

人類生態班

ラオス低地農村部のローカルな健康観の諸相
- サヴァンナケート県ラハナム地区の高齢者に対するインタビュー調査より -

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キーワード： ローカルな健康観、サバイとスカパーブ、高齢者、低地農村部
調査期間・場所： 2005年10月 - 2006年2月、サヴァンナケート県ラハナム地区

Aspects of Local Health Idea in Lowland Village of Laos
- From Interview Survey with elder People of Lahanam zone, Savannakhet -

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Keywords: Local health idea, *sukhaphaap* and *sabaai*, elderly people, lowland village

Abstract

The main purpose of this report is to demonstrate aspects of local health idea of lowland village of Laos. The Study was conducted between October 2005 and February 2006 in Lahanam zone, Savannakhet Province. Through formal and informal methods, it has been found that *sukhaphaap* implied physical and personal well-being while *sabaai* meant mental and social one. However informants indicated that the concepts relate to each other and *sabaai* could be used for a whole condition too. It is understood that health is a comprehensive and holistic viewpoint, and *sukhaphaap* and *sabaai* were used in order to express each dimension of health as a whole.

1. Introduction: Background and Problem Identification

Concern with the concept of health has grown around the world since WHO's (World Health Organization) definition of health in 1946 as "Health is a state of complete physical, mental and social well-being and not merely the absence of the disease or infirmity" [WHO 1996]. It has been recognized that health should be regarded not only as a physical state like the absence of disease, but also as a holistic one that includes physical, mental, social dimensions. This definition had great significance for researches and practices of health care because of changing our recognition of health.

However some students have criticized the concept because it is too abstract and ideal to understand complexity of the real world [cf. R. J. Dubos 1959]. Some people may think healthy even if there are serious physical, mental or social disorders, yet others may consider someone or themselves as not healthy if there are not any visible problems but they think there is something wrong. Over the past few decades, a considerable number of studies have been conducted on health within the social science and humanities. It has been proposed that there are various ways to evaluate and determine goals of health that depend strongly on the interpretations and experiences of people in local contexts. This is where physical-biomedical, mental-emotional, socio-economic and cultural-historical dimensions intertwined in a complicated manner [Kleinman 1980:56; Good 1994:102-103]. Therefore, in order for health to be, it is essential to analyze the local health idea from a concrete-practical consideration. It is also important to construct a general health definition based

on an abstract-theoretical one [cf. Foster and Anderson 1978; Hardon et al. 2001].

This approach has often been misunderstood as only collecting individual cases. Interpretations and experiences not only depend on individual characteristic, but are also embedded in the socio-cultural structure shared in a community [cf. Bourdieu 1977]. For understanding a local health idea, we have to grasp the structure by examining both different and common points of individual ideas dialectically.

When such a survey is to be conducted, qualitative research methods, such as long-term fieldwork, participant observation and open-ended interviewing, are valid. The needs for this approach have been growing in public health but this type of study has not been conducted a lot in Laos, although quantitative-statistical surveys have been carried out by national and international institutes. There is no doubt that community-oriented qualitative approach for understanding local health ideas is essential for appropriate and effective public health services in Laos like other areas. Therefore, the main purpose of this study is to demonstrate the structure of local health idea in Laos thorough qualitative methods, especially through the use of interviewing with the lowland villagers.

2. Research Methodology

[1] *Outline of the Research Area*: This research was conducted in Lahanam zone, Songkhone district, Savannakhet province, from Oct. 2005 to Feb. 2006 (5 months). Lahanam zone is located approximately 9 kilometres from Pakson, the center of the district, which is about 70 km from Khantabuly, the center of Savannakhet province. There are 6 villages in this zone; Lahanam-thong, Lahanam-tha, Thakhamlian, Bengkhamlai, Kokphok and Dongbang (see Table 1). The ethnic population majority is *Lao Loum* (lowland Laotian), especially *Phouthai* which belongs to the Austro-Thai Thai linguistic family, Tai-Kadai language group, Tai Southwestern language branch [Schliesinger 2003:97-103].

Table 1: Outline of Villages in Lahanam zone (at Oct.2005)

			<i>Village Name</i>	<i>Household</i>	<i>Population</i>		
					<i>Total</i>	<i>Female</i>	<i>Male</i>
North part of Lahanam		Lahanamthong	211	1295	685	610	
		Lahanamtha	158	878	452	426	
		Bengkhamlai	157	861	436	425	
South part of Lahanam		Thakhamlian	89	571	294	277	
		Kokphok	47	247	132	115	
		Dongbang	39	217	104	113	

The main subsistence is settled irrigation aquiculture and fishing like other lowland Laos. The main source of income is to sell vegetable, livestock and surplus rice. In addition, some females can obtain wage by contracting with a textile company. An electricity and water supply have been utilized since the last half of 1990s.

Lebar and Suddard [1963:172] pointed out “the Lao have retained many of their traditional ideas and practices relating to illness and disease while at the same time accepting some of the methods and ideas of the West” [cf. Halpern 1963; Westermeyer 1988]. This is true to this day by both biomedical and folk health care being utilized in the area. People cope with a slight illness by buying medicine at the health centre or at some

pharmacies. If people are sick or seriously injured, they tend to go directly to the district hospital and clinics in Pakson or Savannakhet provincial hospital. Folk practitioners are utilized frequently for treating chronic disease or maintaining their health [Iwasa 2004].

The survey was carried out in the south part of Lahanam zone, especially in the village of Dongbang. This village is the southernmost and smallest village in the zone. The total population is 217 people, 104 females and 113 males, and the number of household is 39 (at Oct. 2005, see Table 1). Almost all people are farmer except one electrical engineer and one teacher. There are two folk practitioners and one ex-nurse. Around half of the population over 10 years of age are literate (at Feb. 2004, see Iwasa et al. 2004).

[2] *Research methods: formal and informal interview*: In current research, formal and informal interview methods were adopted. Informal (or open-ended) interviews is generally utilized for “discovering” or “establishing” appropriate problems along the contexts of informants during the course of field research, especially participant observation. Berg [2004:80] explained the process of the method as follows; “First, interviewers begin with the assumption that they do not know in advance what all the necessary questions are. Consequently, they cannot predetermine fully a list of questions to ask. They also assume that not all subjects will necessarily find equal meaning in like-worded questions”. In a process of informal interview, researcher “must develop, adopt, and generate questions and follow-up probes appropriate to each given situation and the central purpose of the investigation” [Berg 2004:80].

Formal (or semi-structured) interview is needed to implement some predetermined questions and special topics. These questions are “typically asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to digress; that is, the interviewers are permitted (in fact, expected) to probe far beyond the answers to their prepared standardized questions” [Berg 2004:80-2]. Such interview method permits researchers to get not only unexpected information but also more structured and statistical one than findings of informal interview.

According to the process, an informal interview was conducted with various generations of the target community in order to grasp the outline of a local health idea. The interviewing was practiced at every opportunity during conducting participant observation of daily life, festival and ritual in the zone. Secondly, formal interview was conducted focusing on the village of Dongbang. The informants of the interviews were 16 elderly villagers (female 6 and male 10) out of a possible 18 individuals in this age bracket that were over 60 years-old. Their average age was 69.4 years olds. They were interviewed over several 1–2 hours and the interview was practiced in Laotian by oneself. Families, relatives and friends joined in the session and gave some opinions in many cases.

The topics for formal interview were prepared by referencing the findings obtained in informal interview and preliminary research in Aug. Dec., 2004. In this time, *sukhaphaap* and *sabaai*, both were typical words in Laos, were selected among the words relating to health. *Lao Dictionary* [2005] explains in Laotian that *sukhaphaap* is the state of being *sabaai*, healthy and vigor, and the absence of disease. In *English-Lao & Lao-English Dictionary* [2000], it is translated to just health in English. *Sabaai* is one of the most frequent-used words in everyday-life while *sukhaphaap* is used in more medical settings. *Lao Dictionary* [2005] explains in Laotian that *sabaai* implies well-being, vigor, and happy. It is translated to comfortable and happy in *English-Lao & Lao-English Dictionary* [2000]. American anthropologist Kristin Lundberg suggests that perhaps we might understand this word as well-being (Lundberg 2004: personal communication 10.7).

This interview survey's goal is to reveal the local health idea by comparing the local meanings of these words [Hardon et al. 2001:198-200]. The interviewing was formulated in order to uncover important elements and relation of those words, but a flow of interviewing depended on interviewees. If informants had some opinions to each word, they were asked to limit their answers to less than three points.

3. Findings of Interviewing with the Elder Villagers

The findings gathered through formal interviewing supplemented the data of informal interviewing. Those words will be examined respectfully in the beginning, and consequently the whole structure of local health idea will be discussed.

[1] *Sukhaphaap*: Figure 1 summarizes important elements of the word by arranging the findings of formal interviewing about the word. 12 informants (9 men and 3 women) except 4 people who didn't know the word *sukhaphaap* showed 32 answers.

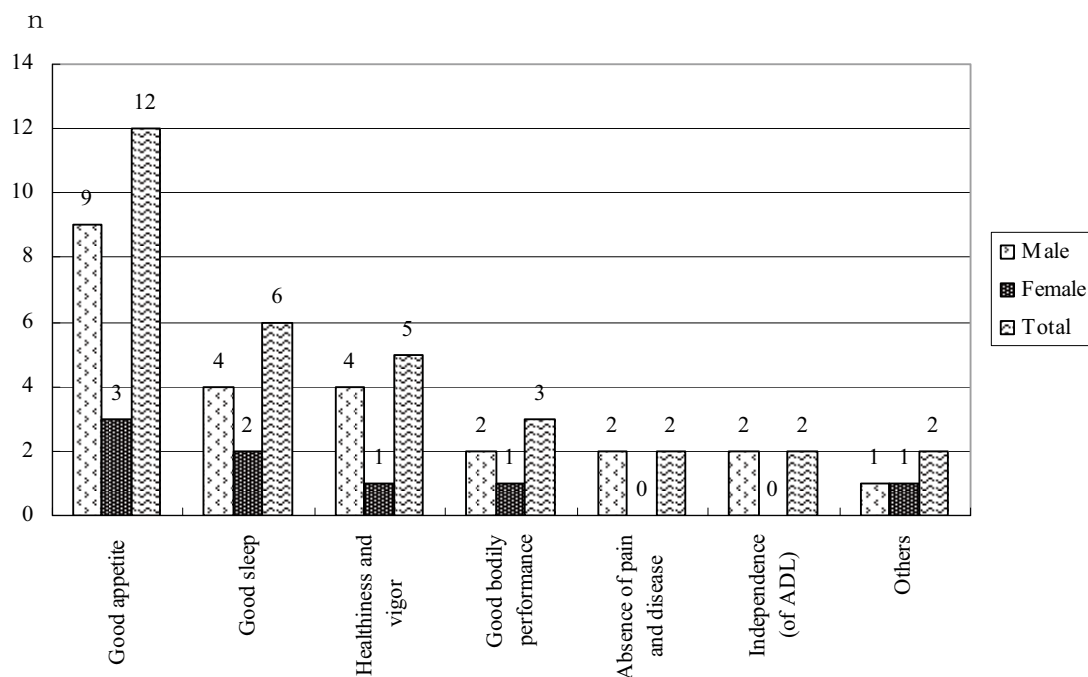


Figure 1 Important elements for being *sukhaphaap*

The most important element is good appetite and second one is good sleep. The villagers usually think that they keep well-being if they can eat and sleep very well. There is a Lao idiom *kin khao seep, noon lap di*, which translates into good appetite, good sleep and implies good condition of body. They consider that both a meal and sleep are the foundation of the vigor and healthy body. Healthiness and vigor was the third point expressed during these interviews, spoken in Lao as *kheng heng di*, which also is used when they want to represent bodily well-being. Someone explained, “if we could eat and sleep well, we have vigor and work well, and if we could be vigor and work, we can eat and sleep well.” Good appetite, good sleep and healthiness and vigor are connected each other and they relate with physical dimension.

The fourth important element, good bodily performance, has a relation with the sixth one, independence (of activities of daily living, ADL). While it is said that mutual supports within family, relatives and neighbors is an essential Lao value, people regard supporting oneself as important too. Adults member of the community emphasize that working and supporting oneself are one of the basic conditions for keeping *kin khao seep, noon lap di* and *kheng heng di*. Needless to say, a person cannot achieve without mutual supports, and they think that they can't contribute to community until they are an independent person.

It is interesting that elderly villagers understand bodily well-being as a more positive term than negative one. They talked about absence of pain and disease which has been the central topic of discussion on health

at the past. It is found from the findings above that *sukhaphaap* is mainly relevant to a body and individual. The important elements of this word are the physical and personal dimension of health from informant's viewpoint.

We should also pay attention to the fact that one-third of the informants (4 persons), especially half of the female ones (3 persons), did not know the word *sukhaphaap*. A sixty-one year old man said that this word has not been used in daily life and he has never heard it until a French teacher during the colonial time and a Lao teacher came from Vientiane to teach him at primary school. This word is traditional in Laos and a lot of people, especially younger generation, usually use it now, but it is likely that this word has been reconstructed under the influence of western thoughts of health and utilized in the arena of biomedicine and public health. This process is beyond the scope of the current paper, but how *sukhaphaap* has been reconstituted and utilized will be one of important issues of medical anthropology and sociology in Laos.

[2] *Sabaai*: Figure 2 summarizes important elements of the word through arranging the data of formal interviewing. All informants knew this word compared with *sukhaphaap*. 16 people (10 men and 6 women) showed 42 answers.

Family solidarity is overwhelmingly the important element about *sabaai*. The villagers explained that the most important thing is to release any problem and quarrel between family members. Lao people often express *hak peeng kan*, which Suzuki Reiko, a Japanese linguist, translates it into "trust and love each other" [Suzuki 2003:290-291]. One informant said, "even if there are some problems, it is essential to cope with them by family unification". Good social relation is also important which means to live in cooperation with relatives and neighbors; cooperation in community is called *suwai kan* in Laotian which translates as help each other. *Suwai kan*, *hak peeng kan*, combine those phrases, it is one of the most popular idioms of Laos with people saying this represents Lao values clearly. What is essential for being *sabaai* is the solidarity within family and community.

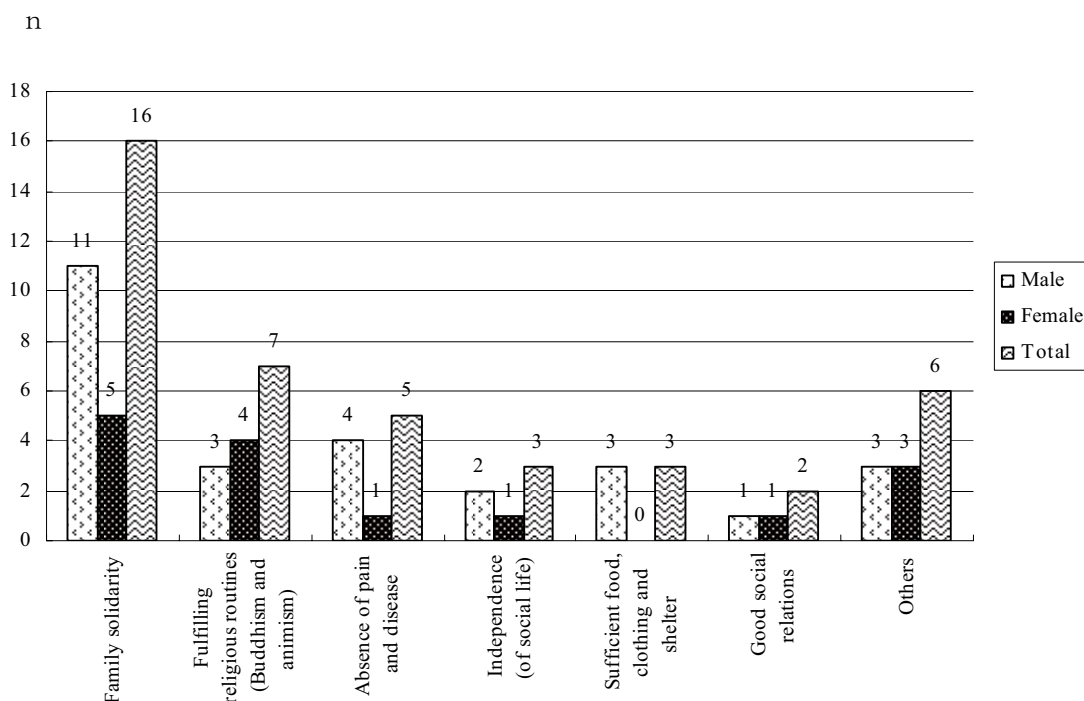


Figure 2 Important elements for being *Sabaai*

A second important element is fulfilling religious routines. The Lao religious system is unique in that it combines Buddhism and Animism. The Buddhist practices *het bun* or *than bun* which is offering alms. Most of those who regard this element as important said that *het bun* allowed them keep *sabaai cai*, mental and spiritual

well-being. In addition, this practice can assist the dead in the next world to transmigrate to this world too. Animists practice a ritual for village guardian relating to a dimension of community more than it does to a personal one. The villagers try to maintain peace and order in the community by contracting with village spirit. Through these religious practices, they can obtain mental well-being and social order.

“Absence of pain and disease” is a third important element. This is an important part in health studies, but people living in the area do not always regard it as so important. We should pay attention that they did not emphasize the element relating to disease very much in both *sukhaphaap* and *sabaai*.

The fourth element, independence (of social life), is also pointed out in *sukhaphaap*. Although independency implied supporting one's own self in *sukhaphaap*, independence was also dependent on a community in *sabaai*. The elderly villagers emphasized, “a grown-up person (=independent man) is a man who can fulfill the role for himself within family or community”. Therefore independence in *sabaai* is understood on the basis of social relations. It is essential to cooperate with others as well as to be independent to the point of sufficient food, clothing and shelter. Independency and sufficient food, clothing and shelter can be realized by not only independency but also by being a member of family and community.

Mental well-being and social solidarity are more emphasized in *sabaai* compared with *sukhaphaap* as being connected with physical and individual dimension of health. It follows from what has been said thus far that people understand *sabaai* from a mental and social viewpoint.

4. Discussion

It was pointed out in the previous section that *sukhaphaap* tends to signify physical and personal dimension of health while *sabaai* relates to more mental and social one. A seventy-eight year old man explains, “*sukhaphaap* is different from *sabaai*, because *sukhaphaap* means *sabaai kaai* (physical well-being) and *sabaai* is almost same meaning as *sabaai chai* (mental well-being)”. A seventy-six year old woman who has felt chronic leg pain in the last 10 years explained that her painful condition of body was not *sukhaphaap*, but she could be *sabaai* through religious routines and supports from family members. It is appropriate to think *sukhaphaap* and *sabaai* have different meanings.

However the two words do have a relation (Figure 3). Three-fourth of informants who knew *sukhaphaap* considered words as having the same meaning. Most of those who answered yes said, “if we are *sukhaphaap*, we are *sabaai*, and if we are *sabaai*, we are *sukhaphaap*”. What is interesting is that those who answered no didn't think each idea exists independently. The seventy-six year old man said that words mean differently, but he consequently explained, “it's difficult to be *sabaai* if we aren't physical well-being or become sick, similarly it's unavoidable to lose *sukhaphaap* if we aren't mental well-being or have some social problems, especially family one”. And a seventy year old man said, “we aren't *sabaai* if my family member have a sick or problem, but maybe

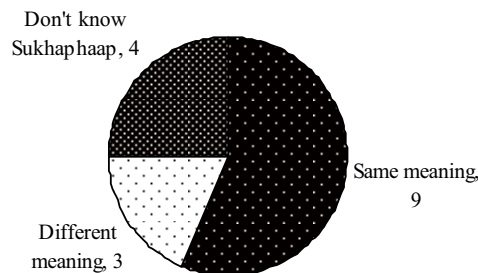


Figure 3: The result of the question whether *sukhaphaap* and *sabaai* are same state or not

we are still *sukhaphaap*. However we may be *bo sukhaphaap* (not *sukhaphaap*) finally because worrying over family will allow us *bo sabaai* (not *sabaai*), and *bo sabaai* will cause us *bo sukhaphaap*". It is reasonable to suppose from these statements that people think *sukhaphaap* and *sabaai* have a relation each other, that is, physical-personal and mental-social dimension are united in their health idea.

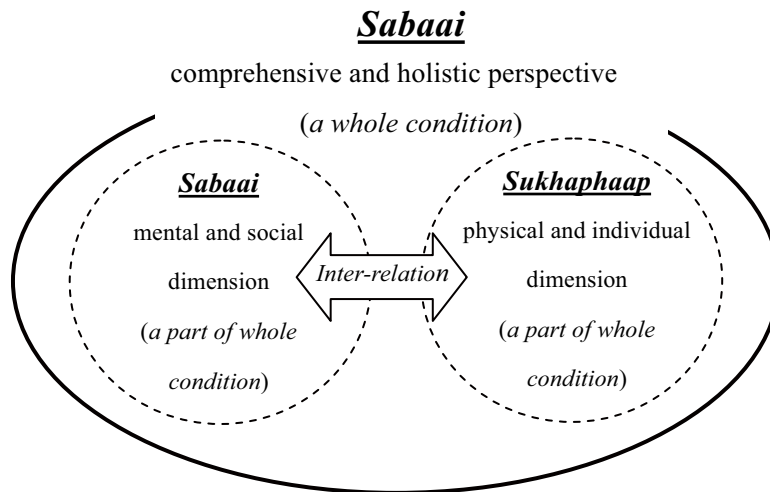


Figure 4 Structure of local health idea

It should also be added that *sabaai* is used in a more comprehensive sense than mental or social one. A teacher of Lao national university explained that *sabaai* was used for a whole state comprehending the whole condition of life. What is important in this health idea is not only each dimension such as physical and mental or personal and social, but also a whole state constituted by uniting their aspects. *Sabaai* is also used for signifying a whole condition (see Figure 4). From what has been discussed above, it is concluded that people understand health from a comprehensive and holistic point of view. *Sukhaphaap* and *sabaai* are used in order to express some dimensions of a whole condition of their health.

5. Conclusion

Discusses of health in biomedicine and public health have paid attention to bodily dimension for a long time. Such approach is experience-distant for Lao villagers who think that a whole condition is most important for their health. It is necessary to search for experience-near idea for them [cf. Geertz 1983]. Most of public health services in Laos tend to be based in biomedical and epidemiological standards. It is no doubt that this approach is useful and improves health situation in Laos evidenced by the improvement in infant mortality. However, this approach is unsuitable from the Laotian's viewpoint of health since they only approach the physical and personal (or epidemiological) part, that is, the dimension of *sukhaphaap*. In order to support the common Lao person's realization of health of their own, it is necessary to pay more attention to mental and social part, that is, the dimension of *sabaai*. Moreover what is especially important is that all these dimensions are evaluated from the average Lao person's point of view, *sabaai*.

Whether the analysis mentioned in this paper can be generalized or not is open to discussion of course, because these findings were gathered from a few informants of limited area. However someone of different generations also agreed about such comprehensive and holistic way to understand health. Qualitative survey such as formal and informal interviewing can deepen and evaluate a local health idea. Many studies and project about health and illness showed clearly that qualitative survey need to be practiced in order to uncover knowledge, attitude and practices (KAP) of the people concerned before carrying out quantitative survey. In

future, we can grasp more general idea of health through conducting same survey to other generation and quantitative research to more subjects. Through these processes, the basic information of appropriate and effective public health service can be completed. This study is just a beginning, but a steady step for such enterprise.

Acknowledgment

Firstly, I am grateful to all people in Lahanam zone. They cooperated in my survey willingly and supported my daily life in any aspects. Especially, old people taught me the tradition and customs in Laos. Their advices were very good for my living and carrying out the research in the area.

This study was also accomplished due to the support from various institutions. I would like to acknowledge National Institute of Public Health (NIOPH), Ministry of Health, Savannakhet province, and Ministry of Health, Songkhone district. The following persons helped my research activities in particular. Dr. Monly and Dr. Khetmany, National Institute of Public Health, Director Professor Dr. Bounngong Bouphe and other staff helped me a lot, including application of the research visa in Vientiane. Dr. Tiengkham, Director of Malaria station, Savannakhet province, and Dr. Sisavay, Director of Songkhone district hospital, arranged my research schedule and gave some advices.

Lastly, Dr. Phuson, ex-Director of Ministry of Health, Songkhone district, passed away during this research period. He really looked after me both officially and privately. We pray his soul may rest in peace.

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要旨

本報告は、ラオス低地農村部のローカルな健康観の諸相を明らかにすることにある。「スカパーブ」と「サバーイ」という「健康」に関連する2つラオス語に注目し、高齢者（60歳以上）を主要な対象として非構造的および半構造的インタビューという2種類の聞き取り調査を実施した。「スカパーブ」は身体的、個人的な状態を主に指す概念であるのに対し、「サバーイ」は精神的、社会的な状態を表すものであった。しかし、これらの概念は独立、対立したものではなく、両者に密接に関連しており、その総体的な状態を示すのにも「サバーイ」という言葉が用いられていた。人々は身体 精神的および個人 社会的次元を個別に検討するだけでなく、より総体的、全体的な観点から「健康」を理解していることを明らかにした。