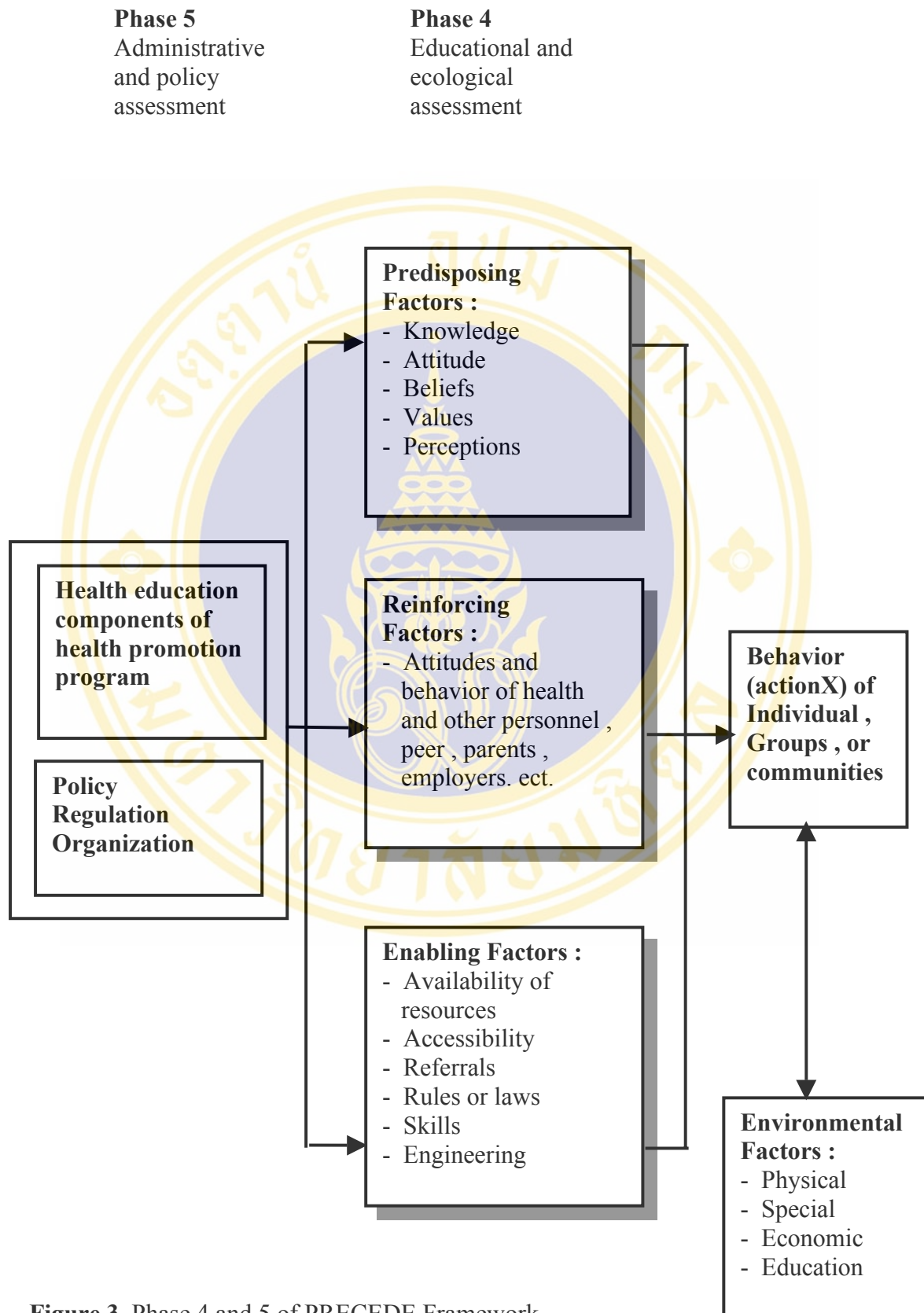


**Figure 3** Phase 4 and 5 of PRECEDE Framework

### 3. Factors affecting the utilization of traditional health service

#### Age

Age is the basic factor determining differences in physical and mental development. It is the indicator of maturity or ability in making decision about the utilization of medical service. Referring to Petnoi Singchangchai (1985), Sanan Somboon (1988), and Kridsana Nadee (1998), the elderly utilized traditional medicine the most. This finding is inconsistent with the results of several previous studies. Sirinun thinkhum (1997), for example, studied the service process of Thai traditional medicine and found that 67.50 of clients were aged 46 years or older; Poratee Thukjit (1997) studied the traditional medicines of the Thai Loe population and found that most clients of traditional healers were at the age between 15-50 years; and Lahtica Junjit (1997) studied utilization of traditional health care among postpartum women in the city and found that most postpartum women utilizing traditional health service were aged between 27-30 years. These studies have revealed various age groups of the people utilizing traditional health service, ranging from working age to old age. This may be on account of differences in methodology and study sites. Therefore, the researcher of this study was interested in finding whether age is an influential factor on the utilization of traditional medical service.

#### Gender

Kittiwan Jantharit (1999) studied the utilization of Thai traditional medicine in community hospital among people in Nakornsawan Province and found that most of the clients, either revisited or not, were female. The studies conducted by Chuenchom Charoenyuth (1979) and Chanin Rattanasakol (1997) also found that women utilized traditional health service more than male. However, Nittaya Kitpaisarn (1996) found that most orthopedic patients receiving care from bone healers who received treatment from bone blowers were male.

The review of related literature could not reach a conclusion whether the clients of traditional health service are mostly male or female and it is probably because of the differences in research methodology and the study sites. Hence, the

researcher of this study was interested to study whether gender would have influence on the utilization of traditional health service.

### **Family structure**

Thepin Patcharanurak (1990) studied concepts of illness and traditional treatment behaviors by interviewing people in a village of Petchaburi Province. She found that extended family would first seek treatment with herbal medicines. Another study conducted by Roongrungee Vibulchai (1995) also found that extended families consisting of averagely 10 members with 1-2 senior members, would decide to utilize traditional medicine more than nuclear families. However, a study conducted by Lathica Junjit (1997) found that postpartum women from nuclear families tend to seek postpartum traditional health care more than those from extended families.

The review of related literature has revealed that family pattern is another influential factor in decision making about health care utilization. Therefore, the researcher was interested to investigate whether this factor would be related with the utilization of traditional health service.

### **Education**

According to a study on the service process of Thai traditional medicine conducted by Sirinun Thinkhum (1997), it was found that most clients were educated at an elementary level. Other studies conducted by Chunchom Charoenyath (1989) and Poratee Thukjit (1997) also found that most clients utilizing traditional health service were educated at the Prathom 4 level. However, the study in postpartum women in Bangkok and Prathumthani conducted by Lathica Junjit (1997) showed that most clients were educated at a bachelor's degree level.

### **Occupation**

Sirinun Thimkhum (1997) studied the service process of Thai traditional medicine in the case study of service centers of Traditional Medicine Organization

in Bangkok and found that the occupational group mostly utilized traditional health service was housewife and male housekeeper (43.50 %).

Poratee Thukjit (1997) conducted a case study on the utilization of traditional health service in the Thai Loe population at Ban Thafa Nuoe, Tambon Sra, Phayao Province and found that most clients worked in agricultural field.

Kittiwan Junrit (1999) studied the utilization of Thai traditional medicine in community hospital of people in Nakornsawan Province and found that most clients worked in government service / government enterprise.

Lathica Junjit (1997) studied the utilization of postpartum traditional health service in Bangkok and Pratumthani and found that 54.83 percent of postpartum women were workers.

It is evident that occupations of people using traditional health service vary and these findings may be due to the differences in the study samples and study sites. Occupation is a factor involving in the selection of health service as people in the same occupation have chances to meet and share knowledge and experience with each other, thus having effects on individuals' attitudes, beliefs and behaviors. The researcher of this study, therefore, included occupation as a variable that might have influence on the utilization of traditional health service.

### **Income**

Sangthong Ngaen-ngarm (1990) studied the factors related to the utilization of medical service at health centers in rural area of Lumpang Province, and found that most clients had annual income less than 5,000 baht (or less than 500 baht per month)

Chanin Rattanasako (1997) conducted a comparative study of the utilization of traditional treatment and modern treatment for cataracts and found that most clients utilizing traditional treatment (57.14%) earned monthly income lower than 5,000 baht.

Kittiwan Junrit (1989) studied the utilization of Thai traditional medicine and found that most clients had monthly income higher than 10,000 baht.

Paneepan Chatampaiwong (1989) conducted a case study of throat-swabbing healer in providing treatment for *Krapun* (laryngitis), *Lha* or *Sang* (follicular

pharyngitis) in Tambon Kuiburi, Kuiburi District, Prachuabkirikhan and found that most parents of young clients had average income of 5,000 baht per month.

Referring to the above reviewed literature, clients' incomes vary. This is probably because of differences in education level and the study sites, leading to differences in economic status. The researcher of this study, therefore, included income as a variable affecting the utilization of traditional health service.

### **Cost of treatment**

Sanan Somboon (1988) conducted a case study at Ban Kok Yai, Tambon Nonghai, Vapeepatum District, Maharakam Province to investigate the provision of service from traditional healers and traditional treatment that has effects on villagers' ways of life and found that the cost of traditional treatment was inexpensive and the villagers were satisfied with such cost.

Tipsuda Nanethong (1991) conducted a specific case study of the selection of traditional or modern medication utilization at Phothong Bon Temple and King Rama the 3<sup>rd</sup> Hospital, Nonthaburi Province and found that patients utilized traditional medicine because they were afraid of and did not understand the process of modern medicine and they were concerned about the cost of treatment for modern health service.

Mariko Kato (1995) conducted a case study of the traditional medicine concerning *Pheefa* dancers (medication folk dancers) at Ban Nongyai, Wangaoi District, Khonkaen and found that cost of treatment was not the key factor in making decision about the type of treatment; instead, it was the family members' decision that mainly led the clients to seek service from *Pheefa* dancers.

Paneepan Chatampaiwong (1989) conducted a case study of throat-swabbing healer in providing treatment for *Krapun* (laryngitis), *Lha* or *Sang* (follicular pharyngitis) in Tambon Kuiburi, Kuiburi District, Prachuabkirikhan and found that the factor influential to the existence of throat-swabbing healers was low cost of treatment.

Review of literature has also shown that economic status is a factor influential to the performance of self-care behavior. The costs of self-care that is too high for clients' economic status may inhibit their access to appropriate health

service. Thus the cost of treatment is likely to relate with the utilization of traditional health service.

### **Satisfaction with service**

Lathica Junjit (1997) conducted a case study on postpartum traditional health care in Bangkok and Prathumthani. She found that one of the key factors influencing postpartum women's utilization of traditional health service was their satisfaction with the service in addition to the simplicity of service system which was not so complicate like modern system.

Sirinun Tinkhum (1997) conducted a case study on service process of Thai traditional medicine in service centers of Traditional Medicine Organization in Bangkok. She found that the factors contributing to patients' utilization of Traditional health service were satisfaction with the service and simple access to the service centers.

Roonrungsee Vibulchai (1995) conducted a case study of traditional medicine at Naseedum Village, Tambon Khawpoon, Kudkawpoon District, Ubonrachathani and found that reinforcing factors of sustained traditional health service was the satisfaction with service pattern, which was provided with holistic approach by taking the patient's physical, mental, and social problems into consideration.

Budsayamas Boonjaipet (1983) compared the differences in socio-psychological factors between patients utilizing traditional medicine and those utilizing modern medicine, and found that patients reported stisfaction with traditional service because of the service providers' friendly manners.

According to the review of related literature, the selection of service depends on clients' satisfaction. Therefore, satisfaction with the service should relate to the utilization of traditional health service.

### **Convenience in traveling**

Poratee Thookjit (1997) conducted a case study of Thai Loe medicine at Ban Tha Fa Nheo, Tambon Sra, Chiangman District, Phayao. She found that the

factors sustaining Thai Loe traditional medicine was the convenience in traveling to the service centers.

Roonrungsee Vibulchai (1995) conducted a case study of traditional medicine at Naseedum Village, Tambon Khawphoon, Kudkawphoon District, Ubonrachathani and found that a reinforcing factor of sustained traditional medicine was short distance to the service centers because traditional healers lived in the village.

Siriporn Prangprasit (1994) studied factors influencing medical utilization of insured people based on the Social Security Act B.E. 2533 at Phranakorn Sriyuthaya Hospital. It was found that insured persons had problems and difficulties in receiving health service because their employers selected the service centers that were far from their living places and workplaces thus inconvenient access to the service.

The review of related literature has shown that a factor affecting the selection of service is simple access to the service including convenient traveling or easy transportation to the service centers. Thus, transportation should relate to the utilization of traditional health service.

### **Family support**

Kridsana Nadee (1998) conducted a study with 60 senior people receiving care from King Rama the 4<sup>th</sup> Hospital to examine their behaviors in seeking health service. It was found that a factor relating to the selection of service utilization was consulting with family members or neighbors prior to searching health service from other sources.

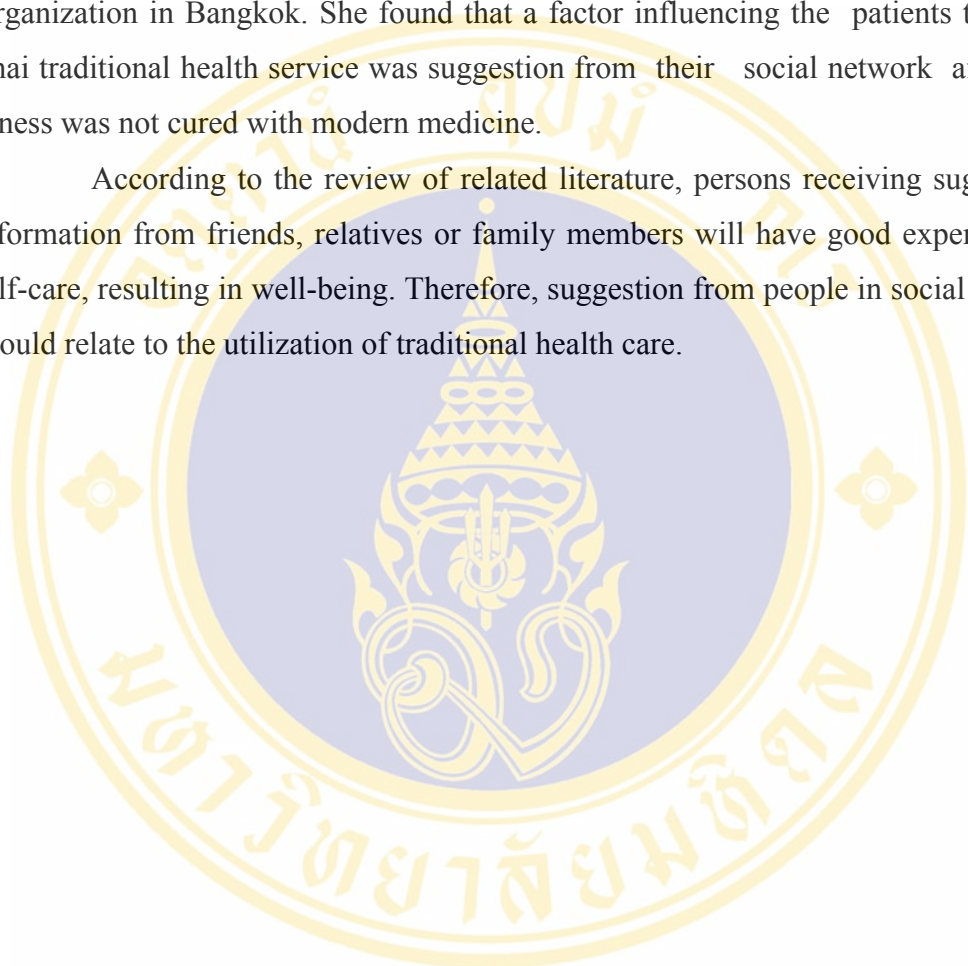
Tipsuda Nanethong (1991) conducted a case study on the selection of traditional or modern medical utilization at Phothong Bon Temple and King Rama the 3<sup>th</sup> Hospital, Nonthaburi. She found that patients utilized traditional medicine because they received suggestion from closed friends or relatives.

Duriyang Warangrat (1993) compared traditional medicine with modern medicine among the Thai Sho population in the northeastern region by investigating the treatment of diarrhea in children aged 0-5 years. She found that conversation, advice and inquiry about medication efficacy with relatives or neighbors had

influence on the selection of treatment and could persuaded the inquirers to use the recommended treatment with their children.

Sirinun Thimkhium (1997) conducted a case study of the service process of Thai traditional medicine at service centers of the Traditional Medicine Organization in Bangkok. She found that a factor influencing the patients to utilize Thai traditional health service was suggestion from their social network after their illness was not cured with modern medicine.

According to the review of related literature, persons receiving suggestion/information from friends, relatives or family members will have good experience of self-care, resulting in well-being. Therefore, suggestion from people in social network should relate to the utilization of traditional health care.



## **CHAPTER III**

### **METHODOLOGY**

#### **Research Design**

This research was an integrative study of qualitative and quantitative research aiming to investigate the process and method of traditional treatment and the reasons underlying the utilization of traditional health services of people in rural Thailand

#### **Population and Sampling**

##### **Selection of Study Site**

The study site was selected by purposive sampling method. Tambon Lumpook, Muang District, Buriram Province was chosen based on the reasons that various types of traditional healers still provided service in the community and the culture of traditional health care was well sustained in the villages. Moreover, Tambon Lumpook is located near the provincial center, traveling to and from the villages is fairly convenient and the villages are safe for the researcher to collect data in the community.

##### **Population**

The population of this study comprised people in the following two groups:

1. Traditional healers providing traditional health services in Tambon Lumpook. According to the pilot study for this research in April 2002, there were 51 traditional healers in Tambon Lumpook.
2. The population of Tambon Lumpook, Muang District, Buriram Province of which the total number was 7,750 (Lumpook Health Center, 2003).

### Sample of the Study

The sample of this study was classified into two groups as detailed below.

1. Traditional healers. The healers included in this study are those who still actively provided traditional health service in Tambon Lumpook. The total 51 traditional healers in Tambon Lumpook could be categorized according to their expertise as follows: 13 *mor pao* (blowing healers), 9 *mor song* (the mediums), 7 *mor samunprai* (herbal medicine healers), 6 *mor kradoog* (bone healers), 3 *mor nuad-jabsen* (masseurs), 3 *mor sadaukrauh* (fate healers), 3 philter men, 2 medical folk dancers (*Pheefa* dancers), 1 blessing man and 4 traditional midwife. The traditional healers that were excluded this study were traditional midwives, the philters and folk dancers (*Pheefa* dancers) because they had no active role in the provision of treatment nowadays. The blessing man was also excluded as other traditional healers can perform blessing rituals. Therefore, the traditional healer sample in this study was composed of 41 traditional healers as follows: 13 *mor pao*, 9 *mor song*, 7 *mor samunprai*, 6 *mor kradoog*, 3 *masseuers* and 3 *mor sadaukrauh*.

2. Clients of traditional healers. The sample in this group was categorized into two subgroups as follows:

1) The clients with whom the researcher could interview during the process of treatment. This subgroup was composed of 25 clients and their data were collected with in-depth interview in combination with observation.

2) The clients with whom the researcher could not conduct an interview during the process of treatment. There were 87 clients in this subgroup. The researcher obtained information about these clients from traditional healers and further interviewed them at their home with retrospective method.

### Instrumentation

Two sets of instrument were used for the collection of data as detailed below.

Set 1 Interview questionnaire for traditional healers, consisting of two parts as follows:

Part 1 General information about the traditional healer. This part had nine questions for the collection of data about age, marital status, education, way of

knowledge transferal, duration of being a healer, type of traditional treatment, occupation and income.

Part 2 In-depth interview guideline questions. This part contained the questions concerning the qualifications and knowledge of traditional healers and the provision of health care service. The questions were aimed to obtain data about symptom examination, diagnosis, treatment, cost of treatment, the motivation for being a traditional healer, and problems found in the provision of traditional treatment.

Set 2 Interview questionnaire for clients, consisting of two parts as follows:

Part 1 General information about the client. This part consisted of 10 questions asking about age, gender, race, religion, local language, education, occupation, monthly family income, family characteristics, the number of time receiving traditional treatment, and the introducer of this service.

Part 2 In-depth interview guideline questions. The guideline questions were aimed to obtain data about symptoms and causes of illness, the reasons underlying the utilization of traditional health service, transportation, cost of treatment, duration of treatment, family members' opinions toward traditional treatment, and satisfaction with the treatment.

### **Content Validity**

In order to ensure the content validity and appropriateness of the questionnaire language, three experts participated in the editing process. The experts included one population and social, one health behavior, and one humanities and social sciences faculty ( Appendix ). The guideline questions and the questionnaires were then modified based on the experts' comments and recommendations.

### **Data Collection**

Data were collected in the following manners:

1. The introduction letter from the Dean of the Faculty of Graduate Studies, Mahidol University, was submitted to the Director of Lumpook Health Center in order to request for cooperation in collecting data.

2. After the request was approved, the researcher started collecting data with the assistance of health volunteers in meeting with the subjects of the study. The researcher then informed the subjects about objectives of the study and asked for their cooperation in collecting data. When the subjects expressed willingness to participate in the study, they were asked to sign the consent form (Appendix B).

3. The interview with the two groups of sample was conducted separately as detailed below.

*Traditional healer sample.* The total sample of 41 traditional healers was interviewed about their personal history, general information and their learning of traditional treatment. In-depth interview was combined with observation during the provision of traditional treatment for the collection of data concerning process and method of treatment.

*Client sample.* As the sample in this group was divided into two subgroups, the interview with one subgroup slightly differed from the other one as follows:

- 1) Collecting the data from clients while they were receiving the treatment and observing, as well as listening to the relatives' inquiries about the illness;

- 2) Asking for the information about clients receiving health service from traditional healers during 25 February to 25 March 2003; in cases that the healers could not remember, the information would be sought from other clients. The researcher then interviewed the clients at home using in-depth interview method and guideline questions for good coverage of the information. Permission for recording the interview on audiocassette tape was asked from the clients. During the interview, the client might refuse to answer the questions that they felt uncomfortable with or might ask for the discontinuation of audiotape recording at anytime as they wished.

4. Data from the interview were examined to ensure validity and completeness. The recorded tapes were transcribed and the content of the interview were edited for further analysis. Data were categorized into groups based on the conceptual framework and objective of the study.

### **Protection of Human Subjects**

For the protection of human subjects, the researcher provided the subjects with the consent form (Appendix ) when requesting their participation in the project. The subjects received detailed information about this research and were told that their decision to participate in or withdraw from the study would not affect any health service that they might receive in the future. Moreover, they could discontinue or cancel the interview at any time without any negative impact. The subjects were also informed that their anonymity would be preserved and information obtained from the interview would be kept strictly confidential.

### **Data analysis**

1. Demographic data were analyzed with frequency count method and the results were calculated for percentage and mean values.
2. Content analysis was carried out after the examination of data from in-depth interview. The researcher recorded the data and the sample's statements were reviewed and examined for validity at the same time. The data were then categorized with content analysis. Finally, all obtained information would be conceptualized to develop a conclusion.

## CHAPTER IV

### RESULTS

The objective of this research was to study the provision and utilization of traditional health services in rural Thailand. The data were collected during 25 February 2003 to 25 March 2003. In this chapter, The results are presented in 3 parts :

Part 1 Research Site

Part 2 Traditional healers

2.1 General information

2.2 Process and method of traditional treatment

Part 3 Clients

3.1 General information

3.2 Type of illness

3.3 The reasons underlying the utilization of traditional health service

#### Part 1 : Research Site

##### General information

Tambon Lumpook is an **ancient community**. According to Chan Promma, a key informant of this study, the community is named after the local 'Lumpook' tree. Tambon Lumpook is composed of 18 villages with the total number of 1,353 households. The total number of the population was 7,750 comprising of 3,932 males and 3,818 females (Lumpook Health Center, 2002). The most local people work as rice growers with the once-a-year system, followed by sugar cane farmers.

Most people in Tambon Lumpook are educated at a primary education (compulsory education). This subdistrict has four primary schools and a secondary school for extensive learning, which includes kindergarten levels and provides education up to the Matthayom 3 level. Should a child like to study at a high school level, he or she has to go to another secondary school that is located six kilometers

away from the villages. As previously mentioned, Tambon Lumpook is an ancient community; the population of this community, therefore, consists of people from various origins and various areas. As a result, a variety of languages, including Laotian and Khmer, are used in the villages. However, the official language is Thai. For local spoken language, Khmer is commonly used; for example:

*See buy* means ‘having a meal’.

*Thae oye* means ‘what are you doing?’

*Shue kabal* means ‘headache’.

### **Location**

Tambon Lumpook is located 12 kilometers away from the center of Buriram Province, stretching north to Tambon Slangpan, Lamplaimas District; east to Tambon Banbua, Muang District; west to Tambon Banyana, Lamplaimas District; and south to Tambon Sakaerprong, Muang District, Buriram Province.

The transportation within the villages and to other subdistricts is convenient as there are tarmac and laterite roads run through the villages. Every household has electric power supply but not all have tap water. Some households still rely on wells and underground water. Tambon Lumpook has one natural water source, which supplies sufficient water for the whole community throughout the year.

### **Village beliefs**

Most people in Tambon Lumpook are Buddhists. They hold the beliefs that are similar to other northeastern people. It is the belief in supernatural power that can cast spell or magic to make good or bad things happen to themselves and their families. The belief concerning ghost is particularly strong. A survey in Tambon Lumpook has revealed that apart from the belief in ghosts and supernatural power, the villagers also believe in karma, astrology, superstition, auspicious dates and times and spirit or essence of life as summarized below.

1. Belief about ghosts: The villagers believe there are two type of ghost: good and bad. Good ghosts protect villagers from danger and bad ghosts cause illness or harm to villagers.

“*Pee poo-taa*” are the spirits of the founders of the villages. There is usually an annual ceremony to pay respect to *pee poo-taa*. Anybody showing disrespect to these spirits will get ill.

“*Pee chua*” are the family spirit from maternal side. These spirits protect the offspring in the family and punish them for wrongdoing such as having a fight or showing disrespect to senior people.

“*Pee porb*” are bad ghosts developing from people who learn sacred power but do not behave according to the prescription of their masters thus turning into *porb*.

2. Belief in making merit and karma: This belief is influenced from Buddhism teaching. Karma is categorized into good and bad karma. This belief is reflected in villagers’ lifestyle such as going to the temple on every religious day and having respect for those who strictly follow Buddhism regulations.

3. Belief about astrology, superstition and auspicious times: The villagers believe that their lives are already fated thus they are destined for any event happening in the future. Nevertheless, they will perceive any sign for the upcoming good or bad event; for instance, a gecko cries or an animal drops dead. Some may have superstitious dreams such as the dream of having a broken tooth (a relative will get ill). These superstitious and astrological beliefs reflect in the search for auspicious date and time for having a major ceremony such as wedding, celebration of a new house or annual merit making.

4. Beliefs about *kwan* (spirit or essence of life): The villagers believe that everybody has *kwan*. Thus in auspicious ceremony such as the celebration of a new house, wedding, one’s returning home from abroad or recovering from illness, a ritual called ‘*bay sri soo kwan*’ is usually organized to nurture the essence of life and support the person’s spirit.

### **Health Care System**

A popular public health service for people in Tambon Lumpook is Buriram Hospital, which is a provincial hospital located 12 kilometers from the villages. Tambon Lumpook has Lumpook Health Center, which located within the distance of six kilometers from any villages in the subdistrict. There are four general stores in the subdistrict. There was no severe epidemic disease in the past 10 years. Common

symptoms of illness are non-severe such as a cold, headache, stomachache and the villagers usually buy medications over-the-counter to treat the symptoms themselves. Nevertheless, the villagers will seek treatment from traditional healers for certain illnesses such as *kai mark-mai*, herpes zoster and *pee tham* (caused by ghosts). When people get ill, they will discuss with the family about the nature and the possible cause of the illness. The severity of illness will be assessed at the same time by observing activities of the ill person. For example, a person who used to be talkative may change into “not talking, very quiet, look depressed, cannot sleep at night and cannot eat”; this instance is assessed as severely ill. The symptoms will be assessed again after receiving the treatment and the treatment would be considered effective if the ill person is improved and can conduct daily activities as usual; for example, “can eat, smile and do housework as usual”. Some relatives may make an observation that the symptoms never occurred in the family before; in such case, the illness would be considered severe for the family. For instance, a family having the first child was frightened with the baby’s continuous cry (*roke kam-rerd*); the neighbors and village elders told the family about their experience with this symptom and informed them about the cause and possible treatment for the baby.

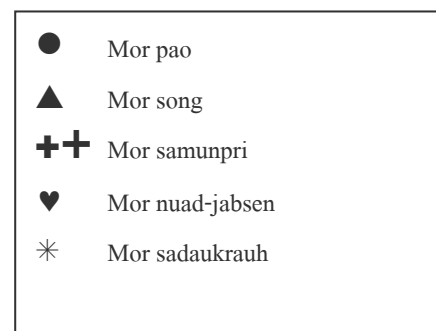
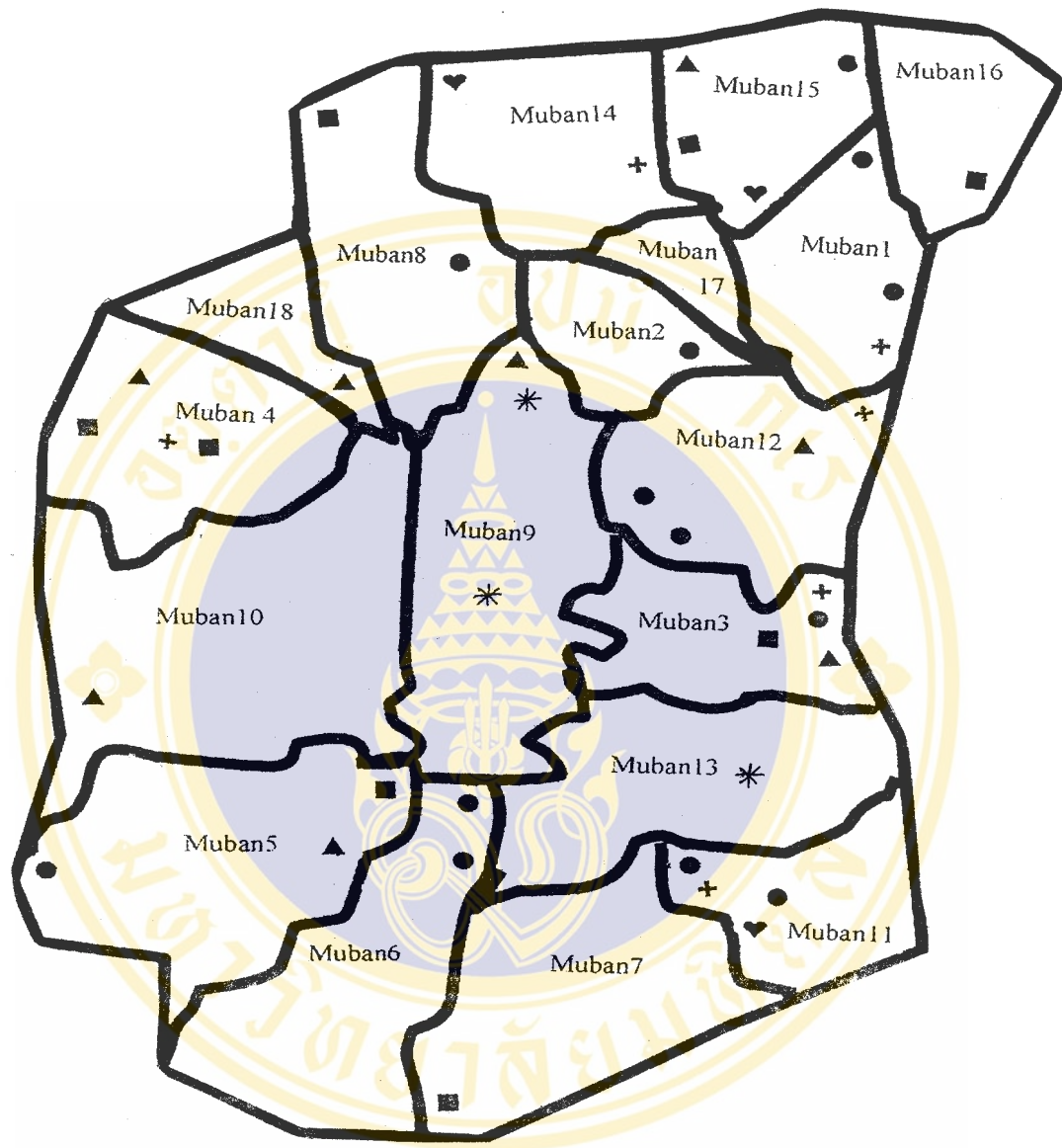


**Figure 4** The distribution of sample in Tambon Lumpook

## Part 2 : Traditional healers

### 2.1 General information

This study found 41 traditional healers still providing traditional treatment in Tambon Lumpook. These traditional healers could be categorized into six groups according to the characteristics of their work as shown in Table 1.

**Table 1** Number and percentage of traditional healers, classified by the characteristics of treatment (n=41)

| Type of the traditional healers               | N         | %             |
|-----------------------------------------------|-----------|---------------|
| <i>Mor Pao</i> (Blowing healer)               | 13        | 31.7          |
| <i>Mor Song</i> (The Mediums)                 | 9         | 22.0          |
| <i>Mor Samunprai</i> (Herbal medicine healer) | 7         | 17.1          |
| <i>Mor Kradoog</i> (Bone healer)              | 6         | 14.6          |
| <i>Mor Nuad-jabsen</i> (Masseur)              | 3         | 7.3           |
| <i>Mor Sadaukrauh</i> (Fate healer)           | 3         | 7.3           |
| <b>Total</b>                                  | <b>41</b> | <b>100.00</b> |

Referring to the data in Table 1, the traditional healers that still provided treatment in Tambon Lumpook the most were *mor pao* (13 healers or 31.7%), followed by *mor song* (9 healers or 22.0%). The least healer remaining in traditional health service in Tambon Lumpook were *mor nuad-jabsen* and *mor sadauhrauh* (3 healers or 7.3% each).

**Table 2** Number and percentage of traditional healers, classified by demographic characteristics (n=41)

| Demographic characteristics                                            | N  | %    |
|------------------------------------------------------------------------|----|------|
| <b>Gender</b>                                                          |    |      |
| Female                                                                 | 38 | 92.7 |
| Male                                                                   | 3  | 7.3  |
| <b>Age (year)</b>                                                      |    |      |
| 35-40                                                                  | 4  | 9.8  |
| 41-50                                                                  | 9  | 22.0 |
| 51-60                                                                  | 6  | 14.6 |
| 61-70                                                                  | 14 | 34.1 |
| Older than 70                                                          | 8  | 19.5 |
| <b>Marital status</b>                                                  |    |      |
| Single                                                                 | 3  | 7.3  |
| Married                                                                | 27 | 65.9 |
| Widowed/ Divorced/ Separated                                           | 11 | 26.8 |
| <b>Education level</b>                                                 |    |      |
| No formal education                                                    | 7  | 17.1 |
| Primary education                                                      | 29 | 70.7 |
| Primary vocational degree / Secondary education                        | 4  | 9.8  |
| Advanced vocational degree / Diploma degree or higher                  | 1  | 2.4  |
| <b>Income from the provision of traditional treatment (baht/month)</b> |    |      |
| 1,500 and less                                                         | 31 | 75.6 |
| 1,501-2,000                                                            | 6  | 14.6 |
| 2,001-3,000                                                            | 2  | 4.9  |
| > 3,000                                                                | 2  | 4.9  |

**Table 2** Number and percentage of traditional healers, classified by demographic characteristics (n=41) (cont.)

| Demographic characteristics                           | N  | %     |
|-------------------------------------------------------|----|-------|
| <b>Other occupations</b>                              |    |       |
| None                                                  | 4  | 9.8   |
| Agricultural work                                     | 33 | 80.4  |
| Employee                                              | 4  | 9.8   |
| <b>Income from other occupations (baht/month)</b>     |    |       |
| None                                                  | 4  | 9.8   |
| 1,500 and less                                        | 2  | 4.9   |
| 1,501-2,000                                           | 7  | 17.1  |
| 2,001-3,000                                           | 22 | 53.6  |
| > 3,000                                               | 6  | 14.6  |
| <b>Duration of being a traditional healers (year)</b> |    |       |
| < 5                                                   | 4  | 9.8   |
| 6-10                                                  | 9  | 22.0  |
| 11-20                                                 | 8  | 19.5  |
| 21-30                                                 | 6  | 14.6  |
| 31-40                                                 | 6  | 14.6  |
| > 40                                                  | 8  | 19.5  |
| Total                                                 | 41 | 100.0 |

As shown in Table 2, there were more male than female traditional healers (92.7% relative to 7.3%). Most of the traditional healers were aged between 61-70 years old (34.1%), followed by 41-50 years (22.0%). The minority of the traditional healer sample were aged between 35-40 years (9.8%). Most traditional healers were married (66.9%). The majority of them were educated at a primary education (70.7%), 9.8 percent were educated at a vocational or secondary education and 17 did not receive formal education. Most traditional healers earned less than 1,500 baht per month from providing traditional health service (75.6%), followed by 1,501-2,000

baht per month (14.6%). Almost all the healers had other occupation in addition to providing traditional health service. Most of them had agricultural work (80.4%) and 9.8 percent worked as employees. The monthly income from the additional work was between 2,001 and 3,000 baht per month for most healers (53.6%), followed by 1,501-2000 baht per month.

The duration of being traditional healers was mostly between 6 and 10 years (22.0%), followed by 11-20 years and longer than 40 years (19.5% in both groups). Only four traditional healers (9.8%) reported having been traditional healers for less than 5 years.

**Table 3** Number and percentage of traditional healers, categorized by source of knowledge (n=41)

| Source of knowledge                                                                                         | N  | %     |
|-------------------------------------------------------------------------------------------------------------|----|-------|
| 1. Family ancestors                                                                                         | 9  | 22.0  |
| 2. Being a disciple of an older traditional healer                                                          | 15 | 36.6  |
| 3. Accumulative experience                                                                                  | 3  | 7.3   |
| 4. Self-study from textbook                                                                                 | 3  | 7.3   |
| 5. Supernatural power (e.g. ghost and spirit informants, visionary dream or inspiration from sacred images) | 7  | 17.1  |
| 6. Sacred book study during monkshood                                                                       | 4  | 9.7   |
| Total                                                                                                       | 41 | 100.0 |

Referring to Table 3, most traditional healers received knowledge about traditional treatment by being a disciple of an older traditional healer (36.6%). The source of knowledge in the second rank was family ancestor (22.0%); for instance, having a father who was a traditional healer. Only three traditional healers reported learning the knowledge by themselves (7.3%) and the same number of healers learned from their experiences.

**Table 4** Number and percentage of traditional healers, categorized by the motivation to be a healer (n=41)

| Motivation                                                                | N  | %     |
|---------------------------------------------------------------------------|----|-------|
| 1. Being familiar with the treatment because a family member was a healer | 11 | 26.8  |
| 2. Being interested in helping other people                               | 9  | 22.0  |
| 3. Discovering the treatment after suffering an illness                   | 7  | 17.1  |
| 4. Having a vision (dream) to be a healer while being ill                 | 4  | 9.7   |
| 5. Revering the treatment from traditional healers                        | 10 | 24.4  |
| Total                                                                     | 41 | 100.0 |

Data in Table 4 indicate that most traditional healers had a motivation to be traditional healers from seeing their family members working as healers (26.8%); the motivation in the second rank was reverence in traditional treatment (24.4%). Only four healers reported that they had motivation from having a vision commanding them to be healers when they were ill (9.7%).

**Table 5** Number and percentage of traditional healers, categorized by the transmission of knowledge and qualifications of their disciples.

| Knowledge transmission                          | N  | %     |
|-------------------------------------------------|----|-------|
| <b>Transmission of knowledge and experience</b> |    |       |
| - None                                          | 6  | 14.6  |
| - To family members                             | 25 | 61.0  |
| - To relatives                                  | 2  | 4.9   |
| - To other people                               | 8  | 19.5  |
| <b>Qualifications of the learners</b>           |    |       |
| - Showing interests                             | 11 | 26.8  |
| - Having appropriate manners and behaviors      | 25 | 61.0  |
| - Having special personality or features        | 1  | 2.4   |
| - Having certain body features                  | 4  | 9.8   |
| Total                                           | 41 | 100.0 |

As shown in Table 5, most traditional healers would transfer the knowledge of traditional treatment to their family members such as their children (61.0%) and they might also transfer the knowledge to other people who are interested in traditional treatment (19.5%). Most of them reported that they would transfer the knowledge to the persons with appropriate manner and behavior such as religious persons or non-drinkers ( 61.0%), followed by those who expressed interest in the knowledge (26.8%) Some healers stated that special characteristics were required for certain disciplines (2.4%); for example, *mor kradoog* with a dark tongue would give more efficient treatment.

## 2.2 Process and method of traditional treatment

The study of the method of treatment has revealed a common process in method of traditional treatment. The method was generally composed of four major steps as follows:

Step 1 *Tang kay*: The word '*kay*' means offerings given as a sign of respect and gratitude to the healers and their masters. A set of offerings, which is known as '*khan ha*', consisted of five pairs of white flowers, five candles and *kaa kay* (a sum of money). The amount of money for *kaa kay* depended on the type of traditional treatment; nevertheless, the healers had to follow their masters' prescription strictly and would not request the clients to pay more than the amount specified by their masters.

Step 2 Diagnosis: Illness might be diagnosed by asking questions or going into a trance in order to find whether the illness is a consequence of pathological cause or supernatural power. The diagnostic method depended on the type of traditional healers.

Step 3 Treatment: After a diagnosis was made, the traditional healers would cure the illness according to their discipline prescriptions. The treatment might be the utilization of herbal medicines, blowing on the ill person, anointing sacred oil on the client's body, exorcism or performing the *soo kwan* ceremony (the ceremony for calling the life essence back to the body or strengthening the unity between the life essence and the being). The traditional healers might also suggest the clients to see other healers or to seek modern medical treatment.

Step 4 *Plong kay* or giving honorarium to the healers: The clients would present offerings comprising five pairs of white flowers, five candles, a piece of white cloth and a sum of money to the healers after they recovered from the illness. The amount of money was not definite, depending on the clients' economic status. If the clients were poor, the payment in *plong kay* might be objects or foods that they could find in the village.

In this research, the traditional healer sample was composed of six types of traditional healers comprising *mor pao* (blowing healers), *mor song* (the mediums), *mor samunprai* (herbal medicine healers), *mor kradoog* (bone healers), *mor nuad-*

*jabsen* (masseurs) and *mor sadaukrauh* (fate healers). Each type of healers had different techniques and rituals in the provision of treatment as detailed below

### 1. *Mor pao* (Blowing healers)

The blowing healers in this study had a similar pattern of treatment but their methods might be slightly different in details. The healers would start from making a diagnosis to find out if the illness was relevant with their expertise. After a diagnosis was made, blowing healers would deliver the treatment by blowing on the patients. The illnesses of *mor pao*'s expertise are summarized in the following table 6.

**Table 6** The illnesses of *mor pao*'s expertise

| Local name of illnesses                                  | Symptoms according to the villagers' descriptions                                                                               |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 1. <i>Pak Puey</i> (Oral ulcers)                         | Ulcers in buccal mucosa, tongue, and throat. Some might have white patch in mouth and teeth with burning pain, difficult to eat |
| 2. <i>Kamrerd</i> (Seizures)                             | Jerk sleeping in baby, non-stop crying, seizure, cyanosis, no suckling. Some might die.                                         |
| 3. <i>Khai marg mai</i><br>(Fever with rash)             | High fever with blisters or rashes all over the body.                                                                           |
| 4. <i>Fee lom nai lumsai</i><br>(Intestinal air-abscess) | Abdominal pain and distention.                                                                                                  |
| 5. <i>Fee hua ain</i><br>(twin abscesses)                | Twin abscess with pus frequently found in folding skin such as under breast and armpit.                                         |
| 6. <i>Pen pam</i> (abscess in toes)                      | Tiny abscesses in toenails.                                                                                                     |
| 7. <i>Pupong</i> (blister)                               | Bruise blisters with burning pain.                                                                                              |
| 8. <i>Ngu Sawad</i> (Herpes<br>Zoster)                   | Lining vesicles or white patch with burning pain.                                                                               |
| 9. <i>Sia pid fai</i> (Burn)                             | Burn from fire, boil water, exhaust pipe. Rash with burning sensation but not turning into blisters yet.                        |
| 10. <i>Padaeng</i> (Arthritis)                           | Pain and edema in joints and tendons, difficult to walk.                                                                        |

The following accounts are examples of the process of treatment from blowing healers.

1. *Pao pak puey*: *Pak puey* means oral ulcers and blisters in the throat, which, in some cases, may spread to the lips.

Method of treatment: Blowing healers provided treatment with different details; however, the treatment was generally provided in the following manners:

1) Symptom assessment. The healer would examine the patient's mouth. The presence of yellow or white patch on the teeth, the gum and oral mucosa as well as swollen gum and burning pain sensation would indicate that the illness is treatable.

2) The healer chewed betel while reciting holy incantations; he then blew on the lesions. In case of non-severe illness, the healer would recite holy incantations and would blow on the lesion without chewing the betel. If the patient was younger than one year, the healer would chew betel and recite holy incantations without blowing on the patient.

3) The blowing treatment would be given twice a day in the morning and in the evening before the healer's mealtime.

4) During the period of treatment, the patient had *khlam* (to refrain from certain activities or diets). The prohibited diets varied, depending on the healer's prescription. For example, some healers did not allow the patient to eat fermented fish, chicken or eggs as the consumption of these foods would worsen the symptoms.

5) Some healers did not have their *khlam* but some reported that they were not allowed to walk under a stem of banana bunches.

2. *Pao Kam-rerd*: The villagers believed that *kam-rerd* was caused by the ancestor spirits coming to play with the baby.

Method of treatment:

1) The ill baby was placed on a banana leaf with his head pointing to the east. A cow-face shaped flag and *khan ha* were placed at his feet.

2) The healer walked around the baby anti-clockwise, holding the flag in his hand and chanting holy incantations. When a round is completed, he would blow on the baby from head to toe. This step was performed three times.

3) The healer stabbed a knife on the flag and walked down the stairs; when reaching the bottom of the stairs, he drew *yan* (a pattern blessed for protective power)

with his foot before moving the flag around this *yan* while stomping his foot three times.

4) The healer left the flag on the roadside outside the house after drawing a circle around the flag with a knife and sticking this knife on the flag. He then walked back to his house and was not allowed to turn back or go back to the ill child's house until the next day. These first four steps would be done for three days.

5) On a Buddhist day, the child's parents would take the child to see the healer for wrist binding. The cotton strings used for binding were seven strings of three colors – red, white and black; number of strings for each color did not matter but the total number of the strings must be seven. *Khan ha* was also presented to the healer at this step.

6) *Khlam* must be conducted during the period of treatment. The prescriptions included not crossing and not hitting the baby's crib. For the healer, the prescriptions were not eating banana by biting the fruit but handpicking it, not passing under a stem of banana bunches and not passing under a fence. If the passing under the fence was unavoidable, the healer had to spit and asked his masters' spirits to cross over the fence while he was passing under it.

#### Prescriptions for blowing healers

1. Rigorously conduct the Five Precepts of Buddhism
2. No alcoholic drink
3. In some cases, no rope biting; and, for healers of snakebites, no snake beating.

## 2. *Mor Song* (The Mediums)

*Mor song* was highly revered among the villagers as the healers of this discipline generally utilized Buddhism power and holy incantations to diagnose and to cure the illness that was believed to be the consequence of spirits' acts.

The illnesses of *mor song*'s expertise were:

1. Being possessed by a spirit
2. Fever, headache, tiredness, loss of appetite and weight loss
3. Illnesses that were not improved after receiving care from government health service centers.

Method of treatment:

1) *Tang kay*: The patient or relatives would present *khan ha* comprising of five pairs of white flowers, five candles and *kaa kay* 6-12 baht. After receiving *khan ha*, the healer would set the offerings on the worshipping shelf and pay respect to his masters.

2) Diagnosis: The healer sat crossed-legs on the floor and chanted holy incantations (this process is also known as *song tham*) to find the cause of illness. If a spirit caused the illness, he would call the spirit and asked for reasons underlying the evil action; if not, the healer would suggest the patient to seek treatment from other healers.

3) Treatment: Once the diagnosis was made that the illness was a consequence of a spirit's act, the healer would use holy incantations for the treatment. Some healers might make sacred water to blow on the patient; or the patient might drink or use the water to wash. The spirit might also ask for some gifts such as a chicken or rice whiskey; the patient and relatives had to get the demanded gift for the spirit. The healer might say that he could see ghosts or people around him that other people in the same room could not see.

Treatment setting. The healer usually performed treatment rituals in his house. The area specifically set for '*nang song*' was usually on the east direction and the worshipping shelf was on the north. During the process of '*nang song*' the patient and relatives had to keep calm and quiet, not having a conversation with each other as it might distract the healer. Therefore, the place was completely quiet, setting reverential atmosphere to the ritual.

4) *Plong kay*: This is the last step, which would be done when the patient recovered from the illness. After performing the ritual according to the healer's advice, the patient would present the healer a set of offerings comprising *khan ha* and a piece of white clothe. If the patient was poor, this step might be omitted.

5) Evaluation: *Mor Song* would evaluate his *nang song* after telling the patient and relatives about the cause of illness. The patient's recovery from the illness after answering to the spirit's command would indicate that the *nang song* was correct.

The illness or conditions that usually led clients to seek *mor song*'s service were:

1. Patients who did not recover from the illness after receiving care from modern medical service and other traditional healers; these patients usually had fever, tiredness and loss of appetite.
2. Patients who were diagnosed by relatives or other villagers as 'under spirit's act'.
3. Patients requiring the ritual to protect themselves from bad events such as the mother delivered a dead baby; *mor song* would need to perform a treatment ritual for the mother before burying the baby.

*Mor song*'s process of treatment is exemplified in the following account.

A 50-year old female healthy rice grower felt tired and very weak and could not fully breath after working in a rice field one day. She went to see *mor samunprai* and received some herbal medicines but the symptoms were not improved. She went to the provincial hospital but the symptoms remained the same as "The doctor said I don't have any disease." She was prescribed with tranquilizers and vitamin. Her relatives noticed that after taking the medications she "slept and slept and even more tired". Finally, they decided to take her to *mor song* who lived in the neighborhood.

*Tang kay*: The healer told the relatives to prepare *khan ha* and cotton strings for wrist binding. He set the *khan ha* on the shelf afterward.

**Diagnosis** The healer paid respect to his masters as a sign of recognition and gratitude and sat crossed-leg on the floor. He was wearing usual clothes like general villagers but had a piece of white cloth on his shoulders. After reciting three rounds of *na-mo* verse, he recited holy incantations for ten minutes. His voice then changed to an aggressive tone even though he normally spoke with a gentle and kind voice. He got up, pointing at the patient and scolded her for cutting grasses and trees without telling the guardian spirits of the land first. The relatives then bought rice whisky, a chicken, a small pot of sticky rice, flowers, candles and joss sticks to present at the place where the patient had worked before she got ill.

**Treatment process** When arriving the treatment site, the healer told the patient to sit down. Offerings for the spirits were placed in front of the patient. The healer then lighted a candle and invited the land spirits to take the offerings. After

letting the land spirits had the offerings for approximately 30 minutes, the healer left the food on a three-way junction to make merit for animals. Three days after the ritual, the patient's symptoms gradually improved.

*Plong kay*: *Mor song* did not have the *plong kay* ritual. If the patient fully recovered, the relatives might pay the healers with presents such as bamboo shoots or fishes. Cost of treatment. The healer got the payment from *kaa kay* or might receive a sum of money from the relatives, depending on their economic status.

Evaluation: *Mor Song* evaluated his *nang song* after the patient and relatives had answered to the spirit's demand. The *nang song* was correct, if the patient recovered from the illness. In this case, the patient got better after the treatment ritual was performed for three days and was able to work as usual.

#### Prescriptions for *mor song*

1. Rigorously conduct the Five Precepts of Buddhism
2. Not having the meat of an animal that died from illness
3. Not having food or drink at a funeral
4. Not having food leftover from other people
5. Not passing under cloth lines

### 3. *Mor Samunprai* (Herbal medicine healers)

The illnesses of *mor samunprai*'s expertise are summarized in the following table 7:

**Table 7** The illnesses of *mor samunprai*'s expertise

| Illnesses                                                  | Symptoms according to the villagers' descriptions                                                                   |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1. Wrong postpartum dietary                                | Loss of appetite, headache, redness in the eyes, loss of eyesight, breast pain (breast engorgement, no breast milk) |
| 2. Inability to tolerate the postpartum lying-in by a fire | Burning pain while having postpartum lying-in by a fire, restless, no breast milk, feeling hot and cold alternately |
| 3. Venereal disease                                        | Voiding dysfunction, pyurea, hematuria                                                                              |
| 4. <i>Mard kao</i>                                         | Foul leucorrhoea, vaginal itchiness                                                                                 |

Method of treatment:

1) *Tang kay*: The patient or relatives would present *khan ha* comprising of five pairs of white flowers, five candles and *kaa kay* 6-12 baht.

2) Diagnosis: After receiving the offerings, the healer would make a diagnosis by asking about the symptoms in details and having physical examination to find the cause of illness.

3) Treatment: Once the diagnosis was made, the healer started the treatment process by brewing herbs in boiling water while reciting holy incantations. The resultant potion would be given to the patient.

During the treatment, the healer would give suggestion about self-care to the patient and relatives and would also inquire about the well-being of other family members. Sometimes, the patient's neighbors might participate in the conversation.

4) *Plong kay*: This is the last step of treatment process, which would be conducted when the patient recovered from the illness. The patient would present the healer a set of offerings comprising *khan ha*, a piece of white cloth and honorarium money. If the patient was poor, this step might be omitted and the patient might offer payment-in-kind, such as foods.

5) Evaluation: The healer would evaluate the result of treatment after giving the medicine for 3-4 times. The result of treatment would be judged from symptom changes such as lower temperature. If the first evaluation indicated symptom improvement, the healer would continue the same treatment until the patient fully recovered; if not, the healer would start new herbal medicines. The patient would be suggested to seek service from *mor song* if she did not get better after two or three trials of different remedies.

The following account is an example of *mor samunprai*'s provision of traditional treatment.

'*Mard kao*' is a common illness in women at working age, especially those who are married. The term *mard kao* means gluey liquid vaginal discharge. The discharge may has a foul smell and may be present with vaginal itchiness as described in the following case

Mrs. A was a married woman aged 35 years. She had five children and worked as a rice grower. Mrs. A had had vaginal itchiness and had foul vaginal

discharge for two weeks prior to the treatment. She reported that she used to get treatment from a hospital but the symptoms were not improved. Her uncle's wife, who experienced the same symptoms, suggested her to seek treatment from *mor samunprai*.

*Tang kay*: The patient prepared *kay* consisting of five pairs of white flowers, five candles and a sum of money (6 baht).

**Diagnosis** After receiving the offerings, the healer made a diagnosis by asking about the symptoms and the appearance of discharge, e.g. color, smell, amount and the itchiness symptom. The healer also inquired about the duration of illness, the beginning of the symptoms. The patient was then diagnosed with *mard kao*.

**Treatment**: The healer brewed roots of a *ban mai roo roy* plant for a day. Before giving the potion to the patient, the healer examined whether the medicine too 'weak' or too 'strong'. The patient was then suggested to brew the same herb and drink the potion as drinking water.

*Plong kay*: When the patient recovered from the illness, she gave the healer a set of offerings comprising *khan ha*, a piece of *pa kao-ma*, and a sum of money (199 baht).

**Evaluation** After providing the treatment for 3-4 days, the healer asked the patient about appearance of vaginal discharge and itchiness symptom as well as the foul smell. The treatment would be considered as 'appropriate for the disease' if the patient had less vaginal discharge with less yellow in color and less foul-smelling and they no longer symptom of vaginal itchiness.

Prescriptions for *mor samunprai*

*Mor samunprai* could conduct a normal living like other people.

#### **4. *Mor nuad-jabsen* (Masseurs)**

The illnesses of *mor nuad-jabsen*'s expertise were:

1. Sprained neck
2. Back ache, body ache
3. Body circulation disorders

Method of treatment:

- 1) *Tang kay Mor nuad-jabsen* did not have this step in their treatment.
- 2) Diagnosis *Mor nuad-jabsen* made diagnosis by asking questions and having physical examination as follows:

2.1) History of illness: The masseur asked about significant symptoms that led the patient to seek treatment or the symptoms that the patient suffered. For example, a patient having pain in the right shoulder when raising his arm would be asked how long he had the pain, how the pain felt like, etc. Then, the masseur would ask about the cause of symptoms such as lifting heavy objects, bending to grow rice all day or sitting at a desk all day. After obtaining information about history of illness, the masseur would examine the patient.

2.2) Physical examination: The masseur examined the patient by looking at, touching and feeling the affected area. The patient was asked to move that body part as much as possible so that the masseur could tell how much he could move the body and whether the movement accompanied the pain.

- 3) Treatment: The massage was given in the following manners:

3.1) The patient's positioning. The patient might be sitting or lying on a mattress on the floor. If the patient was in a lying position, he would lie on his side with the lower leg stretching and the other leg slightly bending.

3.2) The masseur's placing of hands and arms. The masseur would place the hand with all fingers fully stretched except the small finger. The arms must be kept fully stretched, otherwise the masseur would need to apply lots of force but would get less efficient outcome.

3.3) Applied pressure. The masseur massaged lightly at first and gradually increased the pressure. The applied force depended on the patient's body figure and severity of symptom. The masseur would observe the patient's facial expression to judge whether the pressure was too hard.

3.4) Duration The masseur pressed finger on each spot for ten seconds before slowly moving the hands to another spot.

During the massage, the masseur had a conversation with the patient. The conversation was not only about the patient's symptoms but also included general topics. The masseur would talk about the patient's work or his interest and used local

spoken language in the conversation. The conversations helped in creating a relaxing atmosphere thus enhancing the efficiency of the treatment.

4) *Plong kay*: This is the last step of treatment process, which would be conducted when the patient recovered from their symptom. The patient would pay the masseur between 20-100 baht, depending on his economic status.

5) Evaluation: The masseur would evaluate the result of treatment after finishing the massage. Muscular tension would be checked. The massage would be considered effective if the muscles were more relaxed and the patient could use the affected body part more than before receiving the treatment; for example a patient could bend his neck and raise his arm higher than before the treatment. The masseur might give another round of massage or might make an appointment for some day later. Nevertheless, massage would not be given for longer than seven days as it might induce pain in the area. If the patient did not fully recover yet, the masseur would tell him to have a rest for three days before starting the treatment again and he would recommend the patient to seek treatment from *mor samunprai* at the same time.

Prescriptions for *mor nuad-jabsen*

*Mor nuad-jabsen* could conduct a normal living like other people.

### 5. *Mor kradoog (Bone healers)*

The illnesses of *mor kradoog*'s expertise were the following:

1. Severe joint sprain with bruises and edema
2. Fractured leg between knee and ankle
3. Fractured arm between elbow and wrist
4. Fractures of knee joint

Method of treatment:

1) *Tang kay*: At present, the healers do not strictly require the ritual at this step because the patients usually need urgent help. Therefore, this step might be skipped.

2) Diagnosis: The healer would ask about the accident, the cause and the injured body area, as well as the duration of being injured. The healer would also feel the injured area with his hands if the patient had internal bone fractures. It was

explained that internal bone fractures could be detected from the crackling sound inside the injured part.

3) Treatment: After the diagnosis was made, the healer would start the treatment. For patients having accidents, who were always present with dirty wounds, the healer would clean the wound first before applying medicinal oil on the injured part.

For patients with disfigured arms or legs due to dislocation of joints or bones, the bone healer would replace the bone first. The injured bone would be pulled until it “clicked”. Nevertheless, the replacement of the bone with this method must be done very soon after the accident. A bone healer explained that “If we leave it too long, the muscle and tendon will contract and it will be difficult to pull. The patient will suffer very bad pain.” Then, the bone healer would apply medicinal oil on the injured area and the adjacent area, followed by blowing on the area while chanting holy incantations. Then the healer would massage the broken bone area for 5-10 minutes. A piece of cloth that was previously dipped in the oil would be wrapped around the broken part to prevent the dislocation of the bone. This cloth would also function as a lining for bamboo cast to prevent skin laceration from rubbing against the bamboo. After the treatment for 2-3 days, the injured area would be less swollen and the cast got loose, thus the healer would make an appointment for tightening the cast. Bone healing takes approximately 15-45 days, depending on the severity of the fracture.

During the treatment, the healers had conversations concerning various issues with the patients, in addition to asking about the symptoms. The healers might talk about weather or rice price and they always talked about their other clients who fully recovered from the illness. Their talking about other patients generated the feeling of trust and confidence in the treatment among patients and relatives, thus raising their spirit and giving them mental support in a way.

4) *Plong kay*: As there was no *tang kay* ritual, *plong kay* was to pay for the healer’s treatment.

Cost of treatment. It was found that the cost of *mor kradoog*’s treatment varied because the healers did not request the payment and it depended on the patient’s economic status. For small injuries, patients usually paid around 10-50 baht;

but in case of bone fractures or paralyzed patients that need long-term treatment, the relatives might pay between 500-3,00 baht. However, some people who did not have money might pay for the treatment with gifts such as fishes, mushrooms or bamboo shoots.

5) Evaluation: The healer would evaluate the result of treatment by asking the patient to use that body part. For example, if the patient could put his weight on the leg with fractured bone, the healer would evaluate that his symptoms had improved. The patient would be considered fully recovered and did not need any more treatment when he could walk or ride a motorbike as usual.

The following account is an example of *mor kradoog*'s provision of traditional treatment.

A 25 year-old man who worked as an employee in Bangkok had car accident and was transferred to a hospital. At the hospital, he was informed that he had fracture of the left femur and the doctor had put his broken leg in plastered cast for five days. Upon visiting their son, his parents requested to take him back to Tambon Lumpook and invited a bone healer to provide traditional treatment.

*Tang kay*: The healer did not perform the *tang kay* ritual.

Diagnosis: The healer made a diagnosis by looking at the wound and inquiring the patient and relatives about the symptoms. He then felt the patient's left thigh. The patient flinched and said "very painful". The healer then diagnosed that the patient had fracture of left leg.

Treatment: The healer took the plastered cast off the patient by cutting it into pieces with a knife. After the cast was taken off, the healer applied medicinal oil and blew on the leg while chanting holy incantations. Lengths of bamboo were used as splints around the fracture. The healer then made an appointment for the patient to get medicinal oil application and blowing of holy incantations in the morning and in the evening everyday for one month.

*Plong kay*: As there was no *tang kay* ritual, the *plong kay* was to pay for the treatment. The patient's relatives decided to give the healer 500 baht for the treatment on their own will.

Evaluation: The healer allowed the patient to gradually put weight on the left leg, starting from using a cane. When the patient could put weight on his left leg

with no need to use a cane, the healer, the patient and the relatives agreed that the fractured bone had reconnected and the patient had recovered from the injury.

Prescriptions for *mor kradoog*

1. Go to a temple and practice the Eight precepts of Buddhism every Buddhist day
2. Practice the Eight precepts of Buddhism and do not eat meat from big animals such as cow or buffalo on any day
3. No alcoholic drink.

**6. *Mor Sadaukrauh (Fate healer)***

The illnesses of mor sadaukrauh's expertise were the following :

1. Sick or recover persons
2. Bad dreams
3. Twenty five years of age
4. Special occasions, such as going to work abroad or conscription for army service.

Method of treatment are as follow:

1. Equipments: 1 piece of banana bark, 2 one foot bamboo sticks, guava leaves sewn to be a cone at the same number of age, banana in sticky rice sliced in pieces, one banana sliced into small pieces, dough of cow, buffalo, elephant, and horse toys, popped rice, 1 cigarette, sliced in pieces, a bucket of water, 1 kaffir, Sompoy leaves, money 44 Baht to pay homage for the past teachers, and 1 candle to make holy water.

2. Treatment

2.1 Fold the banana bark into a square and pin with 4 small pieces of bamboo, then pierce it with 2 bamboo sticks to make a cross as a base of the bowl and line the bottom with the bark.

2.2 Make the handle by tying 4 corners with the strings made of banana tree fibre.

2.3 Put 4 triangle flags at each corner and put the guava leaves cones in the bowl including banana in sticky rice, dough, cigarette, and popped rice.

2.4 Put Bai Ngoen Bai tong and Sompoy leaves in the bucket of water.

2.5 Light a candle and saying the magic verse to make the holy water and invite the high spirits to protect the misfortune person.

2.6 The misfortune person sits, clasps hands in salutation, and stretches his legs to the front door with the bowl next to his feet. The averter of catastrophe casts the magic verse and sprinkle the holy water at his front, back, left, and right, then blow the holy water. The misfortune person gives the bowl to the averter and expires the bowl on the side-road or on the canal, finally takes holy water to bath at home.

Prescription for mor sadaukrauh

Rigorously conduct the five Precepts of Buddhism.

### Part 3: Clients

The client sample of this study was composed of 112 people in Tambon Lumpook who received traditional health service from traditional healers.

#### 3.1 General information

**Table 8** Number and percentage of the client sample, categorized by demographic characteristics (n=112)

| Demographic characteristics                     | N  | %    |
|-------------------------------------------------|----|------|
| <b>Gender</b>                                   |    |      |
| Male                                            | 38 | 33.9 |
| Female                                          | 74 | 66.1 |
| <b>Age (years)</b>                              |    |      |
| < 20                                            | 5  | 4.4  |
| 20-30                                           | 6  | 5.4  |
| 31-40                                           | 18 | 16.1 |
| 41-50                                           | 20 | 17.9 |
| 51-60                                           | 26 | 23.2 |
| > 60                                            | 37 | 33.0 |
| <b>Local spoken language</b>                    |    |      |
| Thai                                            | 36 | 32.1 |
| Khmer                                           | 53 | 47.3 |
| Laotian                                         | 18 | 16.1 |
| <i>Suay</i>                                     | 5  | 4.5  |
| <b>Education level</b>                          |    |      |
| No formal education                             | 8  | 7.1  |
| Primary education                               | 64 | 57.2 |
| Primary vocational/ secondary education         | 23 | 20.5 |
| Advanced vocational/ Higher than diploma degree | 17 | 15.2 |

**Table 8** Number and percentage of the client sample, categorized by demographic characteristics (n = 112) (Cont.)

| Demographic characteristics                      | N   | %     |
|--------------------------------------------------|-----|-------|
| <b>Occupation</b>                                |     |       |
| Housewife                                        | 27  | 24.1  |
| Employee/ laborer                                | 23  | 20.5  |
| Rice growers/ farmers/ gardeners/ animal keepers | 49  | 43.7  |
| Vendors/ personal business                       | 7   | 6.3   |
| Government or state enterprise officials         | 6   | 5.4   |
| <b>Family income (baht/ month)</b>               |     |       |
| 2,000 and less                                   | 28  | 25.0  |
| 2,001- 4,000                                     | 18  | 16.1  |
| 4,001- 6,000                                     | 33  | 29.5  |
| 6,001-8,000                                      | 17  | 15.2  |
| 8,001-10,000                                     | 7   | 6.2   |
| > 10,000                                         | 9   | 8.0   |
| <b>Family structure</b>                          |     |       |
| Nuclear family                                   | 29  | 25.9  |
| Extended family                                  | 83  | 74.1  |
| Total                                            | 112 | 100.0 |

As shown in Table 8, the clients were female (66.1%) more than male (33.9%). The majority of the sample was older than 60 years old (33.0%), followed by 51-60 years (23.2%); and the age group that received service from traditional healers the least was people younger than 20 years (4.4%). The most common spoken language in the villages was Khmer (47.3%), followed by Thai (32.1%). Most clients were educated at a primary education (57.1%) and some of them did not receive formal education (7.1%). Nearly half of the sample worked in agricultural field (43.7%) and the least of them worked as government or state enterprise officials (5.4%). The most common family income was between 4,001-6,000 baht per month (29.5%) and the least common was between 8,001-10,000 baht per month (6.3%). Most clients (74.1%) reported having an extended family, in which they still lived with the grandparents; only 25.9 percent of them lived in nuclear families.

### 3.2 Type of illness

**Table 9** Number and percentage of clients, categorized by illnesses leading to the utilization of traditional healers (n = 112)

| Illness                                                             | N | %   |
|---------------------------------------------------------------------|---|-----|
| <b><i>Mor pao</i></b>                                               |   |     |
| - <i>pak puey</i>                                                   | 3 | 2.7 |
| - <i>ngoo sawad</i> (Herpes zoster)                                 | 6 | 5.4 |
| - <i>padong</i>                                                     | 4 | 3.5 |
| - abcess                                                            | 5 | 4.5 |
| - <i>pheelom</i> in the intestines<br>(flatulence, bloated feeling) | 2 | 1.8 |
| - blistered lesions                                                 | 4 | 3.5 |
| <b><i>Mor song</i></b>                                              |   |     |
| - being possessed by spirit                                         | 2 | 1.8 |
| - headache                                                          | 4 | 3.5 |
| - fever, fatigue                                                    | 5 | 4.5 |
| - loss of appetite, weight loss                                     | 4 | 4.5 |
| <b><i>Mor samunprai</i></b>                                         |   |     |
| - <i>mard kao</i> , venereal diseases,<br>gonorrhea                 | 3 | 2.7 |
| - cannot tolerate postpartum lying-in<br>by a fire                  | 2 | 1.8 |
| - anemia                                                            | 5 | 4.5 |
| - taking poisoning foods                                            | 4 | 3.5 |
| - having small amount of menstrual<br>blood                         | 3 | 2.7 |
| - hemorrhoid                                                        | 2 | 1.8 |
| - insufficient breast milk after<br>delivery                        | 2 | 1.8 |

**Table 9** Number and percentage of clients, categorized by illnesses leading to the utilization of traditional healers (n = 112) (Cont.)

| Illness                                      | N   | %     |
|----------------------------------------------|-----|-------|
| <b><i>Mor kradoog</i></b>                    |     |       |
| - bone fractures                             | 5   | 4.5   |
| - sprained arm, sprained neck                | 9   | 8.1   |
| - bruises, muscular injuries                 | 4   | 3.5   |
| <b><i>Mor nuad-jabsen</i></b>                |     |       |
| - sprained neck                              | 4   | 3.5   |
| - back ache, body ache                       | 16  | 14.3  |
| - body circulation disorders                 | 2   | 1.8   |
| <b><i>Mor sadaukrauh</i></b>                 |     |       |
| - just discharged from a hospital            | 4   | 3.5   |
| - bad dream                                  | 3   | 2.8   |
| - aged 25 ( a dangerous year in Thai belief) | 4   | 3.5   |
| Total                                        | 112 | 100.0 |

Data in Table 9 indicate that during one month of the study the villagers mostly sought service from each type of healers for the following causes: *mor pao* was mostly sought for the treatment of herpes zoster (5.4%); *mor song* for fever, fatigue and loss of appetite (4.5%); *mor samunprai* for anemia (4.5%); *mor kradoog* for sprained neck and arm (8.1%); and *mor nuad-jabsen* for back ache and body ache (14.3%). Clients who sought service from *mor sadaukrauh* were those who were recently discharged from hospitals or those who were 25 years old (3.5%).

**Table 10** Number and percentage of clients, categorized by numbers of time having received traditional health service

| Number (time) | N   | %     |
|---------------|-----|-------|
| 1             | 25  | 22.3  |
| ≥ 2           | 87  | 77.7  |
| Total         | 112 | 100.0 |

It was found that within the duration of one month, most clients received treatment more than first (77.7%) and 22.3 percent sought the treatment for the first time.

**Table 11** Number and percentage of clients, categorized by the people recommending traditional health service to client.

| Informer                 | N   | %     |
|--------------------------|-----|-------|
| One's self               | 18  | 16.1  |
| Relatives and siblings   | 59  | 52.7  |
| Colleagues and neighbors | 35  | 31.2  |
| Total                    | 112 | 100.0 |

Referring to Table 9, most clients were recommended by relatives such as parents, grandparents or siblings to seek traditional health service (52.7%), followed by neighbor and colleagues (31.2%). The minority of the clients knew about traditional healers and sought traditional treatment by themselves (16.1%).

### **3.3 The reasons underlying the utilization of traditional health service**

#### **3.3.1 Distance and convenience in utilizing traditional health service**

Most clients reported more convenience in traveling to receive traditional health service as they did not have to travel a long distance because the traditional healers lived in the same village, not further than two or three kilometers from the clients' houses.

#### **3.3.2 Cost of treatment**

The cost of traditional treatment could be divided into three types comprising *kaa yok-kroo* (the money paid for the preparation and presentation of offerings as a sign of respect to the healers and their masters), medicine and *kaa kay* (the honorarium for the healer). *Kaa yok-kroo* ranged from 1 baht to 3,000 baht, the cost of medicine ranged from 10 baht to 3,500 baht and *kaa kay* ranged from 12 baht to 5,000 baht. The clients, however, did not have to pay all the expenses and, in some cases, they may pay the healers with gifts instead of money. Moreover, patients and relatives could decide about the payment by themselves according to their economic status.

#### **3.3.3 People recommending traditional treatment**

Most clients reported that when their family members were ill, they usually delivered care with knowledge from their previous experience. For instance, their baby had a problem of crying continuously at nighttime but the problem was gone after receiving traditional treatment; thus when their grandchild had the same problem they would recommend the same healer. When a family elder got ill, the family members consulted each other and their neighbors who used to receive good care from traditional healers. Additionally, some illnesses, such as being possessed by a spirit, fatigue, not speaking or loss of appetite, were believed to be the problems that only traditional healers could treat.

**3.3.4 Satisfaction with the service** The satisfaction could be classified into three aspects as follows:

##### **1. Satisfaction with traditional healers**

It was found that most clients had faith and reverence in traditional healers. The healers were perceived as respectable and venerable persons of the villages. They led moral and ethical life and strictly followed the ordinances of their

discipline. For instance, *mor pao* would “not eat big creatures such as cows and buffaloes” and would “rigorously follow the Five Precepts of Buddhism”; and *mor song* would “not drink alcohol”, “not eat meat of an ill animal”, “practice meditation”, and “be compassionate”.

## 2. Satisfaction with the pattern and process of treatments

The clients expressed satisfaction with the healers’ caring and enthusiasm to help the patients. Moreover, patients and relatives were allowed to ask questions at every step of treatment.

## 3. Satisfaction with the outcomes of treatment

Most clients reported full recovery after receiving traditional treatment (60.71); 31.25 percent of the clients reported improved symptoms. The evaluation of illness recovery was based on various signs; for instance, in case of herpes zoster, clients would evaluate their recovery from having no sore pain, dry lesions and non-spreading lesions. After receiving treatment from *mor pao*, most clients said, “After the blowing the lesions feel cooler, not too painful as when I received treatment at the hospital.” In case of bone fractures, the healing of bone were evaluated from no sense of pain at the affected area and the patient could put their weight on the affected part. For *kam-rerd*, if the child stopped crying and could have milk, he was considered recovered from the illness. Other signs, such as regaining the ability to do daily activities, including sleeping, eating and sleeping, might be similarly taken as recovery signs from different illness.

## **CHAPTER V**

### **DISCUSSION**

This research was a study of the provision and utilization of traditional health services in rural Thailand. Data of the study were collected from in-depth interviews with traditional healers and clients of traditional health service in Tambon Lumpook, Muang District, Buriram Province during 25 February to 25 March 2003. The results of this study are presented in three major parts comprising characteristics of the study site, and methods of traditional health service and the factors influencing the utilization of traditional service from the clients' point of view.

#### **1. Service providers**

##### **1.1 Characteristics of traditional healers**

This study found that most traditional healers had similar qualifications. There were male more than female healers. This may be on account of the villagers' belief that persons experiencing monkhood are more respectable as they were ordained and had thoroughly learned Buddhism. Traditional healers were religious and conducted the Five Precepts of Buddhism rigorously. Most of them were at old ages and had experiences in traditional treatment thus being relevant to the community culture of respect in seniority. A bone healer, for example, said in an interview "I am 70 years old now. I started working as a healer since I was 40 but I did not have many clients at first. People started knowing about me 10 years ago. Probably because I had been working for quite a long time by then and the patients who recovered from the illness talked about me." Traditional healers also had caring characteristics, showing concerns about clients' symptoms and allowing the clients' relatives to stay over the time of treatment with no limitations in number. Thus clients and their relatives felt comfortable with traditional treatment and chose to seek traditional health service.

## 1.2 Process and methods of traditional health service

The process and methods of traditional treatments were relevant to traditional cultures, with which the villagers are familiar. Clients also felt familiar with the place, had their relatives and families staying with them and had their usual foods such as sticky rice and fermented fish. The utilization of modern treatment, on the other hand, led clients to an unfamiliar cultural environment. For example, clients had to queue up to receive patient cards and had to obtain numbered tickets before being summoned to see a doctor; thus they felt pressured, difficult and fear, specifically when they were hospitalized. Relatives of hospitalized patients could visit the patients only at visiting hours, thus they did not see symptom changes and became more worried. A client of tradition health services said in an interview that he ran away from a hospital because a doctor said he needed a surgery for the fractured bone.

Differences in treatment setting between modern and traditional health services are compared below.

| Modern health service                                                                                                        | Traditional health service                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The service centers have so many rooms that clients and relatives do not know where to begin to get the needed treatment. | 1. The service setting is a common house, with which clients and relatives are familiar, thus knowing where to wait to get the treatment. |
| 2. Clients need to queue up for numbered tickets that would be later called out before they could get patient cards.         | 2. A patient card is not required.                                                                                                        |
| 3. After obtaining patient cards, clients still need to queue up in waiting to see a doctor.                                 | 3. Clients do not need to queue up for a long time to see a healer.                                                                       |

| Modern health service                                                                                                                                                                                     | Traditional health service                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. After a doctor finishes physical examination, the clients and relatives have to follow the treatment prescription without having an opportunity to give an opinion or to participate in the treatment. | 4. Clients and relatives can choose the method of treatment that they prefer or are satisfied with. They can also choose to pay the treatment fee that is appropriate for their economic status. Clients' relatives also have opportunities to participate in the delivery of treatment. |
| 5. Hospitalized patients have to wear hospital clothes.                                                                                                                                                   | 5. Patients can use their own clothes, the same clothes that they use at home.                                                                                                                                                                                                           |
| 6. Patients and relatives have to follow hospital regulations.                                                                                                                                            | 6. There are no rigorous regulations, such as visiting hours, at the places of traditional health service.                                                                                                                                                                               |

Therefore, the process and method that are relevant to the villagers' lifestyle are influential on clients' decision to utilize traditional health service.

## 2. Clients

### 2.1 General characteristics of the clients

Most clients of traditional health service were female and were aged older than 60 years. Most of them were educated at an Primary education and worked as rice growers. The clients had a fairly strong belief in traditional treatment as the data revealed that most of them had utilized traditional health service mor than first times. People introducing them to traditional treatment were friends, relatives and siblings.

### 2.2 Characteristics of the illness

The illnesses that led to the utilization of traditional health service could be categorized into two groups as detailed below.

### **2.2.1 The illnesses that could be cured with traditional treatment only**

The illness in this group included *kam-rerd*, *pee kratham* and *kai marg-mai*. It is found that the villagers' beliefs about the causes of these illness and the assessment criteria were similar to those of traditional healers, thus the villagers were likely to seek traditional treatment when they had these illnesses.

### **2.2.2 The illnesses that could be cured with either modern or traditional treatment but traditional treatment was the preferential treatment**

The illness in this group included bone fractures, paralysis and herpes zoster. The clients, however, might seek modern medical service first before returning to tradition health service. For example, patients having injuries from falling off a tree or from a car accident went to hospitals, which are superior in their diagnostic procedures. After having an x-ray, seeing a clear image of the fractured bone, and being diagnosed with bone fractures, the patients went back home to receive treatment from traditional bone healers. A client reasoned for his utilization of traditional service that it was for “the peace of my mind”; he further explained that “modern doctors can treat external wounds but, inside me - the bones, blood vessels and tendons, *mor kradoog* (bone healer) can treat them better.”

## **2.3 Convenience in traveling**

This study found that distance is another factor that has effect on the utilization of traditional health service. Tambon Lumpook is 12 kilometers from the nearest government hospital. By contrast, the longest distance that a client in this study had to travel to get traditional health service was 2-3 kilometers. It is evident that traditional health service was much nearer, thus more accessible than government hospitals. In addition, clients did not have to pay for transportation, which was not a problem in the village area. Even if a patient could not travel, the relatives could ask the healer to provide treatment at the patient's house. This finding is consistent with the result of a study conducted by Young (1981), which found that a person tended to choose the service center that is close and convenient for transportation rather than the center that is far and inconvenient. The client sample in this study reported inconvenience in traveling to seek service from government hospitals as the villagers

had to take passenger buses, which run infrequently. Moreover, the illness does not correspond to the bus schedule. This finding is consistent with previous studies by Walaiporn Pawapootanon na Mahasarakham (1978) and Rungrangsri Wiboonchai (1995), which found convenient transportation as a reason for the utilization of traditional health service. Moreover, when a person was ill, his or her neighbors would participate in making comments about the illness and would join a trip to a hospital, costing the patient's relatives a large amount of expenses, as they have to pay for everybody. Thus, the villagers tended to seek treatment from traditional healers unless the illness is believed to be curable at hospitals only.

#### 2.4 Cost of treatment

Referring to the data from this study, the cost of traditional treatment could be divided into three parts comprising the expenses for *kaa yok-kroo* (the money paid for the preparation and presentation of offerings as a sign of respect to the healers and their masters), medicine and *kaa kay* (the honorarium for the healer). However, clients did not have to pay for all the three parts. The cost of each part was much varied. *Kaa yok-kroo*, for example, ranged from 1 to 3,000 baht; the cost of medicine ranged from 10 to 3,500 baht; and *kaa kay* ranged from 12 to 5,000 baht. It is noteworthy that clients determined *kaa kay* themselves as the discipline masters did not allow healers to ask for payments. A healer said in an interview, "It's *phid kroo* (against the master's will) and the healer may loss his healing knowledge and power." A client commented, "Whatever the cost is, we will pay it. Just make sure that the illness is cured." This finding is similar to the results of a study conducted by Latthika Chanchit (1997), in which the clients reported that the outcomes of treatment were worth the payment thus they did not feel that the cost of treatment was too expensive. It is apparent that patients and relatives nowadays are more concerned about the satisfaction with treatment more than the cost. Referring to the current 30-baht health scheme, of which people pay only 30 baht for hospital cost, a client made a comment, "I have to pay for the transportation more than the treatment thus I do not usually use that 30-baht service." Additionally, the villagers had faith in traditional healers thus they still seek helps from the healers despite the availability of the 30-baht health scheme. It is also noteworthy that patients' relatives and siblings were more involved

in traditional treatment and were willing to provide financial support to the patients. On the other hand, patients received less financial support when they sought modern treatment because their relatives felt less involved in the problems.

## **2.5 Satisfaction with traditional health service**

### **2.5.1 Satisfaction with traditional healers**

Traditional healers' virtue and ethical behaviors are significant factors contributing to the existence of traditional health service. For instance, traditional healers do not request treatment fees, deliver good care to patients and relatives and rigorously follow their discipline ordinances. *Mor kradoog* (bone healers), for example, would "not eat big creatures such as cows and buffaloes" and would "rigorously follow the Five Precepts of Buddhism"; *mor song* (the mediums) would "not drink alcohol", "not eat food or drink water at a funeral" and "practice meditation". Common people were not able to follow the ordinances of traditional healers as they would find the ordinances interrupt their normal living. Traditional healers also had respectable personalities such as being politely attired and present with calmness and wisdom. For instance, they would not get angry when an ill child was not cooperative in the treatment. This finding is consistent with the thesis entitled "Socio-cultural Dimension of Health Care Utilization in a Community: a Case Study of a Village in Yasothorn Province" by Penchan Prakanmuk (1989), which states that a factor contributing to the existence of traditional healers was their rigorous following of the discipline ordinances that were more strict than that of common people. A study on role adaptation of traditional healers in rural Thailand at Nakhon Panom Province, conducted by Suchinda Suhareewanich (1992), also found that traditional healers were virtuous and respectable thus receiving faith from villagers.

### **2.5.2 Satisfaction with the process and method of treatments**

The results of this study indicate people's satisfaction with the pattern of tradition health service because traditional healers were friendly, making their clients feel at ease. The treatment apparatus, including herbs and barks, are common and abundant; in addition, the treatment is not against the community culture. For instance, the clients would rather receive the treatment for hemorrhoid from *mor samunprai* (the healers who use herbal medicine in his treatment) than receiving it

from modern doctors. A client reasoned, “I am shy of letting the doctor see my bottoms. I’d rather pay for the medications from *mor samunprai*. I just tell him about the symptoms and do not have to expose my bottoms.” Moreover, the pattern of traditional treatment is flexible. For example, if patients could not perform the *tang kay* (to present a set of offerings as a sign of respect to the healers and their masters) ceremony, their relative or neighbor could do it for them; or if patients could not travel to the healer’s house, the healer could come to their houses instead. At the stage of *plong kay* (to present a set of offering to the healers as a sign of appreciation and gratitude), the clients might not have to pay for the treatment if they did not have money.

### 2.5.3 Satisfaction with the outcomes of treatment

It is known that the communication by word of mouth among people has strong influence on the selection of health care service. People remember their experiences with treatments and share them with other people. This study found that local people believed in the efficiency of traditional treatment for some disease such as *kai marg mai* because they heard that a patient died from this disease while receiving treatment at a hospital. Although the cause of death might be complications or severe infection, local people assumed that “I could die if having *kai marg mai* and going to a hospital for the treatment.” On the contrary, they learned that all cases of *kai marg mai* receiving traditional treatment could recover from the disease. *Rok kam-rerd* (a child illness of all-night crying) would not get a treatment from modern doctors who considered it as a normal symptom of any baby; in contrast, traditional healers would blow at the ill child and tie a sacred string around his wrist. In case of herpes zoster, the clients reported dissatisfaction with modern treatment as they did not receive any skin ointment to apply on the lesion; traditional healers, however, had herbal medicine to apply on the lesion thus reducing sore pain. A client stated, “I need a blow on the lesion so the heat sensation will be reduced and the skin feels cooler; then it can control the wound, keeping it from growing around my body.” This comment came from the belief that if the wound expands into a complete circle around the affected body part, the patient may die. This finding is consistent with the concept about the selection of service methods that are available in the society, proposed by Young (1981), which states that a person’s selection of services depends on four

factors and one of the factors is faith or perceived benefit of taking action. A person will select a method of treatment on the basis of his or her faith in the efficacy of that treatment. For example, people receiving treatment from traditional healers believe that the traditional treatment can cure their illness. A study on factors affecting the existence of traditional treatment conducted by Rungransi Wiboonchai (1995) found that efficacy of treatment and expertise of traditional healers are factors contributing to the existence of traditional treatment. The interviews with the client sample of this study revealed that the clients did not feel that traditional treatment is old-fashioned or out-of date; instead, they felt that traditional treatment is as effective as modern treatment in curing their illness.

## **2.6 Family support**

In the village life, illness is not a personal matter; instead it involves the family and the community. The villages have a seniority system thus villagers respect elders and follow their suggestion. When illness occurs, the village elders might recommend the patient to seek traditional treatment and they would be followed accordingly. For instance, postpartum women need to be *yoo fai* (staying close to a flamed charcoal oven to stimulate sweating thus excreting waste product from the body); and crying babies should be taken to blowing healers. Some people received information from friends or relatives that had experiences with traditional treatment such as people being cured from bone fractures thus recommending the healer to other people. Previous experiences with traditional treatment, therefore, became a source of information for villagers. This is consistent with the results of a study on source of information and the decision-making about the use of medications among rural people in the northeastern region conducted by Supat Chatibanchachai and associated (1999), which found that people's decision mostly depended on the comments from their mothers and grandparents.

## CHAPTER VI

### CONCLUSION

This research was a combine qualitative-quantitative study, aiming to examine the process and methods of traditional treatment and the reasons underlying the utilization of traditional health services among people in Tambon Lumpook, Muang District, Buriram Province. The sample of this study was divided into two groups comprising 112 clients who sought traditional service at the time of the study or in the past month and 41 traditional healers who were *mor pao*, *mor song*, *mor samunprai*, *mor kradoog*, *mor nuad-jabsen* and *mor sadaukrau*. Data were collected with in-depth interviews during 25 February to 25 March 2003.

The instrument of this research consisted of an interview questionnaire for interviewing traditional healers about the healers' qualifications, guideline questions for in-depth interview about the pattern and process of traditional treatment, an interview questionnaire for data concerning clients' general information and guideline questions for in-depth interview about the characteristics of illness and factors influencing the utilization of traditional health service.

Data were analyzed with frequency count method, of which the results were calculated into percentage values, and with content analysis method. The results of this study are summarized below.

### Conclusion

#### 1. General characteristics of traditional healers

Most traditional healers were male (92.7%), aged 61-70 years (34.1%), married (66.9%) and educated at an primary education (70.7%). The income earning from providing traditional treatment was mostly less than 1,500 baht per month (75.6%). The most common additional occupation was agricultural work (80.4%) with the incomes of 1,200-3,000 baht per month. The traditional inhalers had been providing the treatment for mostly 6-10 years (22.0%); 36.6 percent of them received the knowledge by being a disciple of older traditional healers; the most common

motivation to be a traditional healer came from seeing other family members working as traditional healers (26.8); the knowledge of traditional treatment was mostly transmitted to members of the same family (61.0%).

## **2. Process and methods of traditional treatments**

The interview with 41 traditional healers in Tambon Lumpook revealed a common pattern of traditional treatment as follows:

2.1 The diagnosis was made to find the cause of illness before giving the treatment every time.

2.2 Traditional healers had treatment rituals. For instance, *mor samunprai* (herbal healers) would recite holy incantations while picking herbs for the medications; *mor song* (the mediums) would have the *nang song* (to look through the illness), which made the process seemed venerable and sanctified; *mor pao* (blowing healers) would blow on the skin lesion of herpes zoster to reduce the sore pain. The villagers' respect and faith in traditional healers highly increased on account of these rituals.

## **3. General characteristics of clients**

Most clients were female (66.1%) aged older than 60 years (33.0%). Most of them spoke the local *khmer* language (47.3%) and were educated at an primary education (57.1%). Their work was mostly agricultural such as rice growing, farming or raising cattle (43.7%); the incomes were mostly between 4,001-6,000 baht per month (29.5%). The families were mostly extended families (74.1%).

## **4. Illness leading to the utilization of traditional health service**

For *mor pao*, clients mostly sought treatment for herpes zoster (5.4%). *Mor song* was mostly sought for the treatment of fever, tiredness, fatigue and loss of appetite (4.5%). *Mor samunprai* was mostly sought for the treatment of anemia (4.5%); and *mor nuad-jabsen* for back ache, ache around the waist and body ache (14.3%). *Mor sadaukrau* would be visited when the clients were just discharged from hospitals or were aged 25 years (3.5%), which is considered as a dangerous year in Thai belief. Most patients reported having received traditional treatment more than first

times before (77.7%) and people recommending traditional healers to them were mostly siblings and relatives (52.7%).

### **5. The reasons underlying the utilization of traditional health services**

Convenience was found as a factor affecting the utilization of traditional health services, especially convenience in transportation as traditional healers lived in the same village as their clients. Other factors included the cost of treatment that could be estimated and was appropriate for the clients' economic status; traditional healers' qualifications including their respectable manners, their expertise and the efficacy of treatment; and the pattern and process of traditional health service, which was delivered with holistic approach, understanding physical, mental and social problems of the patients. These factors contributed to the existence of traditional health service in Tambon Lumpook.

### **Limitations of the study**

This study was conducted with 41 traditional healers of six different types of healers. They lived in 18 different villages. The researcher collected all the data concerning the illness and the treatment by herself within a period of one month and found limitations in collecting data as follows:

1. As the illness might occur at anytime, the researcher could not arrange a definite schedule for data collection in advance. Moreover, as she did not constantly stay in the district, the researcher could not collect the data of all services provided from traditional healers to the clients over the study period.

2. There were times when the researcher received information that more than one healer living in different villages were providing traditional treatment at the same time; thus, having to collect data at one place, the researcher was not able to go round to collect data of the other treatment.

### Implication and Recommendations

Traditional healers should be trained with simple modern medical knowledge that could be applied to the delivery of traditional treatment. Simple equipment such as sphygmomanometer or thermometer might be used to facilitate the diagnosis and assessment of illness.

1. There should be the provision of knowledge about the illnesses that can or cannot be cured with traditional treatment. Each traditional healer should be supervised and assessed. For instance, *mor kradoog*, who relocate the bone after just touching the injured area, may coordinate with a hospital to get an x-ray image before adhering the fractured bone with a bamboo cast; or the hospital may relocate the bones and let the patient decide about the cast and the method of treatment. Effective traditional treatment should be promoted and be supported, as it is beneficial for clients.

2. Meetings between modern doctors and traditional healers should be arranged to share knowledge and understanding about the methods of treatment. The advantages of each treatment should be combined and appropriately applied to clinical use to improve the efficacy of treatment; for example, allowing relatives to participate in caring for hospitalized patients or accepting the rituals of reciting and blowing holy incantations in patients' room if the rituals do not have negative effect on hospital treatment. These rituals may keep the patients in high spirits.

3. This study has found that most health problems among the villagers were non-severe illness and the villagers should be able to manage the illness by themselves should they receive basic knowledge about common illness and receive training of practical self-care such as the use of herbal medications, with which the villagers are already familiar. Thus, learning groups should be set up with leaders, such as public health volunteers, to provide and develop education program for the promotion of knowledge among villagers: for example, a demonstration of the utilization of herbal medicine or suggestions on growing herb garden for household use. Consequently, the villagers' expenses on medication and the risk of drug abuse from self-prescription will be reduced.

### **Recommendation for further studies**

As this research was conducted with 41 traditional healers actively provided the service at the time of the study and with people receiving the service within a period of one month, the researcher could not follow up all clients and the given service over the study period due to the irregularity of the service time and clients' needs of treatment. Although the researcher was prepared and ready to collect data during the treatment process at anytime, participation from public health volunteers was required to obtain information about the provision of traditional treatment and not all cases were reported for data collection. Based on these research problems, the following actions are recommended for further studies concerning traditional treatment and traditional healers:

1. The study should particularly focus on traditional healers with large numbers of clients.
2. The longitudinal study is recommended due to the following reasons:
  - 2.1 For the study of provision of traditional treatment, the methods and process of treatment is complex and has a lot of details; moreover, the methods differ in the treatment of each illness.
  - 2.2 For the study of utilization of traditional treatment, researchers need to establish rapport with the clients so that they do not perceive the researchers as intruders or strangers and accept the researchers as villagers; as a consequence, the researchers will be able to obtain the most actual data of real events.
3. The study should focus on certain illnesses, specifically the illnesses that are common in that area, so that the results can indicate the process of decision making about the utilization of health service.
4. On the clients' part, the sample should include the clients who ever use the traditional treatment but not satisfy with the services

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## List of Experts

There are three experts who have validated the content of the research instrument as follows:

1. Associate Professor Dr. Buppha Sirirassamee.  
Institute of Population and Social Research, Mahidol University.
2. Associate Professor Dr. Roongrote Poomriew,  
Department of Health Education and Behavior Sciences,  
Faculty of Public Health, Mahidol University.
3. Associate Professor Dr. Orathai Ruayarchin,  
Department of Social Sciences,  
Faculty of Social Sciences and Humanities, Mahidol University.

## Consent form

เนื่องด้วยดิฉัน นางสาวจรรวณ สวัสดิ์สิงห์ นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการพยาบาลอนามัยชุมชน คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล กำลังวิจัยเรื่อง "การให้และการใช้บริการสุขภาพของหมอพื้นบ้านในชนบทไทย" โดยมีวัตถุประสงค์เพื่อศึกษารูปแบบและวิธีการรักษาของหมอพื้นบ้าน และปัจจัยที่มีผลต่อการใช้บริการหมอพื้นบ้านของประชาชนในชุมชน ท่านเป็นบุคคลสำคัญยิ่งในการให้ข้อมูลในครั้งนี้ ดังนั้น จึงขอความร่วมมือจากท่านในการตอบแบบสัมภาษณ์ ซึ่งใช้เวลาประมาณ 30-40 นาที

ข้อมูลที่ท่านตอบจะถูกเก็บไว้เป็นความลับ และจะไม่มีผลกระทบใด ๆ ทั้งต่อตัวท่านและบุคคลที่เกี่ยวข้อง ท่านมีสิทธิ์ที่จะตอบหรือปฏิเสธการเข้าร่วมการวิจัยในครั้งนี้ และแม้ว่าท่านยินดีเข้าร่วมในการวิจัยแล้ว แต่ภายหลังท่านเกิดเปลี่ยนใจ ท่านมีสิทธิ์จะถอนตัวได้ โดยไม่มีข้อแม้ใด ๆ ระหว่างการเข้าร่วมการวิจัย ถ้าท่านมีข้อสงสัยใด ๆ ผู้สัมภาษณ์ยินดีตอบข้อสงสัยของท่านตลอดเวลา และขอขอบคุณท่านที่ให้ความร่วมมือในการเก็บข้อมูลครั้งนี้

จรรวณ สวัสดิ์สิงห์  
ผู้วิจัย

## Instrument

### แบบสัมภาษณ์หมอฟันบ้าน การให้และการใช้บริการสุขภาพของหมอพื้นบ้านในชนบทไทย

คำชี้แจง ให้ท่านทำเครื่องหมาย ✓ ลงใน ( ) หน้าข้อความที่เป็นจริงของผู้ถูกสัมภาษณ์  
หรือเติมคำลงในช่องว่างให้สมบูรณ์

#### ส่วนที่ 1 คุณลักษณะของหมอพื้นบ้าน

1. ปัจจุบันท่านอายุ.....ปี (อายุเต็มปี)
2. สถานภาพสมรส
  - ( ) โสด
  - ( ) คู่
  - ( ) หม้าย / หย่า / แยก
3. ระดับการศึกษาตามระบบสามัญศึกษา
  - ( ) เรียน ระบุ ( ) ประถมศึกษา
  - ( ) มัธยมศึกษา / ปวช.
  - ( ) ปวส. / อนุปริญญาขึ้นไป
  - ( ) ไม่ได้เรียน ( ) อ่านออก เขียนไม่ได้
  - ( ) อ่านออก เขียนได้
 ระบุระบบที่ศึกษา / สถานที่ศึกษา.....
4. ท่านได้รับการถ่ายทอดวิชาความรู้และประสบการณ์การเป็นหมอพื้นบ้านจากใคร  
(ตอบได้มากกว่า 1 ข้อ)
  - ( ) จากบรรพบุรุษ
  - ( ) จากการมอบตัวเป็นศิษย์หมอพื้นบ้าน
  - ( ) จากการสะสมประสบการณ์ด้วยตนเอง

- ( ) ศึกษาจากตำราด้วยตนเอง
- ( ) จากการอบรม หรือเรียนจากโรงเรียนอาชีวเวช
- ( ) อื่นๆระบุ.....

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## ส่วนที่ 2 แนวคำถามที่ใช้สัมภาษณ์หมอฟันบ้านเกี่ยวกับรูปแบบและวิธีการรักษา

1. สาเหตุหรือแรงจูงใจในการเป็นหมอฟันบ้าน
  - หมอเริ่มสนใจที่จะเป็นหมอฟันบ้านตั้งแต่เมื่อใด เริ่มให้การรักษาชาวบ้านครั้งแรกตอนไหน (หมออายุเท่าใด) ในการรักษาชาวบ้านครั้งแรกมีเรื่องราวเป็นมาอย่างไร
  - เหตุการณ์หรือแรงจูงใจที่เป็นพิเศษหรือไม่ อย่างไร ที่ต้องทำให้เกิดความสนใจหรือทำให้ต้องมาเป็นหมอฟันบ้าน ( เช่น เกิดจากตนเองล้มป่วย แล้วเกิดการค้นพบการรักษาโดยบังเอิญ เกิดนิมิตฝันไป หรือมีพ่อเป็นหมอฟันบ้านเคยติดตามไปรักษาคนไข้ จึงคุ้นเคยมาตั้งแต่เด็ก ฯลฯ)
2. มีข้อปฏิบัติหรือข้อห้ามอย่างไรในการเป็นหมอฟันบ้าน การปฏิบัติตามข้อห้ามทำให้มีความยุ่งยากในการดำเนินชีวิตประจำวันหรือไม่
3. ในปัจจุบันให้การรักษาในอาการหรือโรคใดได้บ้าง มีความชำนาญด้านใดเป็นพิเศษ
4. ผู้ที่มารับการรักษาเป็นใคร (เด็ก ผู้ใหญ่ คนแก่ ผู้ชาย ผู้หญิง) มาจากที่ใด ส่วนใหญ่มาจากที่ไหน (ในหมู่บ้าน นอกหมู่บ้าน คนต่างจังหวัด)

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**แบบสัมภาษณ์ผู้ใช้บริการ**  
**การให้และการใช้บริการสุขภาพของหมอพื้นบ้านในชนบทไทย**

คำชี้แจง ให้ท่านทำเครื่องหมาย ✓ ลงใน ( ) หน้าข้อความที่เป็นจริงของผู้ถูกสัมภาษณ์  
 หรือเติมคำลงในช่องว่างให้สมบูรณ์

**ส่วนที่ 1 ข้อมูลทั่วไป**

1. ท่านอายุ.....ปี (อายุเต็มปี)
2. เพศ ( ) ชาย ( ) หญิง
3. เชื้อชาติ .....ศาสนา.....
4. ภาษาที่ใช้พูดในท้องถิ่น  
 ( ) ไทย ( ) เขมร  
 ( ) ลาว ( ) ส่วย  
 ( ) อื่นๆระบุ.....

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**ส่วนที่ 2 แนวคำถามที่ใช้ในการสัมภาษณ์ผู้ใช้บริการกับหมอพื้นบ้าน**

1. ผู้ป่วยเป็นใคร (ตนเอง , ลูก , หลาน) ในกรณีที่ป่วยลูกหลานให้ระบุเพศ อายุ
2. มาพบหมอเพราะมีอาการอย่างไร
3. คิดว่าในการป่วยครั้งนี้มีสาเหตุมาจากอะไร หรือเกิดจากอะไร
4. อาการที่ป่วย / ไม่สบายในครั้งนี้เคยไปรับการรักษาจากที่อื่นมาก่อนหรือไม่ เช่น ซื้ยยากินเอง  
 รักษาแบบแผนปัจจุบัน

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## BIOGRAPHY

|                              |                                                                                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME</b>                  | Miss Charuwan Sawatsing                                                                                                                                                                                              |
| <b>DATE OF BIRTH</b>         | 30 October, 1972                                                                                                                                                                                                     |
| <b>PLACE OF BIRTH</b>        | Burirum, Thailand.                                                                                                                                                                                                   |
| <b>INSTITUTIONS ATTENDED</b> | Boromrajonnani Sappasithiprasong<br>College of Nursing Ubonratchathani,<br>1991 – 1995 : Nursing Diploma of Science<br>Mahidol University , 1998-2003 :<br>Master of Nursing Science ,<br>(Community Health Nursing) |
| <b>POSITION &amp; OFFICE</b> | 1995-1997, Burirum Hospital, Thailand<br>1997 – Present, Community Health Nursing<br>Department. Faculty of Nursing, Ratchathani<br>College of Technology.<br>Position : Instructor                                  |