

2. Title: Medical Beliefs and Behavior in Culture, Social Structure, Internal and External Group Relationships in North Thailand

Principal Investigator:

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Objective: This study centers upon the role played by medical beliefs and behavior and their functions and relationships within the full social system and the external relationships of a Thai Hill Tribe. It contrasts the degree to which the social behavior of a Thai Hill Tribe is organized around concepts of health, illness, disease, curing and preventative medicine, as opposed to economic production and exchange, religion and ritual, ties of kin, and other systems of social integration and describes the interdependencies between these areas. It compares the allocation and utilization of resources in behavior centering around health, illness, and disease to economic and ritual behavior. It also examines the role played by medically defined behavior, in comparison to other aspects of social behavior in defining relationships within villages of the same ethnic group and relationships between settlements of differing ethnic groups; i.e., Karen, Meo, and North Thai. This study serves as one part of a three way comparative study centering on concepts and behavior in health, illness and disease, the other two parts being carried out by Gertrude W. Marlowe Ph.D., M.S. Hyg., in a North Thai village, and Clark E. Cunningham, Ph.D. in a Lissu Village.

Description: The present work is being carried out in Tambol Borkeo, Amphur Sameung, Dhangwad Chiengmai approximately 60 kms. west of Chiengmai. The research is centered at the E'kaw Karon village of Norn Klissu which consists of fourteen households and seventeen families. Here a field house has been established. Research in depth based upon the techniques of participant observation, photo-recording, tape recording of verbal materials and depth-interviewing is carried out in this village and four nearby Karen settlements, the villages of Klissuta, Klissuki, Sivalogla, and Ma-O-gla. General interview and questionnaire studies (distributional studies) will be accomplished in twenty-three other settlements, mostly Karen, some Meo and Thai, in Tambol Borkeo. (The normal schedule of work is eight to ten days in Borkeo collecting data followed by four to five days in Chiengmai, organizing, writing up and analyzing accumulated data.)

Progress: During the period under report the investigator has established residence in the village of Norn Klissu, Tambol Borkeo. Borkeo is a high valley (3000 metres) populated for the most part by hill Karen distributed in small settlements, average size twelve to fifteen households, established along the tributaries of the Borkeo River. The Karen economy is based primarily on rice culture (both wet and upland dry,) stock raising, water buffalo, pigs, some cattle, and secondarily upon opium cultivation, introduced by Meo migrants to the upper ridges of the valley some ten years ago. The major influence of contemporary Thai civilization is found in a complex of three tin mines located along the Borkeo River in the heart of the valley. The settlement at the mines is the focus of trade and governmental influence in the area. In addition, the mines provide employment as casual laborers to a number of hill Karen of Borkeo and other areas.

The typical Hill Karen village of Borkeo is a complex of bilateral and affinal kin. These kin ties spread and interlock throughout the valley encompassing, at a rough guess, some ninety percent of the population. While almost all villagers are related to all other villagers, the critical social, ritual, economic and work units are the individual settlement and the nuclear family (i. e., father, mother, and their children.) Rituals and other occasions involving the participation of more widespread groupings are rare. Rituals consist of weddings and funerals at present and in the past included the worship of the great earth spirit of the valley.

The residence pattern of the hill Karen village is defined by preferential village exogamy and matrilineal residence; i.e., the young men normally marry girls from another settlement and take up permanent residence in the wife's village. The Karen are monogamous, and divorce is almost unheard of. Village units are normally extremely stable.

The medical resources available to the population of Borkeo may best be divided into modern and traditional-ritual. The modern medical facilities and resources are: (1) A clinic (run by a nearby Baptist mission) and staffed by an RN trained at MacCormick in Chiangmai; (2) An "injection doctor" who lives in the tin mine settlement but who has little business with the hill people; (3) Local Chinese and Thai traders who carry a fair stock of western, Thai, and Chinese patent medicines; (4) There is a second class sanitarium and midwifery center at Amphur Smeong which is rarely used since it is about 30 kms. distant. The traditional-ritual resources are: 1. An extensive pharmacopeia of traditional medicines, (for the most part roots and herbs), a preliminary analysis of this pharmacopeia is underway; 2. Specialist midwives mostly middle aged elderly women whose skills are passed down from mother to daughter, and one male midwife who was trained by his parents and is considered to have special skill in positioning the child before delivery; 3. Three ritual specialists who have specialized techniques for invoking the aid of the guardian spirit (gawgalah) in combating illness; 4. A standard sequence of rituals designed to prevent and cure illness known to all adults.

The Karen diagnostic, etiologic and classification systems for illness are extremely complex: data gathering has just begun. Etiology and classification are particularly complex as few illnesses are seen as linked to a single casual agent, and the perceived etiological agent often changes as an illness progresses particularly if the patient worsens. Causally illness is linked with the spirits at many different levels, with personified concepts of the disease entity, with climatic change, intents sunlight, wind, etc. Diagnosis and description are apparently based on an initial five part classification: 1. Fever illnesses, 2. Skin eruptive illnesses, 3. Illnesses carrying with them any localized pain, 4. Traumatic injuries, 5. Certain special disease entities. This system is being studied and analyzed.

Other areas of active study include the patterning of intervillage relationships, basic economic structure, and the processes underlying social boundary formation and perception of others both within the Karen of Borkeo, the wider groupings of Karen, and between the differing ethnic groups populating the valley. In addition, a socio-economic and medical resource utilization census of Borkeo is underway.

Summary: The study of "Medical Beliefs and Behavior in Culture, Social Structure, and Internal and External Group Relationships in North Thailand" is now underway among Hill Karen and other groups in Tambol Borkeo, Amphur Sameong, Changwad Chiangmai. Initial data gathering concerning demography, social organization, economy, inter-village relationships, medical behavior, belief, practice, and its relationship to and interdependencies with other aspects of the socio-cultural system, particularly religion and ritual, is underway.