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Herb-community and a system of self-reliance for primary healthcare

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Abstract

This qualitative study aimed at investigating the background of herb-community called Chiang Mai Phattana Community in Pho Chai District, Roi Et Province and the system of self-reliance concerning primary healthcare in the community. Totally 80 people were selected as a target population in sampling. Observations, interviews, and focus group discussions were chosen as research tools in the study. The research results have revealed that the community was rich in medicinal plants in the past and nowadays community people keep to conserve them in their patches near their houses. Moreover, many kinds of herbs are applied systematically as a self-reliance for a primary healthcare.

Keywords: herb-community, self-reliance, primary healthcare

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1. Introduction

Primary healthcare (PHC) refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination [1]. In other words PHC is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. It includes all areas that play a role in health, such as access to health services, environment and lifestyle [2]. Thailand has a long history of primary health care (PHC) development which started before the Declaration of Alma – Ata in 1978. The National PHC programme was implemented nation-wide as part of the Fourth National Health Development Plan (1977 - 1981) focusing on the training of "grass-root" PHC workers consisting of village health communicators and village health volunteers. Since then PHC has evolved through many innovative health activities [3].

Although many of the essential elements of PHC in Thailand have been achieved, the majority of people have still applied herbal medicines as a source of primary healthcare in Chiang Mai Phattana Community, Pho Chai District, Roi Et Province still use herbal medicines as a source of primary healthcare. This is the main issue that the researcher would like to find it out.

2. Research objectives

Research objectives were these: 1) to investigate the background of herb-community called Chiang Mai Phattana Community in Pho Chai District, Roi Et Province, and 2) to investigate the system of self-reliance concerning primary healthcare of the community.

3. Related literature review

Yingtaweesak *et al.* [4] conducted the research entitled Accessibility of Health Care Service in Thasongyang, Tak Province, Thailand. The findings indicated that most people were Karen who had low incomes and were illiterate. They had health insurance. Most of them took more than 30 minutes to travel from home to their primary health care post (60.9%) and took more time in the rainy season than in the dry season. Moreover, it took more than 2 hours for them to travel to the nearest hospital from their residences. They also paid more for medical services, travelling and food on the way to the hospital. Not only primary health care posts, but also many other medical institutes provided health care services in the villages.

Makaula *et al.* [5] conducted the research entitled Primary Health Care in Rural Malawi - a Qualitative Assessment Exploring the Relevance of the Community - Directed Interventions Approach. The findings indicated that there is a functional PHC system covering two different districts, through its implementation was faced with various challenges related to accessibility of services and shortage of resources. Health service providers and consumers shared perceptions on the importance of treated bed nets, home case management for malaria, management of diarrhoeal diseases, treatment of schistasomiasis and provision of food supplements against malnutrition.

Panyaphu *et al.* [6] conducted the research entitled Medicinal Plants of the Mien (Yao) in Northern Thailand and Their Potential Value in the

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Primary Healthcare of Postpartum Women. The research findings indicated that more than 168 species of medicinal plants were surveyed. These plants belonged to 80 families and 145 genera, of which 131 were wild plants and 37 species have been cultivated in home gardens. The interview data from four herbalists and fifty-eight non-specialists informants indicated that the majority of non-specialists informants who used medicinal plants were women and the most common usage categories were for birth related conditions (44 species, 26.2%). The most common method of preparation was decoction for both oral consumption and supplement formulas.

Poosiri [7] conducted the research entitled Self-Reliance of Community Enterprise: A Case Study of a Thap Lan Women's Weaving Group in Prachin Buri Province. The findings indicated that there are four internal factors: local wisdom knowledge management, group management, marketing, and three external factors: community contexts, network, and government policies that has influenced on self-reliance of the group. Besides, the group could be self-reliant by having five components: appropriate technology, circulated capital, sufficient raw materials in the locality, enthusiastic group leaders, and helpful group members.

Kayombo *et al.* [8] conducted the research entitled Prospects and Challenges of Medicinal Plants Conservation and Traditional Medicine in Tanzania. The results indicated that there are inadequate human resource in the health sector in Tanzania and other developing countries; including limited health facilities and medical supplies for healthcare of medicinal plants but lock support from policies makers and enforceable legal framework. It is being argued that effort is needed to make the policy makers and implementers to see TRM and medicinal plants in lens of PHC for better health and wellbeing of the people in the world in order to meet the health millennium goals by 2025.

All the scholarly works, which concern a system of self-reliance for primary healthcare, were very significant sources for the researcher to develop and prove the research process and results.

4. Conceptual framework

A concept of self-reliance used in this study refers to the system of self reliance concerning primary health care that is conducted by community people as a cultural link inherited from their ancestor. This conceptual framework used for searching the answers for research question and how to gain them; see Figure 1.

5. Method

A qualitative research method was used for this research. It aimed for describing, interpreting, and analyzing the data in order to draw conclusions and prove evidence through triangulation from interviews and observations in order to provide logical relations between the research objectives and the contextual environment.

5.1 Research duration

The research duration was lasted from March 2014 to March 2016.

5.2 Research area

The research area was chosen as Chiang Mai Phattana Community in Pho Chai District, Roi Et Province due to the community produces herbal medicines and apply them as a source of primary healthcare for treating many symptoms.

5.3 Research sample

A purposive sampling is a non-probability sampling method. The researcher used it for selecting a sample who can answer research questions according research objectives and a concept of self-reliance in a sense of the method of qualitative cultural research. Totally, 80 people were selected as samplings in the target population. The sample consisted of three groups as follows:

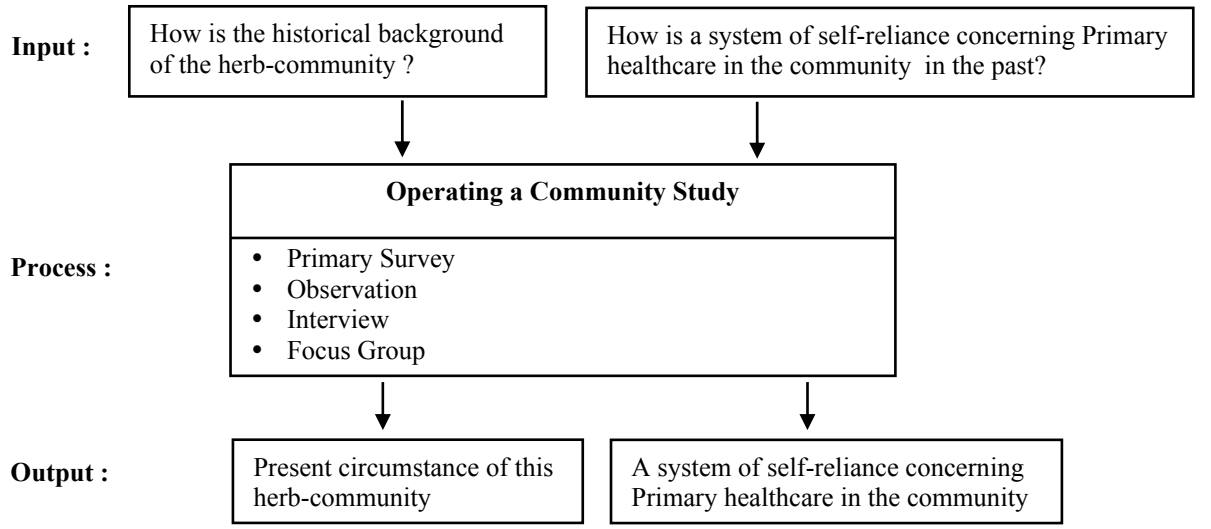

Figure 1 Conceptual framework adapted from "self-reliance" (Ralph Waldo Emerson) [9]

Table 1 The amount of herbal medicine usage of community as the system of self-reliance

The percentage of herbal medicine usage in the community (N = 50)
35 people (70%) use herbal medicines as a main source of primary healthcare
10 people (20%) use herbal medicines parallel to modern medicines in a primary healthcare
5 people (10%) only use modern medicines in a primary healthcare

1) 10 key informants consisted of the elder persons of community, the leader of community, and herbalists. They were interviewed for searching the answer concerning the background of this herb-community.

2) 20 casual informants consisted of agriculturists who grow medicinal plants and people who work in herbal medicine production. They were interviewed for searching the answer concerning the background of this herb-community.

3) 50 general informants consisted of people who live in Chiang Mai Phattana Community. They were interviewed for searching the answer concerning the percentage of herbal medicine usage.

5.4 Research tools

The tools used for collecting data are as follows:

1) Observation, both participatory and non-participatory observation methods are used for collecting all the data about all people who involve in the system of self-reliance concerning primary healthcare of community.

2) Structured interview, key informants, casual informants, and general informants are interviewed. Its structure consists of 2 parts:

Part 1 included personal information such as name, surname, age, gender, educational background, occupation, living condition and so on.

Part 2 covered a set of questions about the background of community and the system of self-reliance concerning primary healthcare of community.

The interviews were managed in unstructured interview, which was focused on deep details about the background and the system of self-reliance concerning primary healthcare of community, and in focus group, which each focus group attended in discussing deeper details through inviting approximately 5-10 representatives three different informative groups.

5.5 Data collection

Research data were collected through documentary and field studies. All the data concerning research objectives were examined and categorized in the analysis.

5.6 Data analysis

All the categorized data were analyzed, interpreted, and summarized in order to determine the conclusion of the research. The data concerning the background of this herbal-community derived from the statements of key and casual informant, were examined by the experts in a field of Cultural Science according to the triangulation technique called "Three-Source Examination." As for the data concerning the system of self-reliance for primary healthcare, they were analyzed into a form of percentage.

5.7 Research report

A descriptive analysis was used for reporting the findings of the research. All the results were presented through multimedia covering all the elements.

The aforementioned, it is the research methodology according to the qualitative cultural research in a field of Cultural Science.

6. Results

Chiang Mai Phattana Community is located in the north of Roi Et Province. This community was settled for more than one hundred years. The ancestors who established the community are native people and people who came from Kalasin and Mukdahan. The early period of community, an attack of diarrhoea occurred in the community and many people were died from it so the leader of community gathered up all people who the experts in treating sick people with herbal medicines in order to treat the people suffering from diarrhea. As a result many people recovered from diarrhea and all people were admired by folk herbalists. Since then, folk herbalists played a role as the agents of primary healthcare of community. They studied a lot of herbal remedies in order to treat all symptoms suffering community people. They also produced many types of herbal medicines into many forms such as pills, poder, and potions. Thus, herbal medicines have been used by community people since then.

The findings of the study revealed that a system of self-reliance concerning primary healthcare has been maintained from the past to the present through a community way of life. Folk herbalists, herbal therapists, and people working in herbal medicine production still have an appropriate influence on the use of herbal medicines of community people. This is a cultural relationship between the people working in herbal medicine production sector or informal primary healthcare service and the general community people. Certainly, it is a cultural link which ancestors handed it down to the present generation. The system of self-reliance concerning primary healthcare needs many factors to support it; for example, a supply of medicinal plants used for herbal medicine production, a supply of herbal medicines covering all the treatments of symptoms, and the general use of herbal medicines of community people. Thus, the equilibrium between a supply and a demand of herbal medicines is necessary for the system of self-reliance. At present, most medicinal plants are produced in the community except of some small amounts which are imported. Most people still use herbal medicines produced in the community, especially the herbal medicines which

help them to recover from a cold and diarrhea, including a menopausal symptom. The result of an interview with 50 general informants has indicated that 35 people (70%) use herbal medicines as a main primary healthcare, 10 people (20%) use herbal medicines parallel to modern medicines as a primary healthcare and 5 people (10%) only use modern medicines as a primary healthcare source. It was be illustrated as Table 1.

7. Discussion

Due to the background of this community that originated from a system of self-reliance, all natural resources of the community have been used for supplying primary healthcare service from the past to the present. The strong cultural link has been perpetuated from generation to generation through the way of socialization. Many generations of folk herbalists play an important role of agents of socialization in the field of primary healthcare for many generations of community people. So the people who are working in the sector of herbal medicine production and treatment service and; on the other side, people who are getting herbal medicine services are willingly connected together with trust and a strong cultural link inherited from ancestors. The distance between the community and the hospital of community or other primary healthcare resources is not a main problem for this case. This is not consistent with the research results of Yingtaweesak *et al.* [4] and Makaula *et al.* [5], in those cases people must use herbal medicines as a source of primary healthcare result because the distance between community and primary healthcare services is very far. This case is consistent with the research results of Panyaphu *et al.* [6], that case the Mien (Yao) people use herbal medicines as the primary healthcare especially postpartum women and the most common usage categories are for birth related conditions. It is also consistent with the research results of Poosiri [7], the findings indicated that there are four internal factors: local wisdom knowledge management, group management, marketing, and three external factors: community contexts, network, and government policies that have influence on self-reliance of the group. As for this community, a system of self-reliance for primary healthcare has be maintained with a strong cultural link inherited from ancestors and many kinds of herbal medicines have been proved their medicinal properties for a long time. This is consistent with research result of Kayombo *et al.* [8], it indicated that there are inadequate human resource in the health sector in Tanzania so many people still apply herbs as a self-reliance for a primary healthcare.

8. Conclusion

A system of self-reliance concerning primary healthcare is necessary for all people. It does not only benefit the people who want to access a source of primary healthcare easily but it is also an alternative source of primary healthcare for the people who want to treat themselves some basic symptoms with herbal medicines produced in their community because many kinds of herbal medicines have been proved their medicinal properties for a long time by users from generation to generation. The finding of the research reflect the system of self-reliance for primary healthcare that has been conducted by the community and it does not need some support from external organizations because this is a strong cultural link.

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