

人類生態班 B

Human Ecological Study of Health Seeking Behaviour in Community-Dwelling people in Donbang village

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Background and Problem Identification

As promoting health policy, community-dwelling people in Laos have been able to utilize more various medical resources than before. Such change has influenced to the medical choice and health seeking behaviour of the people. The outline of them has been clarified increasingly through the quantitative study in national and international institutes. However determinants and dynamics of them have not been examined yet. They are relevance to not only medical situations but also ecological and socio-economical conditions. People everywhere must treat illness and maintain health utilizing some available medical resources in certain ecological and socio-economical conditions. For example, in rural area that the roads are not enough maintenance, the access of medical institutes is more difficult in rainy season than dry season. In order to think how to provide efficient and effective health care, it is important to examine the relations between such conditions and how the people actually behave when they became sick. Collecting and analysing the concrete cases of health seeking behaviour play an important part of examining the relations.

This study intends to clarify the human ecological and socio-economical conditions through qualitative methods, and to analyse the determinants of health seeking behaviour in community-dwelling people in Dongbang village.

In this time, I tried to grasp the general information of research area through the census and interview on health seeking behaviour in Dongbang village from 19 February to 3 March of 2004 in order to get the basis of future survey.

Background of Research field

Dongbang village is located in Lahanam zone, the northwest part of Songkhone District, Savannakhet province. The village is approximately 9 kilometres from Pakson, the center of Songkhone District. The total population is 222 people, 105 females and 117 males, and the number of household is 39. The majority of the people, covered almost 92.3% in all households, is Phouthai. Around half of people are farmer (44%), and the percentage of students is 32%. The main source of income is to sell vegetable or livestock. 52% of the population over 10 years is literate.

Although there is a health center (HC) in Lahanam tha where is one of the villages in Lahanam zone, the part of the rooms is used by pupil in primary school and always closes the rest. Therefore, people cannot access the health center and tend to go to the district hospital (DH) directly, where is located in Pakson. There is a pharmacy in Lahanam tha also, not Donbang.

Findings

Through the brief interview, we investigated how the people in the village seek health and medical care if they became sick. As a result, Pharmacy or Health Village Volunteer (VHV) was tended to choose as first choice. Half of households (51%) choose District Hospital as second choice. Health center and Spiritual Practitioner (SP) are hardly utilized (Figure 1).

I think Traditional Healer (TH), the practitioner using traditional medicine such as herbs, is worthy of careful consideration. In the surveyed village, they were chosen as first or second choice constantly (Figure

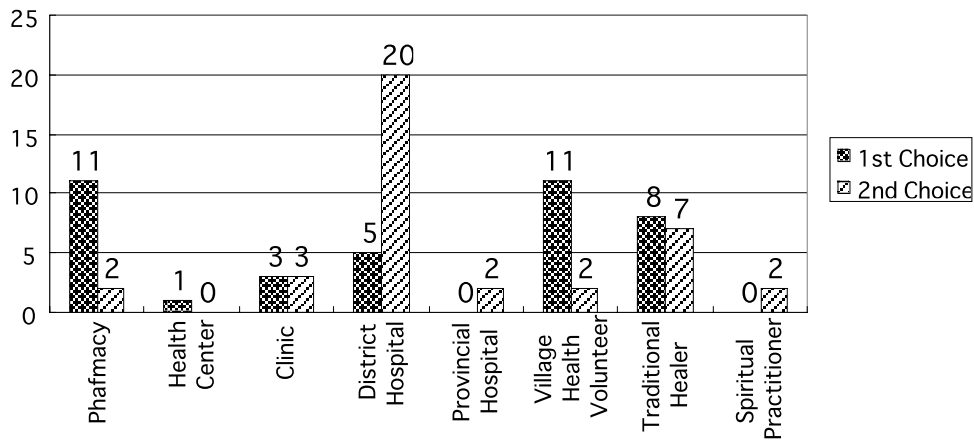


Figure 1: The number of households used each health resources

1). Figure 2 shows the tendency of access to the medical facilities. A third of people go to the district hospital. However nearly 30% of them depend on the traditional healer. In addition, 30 households out of 39 (77%) have ever utilized traditional healer. Many people actually used traditional healer.

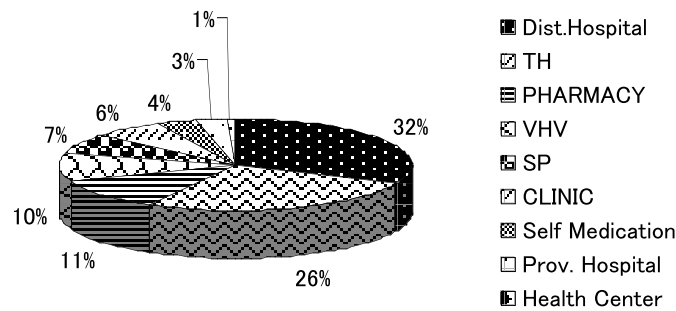


Figure 2: The access to the medical facilities

The cost of treatment is showed in table 1 when people consult the traditional healer and spiritual practitioner. 12 households out of 38 answered no cost because most of them are relatives of traditional healer. Then, many people can access to traditional healer easier than other medical facilities.

Traditional healer were used to treat daily health problems and maintain health of the people, while biomedical institutes such as district hospital were utilized in the case of acute or severe illness. Practical use of traditional healer might be regarded as one of the important health resource in the village.

In the future, it will be necessary to examine how and why the people in the village utilize traditional healer through analysing more concrete cases of health seeking behaviour. In

Table 1: The cost of treatment

Kip	Traditional Healer (n=38)	Spiritual practitioner (n=34)
0	12	-
1000-5000	9	1
6000-10000	3	2
11000-15000	1	-
16000-20000	3	-
21000+	1	2

addition, the kind and efficacy of traditional medicine they used also will need to examine.

Acknowledgment

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