

**FOOD, VULNERABILITY AND DEAFNESS: ILLNESS  
EXPERIENCE OF VILLAGERS IN A NORTH-EASTERN  
PROVINCE OF THAILAND**

**PRABDA PRAPHASIRI**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
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(MEDICAL AND HEALTH SOCIAL SCIENCES)  
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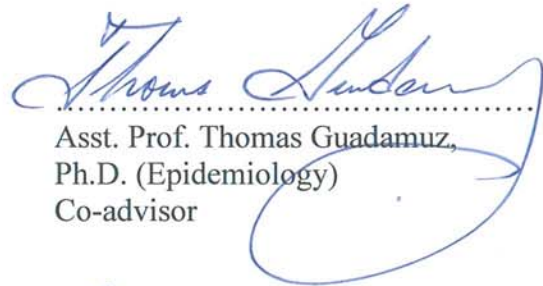
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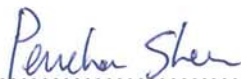
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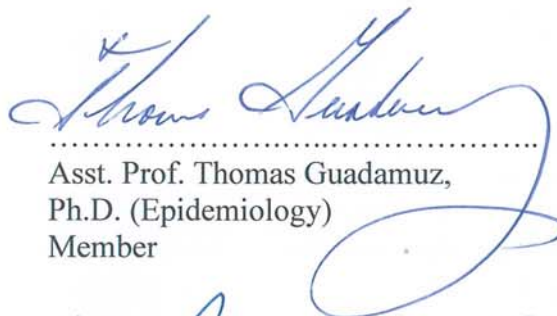
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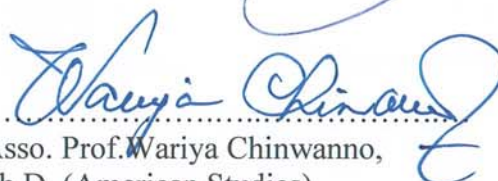
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In the learning process, I found that I am not independent from power of knowledge. It is always there to inspect and control me in some way or the other. By the way learning has not ended yet – it never will. It is constantly waiting and challenging for the truths to be proven.

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Prabda Praphasiri

FOOD, VULNERABILITY AND DEAFNESS: ILLNESS EXPERIENCE OF VILLAGERS  
IN A NORTH-EASTERN PROVINCE OF THAILAND

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ABSTRACT

*Streptococcus suis* causes a zoonotic disease in humans that can lead to the complications of permanent hearing loss and even death. This research aims to determine the social and cultural vulnerabilities related to the disease and also study the illness experience of villagers in one sub-district of a north-eastern province of Thailand. This ethnographic study was carried out between August 2014 and June 2015.

Out of nine infected villagers, aged in the range of 34-69 years, six were male. The patients presented themselves to the hospital with symptoms of meningitis (7), septicaemia (1), and arthritis (1). Eight of them had completed primary school. Farming was their main profession, and all of them identified themselves as poor. A close proximity of the patients with pig-rearing, killing, and preparing food with bare hands, and eating raw or undercooked pork, was reported. A major role in the disease process was seen to be played by food beliefs, which were found to link to gender and social status. The multiple roles of women in the forms of mother, wife, and caretaker increased their vulnerability to this disease. On the other hand, men based their lives on the ideals of masculinity, which accounted for their carelessness and sexuality. Alcohol drinking gave an outlet for fun and friendship, to display bold, courageous behaviour and also to relieve themselves from their daily struggles, for both men and women. Some of these patients were stigmatised as “deaf” while some lost their jobs. These patients gave meanings to the disease such as “karma” and “because I am poor”. These findings indicate that culture can mask the truth, and vulnerability increases the risk of the disease that results in suffering which, in turn, increases vulnerability again.

KEY WORDS: DEAFNESS/ FOOD/ VULNERABILITY/ ILLNESSEXPERIENCE

220 pages

อาหาร ภาวะเปราะบาง และประสบการณ์การเจ็บป่วยด้วยโรคหูดับของชาวบ้านในจังหวัดหนึ่งในภาคอีสาน

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#### บทคัดย่อ

โรคหูดับเกิดจากเชื้อแบคทีเรีย เป็นโรคติดต่อจากสัตว์สู่คน มีความรุนแรงจนทำให้ถึงกับเสียชีวิตและเกิดความภาวะแทรกซ้อนคือ หูหนวก การศึกษาครั้งนี้วัตถุประสงค์เพื่อศึกษาถึงภาวะเปราะบางด้านสังคมและวัฒนธรรม ที่ส่งผลต่อการเกิดโรคหูดับ และเพื่อศึกษาประสบการณ์การเจ็บป่วยของชาวบ้านที่ติดเชื้อโรคหูดับ ทำการศึกษาในหนึ่งตำบล ในจังหวัดหนึ่งในภาคอีสาน ระหว่างสิงหาคม 2557 ถึง มิถุนายน 2558 ใช้วิธีการศึกษาเชิงชาติพันธุ์วรรณา

ผลการศึกษา มีชาวบ้านที่ป่วยทั้งหมด 9 คนเป็นผู้ชาย 6 คน มีอายุระหว่าง 34 ปี ถึง 69 ปี จบการศึกษาในระดับประถม 8 คน มีอาชีพทำนามีชาวบ้าน ชาวบ้านที่ป่วยทุกคนบอกว่าตัวเองเป็นคนจน ผู้หญิงที่ต้องทำหน้าที่ภรรยา แม่ และเป็นผู้ดูแลทำให้ผู้หญิงมีความเปราะบางมากกว่าผู้ชาย ขณะที่ผู้ชายมีแนวคิดของความเป็นชายที่ทำให้ใช้ชีวิตอยู่บนความถึกคะนอง ในเรื่องเพศวิถี มีพฤติกรรมที่เสี่ยงต่อการเกิดโรคและการบาดเจ็บ ทั้งผู้หญิงและผู้ชาย ใช้การดื่มสุราเพื่อความสนุก สร้างกลุ่มเพื่อน ลดความอาย สร้างความกล้า รวมทั้งเพื่อเป็นการระบายความทุกข์ ความเชื่อเรื่องอาหารแสดงถึงปฏิสัมพันธ์ทางสังคม มีนัยถึงความเป็นหญิงชายและตำแหน่งแห่งที่ในสังคม ชาวบ้านข้องเกี่ยวกับหมออยู่สามรูปแบบ คือ การนำข้าวเหนียวห่อด้วยมือเปล่า การประกอบอาหาร และการกินเนื้อหมูแบบสุกๆ ดิบๆ ร่วมกับการดื่มสุรา ชาวบ้านมาโรงพยาบาลด้วยเชื้อหุ้มสมองอักเสบ 7 คน ติดเชื้อในกระแสโลหิต 1 คน และข้ออักเสบ 1 คน มีภาวะแทรกซ้อน คือ หูหนวกถาวร เดินเซ บางคนถูกสังคมรอบข้างล้อเลียน เรียก อีหูหนวก บางคนต้องออกจากงาน ชาวบ้านอธิบายการเจ็บป่วยของตน ว่า เป็นเวรกรรม และเป็นเพราะพวกเขาจน การศึกษานี้เปิดเผยให้เห็นวัฒนธรรมชุกซ่อนความจริงบางอย่างไว้ ความเปราะบางได้นำพาชาวบ้านไปสู่การเจ็บป่วยเกิดความทุกข์ทรมานและ ความทุกข์ทรมานนั้นกลับไปเป็นภาวะเปราะบางสำหรับชาวบ้านอีก

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## **CHAPTER I**

### **INTRODUCTION**

#### **1.1 Background: Why do we have to study deafness disease?**

Epidemiology is the domain of analysis of the distribution and causes of different diseases in various demographic groups. Farmer (1996) argued that the epidemiological framework of infectious diseases analysis fails to paint the whole picture and turns a blind eye to the large scale social forces, especially the existing social inequalities and how the poor become the prey to these diseases. There is a growing need to take the structural problems of the society into consideration to fully unveil the underlying intricacies of a disease and its suffering.

Epidemiological concepts aimed at finding the cause of a disease using statistics to describe, survey and predict the disease rely on mathematical calculations and do not take into account the experience of the people affected by it. As a medical anthropologist with a prior training in epidemiology, I think that the concept of epidemiology alone is limited in addressing the realities and complexities of health problems to be able to solve them entirely at both general and specific levels. Many anthropologists have opined that since epidemiology uses the paradigm of western modern medicine to define a disease, it is a “handmaiden” of biomedicine, embedded with positivism and reductionism (Inhorn, 1995). Epidemiology uses scientific methodology to claim its reliability and validity. Epidemiologists invariably produce and define “risk” and “health problem”. This risk determinism and reductionist approach neglects the social actors and structures involved in the disease cycle, their relation to the disease process and the affect on the daily lives of the people. However, I do not dismiss epidemiology entirely. On the contrary, I think, like Inhorn (1995), that there should be collaborative efforts from both epidemiology and anthropology for a continued maturity of the field of medical anthropology. This research is one of such forays in the forward direction where the objective epidemiological knowledge is supplemented by a deeper anthropological delving.

Deafness Disease is the name we have used to describe *Streptococcus suis* infection in this study. It is an infectious disease transmitted to humans from animals (zoonosis). *Streptococcus suis* is a pathogenic bacteria found in pigs which can cause serious infections including meningitis and septicemia in humans (Arends and Zanen, 1988). The infection is the result of exposure to infected pigs, pork and pork products (Teekakirikul and Wiwanitkit, 2003). The mortality rate among those infected is quite high and a major complication of the disease among those living is a permanent loss of hearing (Wertheim et al., 2005).

The first patient of *Streptococcus suis* infection in the world was reported in Denmark in 1968 (Suangkratay et al., 2004). Reviews of *Streptococcus suis* infection worldwide show that a majority of patients suffering from the disease are located in Southeast Asia, which is the highest pig rearing region in the world (Wertheim et al., 2005; Lun et al., 2007). The reviews also found that there were many incidences in Thailand, ranking it second in the world behind China. At that time, there were 409 patients worldwide, 47 (11%) of whom were in Thailand. The disease was first reported in Thailand in 1987 at Ramathibodi Hospital, Bangkok (Donsakul et al., 2003). There have been several outbreaks of the disease in the country since then. The latest report found at least 692 patients (Bureau of Epidemiology, 2013). Permanent hearing loss was reported in 45% of the patients (Wangkaew et al., 2006). Mortality rate of this infection in Thailand has been reported to be 26 % (Lun et al., 2007). Another report from Lamphun, northern Thailand, described 10 deaths following the outbreak there in 2001. The 10 patients were found to have consumed raw pork and blood while drinking alcohol together at a funeral. Within 48 hours, all 10 of them had septicemia, and died (Fongcom et al., 2001). This incident created a huge stir and caused panic among the local population.

Patient characteristics found in Thailand are similar to those in other Asian countries such as China, Hong Kong, Taiwan, or Vietnam - the patients were mostly men aged between 20 years and 75. Almost all patients had been in contact with pigs in one way or another. As emerged during a pandemic in China in 1997, it was found that all patients had a history of contact with sick pigs, either looking after them or working at a slaughterhouse, and lack of proper hygiene was also a factor. The

outbreak in Europe occurred among workers at an abattoir, and people who work with pigs, so this disease is considered as an occupational disease (Huang et al., 2005).

In Thailand, *Streptococcus suis* infection is a significant zoonotic disease and has been reported among workers in slaughter houses or pig farms, but most outbreaks have been seen to be the result of eating undercooked pork, offal or blood, while drinking a large quantity of alcohol (Leelarasamee et al., 1997; Vichaichone et al, 2000; Chaknum, 2008). The *Streptococcus suis* infection is a major public health problem for Thailand, because, not only is the incidence rate high compared with other countries, but it is also associated with permanent hearing loss in some cases, and with a high mortality rate overall. Most of those affected were men, particularly in maturity. There have been no incidences of the disease among children. The majority of the patients were workers or laborers. So, the question that arises is “why does this disease occur predominantly in the working or poor class people?”

## 1.2 The situation of this disease in the study province

For the last 10 years, I have been working on emerging infectious diseases surveillance. In the study province, bacterial culture is routinely performed on blood sample of patients with suspected infection and *Streptococcus suis* infection was first reported since 2001. Between November 2006 and December 2012, a total of 38 patients have been found to be infected with *Streptococcus suis* from a total of 50,000 blood samples in the province. Most cases (55%) were identified between the months of April and June. This particular finding made me think about the interconnection of lifestyle of local people with season, rituals and food beliefs which could relate to the disease. Such as drinking together while eating a local dish called “leardplang<sup>1</sup>”, made from uncooked pork with raw blood, which is consumed more at this time of year,

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<sup>1</sup>A Vietnamese food prepared for a visitor’s reception, similar to “lab leard” of Thailand. The difference is in the ingredients. Before eating, raw blood is poured over the undercooked pork and waited until the blood clotted. People believe that this food increases sexual capacity in males. <http://www.baanmaha.com/community/thread149.html> accessed on November 14, 2014

might explain the higher number of patients. One explanation is that Songkran, or Thai New Year falls in April, and while it is celebrated throughout the whole country, it is a particularly popular time here in the province with festivities lasting for most of the month.

When I was working as an epidemiologist for the provincial health authorities, I also joined the investigation and used standard method of the Bureau of Epidemiology. We interviewed patients in their homes and reviewed their medical history, which revealed that the disease was linked with behavioral, social and cultural issues. We found the average age of the local patients to be 50 years (ranging from 23 to 75 years), most of them were male (74%), 33 patients were farmers and 3 patients were laborers. 22 (53%) of patient had a history of heavy drinking. Twelve had an underlying disease including heart disease, diabetes and chronic alcoholism. 35 patients (92 %) had been in contact with pig or pork products within a week before getting sick. 10 patients, all women, had prepared pork for cooking by bare hands and had also eaten undercooked pork. Another 12 patients (32%) had consumed undercooked pork. 13 (34%) killed pig then grilled and ate with heavy alcohol drinking. None of the 13 could remember whether the meat was cooked or not. Of the patients with a history of touching or eating pork, seven (18%) got pigs from one of the industry pig farms, sometimes paying for it, sometimes for free, but even if it was purchased, pork was still very cheap. Those pigs were little in size and poor in health. Out of 96 sub-districts in the province, patients were identified in 18 sub-districts, out of which one sub-district accounted for 10 patients (26%). The disproportionate distribution pattern of patients indicates to the localized social and cultural forces at play particularly local food beliefs that might affect the disease process. Patients were reported in clusters 2 times: the first one - two patients ate meat of little pigs which came from Laos and the second one - three patients ate little pigs culled from a pig factory. In both clusters, patients consumed half-cooked pork, together with alcohol. This pattern of simultaneous occurrence of disease in more than one patient allows us to conceptualize the high risk of infectivity from a common source.

Some patients' stories below reflect the occurrence of the outbreak and the economic, cultural and social aspects that have a bearing on the disease which can lead hospitalization and the impact of the disability caused by the disease:

### **Examples of people who were sick:**

#### **Jeam: stigma of being “deaf”**

Jeam revealed during our interview that she had purchased a large quantity of left over, cheap pork when the evening market closed. The meat might not have been fresh. She stored it in an old, rusty refrigerator that was not cold enough. She had no idea that the meat may be infected with bacteria. Her family usually ate a lot of pork which was always prepared by Jeam. Jeam thought she might have got infected through a cut she got while chopping pork. She told me, *“At first, I lost my balance, and my neck was stiff, it was like torture. I never thought I would lose my hearing.”* (When we spoke, I had to shout). It had become very difficult for her to interact with others. One of her friends told us *“She has trouble communicating when selling vegetables at the market”*. At the outset, people felt sorry for her since she could not hear them. Some seller in the market called her *“Deaf”*. She felt bad. For her, it was an insult. People looked down on her. Jeam also told us that public health officials, who had only recently visited the village, had informed the population that the disease was potentially lethal and could cause deafness. That was the first time there had been any mention of this disease. It must be said that the local community were not concerned about it since they themselves had not been affected.

Jeam's story tells us the struggle of a poor woman who had to provide for her family, live in precarious conditions, rush in her daily life activities and cook hurriedly to feed her family - ultimately making her vulnerable to the disease. The complication of the disease led the society to stigmatize her and caused her to suffer more.

#### **Uncle Sim: poor public health services**

Uncle Sim's treatment experience reflects the lives of the poor and the lack of treatment options available to them. He told us,

*"At the onset of fever, I had a headache and could not move my neck. I went to see the doctor at the health center. I was given an injection and told to wait and see if it improved, and if not, I would be given another shot. There was no improvement, so I asked for a referral to see a doctor at the hospital, but the one at the health center refused."*

We could see that uncle Sim was suffering, but his story underlines the inability of the public health officials to detect or diagnose disease, which often led to wrong decisions being made. Their inability to act is a reflection on the quality of services offered to patients in remote areas and the ability of some public health officials.

### **Uncle Kham: Food for male**

Here is the story told by uncle Kham:

... There was a funeral in the village and a pig was slaughtered, which was brought from Laos. Larb or minced meat was prepared by the women and Uncle Kham added raw blood over the meat as the sauce. Then, ten male friends sat around, eating and drinking white wine. *"Only the men feasted, the women carried out their normal kitchen work and did not interfere with the men's eating. The men ate the undercooked pork and adding fresh blood gave it a sweet taste similar to the MSG flavor."* Uncle Kham believed that consuming raw meat and blood reinvigorated them to feel young and powerful again. He said he was not afraid of becoming infected with a disease, but that they wanted to eat something tasty. He mentioned not only that they believed such dishes enhanced their sexual prowess, but also that eating pork and drinking alcohol provided relief from suffering;

*"The men were in the mood for fun, it was a time to eat, however I wasn't drunk enough to forget the suffering. Usually, we are too drunk in these types of occasions to care whether the meat we eat is raw or cooked."*



His story highlights the association of the disease with “male space”. Male spaces encompass the masculine carefree attitude, sexual prowess, social roles, norms and behaviors, alcohol drinking and food symbolism.

Together with these three stories, and some more from other 35 patients, it became evident that these patients were unaware about this disease and had no idea how to protect themselves. It was only after the visit of the investigating team that the patients, with permanent hearing loss and/or ataxia, realized that these symptoms were a result of an infection. Prior to this, they believed that their hearing loss had been caused by “*karma*”. The investigation also found that the villagers consumed poor quality pork meat. Having limited access to good quality meat and preservation techniques reflected the poverty of the villagers. During this investigation, I gained an insight on the eating behaviors of the people, ways of cooking food, types of dishes served on different occasions, relationship of food and social status and the close linkage of alcohol drinking with the concept of masculinity. The delay in provision of quality medical and health care services; and the acquired disability, persistent even after disease recovery, compounded the suffering of these people. These can be broadly viewed as the social, economic and cultural vulnerabilities. Being poor, having difficult access to quality health care and certain food beliefs made the villagers more vulnerable to this disease and the further suffering in their lives.

We found medical and public health situation in the province that the policy on the prevention and control this disease nothing happened, no any media education or campaign. For the medical management both the provincial and district hospital did not have any special service. No pictures of attention or have any special measures to link the management of the disease, complications occur to the prevention and control of infections in the community.

### **1.3 Social and cultural vulnerabilities**

Vulnerability is a product of many factors that erode and weaken the ability of people to protect themselves. These factors result in discrimination and decreased capability to access social protection, which in turn, affects the disease recovery process negatively and endangers the person more frequently than others (Aysan, 1993).

Anthropology and sociology view vulnerability as a power relationship (Leatherman, 2005; Watts & Bohle, 1993). People are in a web of structural inequality. Therefore, it is imperative to study the position of individuals in the social order and the kind of social structure that exists in their society. Illness experience reflects the social inequalities (Blank & Diderichsen, 1996; Blaxter, 1997; Pierret, 2003; Conrad and Barker, 2010; Priya, 2012). Moreover, we need to study the illness experience because the patient's personal experience adds important dimensions to our understanding of the disease, their behavior in response to illness, and how we can devise control strategies for the disease.

Villagers have their own experience set, resulting from the socio-cultural context surrounding them (Good et al., 1992). For whatever reasons, we do not know how they think or interpret their illness or how they deal with illness. Without gaining these essential information from those experiences, we will be unable to design any activity or service system that can tackle the situation effectively or respond efficiently. Anthropologists are increasingly interested in the concept of illness experience (Joralemon, 2006). This dimension covers the patients' meaning and response given to the disease, ways of managing, seeking care, and utilization of folk medicine and modern medicine which may be inadequately accessible. We have tried to understand the experience of patients who have to live with a disability and suffering, facilitating us at the same time to appraise the health system's inability to manage the health problems.

Illness experience and suffering, both are social constructions (Ware 1992; Conrad and Barker 2010). Vulnerability to diseases can also be caused by cultural issues such as beliefs about food consumption which are linked to the meaning of food, taste of food and male sexuality. Semiotic meanings come with local cultural beliefs. But under close inspection and reflection, culture is a manifestation of social

structure. The lack of opportunity in class and economic status is a sign of inequality (Singer 2012). Hidden in the midst of poverty, there are stories of overindulged eating and drinking. Consumption of low quality pork and their reliance on alcohol to provide solace from the daily struggles of life may be a product of their poverty. Raw pork is prepared as a delicious festive food and has its ties to sexuality. It is a culture of masculinity (hegemonic masculinity). Eating Leardplang is believed to enhance male sexual strength. This is a unique stereotype of male dominance in sexuality, whereby the men express their authority over women. This is also apparent in the fact that women are not allowed in some male spaces (We saw how Uncle Kham said the women were confined to the kitchen and not welcome in the feasting table). Both men and women accepted this as a social reality. But eventually this resulted in vulnerability. Eating Leardplang in the festive occasion led men to a risk of infection and disease whereas the inability to partake in the activity spared the women. We can draw some inference that underneath some cultural practices are social disparities that gives rise to vulnerability.

Social and cultural issues clearly have a bearing on the increase in the number of those suffering from the disease. The disease is associated with proximity to pigs, whether it is looking after them or eating pork, offal and blood. We must not lose sight of the fact that the majority of those infected liked to drink alcohol. Behavioral issues often go undiagnosed. There may be a delay or even a refusal to recognize or treat the disease, no matter how severe the symptoms, until the patient suffers complications including severe hearing loss. However, the doctor did not mention the social and cultural impact on the disease or the delay in providing treatment. If treated promptly, the infection could be brought under control and even cured. A prompt response when a patients presents with the symptoms of the disease would ensure that it was controlled and in some cases cured.

Therefore, it is vital to take a critical view to understand social vulnerable conditions and local culture which were responsible for the infection, and the illness experience of the patients. This illness experience will also unearth the power relationship in modern medicine that oppresses the poor provide significant information to improve and manage health in the locality.

## 1.4 Research Questions

How are food beliefs - including eating behavior, cooking and types of cuisine, foods and rituals associated with social status; rituals and tradition; and social and cultural vulnerabilities related to deafness disease? How do the villagers experience the illness, give meaning to the disease, and shape their coping and problem solving mechanisms? What are the sufferings from the disease and disability after recovery?

## 1.5 Objective of the study

- 1) To study the social and cultural vulnerability including food beliefs, gender, masculinity, poverty, alcohol drinking that affects the deafness disease.
- 2) To study the illness experience of the villagers including their meaning, coping and solving mechanisms in relation to the disease and the suffering brought about by the disease and disability after recovery.

## 1.6 Scope of Study

The scope of this research is limited to study site –Ban Kut sub-district in the study province. This sub-district was chosen due to the high incidence of the disease there and as it provided me with an excellent opportunity to be embedded in the community as I was already familiar with the place and the people.

The scope of the research is also limited to the following definitions:

**Deafness patient** - patients living in the study province who had been hospitalized and diagnosed of a *Streptococcus suis* infection by a medical doctor from blood cultures in the 12 hospitals in the province in the past seven years.

**Illness experience** – the manner of manifestation of distress from the deafness disease in which the patients give their own meaning to disease, cope with and tackle the disease, seek health care services, and suffer from the disease and disability after recovery

**Vulnerability** - conditions including social and cultural factors that increase people's chances of infection and illness. These conditions are poverty; inadequate access to care; gender; class; sexuality and masculinity; food beliefs like food preparation, distribution, consumption practices, relationship with pig -pig rearing, access, killing method, and alcohol consumption.

This is a qualitative study, using critical epistemology. Data was collected by the application of the concepts of ethnography, participatory observation, with key informants interviews, ethnographic interviews, and document review. Inter-subjectivity technique was utilized during in-depth interviews and field note-taking process. Reflexivity was used throughout the period of data collection and data analysis. In addition, to have more reliability and bias reduction, triangulation technique was applied to verify the information. The findings are presented being sensitive to the social, cultural and politico-economic elements of the study context. This was done to avoid the stereotype of the power of modern medicine and main stream knowledge. This study was conducted in 11 months, from August 2014 to June 2015.

I started this study with the situation analysis to see the whole picture then I picked up one area that had highest patient report to explore the social and culture dimension. The situation analysis focusing on epidemiology and public health concern was published already in one journal.

## **1.7 Benefits expected from the study**

Disease control and prevention strategies and activities may not be successful if we do not understand the local context of the villager and their community. This research tries to explore the social and cultural and social forces that contribute to the production of the risky behaviors in the deafness patients. This will contribute to public health activities aimed at resolving the problem. I, being an epidemiologist as well as a medical anthropologist, have tried to combine epidemiological data, particularly from the surveillance, clinical data and information from the lab, which are important for physicians to plan for medical care management

and public health services, with the social and culture information using qualitative research methodology. These are attempts to find ways to supplement the mainstream or quantitative research to comprehend the phenomenon of public health better.

The study of illness experience of villagers who are infected by *Streptococcus suis* will facilitate the understanding of how the villagers give meaning to their illness, their physical and mental suffering, their disability, stigma from people around them and their poverty. Illness experience also allows us to see the complete picture of health care services and public health policy. This study can contribute beneficially to inform the policy makers and also to further the knowledge of medical science.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter reviews the relevant literature and theoretical concepts to build a significant background for this study. The chapter is laid out such that the medical and epidemiological knowledge of *Streptococcus suis* infection are presented at the beginning, followed by a review of related social and anthropological concepts and other researches to finally devise a conceptual framework for our study as outlined below:

#### 2.1 Medical perspective of Deafness disease

#### 2.2 Review of social and anthropological theories and concepts

#### 2.3 Relevant researches

#### 2.4 Conceptual framework of the study

The section on epidemiology of the disease deals with the pathogen, symptoms and complications of the disease and the risk factors involved, disease prevention and spread of the disease worldwide, including an outbreak in Thailand. The second section is a series of concepts applied to describe and understand the life stories of the affected patients. An anthropological perspective on food is utilized to link the dietary habits with incidence of the disease. Secondly, the concept of masculinity facilitates better comprehension of the traditional male practice of eating raw blood. The third concept relates to social suffering and how it contributes to alcohol drinking behavior. The concept of vulnerability throws more light on the suffering of poor people who despite receiving medical treatment from the state healthcare system, still struggle with their lives. Using critical medical anthropological approach to the research problem allows the study of illness experiences of the patients and to identify how the poor have been exploited by the system and social inequalities prevalent, even in the healthcare institutions.

## 2.1 Medical perspective of Deafness disease

### 2.1.1 Nature of disease

The infection caused by *Streptococcus suis*, also called as deafness disease in Thailand, is a zoonotic disease, passed from diseased animals to humans (Pornpen, 2006). *Streptococcus suis* causes meningitis and hearing loss in humans (Huang et al, 2005) and has been reported in infected pigs of all ages. It is an opportunistic bacteria in pigs and generally asymptomatic in healthy pigs (W.H.O., 2005). Weak pigs do show signs of illness, but stimulation of the pig's immune system (inflammatory reaction) may prevent disease relapse (Gottschalk and Segura, 2000). When the pigs become immune to infection, they do not show any symptoms or signs of the disease. Hence, these pigs carrying the pathogen could be a source of contagion to the other pigs in the enclosure that have not been previously exposed to the pathogen and therefore are not immunized (Kitcha Uairong, 1999).

**Transmission:** The disease can be transmitted from animals to humans in many ways:

- 1) The human skin can be infected by contact with mucus, saliva, feces, animal waste and sludge from a diseased pigs' sty. The infection can enter the body through cuts or abrasions. Among the possible victims are pig farmers working in a slaughterhouse, people inspecting butchered pork, pork animal husbandry workers, veterinary suppliers and consumers handling raw pork before cooking it or putting it away Theerasak, (2006)

- 2) Eating undercooked pork or raw pork blood (Larb) infected with the bacteria is another possible transmission route. The practice of eating Larb is quite common among the local in north and northeastern regions of Thailand, although the people are unaware that the meat might be contaminated with the bacteria. Larb is a popular dish whose main ingredient is raw blood. Meat, offal and blood products from infected pigs have all been found to cause the disease (Fongcom et al., 2009).



**Symptoms:** The most common symptoms of the disease are fever, meningitis, neck stiffness, confusion, and headaches. 54 to 80% of patients typically experience pain in the first two days. 30 to 50% of patients suffering hearing loss become permanently deaf within 24 hours and 20 to 53% suffer dizziness, nausea, vomiting, (caused by imbalance) and/or disorientation symptoms. Some patients die from septicemia. The disabilities and complications among the survivors include deafness, and/or hemiplegia.

**Diagnosis:** After screening, the diagnosis is based on clinical findings and laboratory confirmation (DDC, 2007) Details are as follows:

The clinical history often reveals exposure to risk such as contact with pigs, slaughtering of pigs, eating pork or pork blood products within one week.

- Clinical criteria include general and specific criteria:

- General criteria include an acute fever (over 38 degrees Celsius). After screening, the illness history and physical examination cannot explain the cause of the fever, together with a risk profile within the one week.

- Specific criteria: the symptoms of meningitis (fever with headache and stiff neck), alone or in conjunction with deafness or hearing loss septicemia, toxic shock syndrome and among other symptoms, arthritis and endocarditis.

Laboratory diagnosis is done by dye-staining of blood or cerebrospinal fluid sample of the patients. Staining occurs faster when the sample is infected by *Streptococci*. Those laboratory resulted shown that a patient had been infected are further analyzed using *Streptococcus suis* test. Hemoculture is the standardized test to confirm the results and detect serotypes of *Streptococcus suis* and PCR testing for genetic subtypes.

**Treatment:** In humans, treatment guidelines are divided into two types - one for specific treatment of the disease caused by *Streptococcus* and the other is more generic and is for maintaining the vitality of the patient (DDC, 2007):

- 1) Treatment is specific to the manifestation of the disease. For meningitis, doctors will choose an appropriate antibiotic (penicillin) as the first line of

treatment *for S. suis* infection. Skin lesions, soft tissue infections and sepsis are also treated to alleviate meningitis symptoms, but must be combined with other treatments.

2) The general health and well being of the patient is maintained by taking care of symptoms such as fever, headaches, nausea and vomiting. The loss of fluids also may be tracked to measure vital signs to assess changes.

### **2.1.2 Epidemiology of *Streptococcus suis* infection**

#### **Outside Thailand:**

The first documented case of *Streptococcus suis* in humans was in Denmark in 1968 (Perch B et al., 1968). In the following decades, sporadic cases affecting less than 200 patients from several countries, including Thailand in 1998, have been reported. There are reports of an outbreak due to *S. suis* serotype 2 in Jiangsu Province in China, causing the death of about 80,000 pigs and involving 215 human cases and 14 deaths (DDC, 2007). It was found during the outbreak in China that one of the patients was a 46-year-old male farmer from a village in the Zhiyang prefecture of Sichuan Province. All patients had a history of contact with pigs at home, but not in an industrial context (e.g. slaughterhouse); and a history of slaughtering pigs or goats that were sick or died for unknown reasons, with no respect for hygiene. The outbreak which is considered the largest epidemic of *S. suis* in the world to date, was also identified in neighboring villages of the Sichuan Province, and 18% of the 215 patients aged between 30-70 years died (Pornpen Patthanasophon, 2006)

#### **Outbreaks in Thailand:**

I have reviewed the history of infection in Thailand to show that the epidemic has been occurring here for a long time. They are chronologically presented below:

The first case in Thailand was reported in 1987 at Ramathibodi Hospital, Bangkok, where 6 more patients were hospitalized in 1992 due to this infection (Donsakul et al., 2003). Three of the six patients had a history of contact with pigs

prior to illness and they experienced the onset of meningitis and deafness with a permanent loss of hearing on both sides.

In 1997, three cases of severe illness were reported who also had a history of regular alcohol consumption. The first patient was a 23-year-old butcher working with pigs. He got infected through a minor wound on his wrist. The second patient was a 49-year-old female laborer who did not respond to treatment and died shortly after being hospitalized. She had no history of the disease but had been regularly consuming locally produced alcohol for 20 years. The third case was that of a 45-year-old car painter who recovered from meningitis but was affected by permanent deafness (Leelarasamee et al., 1997).

In 1999, a case was reported from Srinakarin hospital, Khon Kaen Province. The 50-year-old policeman presented with sub-acute meningitis. The patient's health improved after treatment and recovered well after eight days; but early bilateral deafness persisted (Chotmongkol et al., 1999).

In year 2000, Chulalongkorn hospital reported a case of a 45-year-old male truck driver who succumbed to death shortly after admission despite comprehensive antibacterial treatment and dialysis to treat an acute renal failure (Fongcom et al., 2001)

There were 10 reported cases in 2001 at Lamphun, Northern Thailand. All patients were healthy men aged between 40-49 years who resided in the same area, and were admitted with a history of high fever, muscle aches, diarrhea, bleeding, purpura, but did not show any signs of meningitis. All patients died within 24-48 hours after admission. They all had a history of consuming raw pork or uncooked pig's blood which was deemed a high risk factor (Fongcom et al., 2009).

A retrospective study of 17 patients, 11 males and 6 females, from 1994-2001, concluded that their occupations as pig farm workers, dealing with the slaughtering and cutting of the carcasses and butchering the pork's meat were the main risk factors (Vilaichone et al., 2002).

In another retrospective study of 12 patients (9 males and 3 females aged 25 to 75 years), who were hospitalized of meningitis due infection of *Streptococcus suis* in the years 1997-2002, three quarters of the patients had a history of alcohol

consumption and one third of them had a history of exposure to pigs or consumption of raw pork (Chusana Suankratay, 2005)

There are also reports of infection of *Streptococcus suis* collected by the Bureau of Epidemiology, Office of Disease Prevention and Control (ODPC-8) Nakhon Sawan province. In 2005-6, a total of 55 cases were reported, 46 in Nakhon Sawan, 5 in Kamphang phet, 3 in Phichit and 1 Uthai Thani. The most common complication observed in infected patient was irreversible deafness. The demographic and clinical data showed that cases had a history of eating raw pork and raw blood with regular alcohol consumption and were professionals whose work involved being in contact with pigs or raw pork or beef products (Theerasak, 2006)

In 2007, the Bureau of Epidemiology received reports of a total of 160 patients infected with *S. suis*, 21 of whom died. Most cases came from the northern provinces including Chiang Mai, Phayao, Nakhon Sawan, Phetchabun, Uttaradit, Sukhothai, Lampang, Lamphun, Phrae, Nan, Tak, Kamphaeng Phet, Uthai Thani and Lop Buri (Theerasak, 2008)

The aggregated reports generally show that there have been outbreaks in some specific areas, notably in the North and Northeast, where many dishes are prepared using raw pork, and where most patients are men with a history of regular alcohol consumption. Only few rare cases have been reported in the Southern region of Thailand. The most serious complication in the survivors of the disease has been the acquired deafness.

### **2.1.3 Impact of disease**

After their illness, patients are often inflicted by permanent deafness, the deterioration of their balance (vertigo) or paralysis - all due to damage to the nervous system. This often impacts the self-image of the patients as they feel ashamed of being disabled. Patients also feel a loss of their self-worth. Their physical appearance is often changed with a reduced muscular mass. Consequently, they may not be able to complete their physically demanding job and become unemployed. Inevitably, the resulting lack of income makes them rely on the entire family. The patients feel useless and lose their dignity, leaving them frustrated and depressed (Navacharoen et al., 2009).

The disease also affects the society. To understand the full impact of the disease and its serious consequences on public health, we need to consider the social and cultural context in which it occurs. In semi-rural and semi-urban areas, many traditions inherited from the past are still in place, notably the culture of consuming alcohol when eating raw pork. The chance of infection by *S. suis* in such a cultural setting is high and is a reflection of social vulnerability that creates panic in society (Fongcom et al., 2009). Moreover, an outbreak of the disease in pigs hits the industrial pig farms and food processing industries hard. The economic loss in the swine industry worldwide is increasing each year (Rusmeechan et al., 2008) and particularly in Asia, where it is supposedly more important. The size of the pork industry has steadily increased in the region (Nguyen et al., 2008).

The aforementioned case studies of disease show that the disease can affect anyone. However, some patients survive, but have irreversible side effects. Epidemiologists determine that some patients with a history may be at risk. Some of the patients do not return for follow up and some with long history of alcohol consumption are seen as “vulnerable”. The impact of the disease is such that all parties involved in tackling the disease need to understand it better and share their experiences. To understand the cause of the disease, the use of epidemiological standpoint alone would not be sufficient to assess whether the source of the disease is real or not. To explain the emergence of the disease in depth, we need to understand the social and cultural context of the phenomenon. People with experience of the disease are a great source of knowledge to learn more about the disease. Such an experience teaches compassion and understanding that would be of an excellent asset to participate in eradication programs and help participants to build and design academic, health and social programs tailored to the illness.

## **2.2 Review of social and anthropological theories and concepts**

### **2.2.1 Anthropological perspective on food**

Food is an indispensable part of our life. We need food to sustain our biological life and also to maintain parity and prosperity in our social lives. Eating together is vital to our social relations. Be it at family dinners, festive occasions or large social gatherings, food is the common thread that holds people together and creates positive social interactions. While acting as a medium of communication, Counihan (1999) asserts that food creates a cultural meaning. Using an anthropological perspective, Counihan demonstrates, through analysis of the literature, that food has theoretical implications, in many domains whether be it culture, semiotics and semantics, feminism, sexuality and ethnical elitism, that there is a class and gender distinction according to the type of food consumed. Counihan asserts that food is central in social structure and interactions. This assertion leads to better understanding of health and illness in relationship to food.

Food is a basic necessity. Thereby eliminating hunger is important and urgent. Whereas it is easy to see that the direct consequences of food intake are biological, it is also apparent that the nature of food intake is shaped by a wide variety of factors including race, ethnicity, social class and gender. There is clearly a difference in how food is controlled and accessed in the society. Goody (1982) said that the way food is cooked and eaten is an indication of social hierarchy. A clear example is that of India, where the rank of the castes determines the food habits and with whom it is shared - people from higher caste prohibit against eating with lower caste. Hupkens (2000) reported that there is a social class difference in food consumption and that the middle class people generally had healthier diets than their lower class counterparts. For instance, beef is sometimes eaten raw or slightly cooked in a dish called “kitfo” in Ethiopia. Traditionally, this was a staple of the diet, but in the modern era, many of the elite have shunned it in favor of cooked beef. This may also be because they are more educated and knowledgeable, as suggested by the study of Kearney et al. (2000) that indicated that the level of education affected consumer’s dietary behavior in adulthood.

The act of eating has a meaning in itself, which requires interpretation of the social interaction through food. Food-ways has created a system that is a semiotic reflection of society. Being so, because food is essential to life, it is a practical fact of everyday occurrence (Counihan, 1999). Social scientists have studied eating rituals that are prohibited by dietary laws to symbolize the meaning of foods. Interestingly, food and sex are overlapping metaphors. In many cultures, food and sex have similar connotation. During both eating and sex, the senses of not only taste, but also those of sight, smell and touch are heightened. Among Mehinaku Indians, having sex is described as eating to the fullest extent, and that the genitals of one sex are the food for other, while offerings of food are often deemed as sexual invitations in the Amazonian Indians (Counihan, 1999).

In every culture, food is often linked to gender and can affect food intake. For example, Meigs (1987) reported that among the male dominated Hua people of Papua New Guinea, there was a secret knowledge that the true source of power and life was females and the Hua people had complex gender relations associated with their foods. The *koroko* foods, which were cold, wet, soft, were associated with females and *hakeri'a* food, which were hot, dry, hard, were associated with males. Women ate more *hakeri'a* food when they wanted to become like men, especially to minimize their menstrual flow but men publicly treated the female foods as a threat to their masculinity, whereas in privacy they ate them to gain vitality and power (Meigs, 1987). In the western patriarchal society, meat consumption is considered as the male power and symbolically links women with animals and their objectification and subordination (Adams, 2010). Unlike America where female slenderness is valued, many other societies prefer plump or fat over thin ones due to the association of fat with fertility, sexiness, well-being and nurturance. The case of Jamaica can be taken as an example (Sobo, 1997).

Power of sexes is also evident in the relations around food. Generally, the food is cooked by women and provided by men. Men tend to show their superiority and power by buying the food they liked and ordering the type of dishes that should be cooked or else, would refusing the food prepared by the women. Faced with such refusal, women either may choose to cook as ordered or reject to cook, cook something else or manipulate the food. In Asia, women prepare the food, but will eat

separately and after the men. There are examples from Mexico in the 18<sup>th</sup> century, where women tried to diminish the abusive power of men by putting their menstrual bloods or other magical things into the food (Counihan, 1999). In these ways we can see how food establishes and reflects male and female identity and relationships.

Food is also a medium to build and maintain social interaction and cohesion in the community. Eating and drinking together is sign of kinship, trust and friendship. An example of a special food prepared for feasting in special occasions is Shashlik, a marinated meat roasted over a small flame and served on a stick, in Kazaksthan, which is not often eaten on a daily basis at home but served at home on special occasions or if an animal is slaughtered. Likewise, people in Thailand also enjoy feasting together on special occasions in public places and also when an animal is slaughtered. The parallel can be drawn to the slaughtering of pigs for consumption as described in this study.

Similarly, food also has a religious significance as it is seen as a connection between humans and God. In Hindu religion, animals like goat, buffalo, and duck are sacrificed in the temples and homes in order to make the deity happy. In Christianity, consumption of bread by the Christ and his disciples at the Last supper is a central symbolic act. Ancient Greeks, Tibetan Buddhists also use food offerings to the gods. In more egalitarian cultures like that of Buddhism, women play an essential mediating role in rituals supplicating gods and spirits. Women in Nepalese Buddhist Tamang and Sherpa communities are largely involved in food and beer production, which, also gives them the role of offering food to the deities and worship for health, strength, fertility, prosperity and plentitude (March, 1998). Similarly in Thailand, women prepare the food which are dedicated to their dead ancestors and also offer food to monks and gods (Van Esterik, 1998).

Anthropologists have also examined food from the political economic perspective, including how food is produced, processed, transported, distributed, regulated and consumed (Mintz & Du Bois, 2002). Marxist theories of capital accumulation and the labor process can be applied to understand the emphasis on the materiality of food production-consumption (Whatmore, 1994; Watts & Goodman, 1997; Goodman, 2001). Anthropologists have also ethnographically documented capitalism and its relation with the consumers in Trinidad's sweet drink industry



(Miller, 1997) and Italy's "slow food" movement (Leitch 2000; Leitch, 2003). Weismantel examined gender and political economy as expressed through food in Ecuador (1988), while Chatwin explored extensively the transformation of foodways in Georgia, detailing the social, political, and economic context (Chatwin, 1997). Mintz (1985) in his pioneering study of sugar production and consumption - "Sweetness and power", explored the interconnection between the colonial West Indies and Britain from the 17<sup>th</sup>-19<sup>th</sup> centuries through Britain's desire for sweetness. He argued that our dietary habits preferring sweet foods did not have its origin in evolutionary or genetic factors, but rather largely it was due to the historical development of economic and political power. By focusing on sugar as an export commodity, Mintz revealed how the political and economic power of Britain was being exerted. In particular, he made links with broader issues such as the growth in slavery. According to Mintz, the rise of the British factory system increased sugar production in the colonial West Indies, and in turn, the readily accessible cheap calories (in the form of sugar) fueled industrial economies. This was an important step toward capitalism, which eventually led to the large corporations controlling the foods the people eat (Fitzgerald & Petrick, 2008).

In conclusion, we have reviewed a number of aspects pertaining to food. Food is not only essential to biological life, but also has numerous cultural and social implications. People act out some of the most important relationships to their family, friends, the dead and the gods by producing, distributing and consuming food. This study illustrates how food and foodways provide plentiful insights into gender, family, community, sexuality which offer understandings of the broad cultural questions about power and control.

### **2.2.2 Anthropology of alcohol drinking**

Anthropologists have historically used several different explanatory frameworks to understand alcohol drinking (Singer, 2012). The earlier anthropological researches were designed to counter the deviance model of drinking and identified the related cultural and social factors. Later, the anthropologists applied critical medical anthropology model to explain the drinking behavior using the wider political economic context.

### **The cultural model**

This earlier model focused on normative drinking in context of local cultural patterns and tried to find problematic drinking relative to the normative drinking (Heath, 1976; Singer, 1986). This model showed the importance of socio-cultural factors for understanding the relationship between alcohol and human behavior.

The works of anthropologists like Heath (1976), Mandelbaum (1979), Graves (1979) MacAndrews and Edgerton (1969) (cited in Singer, 1986) have emphasized that the forms and meanings of drinking alcohol were culturally defined and activated by social setting. Drinking was seen as a culturally constructed social practice that brought emotionally filled cultural meanings about various issues and was further conditioned by the context, character, and cohort of drinking occasions. Social drinking was seen in a positive light as a 'symbol of membership' in particular groups (Honigmann, 1979 cited in Singer 1986) and as a mechanism of socio-cultural integration (Singer, 1986).

Many social and psycho-social functions of drinking behavior and drunkenness in oppressed groups were also identified like ethnic identity maintenance, ethnic group boundary definition, in-group conflict resolution and ventilation of aggression, replacement of disrupted tradition and relief from isolation and monotony (Singer, 1986). However, this cultural model concluded that in pre-capitalist conditions, there were very rare pathological consequences of alcohol drinking. Rather, alcohol consumption was ritually structured, socially controlled, and deeply embedded within a stable cultural pattern (Singer, 1986).

The main criticisms of this model were that it systematically underestimated the severity of various health and social problems associated with drinking (Room, 1984) and that it explained drinking patterns primarily in terms of psychological, symbolic or micro-sociological factors, without giving any attention to the wider context of the capitalistic society (Singer, 1986).

### **Life-style model**

This model extended the cultural model and viewed drug and alcohol use as a life-style or a distinctive subculture tradition. With an insider perspective into the lived worlds and self-identities of alcohol drinkers, it was evident that there was a significant cultural order and socially constructed purpose and meaning to drinking, which was against the usual framed by the paradigms of psychopathology and the sociology of deviance (Singer 2012). Using this approach, Moore (1990) showed that one of the ways in which the members of the Skinhead youth subculture in Australia expressed their English ethnicity was their style of drinking. However, this model and the cultural model failed to address the wider social context that promoted alcohol use and addiction.

### **The critical medical anthropology model**

Heath (1978) noted that for the economically and politically dominant segment of the world's population, drinking caused problems; whereas for those who were dominated, drinking either relieved or was a result of the problems. This initiated the use of political-economic perspective to fully appreciate alcohol drinking, which Singer (1986) viewed as the 'missing link' in the anthropology of alcohol use and abuse.

One of the first efforts to understand the social origins of illness, specifically alcoholism was Frederick Engel's study *The Condition of the Working Class in England*, which first appeared in 1845 (Singer, 1986). Engel observed that in working class men, alcohol was almost their only source of pleasure, their only way to forget the misery and burden of life for few hours; and that it was made readily accessible to them. Engel identified abusive drinking as a serious health and social problem which developed under social conditions that were the product of class relations (Engel, 1969 cited in Singer, 1986). Given the class conflict, heavy drinking could serve as a mechanism of in-group social solidarity among the working class men. However, the amount of drinking and alcohol-related problems depended on the availability of alcohol.

The state played a key role in the promotion and facilitation of alcohol availability, while the other major role was played by the social class that controlled and profited from alcohol production and distribution (Engel, 1969 cited in Singer, 1986). State interest in alcohol consumption in pre-industrial era was mainly due to financial motivation as alcohol was seen as a taxable commodity. With industrialization and the emergence of the proletariat as a distinct social class, this attitude was joined and eventually superseded by a concern with temperance (Engels, 1969 in Singer, 1986). Following the Second World War, the State posture toward alcohol consumption again shifted and there was the emergence of a highly concentrated alcohol industry that had the political power to shape government policy (Makela et al., 1981; Singer, 1986). In many African countries, the drinks industries have a significant role in designing national alcohol policies which are more industry-orientated (Bakke & Endal, 2010)

With the development of critical medical anthropology in the 1980's, CMA was applied to consider the context of macro level structures (significant economic inequalities, institutions of social control), social processes and dominant institutions (such as corporate activities, the dominant media and systems of discrimination) and relations of power (e.g. social classes, unequal relations among nations and the development of underdevelopment) in understanding alcohol use in society (Singer, 2012). The model mainly focused on three issues: the social production of suffering; the use of drugs and alcohol to self-medicate the emotional injuries of injustice and mistreatment; and the political economy of the licit and illicit drug and alcohol markets (Singer, 2012).

### **Experiential model**

Anthropologists influenced by phenomenology, the study of subjectivities, meaning-centered approaches within medical anthropology and the questioning of objectivity found in postmodernist perspectives have recently added what they have termed a new experiential orientation to the cultural model (Rheinberger, 1997). This refers to the idea that, in addition to suffering, addiction has other dimensions including creating opportunities for new experiences and new social relationships, some of which provide positive occasions for alcohol addicts (Pine, 2008). Addiction

plays a role in the making of personal identities, and is thus more than suffering and social rejection (Singer, 2012).

### **2.2.3 Ideological dominance of men (Hegemonic Masculinity)**

Masculinity as defined by Connell (1987) is a social construction dependent on a specific historical time, culture and locale. This approach moves away from the biological determinism which looks at gender differences as being biologically based. Masculinity is also defined in relational terms as that which is not feminine (Messner, 1998; Connell, 1995; in Evans et al., 2011). There are some forms of masculinity but the dominant or idealized one is the hegemonic masculinity or traditional masculinity.

Hegemonic masculinity is an expression of the privilege that men collectively have over women (Connell, 1996). Hegemonic masculinities often concentrate ideal masculine attributes like wealth, attractiveness, virility, strength, heterosexuality and emotional detachment (Dudgeon & Inhorn, 2003). In the western culture, contemporary hegemonic masculinity is associated with being white, heterosexual, middle class and possessing stereotypical masculine traits of assertiveness, dominance, control, physical strength and emotional restraint (Evans et al., 2011). This form of masculinity leads to negative health behaviors from men and boys who put their health into jeopardy by trying to reach or demonstrate these ideals. They feel marginalized and experience subordination when they cannot measure up to this ideal standard against which all men are judged and may respond with compensatory behaviors that place them at risk of illness or injury. Men receive greater scrutiny and stigma if they deviate from the masculine towards un-masculine or feminine practices (Messner, 1998). Maintaining this kind of masculinity is a challenge for men and they feel the pressure to constantly prove their manhood (Berger, Wallis & Watson, 1995; Connell, 1996). Therefore in pursuit of demonstration of power and masculinity, men are obligated to indulge in risky practices that cause them hardship and pain (Connell, 1996; in Evans et al., 2011).

In terms of health behavior and poor health outcomes for men, masculinity can be interpreted in the tendency of many men to engage in high risk practices (like excessive consumption of alcohol, high speed driving, performing risky sports),

avoidance of preventative care, delaying treatment and ignoring health information and physician advice, ceaseless interest in sex, display of physical dominance and aggressive behavior (Courtenay, 2000; Gibson & Denner, 2000; Taylor, Stewart & Parker, 1998). Body building, meat eating, beer drinking, eating fast food, being a sexual champion and TV watching are some of the examples of hegemonic masculinity present in the psyche of males today that are also much promoted by the media (Stibbe, 2004). By exhibiting or enacting hegemonic ideals with health behavior, men are reinforcing strong cultural beliefs like men are more powerful and less vulnerable than women; men's bodies are more efficient and superior than women; asking for help and caring for health are feminine qualities and powerful men do not care too much about health and safety (Courtenay, 2000).

It is not only the endorsement of hegemonic ideals but also the rejection of feminine ideals that builds masculinity. For example, the African-Canadian men in Nova Scotia avoided fingered rectal examination for screening of prostate cancer because of the perceived association between penetration of men's bodies, homosexuality and compromised masculinity (Evans et al., 2005; in Evans et al., 2011). Reluctance of use of sunscreen and avoidance of health care utilization are also prime examples of men rejecting the socially constructed forms of femininity (Courtenay, 2000).

There are other forms of masculinity like complicit, subordinate and marginalized. Social diversity of men due to age, race, ethnicity, culture, class, sexuality and ability give rise to these types of masculinity. Men are not one big homogenous category and there exists differences among men in sub groups. Men have varying degrees of power among themselves. Pyke (1996) noted that masculinities are configurations of social practices produced not only in relation to femininities but also in relation to one another. Hegemonic masculinity, however, dominates over lower status marginalized masculinities like gay, rural and lower class men.

Gay and bisexual men may compensate for their marginalized status by endangering themselves, or by adopting physically dominant behaviors and also demonstrating risky sexual practices. Marginalized men may also defy hegemonic masculinity and construct an alternative one. Majors and Billson (1992, 34) believe

that this alternative form of masculinity can lead to smoking, drug and alcohol abuse, fighting, sexual conquests, dominance and crime. This was observed by Pyke (1996) in lower class men who engaged in heavy use of drugs, alcohol and sexual carousing to compensate for their subordinated status on the hierarchy of their everyday work worlds.

Health behavior within the context of gender is a powerful and influential health determinant for individuals. Hegemonic masculinity and traditional beliefs about manhood are the strongest indicators for individual risk behavior in men as the perceptions of health; illness and health care practices are shaped by the social construct of masculinity (Evans et al., 2011)

Finally, the practice of consuming raw pork blood with pork meat by men in Thailand can be investigated by the multiple constructs of masculinity. This practice reiterates the notions of masculinity and traditional beliefs such as men are not concerned about health matters; that they are invulnerable to disease and more importantly, the raw blood is believed to increase their sexual prowess which is central to their masculinity. The simultaneous heavy drinking of alcohol, feasting in public space, and intake of inadequately cooked pork meat cooked by women may be symbolic of their compulsory or compensatory masculinities to deal with their lower status in the society.

#### **2.2.4 Social suffering**

In the past few decades, social suffering is an issue that has drawn considerable interest in the field of sociology, anthropology and culture (Bauman, 2000; Das et al., 2001; Berlant, 2004; Brown, 1995). It was brought into much limelight and public attention by the French sociologist Pierre Bourdieu (1999) and his co-authors in their book “The Weight of the World”. The book depicted the daily miseries of the socially marginalized and identified the social factors that contributed to their state of being dominated. The edited collection of essays named Social Suffering (Kleinman, Das & Lock 1997) also helped to popularize the concept of ‘social suffering’ in contemporary social science.

Social suffering refers to the lived experiences of pain, damage, injury, deprivation and loss (Wilkinson, 2005). Social processes and cultural conditions can

both constitute and moderate the experience of suffering, and there are often occasions where individual experiences of suffering are the manifestations of social structural violence, cultural trauma and political oppression (Wilkinson 2005; Kleinman et al 1997).

Kleinman, Das & Lock (1997) viewed that “social suffering results from what political, economic and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to the social problems.” Social suffering includes wide ranging conditions from separate fields such as health, welfare legal, moral and religious issues which may occur simultaneously. For example, the people living in disintegrated communities can have a combination of problems like substance abuse, street violence, domestic violence, suicide, depression, posttraumatic stress disorder, sexually transmitted disorders; AIDS, tuberculosis etc, which point to the fact that personal problems are closely linked to societal problems rather than just being individualistic, psychological or medical (Kleinman, Das & Lock 1997). Thus, in light of the concept of social suffering, a person’s health condition is now seen as a cumulative product of social processes and critical life events.

Kleinman, Das & Lock (1997) also identified that global political economy was the root of the social suffering in the poor communities in both high and low income countries. Similar trends of breakdown, violence, emerging infectious diseases and mental and social health problems can be seen among the poor people worldwide. Another example where suffering goes beyond the normal boundaries of categories and provides a complex picture is the political violence which leads to forced migration, causing deep trauma to families and communities and increasing domestic abuse and personal sufferings. These further reiterate the phenomenon that suffering is a social experience.

However, social suffering is not limited to the suffering caused by class-based, globalized political and economic exploitation (Tereskinas, 2009). Pierre Bourdieu used the word ‘misery’ to describe not only the situations which were related to the lack of material resources, but also to the situations in which people or social group felt excluded and marginalized. Seemingly normal people also experience misery, lost opportunity, contextual constraints, degraded social environments and



social relationships (Bourdieu et al., 1999). According to Bourdieu (2000), the true misery of men and women is that of having no social reason for being, or being abandoned to insignificance. Social suffering is present underneath those experiences of marginalization, when people feel relegated to the edges of social life (Tereskinas, 2009). Such marginalization reflects a fundamental form of social suffering that comes with the loss of self-identity.

Both sociologists and anthropologists emphasize the social dimension of suffering (Tereskinas, 2009). Suffering is a social experience that affects through a triangle of cultural meanings, collective behavior, and subjective responses (Kleinman, 1999). According to Arthur Kleinman, suffering is social, not only because social force breaks networks and bodies but also because social institutions respond with assistance to certain categories of sufferers, while denying others or treating them with bureaucratic indifference (Kleinman, 1997). Farmer (1996) studied the suffering that the Haitian faced when confronted to the AIDS epidemic. Farmer demonstrated a link between political issues and structural violence in Haiti caused by poverty. At the beginning of the epidemics, there was a national bias against Haitian as being one group responsible for spreading the HIV virus in the U.S. that infiltrated the experience of suffering. Farmer had studied the experience of suffering in Haiti and knew about the suffering that Haitian people endured everyday. As often the case, the root of suffering was linked with the social structure of the country.

Lastly, social suffering is related not only to a larger framework of social distress: loss of the jobs, unemployment, but also to the vulnerabilities of gender, class, age and sexual orientation. Poverty, alcoholism, violence in families and streets, and social tensions may be both causes and effects of social suffering. The heavy consumption of alcohol by the lower class people, along with uncooked pork in the social gatherings in north eastern Thailand signifies defiance and caused by social suffering, which in turn puts them in danger of future suffering from impaired health outcome.

### **2.2.5 Vulnerability**

Vulnerability is a wide ranging concept that has been used to represent the state of risk to physical, mental or social well being. Many disciplines such as economics, sociology, anthropology, environmental science and health have explored vulnerability from their different perspectives (Alwang et al 2001, Grabovschi et al 2013). However, what remains common is that at the core of the concept is the threat of situations and reduced ability to manage them. In medical anthropology, vulnerability can be used to extend the concept of structural violence (Quesada, Hart and Bourgis 2011). Structural vulnerability adds the cultural and personal sources of distress to the politico-economic framework of structural violence.

Vulnerability can be viewed as “positionality” (Quesada, Hart and Bourgis 2011). Vulnerability is produced by a person’s location in the hierarchical social order and its diverse networks of power relationships and effects (Leatherman 2005; Watts and Bohle 1993). Individuals and groups who are economically exploited and politically subordinated, often internalize and embody their externally-generated weakened status, thus shaping their behaviors, practices and self-conceptions, that is, their ‘habitus’ (Bourdieu 2000) or their ‘subjectivities’ (Foucault 1978, 1995; Biehl, Good, and Kleinman 2007; Pine 2008; Bourgois and Schonberg 2009). This embodiment of subordinated status produces a form of ‘symbolic violence’ whereby the everyday violence of imposed scarcity and insecurity is understood as natural and deserved (Bourdieu 2000; Pine 2008; Auyero and Swistun 2009). Ill health can be argued as an outcome of forms of this violence, which is sustained by political-economic and cultural foundations, and managed through historically specific modes of governmentality (Nguyen and Peschard 2003).

Structural vulnerability involves a critique of the concept of agency, because it requires an analysis of the forces that constrict decision-making, frame choices, and limit life options (Quesada, Hart and Bourgis 2011). It identifies “spaces that configure a specific set of conditions in which people live, and set constraints on how these conditions are perceived, how goals are prioritized, what sorts of actions and responses might seem appropriate, and which ones are possible” (Leatherman 2005). The concept of structural vulnerability, when applied to health care can become a productive tool for contextualizing diagnosis and guiding practitioners (Singer 1995;

Delor and Hubert 2000). Demystifying agency and removing the moral judgment inherent to a theoretical concept that implies that individuals understand and control the consequences of their everyday actions can contribute to rectifying the misdiagnosis, blame, and maltreatment that accompany the experience of poverty and cultural subordination.

In medical anthropology, the concept of structural vulnerability focuses on how a host of mutually reinforcing insults (ranging from the economic and political to the cultural and psychodynamic) that dispose individuals and communities toward ill health are embodied. The term ‘insult’ brings a change of focus from a disease etiology model to the interactions between an individual or group and environment (Quesada, Hart and Bourgis 2011). An insult is a physical, chemical, infectious, psychological, or social-cultural stimulus that adversely affects an individual, group, or community in dynamic relation to an environment (Brown and Inhorn 1990). Health and disease are states indicative of an individual’s relationship to an environment; given that, as Brown and Inhorn argue, “exposure to a pathogen [is] a necessary but not sufficient cause of disease...the progression from exposure to disease depend[s] in part on the health of the exposed person, in which... an individual’s vulnerability to a complex of insults, is never constant” (Brown and Inhorn 1997).

Leishmaniasis and the management of this neglected tropical disease provide an excellent illustration of the potential application of the concept of structural vulnerability and structural violence in relation to health care. Leishmaniasis is a tropical disease caused by the protozoan parasite *Leishmania*. There is a strong but intricate relationship between this disease and poverty (Alvar et al., 2006). A majority of the cases affect the poorest fringe of the world population where there are poor housing conditions, poor sanitation, absence of personal protective measures and population movement due to lack of opportunities. All these factors contribute to non-immune people that are already weakened by other infectious disease and malnutrition to be exposed to infected sand flies. The disease is found in 88 countries. It is estimated that 350 million people are at risk of catching this disease each year, 2 million new cases occur each year, including 60,000 patients that will die. Such reports may actually underestimate the number of cases because some patients may

not show any symptoms or show few symptoms and therefore are not treated in a health facility or are unable to receive proper treatment. 90 percent of patients affected by the disease are in Brazil, India, Bangladesh, Nepal, Sudan, Afghanistan, Algeria, Bolivia, Colombia, Iran, Peru and Saudi Arabia. However, the disease is found in almost all the poor countries in the world. Although India is a country with a moderate income, patients are found in the poorest districts of India.

Poverty is associated with malnutrition and exposure to other infectious diseases. The patients once infected will be more prone to fully develop the disease. Inaccessibility to medical services and public health contribute to an increased probability of delayed diagnosis, which will impact on healing and increase the mortality and morbidity associated with this disease. Patients would often expensive treatments and need to borrow money to afford the treatment. Evidently, the loan will be hard to reimburse, thus creating a vicious circle of poverty and ill health. Poverty is a hidden major cause of diseases but may not be seen as the direct cause. The poor and uneducated villagers do not understand the disease, which gives them no chance to choose a prevention strategy or a treatment. Villagers will often prefer relying on traditional folk medicine rather than going for modern treatment. It is interesting to learn that locals even when they get to know about the disease, their access to healthcare is hindered by distance and associated cost needed to travel. In Nepal, the median treatment cost was equivalent to the annual median per capita income of these patients and in Bangladesh it was 81% of annual per capita income.

Poor women are doubly disadvantaged, and encounter higher barriers to healthcare and more intense stigma than men (Alvar et al., 2006). As men often eat before women in these poor countries, women have to feed themselves with little or no remaining food, which puts them at high risk of malnutrition. Without enough money to pay for treatment, women need to bargain with men for other form of treatment. The results of initial treatment with the use of battery acid, or gasoline resulted in hair loss and skin scarring in comparison to the non-treated leading to the stigmatization of women. The villagers became reluctant to allow women to seek treatment and made it difficult for them to access treatment. If the married women do not already have children, the husband would often give up on them. The women could not dare to talk

about their illness, which then would remain untreated as her husband would not be willing to pay.

The authors concluded that poverty is associated with clinical manifestation of the disease and is the main factor that causes this disease. Poverty increases morbidity and is also a major cause of patient's death. The choice of housing, food and occupation are not in control of the poor people as they do not have resources to alter their daily lives. When healing from illness, a specific pattern marks appear on the upper body of women which affects their body image, social status and sexuality. A new action plan needs to be designed to encourage women to seek healing and discourage oppression.

The situation of Leishmaniasis is similar to our present study as it relates to poverty, even if we can assume that the demand from the patients suffering from hearing loss will be less than that of these patients and won't have as much suffering. But still, the context is similar and we should counter an unfair system and tackle infectious diseases that can be prevented. Poverty, gender and other factors, such as the structure and beliefs of society are that cause a vulnerability to illness. The vicious cycle of poverty and suffering causes vulnerability to be never-ending.

#### **2.2.6 Critical Medical Anthropology**

Critical medical anthropology utilizes the Marxist political economy to see how the social processes in healthcare and sickness are shaped by power differences (Baer, Singer & Susser, 1997). The fundamental idea of this research is to apply the critical medical anthropological approach to delve deep into the lives of the people with the deafness disease and ascertain how their individual experiences of illness have been influenced by the dominant discourses of larger socio-cultural and economic forces. Critical medical anthropology perspective leads to the revelation of the exploitation of the poor by the health system. The focus is on understanding the effect of economic conditions, or global politics that determine the occurrence and spread of disease and involves the critique of objectivism and reductionism of biomedicine (Luechai, 2012)

There are four levels of analysis in critical medical anthropology which ultimately connects the intimate experience of illness with capitalist world system which is the root cause of the problem (Baer, Singer & Susser, 1997). They are briefly described below:

### **Macro-social level**

The capitalist world system of global economy shapes our social lives indefinitely. The imperial relations and class differences which are a natural part of this global capitalism is also at the heart of health issues. Under capitalism, biomedicine transformed into a profit making investment with more focus on high technology, drug manufacturing and massive use, and specialized services in concentrated centers. The government approves the involvement of business sector in health and supports by medical training and research. The World Bank's influence on health policies of many countries is in line with the capitalist system, as it co-funds the international and bilateral agencies and makes the policies friendlier to the market-driven economy. Large pharmaceutical companies and big hospital chains are prime examples of capitalist solutions to health problems. However, there is a medical pluralism where alternative systems such as traditional, ayurveda, herbal, folk and faith based medicines have found their co-existence despite the global dominance of biomedicine.

### **Intermediate level**

The hospitals are considered as the intermediate level and are considered as the main places for social relations. The dominance of biomedicine is clearly visible at this level and the power to control it resides with high and upper middle class who sponsor them. In addition, like the class, race and gender, there is a hierarchy in the medical system which places the physicians at the top and nursing, paramedical and other subordinates below them. In general, we tend to visualize the physicians in a highly powerful role, but even they are constrained by bureaucracy in the hospitals. Some believe that physicians are undergoing a process of proletarianization or de-professionalization in their status as employees of health systems or hospitals that nestle in the capitalist system that aims to maximize profits.

### **Micro level**

At this level, the doctor-patient relationship is analyzed in terms of power and medicalization of social distress. The ability of the physicians to legitimize the “sick role” of the patients grants them the power in this relation. By limiting to the reductionist framework of disease model, the physicians do not consider the role of structural forces like poverty, gender, unemployment in the causation of disease and distress, and ultimately serve to maintain social control. Broader political economic framework must be evaluated to see how this relationship is being governed and regulated at this level.

### **Individual level**

This level is the patient’s response to sickness or the experience of illness. Analysis at this level should not only focus on the construction and reconstruction of individual illness experience under the influence of powerful political economic forces, but also on the capacity of the individual and micro level to influence the macro level.

Our study applies the concept of access to critical resources to consider the people in the community. An analysis of the individual experiences, illnesses of patients with deafness disease provide a raw data that contribute to our understanding of everyday life and life in general through faith, rituals, dietary habits, alcohol consumption including interaction with pork, which ultimately affect the villagers' illnesses. Experiences, illnesses among the villagers are a reflection of their opinion in the study. In a community that makes people vulnerable to a potential disease, an objective of the research was to provide an understanding and critique of the medical services with the performance of the various power relationships that cause the exploitation of the people and of structures that are operating in various sectors, which work together at many levels to cause such effect.

The deafness disease causes an infectious hearing loss. The critical question is the attitude of the state's political and economic system. Among diseases included in the health system, this disease has never been an issue that came up before. In his article entitled "Social inequalities and emerging infectious diseases", Farmer (1996) talks about AIDS, Ebola and tuberculosis. The context of Ebola he described in

the article is close to the deafness disease in our study. The narrow vision of the institutions led to the neglect of the poor. He argues that if people have been afflicted with this disease for a long time, why we have to label these diseases as “emerging”. Or is that because the disease has now affected drastically certain individuals or groups that are more valuable in society?"

The study of epistemology has often been ignored in the past. Scholars began to question the failure of public health measures. Farmer (1996) claimed that epidemiological framework of infectious diseases has a narrow focus on individual risk and does not reveal the underlying key factors that fostered the disease occurrence. In one example he cited, malaria began to decline in America not due to the direct management of the outbreak, but mainly due to the development in agricultural methods and other factors. One obvious variable is the reduction of poverty, together with the development of improved residential drainage, mosquito repellent, mosquito net and fan, all of which are beyond the reach of those vulnerable groups that are susceptible to malaria.

The issue of Tuberculosis (TB) is useful to explain how infectious diseases occur. The re-emergence of tuberculosis is often attributed to HIV and drug resistance. Although anti-tuberculosis drugs and health promotion resulted in reducing mortality in the developed countries, in many other parts of the world and even in the poor pockets of US, TB is still a major cause of death. In these parts, either the drugs are not used at all or used late and often inappropriately. A leading expert on TB at that time, Iseman (1985) was shamed to see that even after many decades of recognizing the capacity of triple-therapy to elicit 95%+ cure rates, tuberculosis prevalence rates for many nations remained unchanged. A greatly reduced clinical and epidemiological importance given to TB in the rich countries gave rise to a neglect of TB as a public health priority in the 1970 -1980's. The “emergence of TB” in truth is not so much a real emergence but an emergence from the ranks of poor. This clearly showed that people in wealthy nations did not consider the diseases of the poor, especially when the poor are socially and medically segregated from those whose deaths might be considered more important. The US experienced an increase in incidence of TB when many people migrated to US from poor countries. The epidemiologists however failed



to see the complex forces of poverty and inequality, which were along with war, the leading causes of both the high rates of TB and for immigration to the United States.

## **2.3 Relevant researches**

### **2.3.1 Researches related to socio-cultural sensitivities**

Walter et al. (2004) viewed the experience of illness, injury and disability of the illegal male Latin American immigrants in the port of San Francisco through the lens of masculinity and gender. This clinical ethnographic research showed how the traditionally constructed masculinity of the Latino men was repeatedly contested in their roles of provider for the family and absent father and lover, that affected their daily lives and, especially when they got disabled due to an occupational injury. The social inequalities, that forced them to migrate illegally to the US to find work in the risky and often dangerous field jobs, their undocumented status, their continually contested masculinity and its consequences and the separation from family put them in a state of high vulnerability. They worked in a very competitive environment where no job meant no money. Their lives were full of hard work (seen as highly masculine trait), desperation, loneliness, betrayal and in case of disability - a reduced self worth and fallen honor. Using a critical medical anthropology approach, the research linked the larger structural forces and individual embodied suffering by gender and family relations.

Roos et al. (2001) used the concept of masculinity to study the differences in opinion on food of two groups of Finnish men who had different occupations. The carpenter men were meat lovers while the engineer men liked eating vegetables and enjoyed the experience of eating and dining. Hegemonic masculinity was readily embraced and femininity rejected by the carpenters whereas the engineers had built a new form of masculinity that did not take health recklessly. This study concluded that male food-related practices and preferences are shaped by masculinity and occupational class.

Morioka (2014) studied the difference in perception about the health risk of nuclear radiation at Fukushima in 2011 among males and females. The study found that men were more concerned about their role as providers for the family and took the radiation as a threat to the economic stability and masculine identity, while the women were more worried about the health and prevention. Because the government had not alerted or taken any action in the aftermath of the radiation, the men's perceptions were influenced by that of the government, which is a dominant social institution. This indicated how the meanings of health risks are constructed in the context of social and cultural forces.

Emslie et al. (2006) explored how men dealt with their masculinities when recovering from depression in the UK. The men emphasized on their reconstruction of masculinity and renewed self worth in the rehabilitation process. The most common way to do it was found to be by adding elements that resonated with hegemonic masculinity of control and power. On the flip side, the pressure to maintain this hegemonic masculinity also produced suicidal tendencies. Some of the men, however, identified a new positive frame where they valued their creativity, intelligence and sensitivity, which are beyond the traditional discourses of hegemonic masculinity. This study shows how the demolition of certain sets of belief and construction of an alternative masculinity can be a positive step forward for reducing health problems.

In her book, Sritthikreingrai explains how the Karen community has been normalized or produced as "docile bodies" and unable to challenge the power of medical knowledge in their lived experience with Lead contamination in the past 20 years (Sritthikreingrai, 2005). The lead-level in blood tests and surveillance form a medical concept of illness which rendered the illness sufferer to be powerless. This had a profound effect on the ability of these people to resist, negotiate and contest in their efforts to rise above their social suffering.

### **2.3.2 Researches on illness experience**

An Ethnographic analysis of experience of bodily distress associated with water scarcity showed what it meant to "suffer from water" (Ennis-McMillan, 2001). The study revealed the social conditions that limited the people's access to adequate domestic water and contributed to their physical and emotional hardships, which

however did not correspond to the bio-medical discourse of illness. Using a critical medical anthropology approach, the studied gave an account of the suffering of the people and their efforts to deal with what they consider to be the social origins of their physical pain.

In a Qualitative study of men with arthritis, Lisa Gibbs (2005) found that hegemonic masculinity had a big influence on how the men perceived their experience of the disease and seek health services. The onset and progression of arthritis threatened the men's sense of their own masculinity. The men felt their masculinity was compromised and they appeared to shift their masculinity to reposition itself in relation to hegemonic masculinity. Connell's (1987) theory of multiple masculinities was evident in the men and their illness experience could be explained by linking health with gender.

Similarly, a study among the African-American men in the USA showed how the traditional view of black manhood and masculinity had an effect on the control of diabetes on the men (Liburd, Namageyo-Funa, and Jack, 2007). Black masculinity is similar to hegemonic masculinity but they have been branded an inferior status by the institutionalized. In this study, diabetes threatened the expression of manhood as the men feared about a potential loss of body parts, reduced ability to work and the increased dependence on assistance. This study revealed that often contested traditional masculinities of these men by the requirements of diabetes self-management led to a non-adherence to medications and poor glycemic control. This study suggested that gender identity was a key cultural factor that influenced health-related behaviors, including how men utilized the healthcare system and managed their illness.

Another example of men's masculinity being severely challenged is when they have to experience what is commonly a feminine disease like breast cancer. A study on the lived experience of breast cancer in males showed that these men had their masculinity contested as result of which they preferred to conceal the disease as a strategy to manage the diagnosis and this further impacted their interaction with health services (Donovan & Flynn, 2007). Some men felt distressed and stigmatized of having a "feminine" illness. Further complicating the matters for the men was that the treatment resulted in an alteration of their body which significantly impacted their

concept of embodied selves, reduced their appreciation of their body image and sexuality, especially in the men who suffered from erectile dysfunction related to tamoxifen therapy. When the health professionals could not provide specific psychosocial support, the patients felt marginalized. However, by reconstructing their masculinity, accepting their body image and adjusting to living in spite of stigma, the participants adapted to the illness.

Women with HIV demonstrated a remarkable capacity to adapt in a study that explored their perception of life (Goggin et al., 2001). Even when faced with stigma and high level of depression, many women identified that HIV served as a motivation for positive change like quitting drugs and alcohol and leading healthier lifestyles. The women reported that they deemed the physical symptoms, threat of limited life span, alienation, and stigma as the common negative experiences about HIV. Results suggested there are many areas where interventions are needed despite the positive outlook of these women.

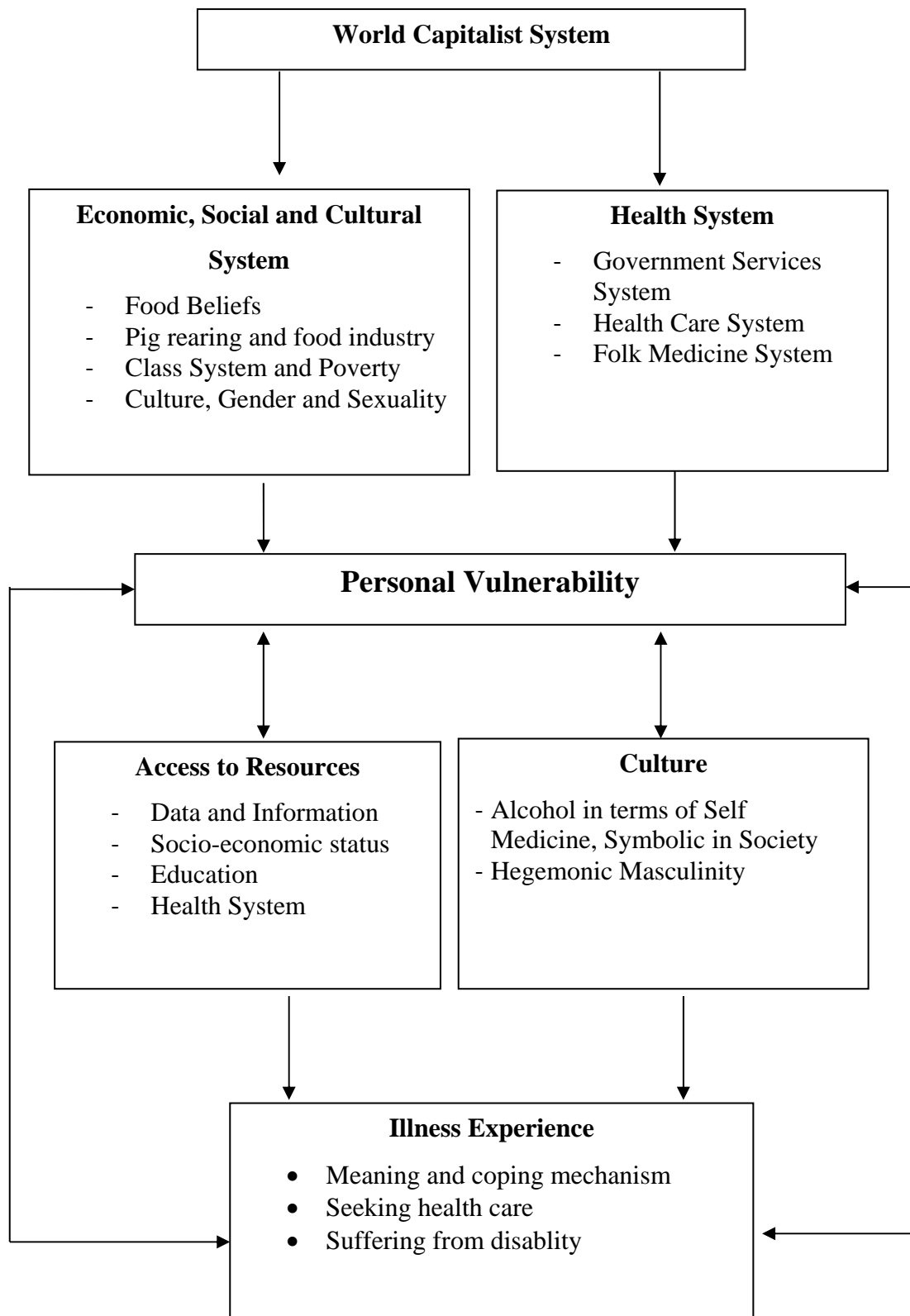
In this way, we can conclude that the perspective of illness experience provides plenty of insights on the meaning of the disease. Consequently, it helps to seek healing for the disease and also for the physical and psychological impact left on the persons affected by the disease. When the illness experience is seen in terms of a gender, race and class perspective, it becomes clear why some people are more susceptible to the disease than others.

The knowledge obtained from the review of the literature of the review can be applied to the study of infectious diseases. What is the meaning and impact of deafness disease in the lives of the infected people and how do they cope with the consequences of the disease? How does the disease affect the families of the disabled person? These issues need urgent attention in conjunction with more sophisticated advances in medical science. Various factors contribute to make the pathogenicity difficult to understand and it will be a hassle to fix all the issues at hand. How do we connect the knowledge of the medical practitioners with the issues mentioned above to bridge the two fields – epidemiology and anthropology, to find a common ground to improve our understanding of the disease and formulate better strategies for disease prevention and control?

## **2.4 Conceptual framework for research**

Our main assumption in our study is that the disease exists because of a life of misery. I put emphasis on the central concept of vulnerability, which I use to explain the effect of larger socio cultural forces on the individual experiences of illness. A framework of interconnecting themes of gender, sexuality, poverty, and food beliefs helps in understanding how these exert their influence on the disease incidence and lived experience of the illness. The use of critical medical anthropology approach facilitates the analysis of the research problem at various levels and a close examination of the nature and impact of socioeconomic inequalities inherent in our society. The conceptual framework of this study has been outlined as follows:

### Conceptual Frame Work: Illness Experience of Deafness Disease



**Figure 2.1** Conceptual Framework of the study

## **CHAPTER III**

### **METHODOLOGY**

Based on epistemology, this qualitative study uses the method of Ethnography to unravel the social and cultural vulnerabilities that create the risk of the disease. Through the illness experience of the patients, we can gain a good understanding of the cultural and social forces at play behind the disease occurrence and the suffering brought upon.

#### **3.1 Methodology**

##### **Ethnography study**

Ethnography is a method of qualitative research which has a philosophy behind as (Chai Phosita 2005) mentioned as: “It is a qualitative research, based on the idea of a natural situation, with no modification phenomena. The researcher and participant can access everything that happens during the process, using inductive methods to obtain a detailed data, focused on a specific issue to understand the whole, while considering the complexities. Qualitative data is used primarily in the analysis of individual narrative experience and the research directly involves the study phenomenon.” The researcher is the main data collection tool. The experience, skill and judgment of the researcher are key factors in understanding the phenomenon. The research also highlights the dynamism of the study, underlining the fact that changes are taking place as the study is being carried out. Interpretations of the findings are based on social factors, history, space and time. The dimension of culture is the concept of interest in this study.

Participatory observations are the primary means of data collection. The key characteristics is researchers are closer to the communities they studied for

a long time. To absorb and understand the way of life as well as the opinion of the group with insider view and holistic approach,

The application of the concept of ethnography enables a researcher to find a solution using a multitude of theoretical frameworks. However, an important aspect of ethnography method is the focus on understanding of a group of people, and not individuals. A major activity in ethnography is talking to the villagers to elicit illness narrative to get a better understanding of their behavior. Interpretation (Hermeneutic) and dialectical methods are used to abstract and refine the knowledge from the process (Nontapattamadul, 2007). In the narrative approach, the narrator is a subject who is not devoid of his/her own emotions, feelings and ideas. Thus narrative story reveals the mechanism of social and cultural structure that exerts their influence or dominance on the individual. The narrative style does not just reflect the narrator's identity and the structure of the story itself, but also represent the relationship between people, interpersonal perspectives on language and the world of the narrator (Elliott, 2005).

A set of illness experience has a different content than the main stream medical science which relies on scientific concepts aiming to explain the reality by objectivism (Kleinman, 1988). Illness experience is a concept of subjectivity that incorporates spiritual, moral conscience and truth (Biehl, Good & Kleinman, 2007).

### **3.2 Study Location**

The study area is one of the provinces in the north-east of Thailand. The reason for selecting this province was due to the high number of cases found in this area and my familiarity with the locale. This province has a population of over 700,000 residents in twelve hundred villages, spread over one hundred sub-districts. The proportion of men and women is approximately the same. The province is situated right along the shore of the Mekong River and is connected to Bangkok by a ten hour bus ride or an hour long air flight. This province has a long recorded history, just like the city of the same name. Originally a kingdom with surrounding land on the left bank of the Mekong, it switched several times from one side of Mekong River to the other throughout its history. The traditional culture was formed by nine local tribes.



Generally speaking, the way of life in the province was similar to the other rural communities in the Northeast. It started to vary with the arrival of Vietnamese immigrants who settled in the area in large numbers. The cultures of the two races, arising from numerous sources, led to a mix, including different beliefs concerning food consumption.

The sub-district area known as Ban Kut, embedded in the community, provided an opportunity for me to learn about the illness as it had affected many people in the villages. Ban Kut is an area encompassing 10 villages with a population of around eight thousand, living in about 1,500 households. The soil is a mixture of gravel from the marsh, creek and canal. Most of the villagers are farmers, and a lot of them have animals. Most of those affected by hearing loss were found to be residents of three areas in the main village of the sub-district which lied close to an industrial pig farm. The inhabitants continue to follow the traditional way of life of the Northeast, and still hold on to traditional religious beliefs.

### **3.3 Data Collection**

I chose the method of participatory observation, in-depth interview, ethnographic interviews, and document review for data collection. The details of each method are given below:

#### **3.3.1 Participatory observation**

The main tool for this study was the participatory approach. In order to gain information about the lifestyle, it was necessary to participate in the rituals and traditions of village life. We could not just rely on interviews; we needed to determine how people thought, so we became involved with social and cultural groups, observing their day to day existence (including leisure activities) at first hand. Of course, word-of-mouth proved useful for informational purposes, but we chose to build relationships in the small community of houses, markets and shops, thus seeing criterion-related issues or political power relations in a natural atmosphere. This is how a participatory approach can be leveraged to provide access to information.

In the study of deafness disease, brought about by contact with infected pigs, I observed how the villagers proceeded from the time they acquired the animal, until it was eaten. This included looking at where the pigs came from, how they were slaughtered: whether the method was hygienic or not, then the butcher's stall selling the pork at the market and the way the blood was collected and eaten. I also took note of the type of people who came to buy the meat and the quality of the pork products. I took into account events where alcohol and pork were consumed together, to see what the process does and who were present at such events. In addition to this, I observed the healthcare system in place in the area, including the services offered by a local clinic.

### **3.3.2 In-depth interviews**

These conversations took place with an aim to learn and understand the issues at stake. In-depth interviews were used to gather information on eight villagers who had been infected and one local woman whose husband was a patient who had died. The talk was based on a gradually formed relationship between the interviewees and myself and our ensuing mutual trust. I built this up by talking on a regular basis, which allowed us to exchange views and discuss attitudes in a straightforward fashion. We met and spoke at least four times in different times and places. The semi-structured questions were asked at first and then followed by the unstructured ones where I adjusted the questions according to the appropriate circumstances. These interviews made me understand the stories very profoundly.

### **3.3.3 Ethnographic interview**

Ethnographic interviews were utilized to understand the emotions, beliefs, norms and the world of many groups of people in the study area. Groups of people in places such as the market area, funeral, temples, hospitals, karaoke bars etc and their interaction helped to see the vibrancy of social life in the community. I talked with 24 people, some of whom were the relatives of infected patients, female butcher, village traders, monks, teachers, health volunteers and health care providers, in their own ambience of the daily life activities.

### 3.3.4 Document study

In addition to collecting data and field notes, I also studied documents related to disease control and prevention at the provincial hospital, sub district health facilities and local government office. The documents included letters, newsletters, posters and leaflets, communication within the community and various campaign signs. The history of the community and stories involving pigs were also added as further information for analysis.

### 3.3.5 Story listening

Listening to stories was another important way to collect data. I listened deeply and intently with respect to the humanity and dignity of the each story. I did not judge or give a value to any single story.

Listen to the stories unlike in-depth interview, Napaporn (2010) said that story telling pay attention to the individual meaning with experience come to life. The study will be moving towards the idea that it was social construction. Methods narrative has opened new issues in research and causing radical changes. Story telling rejects the concept that views the reality as objectivity. Therefore it expresses doubts neutral or unbiased knowledge. It argue that research methodology still keep generate knowledge which derived from knowledge of the original. The reconstruction of belief that is based on the creation of rules of normal in both behavioral patterns and social structure. Napaporn said that *“The narrative tells the experience or reviewed itself how to find a way out of the problem or perceived their lives as a system”* That is the life we have many different stories. When this happens in life, the person will have to interpret what happened. It may take imagination to picture in our mind of thoughts, beliefs, feelings, sensibilities. To create a meaning to what happened called personal experience.

There for experience so different to what actually happened. It depends on what the interpretation of the person. Each person has a different experience and interacts with the world around them and to themselves all the time. These events are a network necessitate complex and difficult to understand. The narrative reflects the social relationships or personal life. The narrative is a record of human experience that is created through the stories brought back a new narrative. The study of narrative

is suitable to the complexity of life. The story open space can be a different story and come back again. People look reasonable in his own life, according to a story that exists. The lifestyle of the people was inseparable from the life that has been told.

### **3.4 The fieldwork**

#### **3.4.1 Preparation of researcher**

Ethnography conceptualizes that a researcher is a basic tool in data collection. So my preparation before the field data collection was very important. I reviewed the relevant literature, including sociological and anthropological theories that have been developed. This made up the conceptual framework of the study. I also reviewed study methods, ethnography techniques, participatory observation, relationships building and field notes. I explored information and survey and undertook actual field work to prepare for the research.

#### **3.4.2 Preliminary survey**

I had interviewed a total of 38 villagers who were affected by hearing loss in a preliminary survey. I was with a team of health officials at the provincial level. The district and the provincial level were also involved in the investigation. The patients were interviewed to determine the cause of their illness and the treatment received. That was the beginning: I met both the patients and their families. As an epidemiologist, following a visit to each of the patient, I examined the environment of each household from pigsties to markets, to detect how the patients had come in contact with the animals. The area selected for this study, because it was the sub-district with the highest number of cases, was located 30 kilometers away from the city. The location of the district was far enough from the city and, compared to other sub-districts, the environment was similar to that of other villages in the district, with an industrial pig farm in the vicinity. I talked to community leaders and health officers and everyone was eager to hear more about the ear infection that caused deafness in their district.

### **3.4.3 My position in the community**

Living in that community, I saw my role as two-folds - as a researcher and as a new arrival in the community to learn about life there. On one hand I was a social health scientist who took a social and cultural point of view to learn about the life of deafness patients, on the other, I was an epidemiologist. I wanted to see how the disease was viewed within the community itself, and living in the community gave me an opportunity to exchange knowledge with its members, both individually and as a group on the issue of disease control and prevention.

I made it clear from the outset that I wanted to integrate into their community to build trust and foster a good relationship, with the idea of using the information obtained in the perspective. Although I understood the community's commitment and efforts to integrate me, I still could not help but see myself as an outsider. As a researcher, being social health scientist, this might affect the quality of data even though the data may have been as close to the truth as possible. However, addressing the issue with caution, as well as my long familiarity with the people in the study province, may have helped to reduce any potential bias.

## **3.5 Participant selection**

The data in this study concerns nine residents suffering from deafness disease, as well as some of their relatives, including the family of an infected female butcher, and village leaders, the senior teacher, health volunteers and health officer from the sub-district hospital: in total 24 people. Besides them, I had the opportunity to talk with the local folk medicine doctors "Mho Yao"; a woman who made and sold fried pork meatballs; a former pig farm worker; and many other people in the community.

### **3.6 Data collection tools**

In addition to the five methods used for data collection as I mentioned earlier, I also used other tools to access and learn the dimensions of time, space and people in the community to understand the accounts of things that happen in the community. The details are as follows:

#### **3.6.1 Community Maps**

Besides seeing the physical space, the map also enables the community to visualize the social space overlapping with the physical space. The market street, the exercise yard, the multi-purpose hall and shops - they are all part of the realm of social meaning and function. Community maps also helped me to familiarize myself with the physical and social environment of the community quickly, and build relationships with residents. Consequently, community maps are considered as tools to understand the physical and social dimension and the coherence of the community as a whole. It is a tool to learn the dimensions of space (Chuengsatiansup, 2001).

This study made use of community maps as mentioned above. It also proved useful to map the community in relation to food – the acquisition, distribution and consumption of food. When I used the map and walked through village, I could instantly see the difference in the nature of houses according to their location on the main street or the by-lanes. With a view of the time into consideration, I saw old and new culture, as well as old and new communities. I saw pigs running around on the road and there seemed to be no difference between them and a pet dog or cat. It was an indication of the lowly status of the people who lived on this road.

#### **3.6.2 Community organizational chart**

Knowing and understanding the organizational structure, both formal and informal, helps us envisage the dimensional relationships in the community, such as economic relations, various jobs of people and the relationship between them. It can be used to identify groups who partake in economic activities; the local resources are available to them and the key stakeholders controlling these benefits. I delved at various groups such as teens, those of working age, women's groups, groups of friends and sexual diversity groups. It was apparent that all of the above groups, had certain

factors in common in so far as each group had a leader, or at the very least, someone who played a key role in the group. I also observed relationships within each group and among other groups, organizations or individuals outside their circle. Political relationships such as a benefit group and conflicting public forum in community, was also visible. We could also see these links with overlapping networks of relationships, reflecting social relationship as well as social capital which are the tools used to learn the dimensions of the person (Chuengsatiansup, 2001). I identified who the local politicians were and the structural changes in health volunteers. There was a shift of the original, health volunteers who are well respected in the community, to new volunteers who were middle-aged group linked to local politics. Social structure, including various functions, and the system, influenced by this type of benefit, will create vulnerability for people in the village.

### **3.6.3 Calendar**

Calendar, events and phenomena - mapping a timeline of events that take place throughout the year or each season informs us about what is going on in the community over time. This research focused on a community calendar closely associated with pigs and included beliefs about food, various festivals, and even trade. I observed families and their work to better understand the lives of the villagers, choosing specific target groups and concerned activities. The community calendar is a tool to learn the dimensional relationships of life in the community in terms of families, economic trade, social events and health prevention and promotion activities by health professionals (Chuengsatiansup, 2001). In this study, using a community calendar enabled me to experience the cultural life of the community, which was linked to conditions such as weather, climate through the religious beliefs, rituals, games and consumer behavior. All these factors had an influence on illness.

### **3.6.4 Layout community history**

We drew up a map of events of the history of the community over a period of time. History is told from the perspective of the community itself. A combination of facts about the events and memories of local community history gave an important viewpoint and attitude of the community towards things. It can be said that the

community is a product of history. It charts the history of poverty, prejudice and community learning, to help understand the context. The map reflects the historic events that have taken place nationally, linking them to local history. I have managed to draw a diagram of local community history, thanks to the information provided by the senior monk and old people in the community.

### **3.6.5 Field Notes**

During my stay in the community, I gradually built up my store of information as a result of the in-depth and ethnographic interviews. It was the story of people, and of events that took place in their physical environment. Conversations I recorded on a daily basis helped me summarize what I saw. Field notes also helped me recall and evaluate the accuracy of the findings and pursue data collection until the data became repetitive and stagnant.

### **3.6.6 Dictaphone**

I used a dictaphone to record while I was conducting ethnographic interviews. It helped me keep detailed notes and document all the information provided by our informants. I did not use a tape recorder during the first interview because I did not feel comfortable asking their permission to record. I would take notes while we talked and then write them up afterwards so as not to forget anything. But once we had built up a relationship of trust, I felt I could ask permission to record our conversations, and this method worked well.

### **3.6.7 Camera**

Camera was used to record the physical characteristics of community, activities and events what happened within the community. Photos taken were similar to a field note. They provided me more details of the happenings.



### **3.7 The period of data collection**

In most cases, the researcher needs to be embedded in the community for a year or longer. Since I was already in the area (as insider), and familiar with the local culture to a certain extent, I stayed for only 11 months (between August 2014 and June 2015) there to understand the way of life, social operations and the power relationship within the community. The duration of such period was enough for me to draw significant inferences from their stories. I gained understanding of the social and cultural conditions, through the illness experience of the locals.

### **3.8 Data Analysis and discussion**

This study used ethnography which is a highly flexible methodology. The data analysis was carried out simultaneously, as detailed below.

#### **3.8.1 Start with the question**

Comparing with existing theories, I started to ask questions and make assumption based on interviews and initial observations. Then I collected data to verify and test the hypotheses that had been set. The process was repeated to confirm the information and when it did not match the original assumptions, a new perspective and assumption was brought forward. Then, data was collected to test and verify the new assumptions. In summary, the testing of data, back and forth between the discovery and the makeover theory or hypothesis of the action, was done until the information became stagnant and saturated.

#### **3.8.2 Combining all data**

I gathered as much information as possible from records such as maps of neighborhoods, community calendar, organization chart, and the community historical society, as well as from observations, interviews, and photos. Documents were read carefully to search for words or images that would be useful to analyze.

### **3.8.3 Separate data**

Once the information was accumulated, it was sorted into sections, each of which had a specific meaning. Codes were assigned to the parts that had been selected. I used the same codes for subsets. Key words were used in a constant effort to provide as much context as possible. I did not want words to be interpreted any which way.

### **3.8.4 Theme set up**

The major issues that reflected the information from sub codes were used as headlines. Then they were grouped into series, by defining a set of information which was available on the subject with the set of keyword search. And then codes were provided for each issue. Codes signified the core concepts or issues that were to be analyzed. There may be several sub-codes for each core code, depending on the scope of a given item.

### **3.8.5 Linkage of themes**

Leading issues were linked to all the ideas that were associated with them. This gave the research a framework to respond to the research questions.

### **3.8.6 Make a report**

I brought findings to write a lecture and stimulate discussion on the subject. The result was a critique of why things were this way, and it could be linked to, or in consistent with the theories that already exists.

### **3.8.7 Potential bias in research**

Since it is a qualitative study, I used multiple data collection methods. In all the research process, the quality of data was checked by triangulation technique; and reflexivity and inter-subjectivity were used to reduce bias which might have arisen in the research.

### **3.9 Trust and confidence of the data**

#### **3.9.1 Built close relationships with the participants**

High quality of data can be elicited in an atmosphere of mutual trust between researcher and participant in their interaction. Moreover, the attitude and behavior of the researcher him/herself is a major concern. I realize that building trust is not easy. It requires time and effort to develop relationships with peers and build intimacy with people in the community. As already mentioned, I had known many of the locals since I was at the hospital when they were sick. I visited some of them after they were discharged from the hospital. Even though we had only known each other for a short period of time, we had built a good relationship and trust was not a big issue for later episodes of interviews. The fact that I was a local, made integrating into the community easier. Dialects prevent alienation. But interestingly, the community became curious and began to question my role. Since the issue was being discussed only with the families of infected people and not at the community level, they were not aware of these talks that I was having.

#### **3.9.2 Reflection of researcher identity**

In the process of ethnography, I know values and prejudices are difficult to avoid. However, the researcher must always strive to not get involved in any way. It would be an exaggeration to state that this research is free from all bias. Ideally, it is better to accept that research is a process in which values and prejudices are always involved to some extent. It will allow researchers to realize that in the process of their research, some biases are inevitable. The awareness and reflection of this can make the researcher consider other sources of thoughts, feelings, and beliefs that were missed.

The knowledge of oneself and the background are very important for the context of the writing. I have tried to reveal the processes that occur in the acquisition and interpretation of the data, recognizing the difference between me and the information herein including the economic perspective, education and food beliefs, which could have implied vulnerability differently at different levels. So I had to learn to become involved in the social life of the community in many diverse contexts. In the course of my research, I was involved with the people in a funeral in the

community and the raw pork binge eating session that followed it, annual merit ceremonies and the pig slaughters. These reduced the gaps and differences, and led to an insight and perspective of the community as an insider.

On the other hand, there was a difference in concept of knowledge between me and the health care provider. I used critical thinking to look at a phenomenon, emphasizing the importance of context-related issues rather than analyzing at the micro level such as an individual behavior. However, due to my positivism background, which is nestled in the scientific method and statistical calculations, similar to the public health official's, I could understand the thought patterns, beliefs and practices of the health care provider. Interpretation of the data has been done as close to the reality as possible.

### **3.10 Ethical consideration**

Ethics is as important an issue as any other method in the research. The emphasis was on confidentiality of the participants from data collection process to the data presentation. The benefit for the participants in the narrative approach is that they retain the power and comfort to narrate their story. When patients recited their stories, it gave them an opportunity to review their experiences and heal their sufferings. The narration was kept to the presentation that they felt safe with.

Another important ethical principle is that of the least danger for the participants in the study. In this study, there were no gender-sensitive issues, no racial discrimination, nor issues around religion. The talk was conducted in an environment of safety and equality between the participants and me. No physiologic samples were taken from anybody. Therefore, the only risk was people feeling it was a waste of time to participate in the research or being annoyed by some of the questions. However, using reflexivity during the talks, likelihood of such situation was reduced. In addition, the key principles of ethics used in this research are the concept of Parades (2002), whose main concepts were applied as summarized below:

**Privacy:** I was very careful to protect the privacy of the participants in the research, when talking or engaging in personal or community activities. Everyone has a right to privacy. This was true in every phase of the research, but particularly so in the process of collecting data. I would make an appointment to talk with each individual, and take their requests concerning dates, times, places and data storage into consideration each time.

**Confidentiality:** All information including suggestions, opinions and even negative issues of participants and community were kept confidential. In the presentations of the findings, extra care was taken to prevent any effect on the participants and others who were involved in the study. Verbal consents were drawn before recording their voices during the talks and the plan of destruction of the record was informed and discussed with each participant prior to the recording. To present the result of this study I blinded study both places and names of all participants. Tapes and records were stored in a private field; no one had read except my advisor and I. I destroyed the tapes and records after the transcript was completed

**Informed consent:** Ethnographic field research needs to be as natural as possible, so things need to go smoothly. One feature of the exchange is that the researcher is not in a position of power in relation to the participant. So I asked for the participants' verbal consent for the interviews. I was quite clear about the purpose of the research, and the methods of data collection. For any participants aged between 15 and 17 years, I took the parents' verbal consent and participant consent, stating that they had read the statement. I wanted to avoid all confidentiality issues that could crop up later. There were no participants in the study younger than 15.

**Debriefing:** All information related to research needed to be informed to the participants. In the data collection, the data was required to be obtained in many ways, which sometimes irritated some participants. I tried to keep any interference to a minimum. I told people who I was and what I was doing as well as informing them of the benefits that would be expected from the study, including the educational value.

**Benefits and reciprocity:** In the research process, I made it clear to the participants that the benefits of the results for both sides would be in terms of knowledge and experience. I feel that education should aim to create an understanding of the story that interests us as well as be of direct benefit to the community.

The study protocol was submitted to the Committee for Ethics in Human Research at Mahidol University, and was approved on October 15, 2014 as reference number 2014 / 277.1510.

## **CHAPTER IV**

### **COMMUNITY CONTEXT**

#### **4.1 Access to community**

Although I had worked in the community for several years as a public health officer, I was still apprehensive about how difficult it might be to embed in the local society for this research. I was naturally wary of many things - wondering whether the residents would co-operate or they would be suspicious of me, or even refuse to talk altogether due to the nature of the methodology. In other words, I risked being seen as a “stranger” when I walked into the community as a researcher. Why did I feel this way? The main issue of this research - the story of a disease related to the pig industry, the chronicle of the pigs being slaughtered illegally in unhygienic conditions, could potentially strike a sensitive chord with the community and the people involved. After pondering on this for a long time, I decided to go to the Ban Kut community even before the study protocol had been approved by the Human Research Ethics Committee. I felt it was needed to be there early to re-establish my familiarity with the community there and make it as easier as possible to become embedded in the society.

##### **4.1.1 First step**

Before I stepped onto the community, I contacted the local health authorities in the province. In the sub-district hospital, I was lucky to meet the director, “Tei”, who had worked with me more than twenty years ago. He pledged his full support to me, hoping that I would conduct health educational programs to control and prevention disease in the community. However, I explained clearly to him that this study went beyond the public health activities like the ones we conducted in the past where we used to get information from the villagers and observed their health behaviors to educate them about what they should and should not do. I wasn’t entirely sure if he fully understood the nature of the endeavor I was taking up. The meeting

with Tie brought back memories of my work I had done in this province 25 years ago. I worked in the health promotion department. Most of my time then was spent in the village, which at that time was only accessed by a dirt track. The villagers had hardly ever seen a car then. Some areas neither had electricity nor any running water. I had seen small children eating dried buffalo skin by grilling it due to lack of other foods. Tei introduced me to Don, a relative of one of the health care provider at sub-district hospital. Don is a 21 year old graduate from a vocational school in the province and has a motorcycle repair shop in the village. The income generated by his business does not exceed two hundred baht per day. Don is the only son of his farmer parents, who live on their farms about a kilometer away from the village. In his spare time, Don helps run the general activities at the hospital and is quite familiar with the public health system. He is well liked in the village and has lots of friends, and is happy to serve his local community. I agreed to appoint him as my assistant as I was satisfied with his credentials. He is a friendly and optimistic person and we still keep in touch today, even after the completion of the research.

#### **4.1.2 Obstacles in informal dealings with the community**

While I was still awaiting the official notification from the university, Tei asked Don to escort me to ten villages to see pig rearing. We informed the village leaders that we were assigned by Tei to survey and explore the activities. I was slowly acquainting myself with the area in the village. Incidentally, one of the village leaders was against my survey without an official letter stating my identity and purpose. I relayed this to Tei. This was how he responded:

*"... Unlike the past, it is very difficult to work nowadays. I have to sit and watch over in front of my computer, waiting for official letters in email. I do not have time to look after the village. No time to even talk to other agencies in the community. I want to be a local doctor as I used to be and work for people. If I worked as a doctor, whenever I say anything, villagers would believe me. I don't feel as much pride as I used to."*

(He spoke dejectedly in a melancholic voice).



This issue of resistance to the survey in the community acted as a trigger point to Tei and he expressed his inner, heartfelt feelings to me. It reinstated my belief that as we rely excessively on technology in medicine and public health, we lose interaction with people by default. For community health activities, health officers need closer relationships with local people and communities. Tei had just moved to work there 6 months ago. His disclosure of having had no dealing with any other local organizations in the sub-district, except for the meeting with the local government organizations, gave a clear clue on how much of his time was being spent on computers for official bureaucracy. In stark contrast, in the past, one could meet village leaders, visit schools and the temples, and learn directly about what went on in the community. We learnt about the community faster that way. We could adapt ourselves very quickly to any new situation we had to face. Tei stated that it was futile to compare past and the present as currently, we consider technology as the most important and necessary for the development of all sectors. Tie also told me that the growth of medical innovations, somehow, has created a distance in the relationship with the locals. The referral system appeared to be working well, allowing local health officers to send patients who need more sophisticated treatment than locally available to appropriate service centers. Sometimes, the patients who could have been treated there, were referred to higher centers by the health officers, due to the patient's will to be treated at a specialized hospital. The health system that tries to apply the concept of holistic health care, has seemingly failed at the local level.

*"One villager has diabetes, and has to attend the diabetes clinic; the same patient has an appointment with the ophthalmologist to check pressure in his eyes (often a complication of diabetes) on another day. It meant that he has to visit the hospital on two separate occasions on different days. Policy wants us to serve people holistically, but our system is far from it. It is separated. One does his/her specialized job without any integration. I find this funny. Why to proclaim something if you cannot fulfill it? I think the big bosses in Bangkok use texts book from western*

*countries without considering whether it matches our context or not."*

Tei gave his frank opinion about the existing "holistic" public health systems. It came as a surprise to me that Tei was unaware of the fact that there were deafness disease patients in all the ten villages there.

*"I did not know before that we have this disease here. If you had not informed me, I would still be unaware of it. But I am aware that there are many cases in the north since local people eat undercooked pork a lot there."*

For this precise reason, knowing what is going on in the community is very essential. Tei actively helped me conduct this study in the community. However, after I got official letter notifying my status as a student in a formal educational setting, the village leader began to co-operate as well. Interestingly enough, the village leader who initially had reservations about my survey, was from the village where there was a local farm to slaughter pigs.

#### **4.1.3 Stories that could not be talked about**

Originally, my intention was to understand the socio-cultural conditions that caused deafness disease among the locals, as well as to see how they dealt with their illness. The stories could provide a clue to understand more complex circumstances that would indicate the risk factors which may be responsible for some villagers becoming infected and losing their hearing. A review of the epidemiological data showed that exposure to pigs was the major cause of illness, when alcohol was consumed at the same time.

Interestingly, in the course of my ethnographic research, I stumbled upon various scams that were at the root of the problem. Whether it was a local politician allowing a slaughter house to be built illegally, or locals hiding the extent of the pollution resulting from the killing of the animals, not only the ensuing stench, but also the chemical wastage. Quite often, some locals were aware of this but they chose

to remain silent. Even when pigs died of unknown causes, the carcasses were sold for human consumption, whether or not they had been pronounced safe by veterinary experts. Ultimately, the only thing that mattered in the end was financial gain. These incidents illustrate the complexity of society. The power relations that are evident in these instances are firmly in place in almost all of our social processes and exert tremendous effect on the existence of the community. I reviewed mechanisms that could be responsible for spread of the disease in the community, such as the social structure. But I also needed to access data in other ways, under the guidance of an advisor.

Finally, I studied the role of culture in the community, at a later stage. However, this change in methodology does not affect the data. I heard all the stories involving pigs in the first half of my initial time in the community, and took a closer look at the changing attitude during the second half of my stay. I was worried about the impact the study might have on the community as a whole: talks focusing on the pig industry could possibly impact younger people who are sick, or on Don, because the community put their trust in him. Even the relationship between Don's friends in the community could be affected because of complexity of the data. Our aim was to build a relation of trust with the data providers, through transparency and consistency. It was better that I interacted with the community through Don, otherwise I would hear people ask such questions as: "Who is he?" "What is he doing?" What could I do when I would have heard questions like these? The answers I gave had to be consistent; otherwise the villagers might not accept my presence willingly. It was also of the utmost importance to keep an open mind while I lived in the village, during the data collection, to learn the villagers' stories. In addition, I could share my knowledge of medicine and public health with them, in order to smoothly facilitate the discussions. I had the opportunity to see the pigs being slaughtered in the village, in various unhygienic conditions and to discuss other topics that concerned the villagers such as gambling, lottery and sexual practices.

Issues in this study or issue I interested need to be adjusted or flexible at all times. Based on the situation of the community context, certain matters may no longer be possible in the first place but as the days change it can be access. The change will allow us to access the information.

## **4.2 The history and stories of Kut**

Kut sub-district is a more than 200 years old community in the area. Previously named as Ban Don, the village shifted to the current location around fifty years ago from an original settlement that was 5 km to the north. A leprosy patient in the vicinity made the villagers fearful and they decided to move away to establish a new village. Another group of migrants from Ban Nad, 20 kilometers far, moved into the village due to an outbreak of smallpox in their area. They set up a village in the hills, and as this area was populated by a lot of Wa trees, they named it Ban Wa.

There is an interesting story on how it got its current name. Sometime later, the village was frequented by an elephant group that walked past the villages. The “Mahout” let the villagers ride the elephants in the fields near the village pond in exchange for rice, salt and pepper. Mahout brought “khutank” (local name for a big bucket) to draw water for drinking from the ponds. One day, the Mahout immersed the bucket into the water but accidentally its wooden hook broke off and the bucket got lost. The khutank was found three days later, 500 meters away, at the kut creek. Consequently, the locals named these villages as Kut Na. And in the year 1947 the name of village was changed to Ban Kut, the present name of the village. The village has a lot of cultivable fields and forests and is spread over around three thousand acres of land. These lands possess rich natural resources for crops and animal husbandry.

### **4.2.1 Climate**

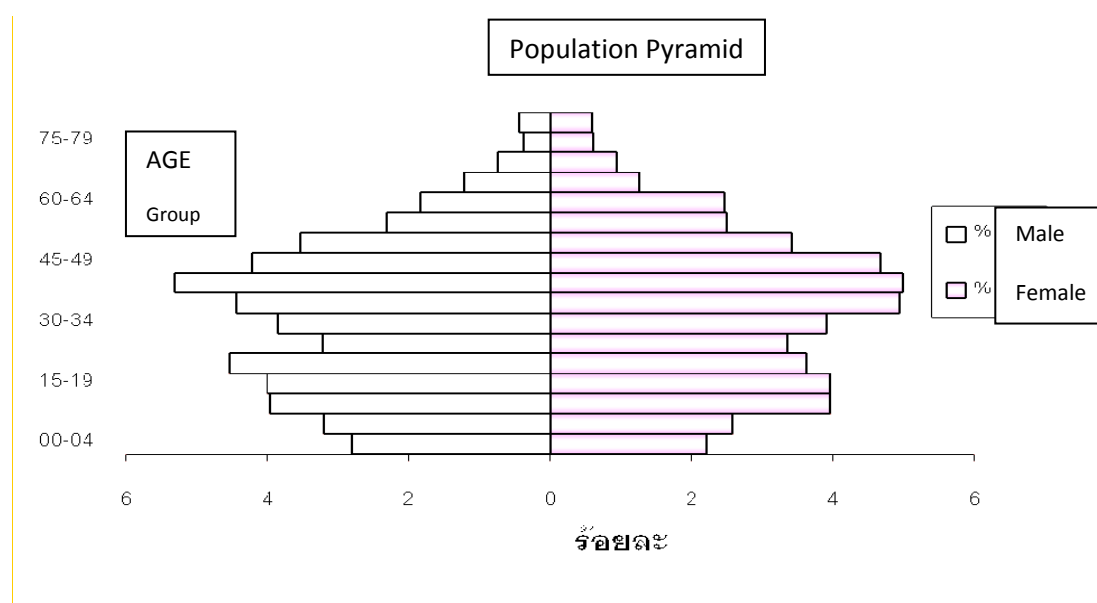
The three main seasons in Kut are summer, winter and rainy. Some years see heavier rainfalls than others. In June of 1996, a hurricane brought heavy storms and rainfall in the area. Houses in the village were damaged, as the winds blew off roofs and the flooding was extensive. Some households migrated to another rural community to find shelter and safety for their children. Fields were submerged in water and lots of animals died. The rice crop was destroyed and families found themselves in dire straits without any income for several months following the hurricane.

Although pine forests surround the village, temperatures soar in summer. Maximum temperatures can reach 37-40 degrees Celsius. In winter, though, the air can

get very cold due to the close proximity of the mountains on the other side of the river in Laos.

#### 4.2.2 Area and population

There are 10 villages and 1904 households in the Kut sub-district. In 2014, the total population was 7585, with 3,822 males and 3,763 females. There were 3,850 adults over the age of 20, with an equal proportion of both males and females. The 2014 data showed that the sub-district had a birth rate of 9.15 per 1,000 population, mortality rate of 5.98 per 1,000 populations and a population growth rate of 0.32% (based on population structure Figure 1). Old age (89 per 1000 population), stroke (63 per 1,000) and cancer (50 per 1,000) were the three main causes for death in 2014.



Source: Civil registration (as of August 1, 2014)

**Figure 4.1** Distribution of population of Kut sub-district by sex and age group

### **4.2.3 Transportation**

In the present day, there is a two-lane concrete road linking the villages, but we noted the absence of pavements. The road runs through the whole district from one end to the other. So travelling in the area is no longer cumbersome. The people, either have their own means of transportation like cars or motorcycles, or have to wait for the public buses.

### **4.2.4 Government agencies and groups**

The government agencies in the sub-district consist of: a local government with 20 members, 6 schools, 1 hospital with 2 nurses 2 public health officers and 1 director. There are 107 health volunteers in public health service. Local government has a health policy to support the implementation of public health programs and promote health care in the community in all the 10 villages. They also have policies to carry out home visit to follow up diabetes and hypertensive patients in the community. They are also responsible for cervical cancer campaign, mental health programs, providing clean drinking water in schools, improving environmental sanitation, surveying food to curb the spread of disease, providing awareness training on spraying insecticides, arranging and maintaining the equipments and building incinerators for all community groups.

District hospital is the new name of the sub district health center. It services primary health care with main activity is health promotion and disease control and prevention such as immunization, hemorrhagic fever prevention campaign and diabetes screening. It also provides the treatment for the simple diseases. In case the disease is complicated and turn up to severe, patient will be transferred to district or provincial hospital.

Addition, the district hospital has conducted home visit and rehabilitation service for aging people or patient with chronic disease or complication.

The hospital is the data center in the sub-district level. The data is a situation and epidemiology which compile both infection disease and non-infection disease. There are family folders for each household that have been kept at the

hospital. All information and provide services will be reported to the district health office.

The hospital also conducts disease investigation joint with stakeholder. Sanitation and health educational program will be launched following the time of disease happen in the community.

The health officers in the sub-district reflected themselves that the service and job in their hands are quite a burden. They have to do a budget and service reports regularly. They said that all activities that under the ministry of public health would come down to the district level. So it could say it was a work load for them. *“Doctor front of Screen”* This is a picture that both health officer in the hospital and the locals were familiar. It looked like the officers did not care the patients. The officer also said that don’t make over expectation from them, because the services that provide at the hospital are the basic service. The villagers who accessed to service were the poor actually. The one who have more money will go to the private clinic in the town. It can imply that the poor have no choice to choose.

Director of the local hospital said that the aspects of the health service in this sub-district were not different from other areas. Both staff and health volunteers were unanimous in informing that even though the name of the sub-district “health facility” has changed to the sub-district “hospital”, the services have remained same. They cannot fathom why the change has not led to any improvement. The environment in and outside the hospital have improved, the equipments are better - disposable single use syringes, digital blood pressure monitoring, there are knowledgeable trained nurse practitioners. Despite all this, health problems in the community continue to persist. Although there are fewer diseases now, there are more people suffering from mental health problems, and there is an increase in the number of suicides. There are reported instances of children drowning. The officials have no clue about the wellbeing of the community.

*"I feel terrible that the province forced me to forge a positive accounting balance. This will make thirty baht scheme look better in term of administrative. My boss said if we won't do that it will make the province look bad". (Hospital's accountant)*

*"I think this is worse (than before). Each month, I go to the authorities to pay pension for the elderly but we know some people who have already died, but are still named in the system and getting reimbursed."*

(Hospital's director)

The words of the officers depict the signs of ill-transparency and policy failures of bureaucracy. Particularly the following story of health volunteer:

*"In the past we had volunteers who were dedicated to people and treated them like family members. Now, those who want to volunteer must have a political backup from someone. The old health volunteers were forced to leave their jobs. Most new comers cannot work well. They are not interested in our advices or trainings; they care about getting money only."*

(Nurse)

Fai was only 20 years old. I met her at the village social activity. She looked very young to be a health volunteer. In my view, volunteers should look credible for them to be able to impart true knowledge of health, which the people can accept with belief and respect. Fai's too young looks did not match that image. As I got to know her more, she told me that ....

*"My mother had been a health volunteer for 20 years, but now she's ill and can no longer do the job. She told me to take over and help the doctor, so I did. I also know what I am doing. The doctor tells me what needs to be done. I don't give too much thought into it. I saw my mom do more than this. Once there was a pregnant woman around our place, who knew my mother. People followed what my mom suggested them. If anybody got sick, they always come to see my mom first and then they would call the doctor."*



In regards to other professional groups, there were some that focused on agriculture. They were the support groups sponsored by the Department of Agriculture that helped the farmers with trainings, supplemental fertilizers and other agriculture related resources. They promoted rice production, chicken farming and fish group projects etc. These groups are established in every village and are comprised of anywhere between 25 and 300 members. A member could simultaneously be a member in multiple groups.

#### **4.2.5 Economic status**

In the past, every house had its own rice field. All households were of farmers. After rice harvesting, they indulged in farming crops such as cotton, hemp, tobacco, and even in fish farms and cattle farms. There were only a few villagers who worked outside the village. The locals had to build a community as they were confined to live together due to lack of proper roads. Now, except for some houses that are far away, almost every household in the village has electricity. People have switched their jobs. Most villagers are still involved in some kind of farming; others have small businesses or work for state owned companies. We also found that most farmers were men because they were the head of the family. Some teens that dropped their study worked and helped their parents or labored in the city at building construction sites. The contractors would come to the village to recruit them and provide transportation service every day. Some would ride a motorcycle to work.

During the past five years, people with higher education have found better jobs. The ones with less formal education went to work on pig farms. Some worked in a wholesale store, easy departmental shops like “seven - eleven”. In the province, there was a presence of all the big commercial departmental store chains running in Thailand. Adolescents to middle-aged people worked in those business stores. Men mostly aged 50 and above served as security guards.

##### **4.5.2.1 Advantage by capitalism**

Lifestyles have changed dramatically over the past several years, it seems. One senior monk observed that...

*"Peaceful life as in the past has been cast aside as development has engrossed the village. When I was young, only government staff came to develop the village. Now merchants carry out their own development in this village by helping locals improve the skills, conduct study tour education or even give the scholarships for further education. So when the grantee graduates, he will be obliged to work with them, such as a job in cement plant ".*

The observations of the monk signify how capital investment in the development of manpower has now penetrated the grassroots in the villages. While it is good that people in the community have a chance to better themselves, there are also downsides to this arrangement. One graduate in Information Technology, who works at the cement factory, disclosed his personal story to us. He was a worker at a cement factory located in the center of the province, not far from where his family lived. He was awarded an undergraduate scholarship for two years by the company. At the beginning everything was rosy: he was getting a free education and as his classes were on weekends, he found time to work and earn regular salary in the cement factory. He thought that was a great opportunity and graduated happily. But to his shock, his new educational degree did not lead to an increase in salary. The salary remained unchanged despite his qualifications, and when he questioned this, he was told that this was so because the company had funded his education. He was rather disappointed with the answer. He never assumed that he would be exploited in such a manner. Because the company just paid for the tuition fees for weekend studies and he had spent two years working all week and then studying hard, he felt he had missed out on a normal life. And in that way, he felt cheated. He felt that other students who did not work for the company fared better. This story is just a small illustration to demonstrate the exploitation of the capitalist system. If you look in terms of utility, the one who gets the most benefit out of people is the owner.

#### 4.2.5.2 OTOP Fake mask of development

In the sub-district, there are 20 retail stores, 2 drinking water production plants, 1 bio-fertilizer plant, 2 small gas stations, 6 mini gas pumps, 6 small rice mills, and one project that produces products under the “OTOP” government policy. Under this “OTOP” policy, the province had a group of women to weave and sell a sarong like fabric named “singh”. Weaving cotton threads they got from another district where the yarn is dyed indigo, increased the production costs. However, the advantage of this project was that it helped the community’s elderly members to participate in designing traditional tribal designs for the fabric. I met a 56 year old aunt Tong when I got an opportunity to watch a group of women weavers at the temple. She told me there were almost thirty women in the group. The group was set up five years ago and now they have 5 weaving machines and a sewing machine in the group. Sub-district leader invited the experts from the province to teach the group here. Aunt Tong was weaving a blanket while I was talking with her. She and her group also made skirts. The material was cut and distributed to relatives in the village. The cotton thread for weaving was bought at the market. Aunt Tong shared that she took up weaving as a hobby at first. Now due to this project, she and the group have a chance to learn new patterns. They only earn a paltry sum of 1,000 baht a month from this project. If compared to the number of hours of hard work they put in, this is not even worth considering doing. In this project, the group learns new patterns which are basically simple and plain, like the people they are. The group members take their fabrics to sell in the annual festival organized by the provincial government. The group, however, feels that the annual festival is more of an exhibition than a sales market. After rice harvesting season is over, many people join in weaving. And the garment they produce is not different from other communities. However, these garments don’t sell well. They don’t even cross the province as one aunt claimed. The fabrics just sit on the shelves for display without getting much financial transactions. When asked about her feeling about the group, Aunt Suk says that she had a felt good when she joined this group. “*The patterns are simple and plain*”, she quips, “*Just showpieces; no sales!*” Nevertheless she is still happy to continue....

*"Better than staying home, I come here to join with aunt Tong. If we won't come, this center would be quiet. Nobody comes. Our houses are near the temple. If you ask me if this group make sense or not, I can say it would be nice if it continues, but other people don't come. They have many things to do at home. If they are free from their work at the rice field, they are busy with planting vegetables. Some have to take care of the house. Some weavers weave at home. When they finish, they can send the garment to sell here. In January, a lot of people come over here. The sub-district leader's wife will request for all handmade "singhs" to be displayed at the Red Cross charity fair in the province. At first, it was fun; we had a job to do together. But now, we have realized that it's not like the initial thought we had at the beginning. If this project was for trade then it is fine, but I have not seen anything. Here, only two old aunts work. Sometime some of the officers from the province come to have a meeting with local in this temple. They do not even drop by here. I think they constructed this group just for the sake of following order from the province."*

Similarly, there is one another group who make sweet snacks from dried bananas and honey. The baked bananas have to be purchased elsewhere and this lead to higher production costs. There are ten people in the group; they meet at the house of a policeman and the leader of the group is the wife of a village leader. All the members work together to make the dried sweet banana. Once the expenses are deducted, the group gets around 300 baht a day. The expenses do not include the human capital. By talking with many of this group, the information I gathered is not too different from the weaving group: these activities are run in response to the government policy. These did not originate as the community's needs or desires. The sustainability was interpreted by the village chief's wife as:

*"I think someday people will be bored and won't want to join. We did not eat bananas and dried like this before. We must do it; otherwise we will lose our face if other places can do better. Our banana is not different from others. I used to do educational tour study; I saw banana with a good package from another province. It looked tasty and appealing. Look at ours - it is a very simple package<sup>1</sup>. I wonder who would want to buy these. So, I proposed the director of local government to develop new packaging. He told me to leave it as it was. We have these products for the big boss to visit and see. And just show that our community also has OTOP. Don't tell that I told you. "*

#### **4.2.6 Characteristics of houses**

Typical houses in the community are two-storied wooden houses on stilts with a zinc roof, with an open space underneath where the residents used to tether their cattle so that they would not be stolen. Life has changed over the years and the space is now used as a resting area during the day because it is cooler as it allows the breeze to flow through. The children in the family often enjoy in the hammocks hung on the beams in this space. Neighbors would congregate to chat or eat lunch together there.

##### **4.2.6.1 Fence**

The fences around the house are usually made from bamboo that is cut into stalks about 1.5 meters in length. This fence delineates the perimeter, protecting the vegetation from wandering cattle. Because bamboo is easily damaged and needs replacing every year, families who have more money use barbed wire and stretch it between the posts to prepare long lasting fences. I noticed that in some places, there were many houses close to each other. And fence enclosed those 6-7 houses into one big compound. I asked the reason for this to an old lady who owned the house. The old lady, I fondly call her grandma, told me that her parents had a large family. Pointing her finger at the big wooden house in the middle, she said that was the main house. Everyone used to stay in that house. When the kids got older and

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<sup>1</sup> It is a plastic bag with a soft paper cover, which has the women group's name stamped on it.

married, a new house was built near the parent's home in the land belonging to them. I noticed that the wooden house was very big; standing on about 18 posts, with a huge space underneath which had 5 wooden utility beds, 6 hammocks and one pedal tractor. The old lady told me that the all the houses in the compound were of her cousins. She had 11 siblings. I asked her if the house became quiet after her siblings and kids moved out. She laughed and said that

*"At dinner time all our relatives gather around for eating. The children run and play around. Other families also have the similar pattern like us; some have two houses, some three, which are located inside the same fence. It is a symbol that they are cousins".*

There were also few houses with well built concrete boundary walls. The people in these houses did not interact much with the neighbors much, because they had to work out every day. Comparing these walls with the bamboo fences, I asked the old lady she might be afraid of theft as the bamboo fence did not provide much protection. Her reply was enlightening:

*"No, we trust and help each other. Sometimes when I leave my house, I ask my neighbor to take care of it. We can look after each other's houses with ease. If the fences were made up of concrete, it would be difficult to see inside the other's compound. The high concrete walls give the thieves the impression that house is rich. The walls also obscure the eyes of neighbors, making the inside not visible and nobody cares what is going on inside. Therefore, these houses have often been targeted by robbers."*

Grandma told me confidently.

#### **4.2.6.2 The House**

The houses of the Klearng groups had higher posts and taller underneath space the house to be used for animal husbandry and preventing damages from flood. Few houses, though, are based on the ground with either one or two floors. I noticed that the cleanliness was not maintained properly in the community. The houses were kept in a messy condition. People reasoned that since most of them were farmers, they spent more time in the fields farming and didn't have much time to take care of cleaning or even staying at home. If a house appeared neat and clean, it could be easily assumed that it belonged to someone from other community who came to live there.

#### **4.2.6.3 Family member and debt**

Nowadays, each household, on average consist of six members, including grandparents, making it look like a big family. Often, married son or daughter lives with the parents. Young people will go to work in Bangkok. When they married and have a kid they will bring back to the parent to take care. Now in the past years there are big whole sell company in the town, so young people change to work there. The data from the hospital survey and information from the locals revealed that the average monthly household income was around 22,000 baht. However, this is not sufficient to cover their expenditure, thus most families are in debt. This is particularly true for those who have a car or whose children are studying. I found that almost all households possess at least one motorcycle, TV, refrigerator and telephone. Some homes use gas, but most still use wood charcoal for cooking. For sleeping, they use stuffed mattress, supports, pillows and blankets. Stuffed supports have cotton woven inside them, like their grandparents did in the old days. These have been in use since many years. But back then, the blankets were purchased from the city.

They incur further expenses due to loan repayments for cars, motorbikes, electronics and gold jewelry. There are even government loans available to them. Each household has loans amounting to at least 10,000 baht, and there are several projects in the village, leading to an increase in household debt, which may be further amplified by gambling. Some people buy lottery tickets almost daily and others borrow money

to invest. They also borrow from loan sharks, who do not fear the law because they pay bribes to the police every month. The money borrowed from the government is spent for farming. Availability of many loan funds, such as the “million loan for village fund”, agriculture bank fund, and women fund etc, increase the temptation to borrow and hence induce debt. The wife of the Sub-district leader said....

*"Initially, people did not owe such large sums. Now people want to buy many things and the loans are waiting at your front door. It is very easy to borrow."*

#### **4.2.7 Lottery and betting**

##### **4.2.7.1 Lottery and betting: the way out of the poor**

Playing the lottery is a part of the daily life of the rural population in the Northeast. Most of the women work inside the home. Their children go to school and their husbands are at work all day, so the women spend some of their time, outside the house, swapping stories and gossiping with each other. They secretly play the lottery. Lottery tickets are available for sale in the village each morning before 11am, and again before 3pm in the afternoon, and the winning numbers are announced on Channel “One” at 12.30 and 4.30 p.m. respectively. They also buy raffle tickets for a chance to win on the 1st and 16th day of every month, waiting anxiously for the announcement of the winning number. The villagers are poor, so they want to believe they will get lucky. Whenever they have a few extra baht, they buy lottery tickets, the more they have, the more they buy. They put their hope in the lottery. I think they enjoy the thrill and suspense of playing and waiting for the winning number to be announced.

*"We can get rich by doing nothing"*

*"Investment ten baht, gain seven hundred baht."*



I got an impression that they wished to get rich quick by winning the lottery, and enjoy easy life without doing anything much else. The market became quiet while they waited for the winning numbers to be announced. The female vendors of the market complained that their customers stayed home, sometimes alone, sometimes as a group in one of the houses. The results are first broadcasted on the radio, then on TV. If any one of the villagers wins, shouts of joy can be heard through the village. The problem is that the women do not realize how much money they are squandering on lottery tickets.

*"I will buy this."*

*"Last night I dreamed this."*

People often think of the lottery. Over time, people go about their daily business, go shopping as usual at the market. Some people when they meet other known people, they ask, *"Did you get rich today?"* This is a vicious circle that is repeated over and over in a culture where people like playing the lottery.

#### **4.2.7.2 Betting in area for release tension and reproduction**

On weekends, the place is frequented by not only farmers, but also civil servants and people from outside the villages. It is mostly the housewives who play cards, when away from the farm, while the men are in the city working construction and the kids are at school. They meet at a house in the village. They call others using telephones and wait for them to join in. The card sessions go on for the whole day without any breaks for lunch. At 4 o'clock in the evening, the women return their homes to cook dinner. This has become a routine practice among these women. There is also a small casino running in the village. The homeowners pay the police some hush money every month so that they are not raided. People gamble openly at the time of funeral on temple premises, from the first day until the day of the burial. No one complains. I observed that myself. I asked an old man if the relatives of the deceased said anything about the gambling. He answered...

*"No matter who the host is, it is a tradition passed down from one generation to the next; the police will not step in to stop gambling at a funeral. We stay with the family and relative to support them from sadness."*

Gambling is such a waste. One might win someday, but could also lose everything the very next day. Even though some people have poor financial conditions, they would still gamble. They would borrow and play till the next farming season, when the farmers would go back to work. Some people say that

*"It is a relaxed way of make money."*

#### **4.2.8 Karaoke**

Ban Kut, has three karaoke bars. The first is a shop that sells pork alongside a karaoke-vending kiosk (like an old fashioned juke box). Three young Thai and Laotian women aged 20-30 work in the store, serving food and chatting with guests sitting in front of the karaoke machine. This store does not have sexual services. It is just a place to eat and socialize. The attraction of this place is that customers can invite the girls over to their table for talking and dining, but they also have to compulsorily buy one drink for the girl.

Another two karaoke bars are local restaurants with about 10 tables each. They open in the evening at 6 pm and do business till well past the midnight, until around 2 am or even later if there are still customers around. These restaurants are dimly lit with yellow lamps and central poles with light. Flashing multicolor lights are switched on at night. The restaurant is rather dark when a customer walks in, and he is immediately greeted by one of the girls from the bar. Majority of the regular customers are middle aged working men. The girls are dressed up to attract men, in tight shirts and shorts; some wear skirts so short that their butt cheeks are visible; and put on heavy makeup, especially a bold red lipstick. These are young Laotian women, aged between 18 - 25 years, who have come to work as karaoke prostitutes in Thailand through a network, often recommended by a friend.

We interviewed a Laotian girl named "Dao", who had left school, and was "invited" by a friend to come and work in Thailand. She had been led to believe that

there was easy money to be made, and only found out that her friends were selling sexual services after she arrived at the restaurant. She was desperate for the money for her parents, and with no other alternative, she decided to stay and join her friends in sexual trade.

*"I'm across the Mekong already, what can I possibly do? I have to work."*

When patrons come to the shop, these girls have to sit with them and serve food and beer. When the guests want to sing, they have to choose a song, and feed coins into the karaoke machine. The staffs are expected to make customers happy and encourage them to buy food while drinking more beer. The girls earn around 60-80 baht per every drink their customer buys. If the customers want to take the girls out for sexual services, they would have to pay the restaurant extra money. Depending on the agreement the price is 500-600 baht a night. Before leaving the store, the client are persuaded to drink, and the owner charges a set price for food, they can buy an hour, or a whole night. The price for each prostitute is not the same: if the girl is beautiful and popular, the price for a night is set somewhere between 1500 and 3000 baht, but if she is plain looking, the price drops down to 700 - 1500 baht. These prices are agreed in advance with the customer. The longer they want to spend and the more services they require, the higher is the price. After the price negotiations have been agreed upon, the girl goes out with the customer. If he wants a "quickie" there's a room behind the bar, which is cheaper and quicker to get to. Some people chose to go outside to a daily rental place, because the rooms are less crowded there. The most beautiful girls hang back and refuse to go out with the customers straightaway, so as to raise the stakes. These interactions slowly become erotic and immersed with heightened sexual touches. The girls usually sit and drink with the customers and if the customer takes a liking and wants to initiate sexual interchange, they first start by fondling the breasts. The customers have to put money, typically hundred baht or five hundred bahts to the bust before touching. They have to pay extra for groping the breasts under the bra.

To summarize, the people who visit these karaoke bars are mostly young to middle-aged men. The teenagers ride their motorcycles to venture into other villages for fun fairs or to court girls. Teens gather at each other's houses or game shops to drink alcohol.

#### **4.2.9 Markets in the Village**

There are grocery stores in all the villages these days stocked with basic items of regular daily use. Better transportation facilities have made delivering goods to the village easier. The sub-district boasts of an ice factory and a drinking water manufacturing and sales plant. Every Wednesday and Friday evening, fresh food and deli are sold in the "Klong Thom" market. There are also shops that sell both fresh and processed foods including vegetables, pork, chicken and various seasonings. Readymade dishes can be bought at the daily food market and it mostly caters families who do not cook at home. However, it is noteworthy that not many exotic foods or local traditional foods are available in this market. The market resembles a miniature version of the city's night market. To purchase fresh foods such as fish, chicken or vegetables, people travel 6 km from the village to another market close to a military barrack. I saw as many as 200 local villagers visiting the market each day.

#### **4.2.10 Education**

A former educator told us that this area was no different than elsewhere in the Northeast in terms of education. In the ancient past, the education was conducted solely in the temples and limited to boys, who would later grow up to be monks. Later, schools opened for all but due to poverty not many people could attend. When parents had children, they could only afford to send the oldest one to school. Younger children had to help out in farming or raising cattle and buffalo, so they couldn't study past grade 1 or 2. In the beginning of this research, I had met Sri, a 56 year old nurse who shared her experiences and challenges in pursuing education. She was a country girl, and in school she had only 10 students. Among 10 students, only 4 could graduate grade 4 at the same time. Sri worked hard on her studies. However, her parents and grandparents and parents forbade her to continue studying since none of the family members ever went to school or served in government jobs. They didn't value

education too much and put more emphasis on helping out in the farm work. But she was determined to be a nurse. The village was formerly a communist stronghold, and girls were called to deliver supplies into the woods. Sri was frightened; she wanted to get away from the village, go to the city to study and was willing to do any job she could get. She went to another sub-district as a servant, enrolled in school and graduated level 7. She then moved to the district, as high school was only available in the district. Sri finished her high school level 3 at the district. For further studies she had to go to the provincial level. After completing level 4, she got accepted in a midwife college. She decided to quit higher studies and joined mid-wife college as she found such opportunities hard to find.

*"I wanted to learn a lot but my parents did not want me to study more. Since no one else from the house attended school, I was a rebel in their eyes. The only thing on my mind at that time was that I did not want to go into the jungle. I didn't want to deliver supplies. I certainly did not want to be a communist's wife. I had to get out of there."*

Sri had seen women delivering supplies got raped by the communists. She did not want to be treated like that. That was why, despite all the obstacles and struggles, she was committed to her education. Sri compares the life in past with the modern comforts today's prosperity has brought. Things are very different, she says. Traveling by road has been made easier and faster, and families can send their children to school, either close to home or to the city, via school bus. But some families prefer their children to go to the local schools, as it is less expensive, saving the family money. Sometimes even the more wealthy families send their children to local school, not wanting them to be away from home and out of their sight. They are afraid they will become involved with gambling or drugs and alcohol if they go away to the city, fearing they might fall in with the wrong crowd. There are now more opportunities to study closer to home, but this does not alter the fact that some students are lazy and only graduate high school level 3 or study in vocational school in the city.

The district has 6 primary schools catering to ten scattered villages. While the total number of school aged children in the district is 1,320, 963, 70% are enrolled in the main school in the sub-district, at either primary or high school level. 425 students study in 5 schools in the villages. There are 65 small kids in the child center. The children, who go to the city to attend high school, travel by either bus or car. According to the information received from the government staff, there are children who are not enrolled in school. This may be because the parents keep them at home to let the kids help in their works. 10% of the students drop out due to their own lack of interest.

Moreover, when data from hospital was examined in detail, we found that 18% of the total pregnant women were teenagers. The youngest one was an 11-year-old child. Around 9% of the women did not receive antenatal care. I also learned that there were 29 children in the drug treatment program, and a further 10 children in detention. These data are against the image of prosperity that exists in the area of the district. Cracks are beginning to appear in the family, which is more fragile in the community than ever before. These are some of the downsides of economic boom.

#### **4.2.11 Religion**

The villagers are mostly Buddhists. The practice and influence of Buddhism is evident in the district in the form of 8 Buddhist temples, one of which is in Ban Kut, along with a monastery. The others are scattered throughout the district. the details of the temples in Ban Kut are portrayed below:

**Kut yang temple:** It was founded over thirty years ago by the villagers who were evacuated from Laos and settled down near the edge of the creek. They wanted to have a temple nearby and built in this area, which originally covered around seven hectares and had a pond. There is usually only one monk in the temple, some years there might be two. Normally the monk eats just 1-2 meals a day. In weekdays, there are 4-5 visitors come to the temple. The number increases to around 20 in the weekends. On the full moon day in each month, about 40-50 people visit the temple, mostly elderly. Many elderly people come to chew betel palm. Locals are divided to make food to temple but in the special season more people bring food to the temple.

People of all ages come to the temple to meditate and pray but there are no active meditation retreats, because it is just a small temple. Traditional ceremonies are carried out in the temple, such as lighting bonfires to pray for rain. The special days are “Kgawpradabdin” in the first and ninth month, fire respect in sixth month, “Khaopunsa” in eighth month, “Kgawsak” in eleventh month, and “Katin” in the twelfth month. Very few people turn up though. Most people would gather to “make merit” (tamboun) at the temple in the sub-district. Foods brought to the temple as offerings are traditional foods like curry, fish curry, mushroom soup, asparagus, frogs etc. In the seasonal food festivals, traditional funeral and weddings, there will be spicy pork usually raw or undercooked. But for monk, the food must be fully cooked. Monks believe that eating raw meat is not a good idea.

**Temple Phayod:** This temple is over almost a hundred years old. There are traces of the old abbey over a total area of 16 acre. There was one head priest here who was famous in Northeastern region. There ten monks, 3 novices and a nun who stay in this temple. Originally, there was a small temple in a wooded area. Later on the size of the area grew as more land was purchased by soldiers, government officials, and residents. After the expansion, a variety of traditional activities were added, for example in January each year, a fair is held for seven days (12<sup>th</sup> -19<sup>th</sup>), and people come together to pray.

Another important date in the calendar is the *Khao Phansa Candle Making Day* during the Buddhist Lent (which lasts three months during the rainy season), that sees people flock to the temple, to participate in the candlelit festival - a celebration passed down from generation to generation. If the holy day falls on a Saturday or Sunday, there will be greater attendance at the temple, mostly people in their 40s, and few teenagers. They will come to make donations with their families during Songkran (the Thai New Year in April), the Buddhist Lent (during the rainy season) and weddings. This tradition of marriage is still respected and the head monk told us that he is invited to bless the ceremony in the couple’s home. Some couples come to make merit at the temple. People bring traditional dishes to the temple on a regular basis. These dishes may vary according to the season, but include dishes like mushroom soup, curry, fish curry, bamboo shoots, or during certain festivals fried chicken, fish, pork (but not undercooked!), the abbot told us. Raw food is considered a

misdeemeanor. Over the years, the food has changed and the culture here is diverse, partly because this community includes people from different provinces and different tribes. Apparently, people concur that raw food should not be served, even during cremation ceremonies.

The faith of their ancestors. A culture of folklore has been passed down in Kut. Animist villagers respect the mascot of farm ghost, and superstitious beliefs, such as the dance of the spirit doctor “Yao” remain. There are two kinds of spiritual healers or doctors: Mho Tham is a religious healer who listens to the sufferings of the peoples and finds solutions to cure them, on the other hand, Mho Yao is a charismatic traditional healer who uses extravagant displays of séances in form of dances, rituals and ceremonies to heal.

**4.2.11.1 Mho Tham** is highly respected within the community, he diagnoses illnesses, from the simple to the complex and is believed to have great healing powers. Usually Mho Dham finds the problem to be solved by merit-making; and abstaining from meat and alcohol. The mind has to be set calm and don't let panic or fear to settle in. The process of talking can reduce the stress. People can come back here again if it is uncomfortable, or the problem does not get resolved. People in the village consider talking to Mho Yao as having their own consultant. Mho Dham shared his experience of healing...

*"I have stayed here with villagers for last fifty years. I have known these people since they were young and their parents too. People are prepared to pay a 12 baht fee to see me. They come with different stories: a polygamist spouse, a family member who is ill, items that have been misplaced or lost etc. I did not do much. They told me, I listened. It was important to listen to the people talking about their suffering. Sometimes even when people did not say anything, I would know their problem. I try to help them to think about how to solve the problem. I have to practice myself to be a good example. I was a very compassionate soul. I wanted the villagers to be happy.*



*Sometimes they felt that they themselves were the solution. I was eager to help and pleased when the villagers felt better. It could sometimes be stressful listening to others pour their hearts out."*

When asked about the care of residents and who came to visit him, he had a wealth of experience to share:

*"People who come to me are mostly adults. Teenagers don't want to come. If they come I always let them make a merit. They don't like that. The issues with adolescents are usually about love affairs and study. In the past, people before going to Bangkok for work, would consult whether it was good or not. Working in Bangkok was a very big issue for locals in the past - they were scared. It is different from the present scenario. Now, the parents come to consult me about the drug and alcohol use of their kids and how to curb their addiction. People also come to me with their illnesses after visiting the doctor in town. They are afraid when the illness is not yet cured, so come to me for praying. Some cases recovers, others need spiritual healing. Some patient and relatives feel bad and scared if they did not know about the disease. Some come without full consciousness. I just tell them that they ate something bad like raw food, undercooked pork, raw blood, even dog. I've never seen this before."*

#### **4.2.11.2 Mho Yao**

Mho Yao treats the patients after Mho Tham's diagnosis. The locals come to Mho Yao to be treated by his exorcisms. He also does house calls and makes various attempts to communicate with spirits, which also include dancing. There are offerings of flowers, candles, food, drinks and money. People have faith in him. He drinks local whiskey, which is a part of the offering, while he is talking. Sometimes he drinks almost the entire bottle and appears drunk while conducting the

ritual. But after finishing, he goes back to normal with no signs of drunkenness. One staff from the hospital had lost her wallet. I went with her to visit a female Mho Yao named Dern. The spirit doctor was a 40 year old woman but looked like a teen with a short, colored hair. She welcomed us in typical fashion. She hospitably invited us to sit down on a bench under a tamarind tree in the back yard. After we had exchanged greetings, she went into meditation mode and then proclaimed that the wallet was not lost. She advised us to go back to search for it again at the office. Miraculously, after we returned to the office, we found the wallet. Her prophecy came true. It surprised me.

## **4.3 Kinship**

### **4.3.1 The position in the family and clan**

In this district, there are three traditional surnames: Sangkeaw, Yapun and Phuipunya. Most of people in the sub-district are from Kalerng tribe. In the traditional system of Kalerng, the elders of the clan were the most influential, with the son-in-law being the least important. Unlike the present, marriage was not registered in the past. The groom would move in to live with the bride's family. The villagers believed in destiny and followed Brahmin. The most significant tradition, symbolic of the clan, was the respect paid to ancestral spirits. According to folklore, esteemed ancestors are held in high regard as a symbol of integration. Mahesak, god a ghost village, which is a visual representation of all the people in the village or district is Chao instead of yellow. In a ceremony before the embroidery booties four and 11 months before the harvest. The shaman treated the patient through a medium of dance and each tribe had their own spirit doctor. The major boost in four months. The only family The relationship of the family to show the unity of the spirit through a large group of angels or the location of the family.

### **4.3.2 Language, Fence, symbolic of interaction**

Kinship is what makes people stay together as a group. This deal shows the faith and care for the safety of everyday life. The division of labor and mutual assistance play a major part in the kinship system. Families help each other. One

common denominator is the use of the same language throughout the village. Inter-tribe marriages led to a cultural integration where villagers of different tribe and dialect, ended up speaking the same language. There is a common language spoken in the village, although the people may have a different language to communicate within their families. On the other hand, other tribes restrict their members and permit only to marry someone within their own group. These tribes often have large extended families, with many siblings, a number of homes within the same perimeter, and a host of in-house employees. The fence around the perimeter of the compound demarcates their territory and shows that they belong to the same ethnic group.

Each person has three key lineal relationships, which are: Ai Noong, (everyone born from a common 4<sup>th</sup> generation ancestor), Lung Ta (every male member of the wife's family through generations) and finally NhinXao, (every male member of the son-in-laws' families). In the past, they respected the selling and buying of marriage and the son-in-law staying with the girl's family. Living with wife's family was considered to be a test of man's personality and hard work. The son-in-law stayed with his wife's family for 8 to 12 years. The houses are built in clusters and when one of the children gets married, they move out and build their new home in close proximity to the family home. This denotes a form of dependence, a patronage system, and care within the family. Things are changing now because the village is growing; families are becoming separated because strangers are moving into the village, and are building extensions.

Currently married women must take the name of their husband. But family relationships since the former seem to be a very competent woman. Through its role as a wife Estate holdings Evidence of beliefs about monogamy. The move in with her, if it is voluntary. I love the story of a conventional monogamy previous generation, no behavior change partners. If the behavior of a man who has sex with another woman after marriage. However, talking to elders in the community I learned that the women had consented to such behavior is not perceived as corrupt. Marriage is a tie based on patronage and a tool to continue lineage. In terms of social stability, marriage facilitated women's economic and social status, providing them with protection and assurance of their place in the tribe. At present, there is a clear kinship in political issues. An unfavorable position in government benefits such as the village's position as

a respected person in society should have prestige. Which leads to dependence on economic cooperation, and the bargaining power and political dominance. The authority provides financial support, in exchange for benefits, such as canvassing.

#### **4.3.3 Mho Yao Mho Tham the symbol of existence power**

Another proof is to show the dynamics of kinship to the past, in addition to the extension of marriage. The family is shown through the eyes of Mho (doctor) Yao and Ta Bun, Mho Dharma, all the matches that in the past. Each blank has own healers and spirit doctors justified in their group. They are regarded as the most respected people in the community; it seems these people often have close relationships with the major powers. They recommender treat both physically and mentally do for the member directly. But Ta Bun thought it is not true. By his experience this help he think that is for help people feel secure and don't make or create problem in the group. Finally the benefit will happen to the leader that he can maintain the group. Eyes that were almost a hundred years, confirmed that it is so.

*"I inherited the knowledge from my. He told me that we were like a family doctor. We must serve the leader; help them take care of people, our kinship."*

The number of folk doctors and shamans is quite small now with the power is transmitted through three main clan. The existence of them is no different from the teller. Dance of Mho Yoa is for the expression of spirit only.

We can say kinship in this community is different from the original focus. Traditionally this was a male dominated society, with members marrying within their own groups, and having large families. Sexual intercourse outside marriage was not considered to be offensive in any way. The position of women within the family was as a showpiece, monogamy was not compulsory. Women were seen as the "showpieces". There was a certain satisfaction in such behavior. While the notion of kinship today differs from that of the past, relationships today are built on economic stability. Local politics are local and relationships are the voice for the political system in the province and in the country.

#### **4.4 Traditional folk beliefs**

An activity that people engage in every household is raising “Chao Pu” (spiritual god of village) in the fourth and eleven month by paying two baht. Old languages are spoken in families that come from different ethnic backgrounds. Phuthai, Yho, Sake, So, Kha, Esarnand and Kalerng are the seven different ethnic tribes that live together in the village. These tribes have different cultures and lifestyles, and speak different languages and even when they speak the same language the way they express themselves is different. The majority of the people living in Kut are Kalerng.

Kalerng is an ethnic minority. They came from Lao and Vietnam originally, and the first settlers lived on the left bank of the Mekong. They migrated from their source of origin in about 100 years since the conquest of Rama 3 of Kingdom of Thailand. As second wave of migration was seen in the Rama five era in the year 1873. Currently Kalerng communities are found along the Mekong river basin and even in other provinces like Sakhon Nakhon and Kalasin.

In this province, Kalerng group are spread in many districts. Their life styles are similar to the people in the Northeast. They usually follow the lunar calendar with twelve lunar months. Although most of them have embraced Buddhism, the animist tradition means they still worship spirits, such as Mahesak, who, they believe can help and protect them. Ghosts are an integral part of their lives. They worship the spirits of their ancestors. Once a year, people gather to bring the various cooked dishes and offerings to make merit and honor the ancestors, and ward off evil. The offerings are placed on the ground or under a tree. They read sermons from the Mahachat, which dates from the Ayuthaya period. Merit-making is an important part of the village life.

Different ceremonies correspond to different lunar months. Bun Bang Fai, or rocket festival, is a merit-making ceremony, traditionally practiced by Laotian people at the beginning of the rainy season (in the 6<sup>th</sup> month of the lunar calendar). Celebrations last three days and include music and dance performances, as well as competitive processions of floats on the second day, culminating on the third day in competitive firing of home-made rockets. Local participants use the occasion to enhance their prestige, and there is usually a fair held at the same time. All these

ceremonies have one thing in common, they aim to appease the spirits and ensure that no evil befall the villagers. Most of them are superstitious. A big merit called “Bun Praves” (sermon Mahachat), is held once every three years as it is very costly to organize. In addition, there is a traditional witchery that is organized every year. Religious tradition is dominated by merit “heat twelve” and “fourteen principles” (krong sib si) from the past to the present. Traditionally, the locals pray and make merit every lunar month for more rice production in the fields. The unfortunate thing is that even in the season of droughts or fall, people continue praying; believing that rain and the village will be blessed with more crops. The village is a ghost village, which is called “ghost ancestors” or “pi ta hek” or owner “did the ceremony in seven months and bring food and other things to the spirits of the land”. Buddhist merit takes place in all the twelve months. A traditional culture of some of the old communities is called merit Mahachat. A large festival is organized in this merit with live shows from famous singers. The teenagers mostly enjoy this occasion by drinking and dancing in front of the stage. Sometimes fights break out causing controversy on a regular basis, often without any fear of the police. This has created a nuisance for the villagers. The village committee has responded by charging the family of the teenagers with compensation for the damages. Therefore, parents remind their children before going out. If children misbehave, some families do not permit their children to leave home.

“**Krong Sib Si**”<sup>2</sup> is an original concept established by ancient scholars of the Northeast. It is a philosophy that allowed the governors to manage the state well in the past. It helped parents and grandparents to guide the kids. Buddhist monks taught people to put it into practice. And it is the practice of 14 principles. It affects the whole family. Krong Sib Si is from Laos as it is still in the law there. The locals in Northeast speak a language which is very close to Lao language and also can read, so it not difficult for them to understand this concept

Kalerng language is in the same category of Phu Thai Language. It doesn’t have “ph”, “r”, and “ch” sounds, which are replaced by “p”, “h” and “s” respectively. For example “Paipa” (electricity) should actually be pronounced as “Phaipha.” Beautiful expressions that reflect the traditional values, beliefs, lifestyle can be found in their folk music.

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<sup>2</sup>[http://onepech8.blogspot.com/2012/07/blog-post\\_8870.html](http://onepech8.blogspot.com/2012/07/blog-post_8870.html) accessed on June 1, 2015.

The structure of the society and the social and cultural aspects of Kut provide us with the basic background information that facilitates the understanding of the illnesses of the people, which shall be dealt in detail in the next chapter.

## **CHAPTER V**

### **CULTURE OF FOOD**

#### **5.1 Culture of eating, alcohol and pork story of the community**

The culture of eating in this village is like the Northeast in general. Old people said that natural food such as shellfish, fish, and frogs were easy to be found 30 years ago as well as crickets, which could be found in canals, ponds and rice fields. Bamboo shoots, mushrooms and vegetables can also be found in the wild or on the cultivated farms. Birds, rodents, snakes, lizards, and small wild life can be caught in the wild. Each village has its own area to grow enough food to sustain its community or supplement it by foraging in the wild.

##### **5.1.1 Gender and way to get food**

Every morning, people will go out looking for food in the forests, fields or streams depending on the season. Food from streams or ponds can be found all the year. Most people who are looking for food from those areas are men because they need to stay in the water or dive under the water and they also need to use nets and seine. At night, they will use torch to catch fish and frogs, and traps for birds and rodents. They place torch in bamboo tube. One hour at night is enough to find sufficient food each day. Food from forests and fields are collected by groups of 3-4 women in order to find enough food each day. If they can find much food, they will exchange, for example, the people who collect sweet leaves will exchange with someone who has ant's eggs. Waree, a public health volunteer, from Tumbon health promotion hospital in the village said the quantity of collected foods depends on patience. For example, women need to have patience when they collect mushroom because they need to sit on dirt. They will also practice a system of exchange, for example, eggs will be exchanged for vegetables. Common dishes including raw shrimp salad, fish curry, grilled food, Gangom curry, spicy curry with bamboo shoot, steamed mushrooms, Jeaw (chili paste) are prepared by women in the family such as



wife, daughter and daughter in law. They will prepare just one meal at a time. However, they will cook enough food to share with relatives and close neighbors. Neighbors will do the same way for their family and their neighbors too. It is customary to share food. The wealthy family normally has at least 2 menus for each day.

### **5.1.2 Member family order and food accessibility**

Food will be divided for each member of the family by priority. For example, if there is a large boiled fish, the best bit will be given to the grandparent of the house, while the children will get a piece without bones. Tradition usually be like this and they still have this tradition on the present time too. Women will prioritize letting the husband and her kids eat first. Even they have meal together but she still takes care and serves her family. So we can say both men and women help each other to find the food, women cooks but she is the last person to eat food. In the temple we still see that the man can serve food to monk, if women want to do they must have another special way to serve.

### **5.1.3 Protein food in the village**

Families rarely eat beef, buffalo or pork which is usually only served on big occasions such as weddings, funerals or special ceremonies. Because of such meat is rarely to be found, people have to wait for the car which carries the product and sell it in the village. Or an animal will be slaughtered to honor visiting relatives, for example, chicken and duck are treated for eggs. Only when there is little meat available in the village, chicken and duck will be killed and cooked. There are lots of wild food and other food available at the time to supplement their diet but if we look at the same area today, a lot of the land has been taken over to build houses for an expanding population and sometimes to build new highways.

When there are festivals, beef, organs, oxtail are served, as well as grilled beef or buffalo meat. People usually use beef and buffalo meat because they are only 4,000 to 5,000 baht so they are cheaper than pork which have to get from 3 to 4 pigs to get the same amount of beef or buffalo meat. Pork is not popular at that moment. Locals say that pork is not delicious and the smell is not good as beef and buffalo

meat. Moreover, pork is often come with fat and people rarely buy good pork. If there are religious ceremonies, people will not kill animals but they will buy prepared food from a market. Sometimes, family members or friends who want to help will kill their cow or buffalo. They will drink liqueur during the process. Some people cut some pieces from the animal body such as skin or liver and eat them raw or heat them up but people will add raw blood to their food after the meat is cooked. People will eat their food with rice or sticky rice.

#### **5.1.4 Drinking water**

In the past, the water came from the village pond. Village member desired which pond would be used for drinking and which pond would be used for another propose. Most drinking water ponds were located far from the village. Most of them were located along or near the field. Each village normally had only about 1-2 drinking water ponds which could be a problem in the dry season as in time of drought the water level dropped. During the dry season, each family would get up early to collect water. If the villagers came late to the pond, there would not be any water left. Usually this task was assigned to the younger people and it could be a good opportunity for them to meet friends. In the rainy season, villagers would collect water from rain for drinking. Consumed water would be collected from pond in each village. Each family would collect water from the closest pond. Family members would use buckets and load them on their shoulders and pour water in clay jars, which kept it cool. Water collectors normally got water in the evening because they would take a shower and carry water back to their house after they finished taking a shower. This has all changed today as most of the homes have a regular drinking water supply and have invested in water tanks.

Today there are very few natural creeks and canals. There are fewer animals in these water areas so there will be not enough ingredients for cooking. Therefore, villagers have to work to earn money to buy food. Often women also have to work to support their families and buy prepared food instead. If there are elders and young member in their family, the young ones will prepare food for the elders from fresh food.

### **5.1.5 Unwholesome food**

Community residents are thinking about food served at funerals. No banana leaves, pepper, curry, curry noodles stem because such food has fiber lines that leads to death. There will also be no bamboo shoot soup in the funeral because they believe that there will be more death as bamboo shoots will split. No one will walk under the house that has a funeral because they believe the spirit will be taken under the house. Some people said they do not want anyone to walk under the house because the coffin at that time was not good enough for protecting blood serum from dropping.

### **5.1.6 Food for postpartum women**

Most postpartum women eat dried food such as pork, dried fish (some kind of fish) dried galangal composting salt. They eat frogs because they believe it helps wounds to heal faster. They eat white cabbage and white fish because they believe this kind of food contain same substance as postpartum women. They are careful not to consume any wild animals, snakes or dogs as they are afraid that it will make them sick. They also believe hot water can help wounds to heal faster so they will not eat a lot of food because it makes pregnant women not to drink enough hot water. Many of these beliefs have been passed down from their ancestors.

### **5.1.7 Food for men**

Natives believe that eating animals such as bats, deer, tiger meat or meat with some smell are symbol of adventure. Eating sexual organs of animals will enhance sexual performance. Other kinds of food that are also thought to better performance are garlic and nettle seeds, as they enter the blood stream. Blood conversion food comes from Vietnam. Currently, many families made it by themselves. Village members need to import it from Vietnam. Men eat it for sexual performance. Women eat it because of the taste. Children eat it because they see their parent eat it.

### 5.1.8 Seasonal Food (Natural local food)

During the months of March and April, ant eggs and cicadas are in supply. Before the rainy season, wild asparagus, shellfish, fish, insects, frogs and worms will be easily to be found. The rainy season is the best season for finding wild food. There are sand crabs buried in the soil too and crickets, lizards in summer. Natives usually collect vegetables for cooking

After the facility comes into the village, the village lifestyle gradually changes. People in the village get some money from working in the city and there are some factories open next to the village such as pork farm. Some of the nature is destroyed because of new construction sites. For example, roads, schools, government centers destroy forests. Food also has changed since 30 years ago. The price of wild animals has been rise up. People shared food to others in the past. However, Now, everything costs much more than the past. Cicada cost 1 Baht at that time but it cost 3 Baht now. Thus people changed to eat pork because it was easy to buy it

“In the past, we would find frogs in the fields. Now there are no frogs any more. A fish also could be found near the road. Most people shared food so they did not have to pay for the food.”

(Wife of chief Ban Kut)

“When people have set up a new village, the population increases. Land is divided among the people. Therefore, nature has been destroyed.”

(Chief Ban Kut)

Progress has been made in the form of food festivals. Pork is the most common meat. Fried, boiled, or roasted and stewed pork is very popular because it is so cheap. Beef is more expensive and harder to find, though people sometimes serve beef at parties. Chicken is another staple meat, which is steamed, fried or boiled. Beliefs are different from in the past. People do not believe in unwholesome food as much as the past because of the modern health care.

“Elders told him not to eat anything. We also believe that, prevent us from disease. Nowadays, children are not afraid of disease. They can meet doctor anytime.”

(Wanla Grandma)

Today, noodles may be served at funerals and this violates previously held beliefs. The impact of technology can be seen in the growth of farms, so much bigger than before. This has led to a reduction in the quantity of food, as today, villagers are afraid of all the pesticides which they use in their farms and fields.

“People will buy pesticides to get rid of the crab and insects that eat the crops. The crabs can no longer be eaten as we are afraid that they are full of pesticides.”

(Chief Ban Kut)

When natural sources of food grow low, pig farming seems an ideal substitute. People in the village begin to buy pork at the local market. The poorest members of the community would buy bones and any remaining scraps, said the Chief of Ban Kut.

“There will be a car of pork seller passes though the village. This is very comfortable for village members. When the village has a big event, they will order whole pork and men will cut into pieces. Then, women will do the cooking. The price of pork can be decreased when they order with a big quantity”

(Chief Ban Kut)

Chief of Ban Kut said the relationship between villagers and farmer will be good when the price of pork is not too high.

Minced pork and food from pork blood are easy to be found in the village and it also helps the ear problem of villagers.

### **5.1.9 “Larb” in the community: Auspicious Food**

Starred meat with spices which called “Larb” is popular for parties or celebrations such as housewarmings, weddings or some religious ceremonies. Larb plays both a social and cultural role in the local society. It entails a procedure that requires expertise, using local herbs and spices. It is the food that reflects the relationship between the members of the family and everyone in the community. It also shows a family status in the society such as rich or poor, men or women and children or elder. Moreover, Larb has the same homophone for the word “lucky” in Thai. So, it is seen as being auspicious for the community.

In felicitous ceremony, “Larb” is the first to be ordered at the ceremony because people believe that Larb helps with good fortune. The other dish called “Koi” which is raw meat and it is seasoned with spices. Koi is not normally served in the ceremony but it is usually served in the kitchen. If someone wants to eat it, he should go into the kitchen. Most of those eating the Koi are drunk.

Sometimes, participants will help at cooking in the kitchen if they have a close relationship with the host. In the past, women did not eat Larb at the ceremony. As it is considered as a raw food and so women should not eat them. Back then, men tended to socialize, got together to make the sauce, tasted Larb as they made it and drank alcohol. Women were banned from participating in making the sauce, as it was thought that they did not have the same expertise as their men folk. Moreover, the villagers who had “magic” power believed that if a woman was menstruating, it could contaminate the sauce, and reduced their “magic” powers. However, this belief is dying out in the present day, more and more women are drinking and eating Larb, they can mingle with men and the skill of cooking Larb is better.

Larb is normally eaten with alcohol. Natives believe Larb acts as a tonic. They also believe that men who do not eat Larb are weak and women who eat Larb are not Ladies. However, women think that if they do not eat Larb, it is old fashioned. So, they do not care about not being a lady. Now, we can find women eat Larb everywhere. Larb is a high class dish and it is served for guests to show how welcome, thank and respect their hosts.

Children and people who Are ill are not given Larb to eat since it is raw and spicy and can makes them sick or sicker. Monks should not eat it either for

different reasons, as they are not permitted to take a life so they do not consume any food that is raw, or anything live.

#### **5.1.10 Raw blood dish (Leard Png)**

Raw blood dish has the following ingredients in the dish. 1) Red meat is pure lean beef such as loin and tenderloin. 2) Blood 3) Viscera such as lung, liver, heart, stomach. Raw blood dish commonly use with most parts of the pork. Sometimes, the skin also has been included. 4) Common spices including chili, pepper, garlic, onion and lemon, rice together with roasted peanuts. 5) Special ingredients that are used for reducing the smell of blood such as coriander and lemongrass.

The process of cooking this dish is cleaning lungs, heart, stomach, intestines, and liver to remove the smell. Then, they are boiled and cooked. Next, the mixture is chopped into small pieces, and finally cooked with sauce and spices.

Old natives said raw blood dish is Vietnamese food. Vietnamese believe that eating blood can warm the body, particularly in the cold weather. They also believe that it increases a man's sex drive. Thus, people in this community will eat this dish on any occasion because pork is easy to be found. They always drink when they eat this menu as they believe liqueur enhances the flavor and also serves as a disinfectant.

Food Culture that includes finding ingredients, preparation, distribution and consumption has changed by the modern era. Food shows the position of people in the family and reflects social status of the family and sexuality. In addition, food provides social opportunities and affects health. The story is seen through the experiences of people in the community that will be discussed next.

## **5.2 Alcohol in the community**

If we count that alcohol is food, nutritionists will not accept that because drinking alcohol does not cause any benefit to the body. However it gives the benefits to mind. Alcohol relieves stress, allows us to create an identity within the community

and relationships. We could say that alcohol is culturally useful. However, the social benefits that result from drinking are much less in comparison to the damage it does. The nurse named “Thong” who works at the Tumbon health promotion hospital will give the story of liquor in this community.

Thong said, “Alcohol” or as it is commonly referred to “liquor” is association with people way back to the older days. In addition to rice, alcohol is one of the few things that all people are familiar with. Liquor is a popular man’s drink. For as long as I can remember, I have heard the words “alcohol” and “drunk” countless times. I have heard at various events such as fairs, housewarming parties, were weddings and funerals. People used to boil liqueur in the forest because it was illegal.

#### **5.2.1 Made whiskey in the village**

She asked her father why they did not make it at home as it would be more convenient. He told that since it was illegal, they could be arrested. The fermentation was done at home. When her father was making merit for a new home, he spent over a month preparing the marinade. He made at least 10 bottles of liquor. He often drunk but he was in a good mood. He said alcohol is good for festival and ceremony. People were happy and in a good mood because of it. During Songkran, there was the parade with dancers in fancy dress. This group would make a colorful procession, they drank together so much that some of them fell asleep. Some people were very shy but they could talk and make friends when they were drunk.

#### **5.2.2 Alcohol, interaction and relationship**

In olden times, if there was a “merit making” ceremony, each household was considered a host. People used to say “I went to a friend’s house to eat and drink.” Every home provided food to welcome relatives and friends. Most of the time, it was boiled chicken or duck and duck sauce. The chicken and duck were killed and cooked by the host family. They would use one glass and fill it up with alcohol. Then, they passed it to the other. Once they had finished eating at one house, they moved on to the next and had more to drink. If the ceremony at the host house last more than one day, guests would stay, eat and drink until the event was done. The hosts were delighted to welcome guests, to visit each other and to provide the food and drink.



Thong had an opportunity to ask how the alcohol was prepared in the old days. Things were different then he was told. The host would steam rice until it was cooked and then put it out in the sun to dry. Then dried rice was soaked in limewater and dried them in the sun one more time. Then, dried rice was fermented with yeast, put into jars, and left for 3-4 days. After that, more water was added and the period of fermentation went on for about 10 days before it became rice alcohol. It was not strong at this stage. But, if you kept it longer and boiled or distilled it, which was more time-consuming, the alcohol level rose sharply and it could be as high as 50 degrees.

### **5.2.3 Alcohol and other benefit**

There were many beliefs of alcohol's benefits in the past. The alcohol was used to clean cuts or wounds, so that they did not become infected. It was assimilated with dope such as the use of edible herbs. It was a sexual stimulant. It was used for cooking. Some food tasted better when alcohol was added. Koi, for instance or even poultry, was eaten with alcohol. They used alcohol with another kind of meat such as dog meat, raw or under cooked dog liver, Koi, or minced meat (served with gooseberry or tamarind sauce, and salt). People believed that alcohol killed bacteria or parasites because it would go straight down to their gut.

### **5.2.4 Alcohol and merit**

Liquor is used in ceremonies such as ancestor worshipping to paying respect to the spirits or performing a Brahman ritual people drink alcohol before the ceremony. Thong had an opportunity to read a history of Buddha book that told about why alcohol is prohibited from monks. At the beginning, alcohol was not prohibiting from monk. One monk drank water from the tree and acted like a drunken man. Then, the rule of not drinking anything that contains alcohol started to be used. However, people still drink liquor in the religious ceremony.

Thong said that she and many people do not like the taste of liquor but they like the atmosphere of drinking. She began drinking at the age 22 of when she went to her husband's friend who has a house warming party. After two glasses of liquor, she was drunk. But she had a lot of fun. Her husband seemed to like Thong got drunk. So, when event she goes to a party with her husband Thong drinks. Thong does

not like to drink because she thinks it is not delicious but her husband said it is good that she is happy after she gets drunk.

### **5.2.5 Alcohol and pleasure**

Thong had talked to a guy who likes prostitutes. He said that each time he went it was because he had drunk first. Everything looked beautiful when he was drunk and he was associated with sexual desire. However, drinking too much can make people look like death people. It is different if you are eating and drinking with different friends, who do not drink the atmosphere, is not the same. There is an old Chinese proverb that says "Drinking with friends who understand you, you will not get drunk". People will discuss or talk any topics when they get drunk without annoying other people.

A cozy location is the key to a good drink. A quiet atmosphere with dim lights either drinking alone or with loved ones such as a relaxing and pleasant, atmosphere in pubs or with a group of friends to enjoy an evening out. It would be better not to drink with boss. Alcohol also shows your position in the society. Those who have money drink more expensive liquor, but this does not prevent them from getting drunk. From Thong's opinion, she thinks it has more benefits than disadvantages if you know your own limit of drinking.

### **5.2.6 Alcohol decrease suffering**

Thong told a story about "Mag". Mag was a woman who stayed with her husband for 10 years and they had 2 children. Her husband was good-natured who liked to drink with friends. He would invite his friends who were both men and women to his house where his wife would prepare food for all of them. He lived with his wife of ten years and they had two children together. She was a housewife, he was in business, and he said he never got drunk. Mag trusted her husband. She allowed her husband to go out with his friend. One day she found out that her husband had another wife. Mag was very upset so her friends asked her to go out. At first, Mag did not like to drink but she would like to forget the problem if she were drunk. However, she did not drink much because she had to look after the business after her husband left. Mag became the head of the family business, taking over from her husband. She raised her

children alone no matter what happened. Each day, friends or business acquaintances trade with would call for a drink. Mag also joined and drank with them every time, saying that being together and having a drink ensured that the conversation was pleasant and congenial, even when they were discussing business. They would come to an agreement after a discussion. Therefore, Mag started to like drinking. The story about Mag shows that alcohol could help her in business field and helped her pass the bad part of her life.

### **5.2.7 Alcohol symbol of failure**

There was another story. This story was about “Nid”. Nid is a woman who is very lifeless and she was drunk when Thong talked with her. Nid is around 50 years old and she lives with 3 grandchildren. Her husband died in a car accident because he was drunk. She got drunk and had sex with her husband when she was 15 years old. She stopped going to school when she finished grade 7. Nid first drank when she helped at the wedding ceremony. At that time, she helped as a co-chef. After she finished cooking food, she would drink with her husband. Nid and her husband always drank. Her children did not go to school. Her 2 daughters moved to the capital city for a job. One of them died of HIV. Another had a lot of husbands and Nid’s daughter gave her children to Nid. A Son of Nid also died of HIV. Nid cried a bit when Nid told her story because she was very sad. Nid had other husbands after her first husband died. She usually quarreled with her husband’s because of alcohol. She said she loved alcohol more than her all husbands.

### **5.2.8 Alcohol and young: dashy**

Thong has a nephew who likes drinking very much so she talked to him. He is now 30 years old. He said when he went to college he was often drunk. He bought the alcohol and drank together with friends in the dorm. He almost never went to a pub at that time. One reason was because it was expensive to buy liquor there and he had very little money. However, now he saw many teenage students meet up in pubs on Friday or Saturday night. It is popular to hang out there. Some even bring along a book to read. He says that thinking back to his student days, now that he is

older and wiser. If he had the chance to change things, he would not make the same mistake. It was a very stupid behavior.

Thong has seen his grandchildren's society every day. Drinking is an integral part of the social behavior. The boy started drinking when he was 11 years old. He went along to a ceremony and some of his friends had brought liquor so he tried it. He could see from the expression on his friends' faces that they were afraid so he took the bottle home and poured himself a glass then another glass. Then he felt nauseous and threw up. He still likes to drink secretly every day. He likes to eat dog meat sometimes. Since he cannot buy it he goes out and steals dogs, bringing a sack to throw over their heads before using a knife to slit their throats. This activity is carried out by a group of 6 or 7 friends. They do this on a regular basis. All of them drink. Once the dog has been killed it is cut open and roasted, and often the liver is cut into pieces, dipped in sauce and eaten raw. They drink at the same time because they think the meat tastes better when accompanied with liquor. They sometimes eat raw or undercooked meat too.

Alcohol has been illegally brewed for the past 50 years. For some, it is a drug, for others it is thought to enhance their masculinity. It has become part of their culture: it is the sign of the struggle of the marginalization of the locals who are very fragile.

## **5.3 Pork in the Community**

### **5.3.1 Pork in the past**

In the past, people did not eat pork, but ate beef and buffalo meat. Pork was a rarity in the village. Cows and buffaloes were fed at the space under the Thai style house. Villagers used bamboo fences to corral them. A traditional house has an open space underneath. In the past, people used it to keep the animals tethered. They did not raise at that time, they would hunt wild boar and Moo Kee<sup>1</sup> which lived in the

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<sup>1</sup>Moo Kee is a local small pig which comes with black color. It is one kind of pig that can raise in naturally. Normally, a native raises Moo Kee because it is easy to feed them. It gives lots of piglets. Moo Kee is strong. Moo Kee's meat tastes good because it contains low fat. Now, there is a hybrid

forest. It was not so popular since the boars were small, and would not provide enough meat for ceremonial occasions such as ordinations or weddings. So a cow and buffalo would be killed for occasions. If this was still not enough it would be supplemented with poultry. At the time beef was affordable, and the preparation was not as time consuming as pigs. Pigs were allowed to roam freely around the village, as there were no pigpens at that time. They kept them as pets and allowed them to eat on the patio. Another reason they did not eat pork was because they thought the pigs were unclean, as they ate trash as they rolled over in the mud and also they sweat. When they kept pigs and buffaloes under the house, using the ground floor as a stable and putting down rice straw as bedding for them, the whole house would stink. The pig is small and black, a breed that is easy to feed and raise so most farmers like them because they are trouble-free, and generally healthy. The breed is crossed with wild boar. When the pig looks like wild boar the locals eat it.

### **5.3.2 Feeding the pigs**

Pigs eat leftover food from each house but are also fed rice bran, bananas, peppers and morning glory. The rice bran is obtained from the residents' rice processing and is also mixed with vegetables like lettuce, spinach and seaweed from the canals all of which is chopped and added to the cooked rice, which is then emptied into their trough. Rice bran is used to feed pigs. If the house has an area, they will have more pigs. The quantities of pigs also show how rich your house is.

### **5.3.4 Disposal of pig slurry**

Locals leave slurry on the ground to dry. Sometimes they collect it to spread it on the fields as fertilizer. Fertilizer from pork cannot be collected in the rainy season

### **5.3.5 Selling and carving**

Sometimes, a family will ask their neighbors and relatives if they want to share a pig. There are usually several families join together to buy one. Then it is slaughtered and the pieces are distributed. It is usual that the person who slaughters it

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between Moo Kee and wild boar. This hybrid looks really similar to boar. Therefore, the locals like to use this hybrid meat instead of wild boar for cooking.

who divides the carcass. He is paid with meat. No money is exchanged between them. The location normally is at the end of the rice field. Banana leaves have been set up on the ground to keep it clean. Once the pig has been slaughtered they build a fire pit and boil water so as to blanch the pig. First they string up the carcass to collect the blood in a basin. Before the carcass has been cut and divided, the animal is carved, and the liver, kidneys and meat are put into bags and distributed according to what has been agreed beforehand. For example, the meat needed to divide into 5 fold if there are 5 people who share their money to get the pig. Liver, kidneys and other parts will also have to divide into 5 groups. When customers want to buy a pig, owners will to sell immediately. They rarely buy the old pig. When the pig was to sell off the rest of the pigs are fed by how many pigs are left only. If any family wants to have a lot of pigs, they will buy the mother pig. The place where people raise pigs is not clean and full of disease. When pig was died because of any disease, the body of the pig will be embedded because they do not know why the pig was died. The chief of the village said pig was not ill easily in the past because there were less chemicals in nature. If it were sick, it could recover by itself.

An old monk in the village said initially diseases were rare among the pig. Pigs were fed naturally. It ate vegetables from the garden. That time it used only herbs, not pesticides.

### **5.3.6 Pigs today**

Today, beef and buffalo meat fetch higher prices. The cost of living has increased too. People have a way to buy food in different ways. The village begins to seek food that is cheap and readily available, for free. Some will turn to fish, shrimp, snails and frogs, which are to be found locally and they do not have to be bought. They have also begun to grow their own vegetables and keep poultry and sometimes pigs. Consequently pork is readily available and can be found at the market. So people begin to keep pigs and now it is easy to find pork in the community. Some began to breed pigs on a large scale, whereas others just keep a few at home for their own consumption.

When the buyer wants to buy a pig, they just ride a motorcycle from home to the farm. Buyers do not have to bring anybody with them because the farm workers have already helped.

Sometimes people keep pigs at home and feed them in the backyard. Other times, they build stalls with a zinc roof and a sloping concrete floor. There is also a pig farm locally, and the animals are vaccinated to boost their immunity and are also given vitamins. Women workers there wear gloves before touching the animals. When a pig is pregnant, the owners will deliver the piglets by themselves.

#### **5.3.7 Pig feed today**

They are fed with the trunk of banana trees or left over rice along with chopped mixed vegetables. Pigs are easy to take care because they are strong enough to survive. The owners will deliver the baby by themselves.

#### **5.3.8 Disposal of pig waste today**

Nowadays, there are few farmers raise their pigs in the same way as the past because the smell of pigs is really awful. Neighbors will complain about the smell. Normally, pig farmers keep their pigs at their field that is a little far away from their house. At pig farms that do not have concrete on top of the ground, pig's waste will dry and drain into the ground. Pig farms that have concrete on top of the ground will put the waste into the hole, which is on the ground. Some holes are added by chaff to make fertilizer for selling or using at their own farm. In the rainy season, some of the wastes will flow into the field. This will cause the death of the rice and also fish in the field.

#### **5.3.9 Sales and dissection of pork today**

The way of selling and carving pork is still the same as the old days. The locals still like to buy pigs. They agree on a price before the pig is slaughtered and divided into as many parts. The slaughtering is done by a specific group of men, who usually have a few drinks while a pig is being butchered, and may also eat some of the meat at the same time. They bring the rest home to their wives to be cooked for the family.

Pig breeding has become a more common place today. In villages where there are pig farms, and where there is a good relationship between the villagers it is easier to get a pig. The pig farms are usually on the outskirts of the villages. They are usually concrete buildings with corrugated roofs. There is a relationship between the pig producers and the local community. Some villages may even have proper workers of the slaughterhouse. There is a link between the slaughterhouse and the butchers.

### **5.3.10 Pig slaughter in the village**

There is a pig slaughter in the village. Before I get to visit the slaughter of pigs, I have to consider about visiting this place for many times because slaughtering pigs is against the law of sanitary and ethics. However, I need to learn and study on food culture in the community so I will have to visit the slaughter. And for the good ethics, the information of people of this section will be secret and I will not use a real name in the following passage.

Uncle Chom, a 68 year old who still has strength of 50 year old man has been breeding pigs for over 30 years. He has a medium size cottage industry, with around 20 pigs. However, within the context of the community he can be considered to be wealthy. Back in the old days, his pig sheds were about 500 meters from the outskirts of the village. At the time this was considered to be quite a distance. The family owned more than 20 acres close to a rice mill, the pigpens were in the backyard and the manure was spread in the fields. However, there were no complaints about the smell as they were far enough from the village. At that time, the staple diet for the pigs was rice bran. When the pigs reached maturity, they were slaughtered at the municipal abattoir. Chom only slaughtered a few by themselves, cutting them up for sale in the village. Things changed when a large pig slaughterhouse was built in the village. Chom changed the process by buying pork from slaughterhouse and selling them at the market and only selling little pork in front of his house.

The house is a small rice mill that is working at that moment. The dust is all over the place and in the air. Workers wear masks over their noses and mouths but I do not think masks can help with this very small dust. This place is very dusty and smelly. His son-in-law and daughter work in the mill from 7.00 am to 5.00 pm. There are rice husk and bran next to the mill. Close to the mill, there will be a space area that



is used as a walk way. They have 8 industrial size refrigerators in the corridor to store meat in the space area. There is an area 8meters by 6meters which is used as a slaughtering place for pigs. This area has concrete ground and it has a stove and a table for slaughtering. There is no strong wall in front of the house. They just use bamboo cuts as a wall same as other countryside which shows that they do not have to worry about thieves. However, they still have to have a guard at night.

Pig slaughter will happen twice a day at 3pm and 3 am except on the Buddhist holy days. Pigs are slaughtered before midnight on Buddhist holy days. Pigs have to be more than 200 kilograms before they get slaughtered. Chom's slaughter got an official permission from the local authorities. I got a permit from Chom to see the process at 3am. Chom and his son would slaughter the pigs on that night. They did not wear gloves but they wore boots. Chom held knife in his hand and his son put the hammer on the table. The pig was in a holding cage, and when it came out, the son hit it over the head 3 times with a big hammer. As soon as the pig fell to the ground, they produced a sharp knife and slit its throat holding a basin underneath to collect the blood. They had collected between 2 and 3 liters that night. Chom's son sat on the pig for holding the pig head because if the head of pig shook, the blood would spill out. Once they had collected it all, they set the basin on a table then poured boiling water on the pig. Once they had done this, they would remove the pig's hair with a sharp knife. To make sure that all the hair had been removed, Chom lit a fire on the skin. Then Chom's son used an old paint bucket for pouring water on the pig. They poured more water over the pig and on the floor to wash away the remaining blood. First, Chom's son cut the bone and Chom told me that the bone was for selling. It can be boiled for a soup. Then they cut off its head and genitals. Then he used the knife to cut the stomach. Once they were done, they washed each piece. Chom's son pulls out the windpipe and then the entrails. Chom took over from his son, using a machete to cut up the carcass. Then they separated the meat from the spine. Chom cut the back legs from the body while his son washed the intestine and put them in the basket. He separated the meat from the bones. The legs were not cut into small piece. Chom put the entrails in the plastic bag. The ribs were cut into pieces between 5 and 6 cm thick. The belly was added to the bags. After that, they brought to the car to deliver the bags

to their customers. They removed their boots and rinsed them off their boots and sat down outside for a smoke.

Runoff from the leaching process was allowed to flow down into the ground. A hole was dug nearby and lined with concrete. But the water continued to seep into the ground. During the day, the traces of blood could still be seen. The dogs and poultry were walking in it. I was reminded of the rain seeping into the ground. Close to the mill, there was a stall of the pigs where they kept pigs that were waiting to be slaughtered. The stall was only about 15 meters away from the slaughter house. I saw they have 10 stalls. There was a place for a cow too. On that day, they had 9 cows. There was a pool for cleaning water on the way to the stall and there was a grass field in the back of the stall. There is nowhere to store the runoff, so that disease can spread easily, first to the animals including chickens, ducks, dogs and cows. Who knows what germs are spread!

When I paid a visit to the area we did not discuss health issues. We just only discuss about the culture of consumption, so they defend the random slaughter of pigs. They are not concerned by the health problems raised by contaminated water being released into the environment without any precautionary measures being taken. It seems obvious that the slaughter of pigs in the community should not be allowed but the local community does not understand that there is a danger of disease spreading.

After they finish slaughtering the pigs, there will be a car for pick up the meat and delivering them to the market. If this cannot be done on the same day, the meat will be stored in the 8 freezers. The blood products have been sold. The locals take it to make Larb. Some stores will buy the whole blood. The store will prepare a set of ingredient of Larb and selling in front of the store. And it will be sold at the market every Tuesday and Friday evening.

#### **5.3.11 The pork industry in the village.**

With the development of the road network, the village has begun to grow steadily. As a result, many businesses have begun to approach the business community. Until about 1973, one animal farm system occurred near the community ranging from small scale farming to businesses selling broilers and laying hens. Then in 1975, they started breeding pigs, 12 sows and one boar, expanding gradually to 40

breeding parents in 1986 and 750 sows in 1992. IVF was introduced in 1994 and the business grew. One year later, it had increased to 1100 breeding mother and began using pig farm employment facilities. In 1997, there was special nursery building. Three years later, there were 2200 sows. Since 2002, a farm biogas system has been used in the nursery and has become standard on livestock farms. There are currently 5,000 breeding parents. Pig farming is a factory system and this farm is currently under expansion. A special building for the care and feeding of piglets is under construction on 250 hectares. There is work on the farm for about 98 people. The breeders are imported from Denmark every 2 to 3 years. The way the animals are fed has changed radically everything is very high tech. Vets are on hand to help with the animal husbandry, and there is a database and computers are used to program feeding. The pigs are healthy and one technique to ensure they are free of disease is faster weaning. This reduces the spread of disease in these pigs.

The farm is divided into three different sections. 1) A breeder farm, housing pigs from conception to delivery. 2) A nursery for weaned piglets until they are ready for fattening. 3) An area specially for fattening pigs. Each sector has its own staff, skilled in their particular area.

A nursery session was using close system. The system in place is extremely efficient. Every aspect is controlled from the air conditioning achieved through the evaporation of water to the automatic alarm system. Air circulates through the buildings controlling the temperature. This allows for more efficient farm management. There are about thirty such farms in the province. One month after birth, the piglet is weaned and stays until it reaches 20kilograms (about a month, depending on the size of the farm) in the 2<sup>nd</sup> section. If the piglet weight less than 30 kilograms, it will split the party apart and get full feed through to the full and 1 month. If weighs 50 kilograms screening in a big farm. For the piglet that is less than 50 kilograms if the veterinarian is not a disease, it is sold a pig fail grade. If the pig is sick before selling period in 1 month, they will not get treated and limited by the landfill. You are using a backhoe to dig a hole. Crow put sterile landfill.

### **5.3.12 Factory Sale**

When pigs weigh 80-100 kilograms, 3 days before the sale, there is a veterinary inspection and audit reports. If they are disease-free they can be sold. While delivering, pigs can die from depression, stress or heat. The death pig will be sent to the factory and check for disease within 2-3 hours by a veterinarian. If not, the pig will deliver to customers who have booked for the meat. For the sick pigs on the farms, most veterinarians have a remedy for diarrhea, cholera and pneumonia. Security staff checks everything on the farm. Everyone must wear boots and walk through an antiseptic wash before entering the farm. When a car drives off the farm, the wheels and chassis are sprayed with disinfectant. If a veterinarian finds a sick pig, or an animal dies, they cannot remain on the farm.

Cutting the pig's ears on the stressful pig could help them to return to normal state. During the hot weather, pigs will run to the bath or water. Some pigs are shock because of the temperature and die. If an employee or an officer discovers at that moment, they will cut off the ear of the pig and the pig can revive. However, if pigs die their throat will be slashed and there will be an examination within 2-3 hours by veterinarian. If disease is undetected, the veterinarian will send it to customers who have booked. The supply and deliver system is controlled by a computer system. All pigs in the network for 2 years will be sent to the slaughterhouse where it should be in the system. Pig will be delivered to neighboring countries and provinces. If pigs are out of stock in that area, it will request for supply from pig farms.

### **5.3.14 Waste disposal of pig factory**

Pig farms in the system (between 400-500 pigs in each farm) will have to clean the stall every morning. The waste will put in the pit in every farm. The trucks will manure from the pit and delivers it directly to the farmers in the area for a fee of course. The manure flows into large storage tanks. The owners of the farm have invested (about 50,000 baht) from the quality control system. Farms will install a system so that water is automatically circulated throughout the buildings, and the amount of gas is reduced. Small-scale pig farms however dig holes in the ground to store the manure.

### **5.3.15 Community impact**

Because of the heavy rainfall, a lot of water overflows from the stall onto the rice fields so the waste from the pit will flow to the rice field. The rice plants will be stronger but the spike will be less. The community is concerned about the impact the pig manure is having, as the pits they dug to store it have overflowed to the field and water supply. They are concerned about the terrible smell and also about the possible outbreak of disease. They are worried about the chemicals- used by the pig farmers-flowing into the water supply. One problem is the effect that has on the fish. The chief says they have to compromise because in his words “a pig farm in the area draws the community closer together.” For example, whenever there is a ceremony, a New Year Festival, or a big party in the village, they invite the officials and the workers from the farm to join them. The pig farm supplies the pork and other food for the festivals at a very reasonable price, and they also provide prizes for the raffles.

The pig farm supported schooling for children in the village, are paid 9,000 baht per month to give a teacher, starting about 3 years ago. All in all, they have donated approximately 300 thousand Baht.

### **5.3.16 The cause of disease**

People in the community have increased their consumption of pork. Unfortunately, they have failed to observe some basic hygiene when dealing with the animals. They do not wear gloves or boots, thus creating a breeding ground for germs. And the end result is the spread of disease either from one animal to another or from animals to humans.

When animals are randomly slaughtered, the meat is sold locally and may also be sold to nearby areas. Unfortunately, the locals have no awareness of diseases, so they do not realize how easily it can be spread, through leaching blood, or mucus. If they wore gloves then they would be far less likely to spread germs. Nothing is done to prevent it at the moment.

Pork is plentiful, and can be bought almost anywhere. It can be prepared in many different ways but often men are cutting it up. Some of the men in the village get together and have a small party, where they eat and drink together. Unfortunately they drink too much and no longer pay attention to what they are eating, so the meat may

be undercooked or they may even eat uncooked blood. It is this behavior that leads to illness, since Larb is a very popular dish. Raw blood dish ingredient is prepared at the store. Consumers only have to mix them together when they want to eat it. Eating raw meat menu is a personal behavior that can lead to illness.

*“Leard Pang dish paired with alcohol similar to rice with water.  
Leard Pang is a snack food similar to eat local paste with  
vegetables. I can say everyone ever has eaten raw food”*

Said by; people in the village.

These are the words of the people in the community. Most people do not really know anything about the disease. They have never been told that eating undercooked pork can result in illness. Everyone in the family from grandparents to small children may eat it like this. It is a culture of eating that has come down through the generations. Whenever a pig is slaughtered there will be raw blood and undercooked meat from the past. Their parents used to eat it so they have no reason not to. Some of them will drink alcohol at the same time. Moreover, they do not concern about the cleanliness. The knife and block will not be clean after slaughtering. If it was cooked or if the standard of hygiene had been observed, there would not be a problem. Cleanliness can actually prevent diseases.

*“I know that it is easy to do with parasitic diseases, but also I  
like to eat it because it is delicious.”*

But villagers said they do not actually know anything about the disease. They just said that when there are pig farms near a community they can generate income for the community. When locals begin to work on a farm the rate of unemployment in the village falls. People in the community have a job. Labor mobility from the community to work on the farm increases. The community begins to see a way to make a living. The community is interested in doing business to do with pigs. Families who raise pigs are seen as having money. Money can be made from rice bran to feed pigs, without having to pay the cost of pig food. For normal families, they

just only have 2-3 pigs and they feed them for their own pork. They cannot afford more pigs because of the price of the pig's food. Local people are so poor they cannot afford to raise pigs as they have no money to invest, so they rely on the contributions of a pig farm. When people in the village have a party or ceremony they call a pig farm and get a special discount. The head mistress of the local primary school told us that the pig farm would give her a discount because they said she helped the village. They would also give her supplies and food

### **5.3.17 Track pork smuggled from the farm**

When a pig does not meet the quality control, it is smuggled out of the pig farm. The people in the community do not take the quality into account. They are happy to buy it cheap. Pigs that fail the grade are smuggled out by workers at the farm and sold to villagers. When people want a pig from the farm they must have connections. Most people who work on the farm can get a pig out easily. You make a call to someone who knows how to remove the pig from a farm before it gets too big and heavy. It takes 2-3 days, and will be an animal that fails to make the grade, and will be sold for 500 - 600 Baht locals say.

*“If we do not have the people who know the farm, or no connections, or no family's friend who work on the farm, there is no way to get a pig out”.*

They put a pig in a sack and throw it over the fence into the landfill after dark, even though there are surveillance cameras. But they know the supervisor because they always eat together. They have to arrange it in advance. For people without connections reservations must be made when the pig looks as if it will be sold at a cheaper price, which means his workers cheated the owner of the farm. Another method is, if we know workers in the organization, to pretend to kick the pig's leg. The pigs will huddle and one will be trampled to death. After the vet checks, if it does not have a disease it can be removed. In this case of course the owner will have to be told, but the vet and the foreman cooperate so everything will go smoothly

People who see to it that the pigs fail to make the grade will slaughter them, then have a drink with friends and divide up the carcass between the various participants. The reason they buy this pork is because it is cheaper. They do not concern about where and how they get it, because regardless of that, the meal is delicious, they enjoy themselves and it is cheap.

This is the story of pigs in the community, both in terms of the economy and in relation to local culture. We must understand the interaction. If we do not fully understand we will be unable to identify what causes of the disease and why it is specific to the villagers. I have told their stories through the experiences of residents following an illness.



## **CHAPTER VI**

### **ILLNESS EXPERIENCE OF THE LOCALS**

The illness and clinical presentation of nine villagers, three women and six men, are narrated in this chapter as a learning experience of how rural people face the problem of being sick. Starting off with the story of a woman named Jeam, who is incidentally also the first patient reported in this province. The second woman is Nani who despite her obvious prettiness and credentials of having won a beauty pageant in the district when she was younger, behaves like a man due to her social conditions. This life story highlights the power of masculinity and why being men or like men, puts the person in a state of vulnerability to the risk of morbidity and mortality. In the case of Nani, the issue is not just in how behaving like a man makes her vulnerable but also why she had to embrace that male role is a part of her social construction. The third infected woman is Grandma Wanla, who is also the aunt of another patient, Kead. Grandma Wanla once stood at the juncture of old and new culture and with her experiences, enlightens us with the transformation of the society, especially the changes that took place in the healthcare system of Thailand at the local level in the last thirty years. The last woman is Lon, the wife of the first male patient that I present in this chapter, Sak. Sak had deafness disease but died early due to cancer. Through Lon we get a glimpse of her husband's illness and she also imparts a new vision of sexual role of woman, breaking away from the traditional male dominance of sexual interactions, via her supernatural beliefs and practices.

Among the rest five male patients, it was Uncle Dang who opines that those friends who drink together are the true friends. Uncle Dang makes us appreciate the sexual diversity of the community. Like Uncle Dang, Kead was also lost in the trap of the ideas of masculinity, which eventually led to the risk of illness. Next story is of Uncle Wan, the man who always looked at the bright side of life. He explained the illness as destiny. For Wichan, it was the fear of disability that made him question the culture and change his dietary habits and lifestyle. At the end of this chapter is the

story of Uncle Pan that allows us to recognize the infiltrations of capitalism in society through politics, trade, education and health. These stories and experiences of illnesses need to be seen in the light of the socioeconomic inequalities that produce reduced opportunities in education for poor and limit their access to resources.

Name	Sex	Age	Occupation	Education	Econ status	Alcohol History	Pig Exposure	Sign & Symptoms	Impact
Jiem	F	37	Farmer	Grade 6	Poor	Sometime	Cooking /Feeding	Meningitis	Deafness
NaNi	F	50	Seller Farmer	Grade 6	Poor	Very Heavy	Grill under cook with Drinking alcohol	Meningitis	Deafness
Wanla	F	67	Farmer	Grade 4	Poor	Sometime	Grill under cook, Drinking alcohol	Meningitis	Hearing loss
Sak	M	44	Farmer worker	Grade 6	Poor	Heavy Drinking	LeardPang	Septicemia	Hearing Loss
Dang	M	66	Farmer	Grade 4	Poor	Very Heavy	Grill under cook, Drink alcoholand LeardPang	Meningitis	Hearing loss and Ataxia
Kiet	M	34	Worker	Grade 6	Poor	Heavy Drinking	Grill under cook, Drink alcohol	Meningitis	Hearing Loss
Wan	M	57	Farmer	Grade 4	Poor	Very Heavy	Killed and Dissect	Meningitis	Hearing loss and Ataxia
Wichan	M	45	Driver Farmer	Diploma	Fair	Sometime	LeardPang	Arthritis	Ataxia
Pun	M	69	Farmer Garbage-collector	Grade 4	Very Poor	Very Heavy	Cooking	Meningitis Arthritis	Deafness

**Table 6.1:** Characteristic of deafness disease patients

## 6.1 Jeam: First patient, nicknamed "miss deaf"

Echoes of “miss deaf” ring out in her ears. This is the clearest indication of contempt and a threat to dignity of the people affected by this illness. The case report of *Streptococcus suis* infection in Jeam was first described in 2006. I met her seven years ago as an eager epidemiologist. Although I had read stories of deafness disease from the media and various texts, this was the first I was investigating it in the capacity of an epidemiologist. Despite some years passing already after the disease and possibility of a recall bias, her experience is invaluable to this current study. We need to truly grasp the situation in order to draw some useful inferences from this case.

Currently, Jeam is 37 years old and lives in a modest house in the area, close to a large market next to a military camp. She works as a farmer and after the harvest season, she sells vegetables at the market. Her husband is a general employee. She has two sons, aged 12 and 10 years respectively. She and her husband had been working as simple employees in Bangkok before Jeam decided to return alone to her home as she could not bear homesickness any longer. She did not earn too much money but was capable to send some to her parents. Her own house was still incompletely built. Jeam’s is a poor family; her house is an old, wooden, and two-storied with the downstairs area just made up of pillar and temporary walls of old galvanized tin sheets. The bathroom is about five meters away from the house. The area around the house is filled with the trees planted as ornamental fence line enough to make the house look nice due to the greenery. The field is full of rocks and gravels. Jeam has two dogs and two pigs. Her husband also told me .....

*"We raised pigs in the garden besides the house. During day time my wife goes to the pig farm to take care and feed them. Sometimes I go to sleep there for watching them, especially during the harvest season. When the pigs grow up we sell them for extra income. Our jobs of selling rice, being general employee and some trading did not generate enough income to pay for our children especially when they would grow up and wish to study in good schools. My wife and I wanted our children*

*to be able to study in a good high school. Our family had no opportunity to study in high school. If the children learn in school; when they finish, they will be able to take care of themselves. Parents will have a social respect, it will be different from parents that had no chance to learn in high school."*

The words of Jeam's husband instantly projected the couple's positive attitude towards education. They saw education as a chance of life. But on the other hand, I also saw that even with all the good intentions, they were unable to do it. Social and economic capital is a key determinant.

During childhood Jeam said her family was a very poor family of farmers. Her parents had four children; Jeam was the youngest and she studied till grade 6. When she grew up, she got married and lived with her husband's family. She recently separated from their house to live in her yet incompletely built house. Her neighbors mostly went to work in Bangkok. Jeam and her husband also worked in Bangkok for three years, but could not earn enough money like others. She said,

*"Unfortunately when we started to work, we faced with many obstacles. The suffering was too much; we did not know how to deal with the situation. For us there is nothing to do here except for farming. Unlike the businessmen in the towns who can find money from the banks, we can only work hard in the fields to earn money."*

They returned home to their simple occupations of being farmers again. They hired the pigs and Jeam's husband sells some woven clothes from another village. In the same time Jeam also act as the housekeeper, taking care of house and cooking for the whole family. Her husband also said that...

*"Every time I go for work, Jeam is the one who takes care of the pigs, ensuring they have enough food, sometimes cleaning the pigs too. I've discussed about her tiredness but she says that she*

*enjoys it. Some days I come home tired and sleep like a log. But she goes about cooking rice, mostly pork, crab and fish. Sometimes I bring food from the market too."*

While Jeam's husband told the story, I could sense that he felt proud of Jeam and her housewives responsibility. He was also considerate about Jeam's tiredness from work.

When asked about the underlying disease, Jeam declines of any history of diseases. She said that she was healthy and did not drink alcohol nor ever smoked cigarettes. Sometimes she went to the health center for abdominal pain; and the doctor told her it was only dyspepsia, so after one day medication, the symptoms would disappear entirely and she hasn't gotten any other illnesses.

*"I think I am a strong and healthy person. I can work hard and carry heavy mortar bearing rocks. Life is hard, for our entire family is poor. I like making charity though and have never sinned at all. When I got deafness disease, I could not accept it. It's an unexpected fate that made my life bad."*

Jeam recalled that in July of 2006, it started out with a huge headache, myalgia, fatigue and a high grade fever. She didn't like to take the aspirin or paracetamol as the symptoms did not subside. She also experienced joint pain. Three days later, the symptoms worsened. Then her husband borrowed 3000 baht from his father and took Jeam to a clinic in another province, 100 km far. The treatment that Jeam had received from doctor of this clinic made her feel a little better, but she still had fever, headache and joint pain. Her husband thought that the doctor in the bigger province was much better than the one in the small town. But the doctor at this the clinic did not say anything, the doctor just only said nothing serious and may be it will be better in a couple of days. They gave her analgesic drug and antibiotics and advised that if she did not get better, she needed to be brought back again. Two days later she still had high fever and a severe, almost unbearable headache. Her husband took her to

the Provincial hospital and she was then hospitalized for seven days. During this time, she had flatterer confusion. The husband thought it may be caused by household god, but the doctor said it was encephalitis. She was in hospital and was semi-conscious with other symptoms like neck spasms, severe neck pain. Fever had not subsided. Her husband continued.....

*"The doctor suspected that it was encephalitis. At the follow-up date, the doctor said that she may still have some tinnitus symptoms. It can get better by itself no need to follow-up again. I still didn't understand what caused my wife's sickness; I thought it was due to god and rushed home to worship Buddha, praying for Buddha to help to protect my family. May be we did less charity so it would be destiny that made Jeam deaf. "*

Because Jeam was the first patient of this province, it was not surprising that she had never known about this disease.

*"I never knew about the deafness disease before, just only knew that drunk person could not hear when tried to talked with them. Is this deafness disease or not? I doubt that I had never eaten raw pork before unlike my husband so how could I get this disease? I had one nephew who loved to eat sour pork very much and she didn't get any other illness; she said she just bought anti-parasitic drug to eradicate the parasite. Many people eat sour pork but no one else got sick, so I worried about my nephew because she still ate sour pork. All patient had the same symptom when they had discharged from hospital, they got deafness and looked like people who had hearing loss but I am not sure because of aging or not."*

The words of Jeam reflect to the question why she got this disease symptom; according to urban belief looked like she was doing something wrong with

ghost. We can say that the symptom might have been much more severe and yet no one could explain why. It carries a symbolic meaning that even in this period of time, people still believed in ghosts.

When asked Jeam how she felt about her illness, Jeam replied that it may be caused from something wrong she might have done with the farm ghost. By digging something in the land, her family worshipped the ghost with boiled chicken, pig, and duck and asked for forgiveness. Jeam said she quietly believed in this because before she got sick she didn't see the risk factors to make her get sick at all and there have no one else who got this disease. But since she got information from health care worker it made her assume that maybe it was from cooking.

*"Normally I would buy pork from the market in the district. Most of pork was the pork that was left over from sale in the evening. The meat was not fresh, but it was cheap. I bought a lot to keep in refrigerator for making dried meat and for cooking like boiled, grilled and make a Issan style soup."*

Jeam had an old refrigerator that could not keep the temperature cold for long enough. She always cooked sour mint pork salad because it made eating sticky rice tastier and everyone could eat a lot of quantity of sticky rice. Jeam said may be she was infected while she cooking because she had a wound in her hand and she also suspected it was from feeding the pigs.

*"If I had known, I would have found the way to protect. Before, I never wore any shoes in pig sty, so now it was time to change and also her husband too. I will also tell my nephew to stop eating sour pork and be careful about the wound in hand when cooking. When cooking, one should wear gloves; it sounds ridiculous but should be done to prevent from contracting the disease again."*

The last time that I met Jeam after she got sick, she seemed to have faith in the health care worker, and then when I met her again, she was still the same, still a good wife, good mother and going to the market to sell vegetables. Jeam said...

*"My life is still the same and my sons have grown up. I'm so lucky that my husband does not flirt around with other women, but he drinks more now than before. He says that without drinking it's not fun with friends. I don't worry about his drinking but just don't permit him to contact with other woman."*

When I went to eat dinner at her house, she made sour spicy pork salad with spicy pork hot pot. Jeam asked me not worry as she had bought a new refrigerator that could keep food in good condition for many days. She wanted to cook some food for me, especially pork because pork was cheaper than chicken, duck or fish. Fish is more expensive. The soldier's wife always bought some cooked food from the market but for the villagers like her if she wanted to eat fish, she would have to go fishing in the pond by herself; and in summer there were not much fish like in the rainy season. There was also a fishing season, each village had a pond which was meant for everyone to fish, but they had to pay for fishing. They would get as much fish as they could. Jeam also said.....

*"The villagers gather for fishing and they will pay the charges of the pond and then fish from morning till evening. If they can catch fish, they will eat with alcohol at that time. It's fun. I also love to go there to keep an eye on my husband because when he became drunk, he can get promiscuous and also I get to meet my friend too."*

Back to cooking dinner at Jeam's house: when I walked into the kitchen to see her cook and talk with her, she made pork half raw-half cooked for her husband because her husband loved to eat like this. If it was totally cooked it would not be delicious but for herself and the sons, she boiled to make sure it was cooked properly.



Jeam did not think there would be pathogen in raw pork and she thinks when eaten with alcohol, it may be sterilized. And when she prepared pork for hot pot she only cleaned the meat and intestine just one time; if more than one time the good taste would disappear she said and when at the time to dip hot pot we can boil it for long until cooked. As we started to have dinner, her two sons also joined us. They ate cooked mint spicy pork salad dish but her husband ate a raw dish but when her son asked about raw pork disk Jeam said he ate with alcohol so it was sterilized. Then when her son went to bed her husband just dip the raw pork in hot pot instead of boiling and started to drink. Then two of his friends came to drink with him, so it turned to be drinking party and his friend also dipped pork in the hot pot instead of boiling it. So this event made me see firsthand that even the experience of being sick of Jeam and the knowledge of medical information they received, didn't change the situation. Medical information may look so powerful to advise everyone about what should and shouldn't be done; but for Jeam's story already told me that the behavior of the villager also depended on the condition of family, social structure and culture that they are involved in everywhere and every moment. So the health education based only on medical information will not be able to make any change in the society.

After her husband's friends came to join for drinking, I had a chance to speak to Jeam alone. I asked her why her husband was drinking so much these days, Jeam replied that some time ago, when he finished his work, he and his friend liked to go karaoke because they can have sex with the girl who worked there. Karaoke shop has a private room at the back of the shop for sexual service. Since he was stressed, he needed to relax by drinking and talking with his friend. It made him feel better. Jeam understood him well but she was worried that when her husband got drunk, he might sleep with the woman in the Karaoke shop; that was the only thing that she could not accept. So instead, she invited him and his friends to drink at home; when everybody got drunk and wanted to go to karaoke, she let them go, except her husband and her husband was willing to stay back too. Jeam smiled and talked with me as if we were friends for long time (I felt like that because I had known her for many years; whenever we talked, we seemed like very close friends). She said that when her

husband was drunk, he wanted to make love more with her, and she let him do it. But when I stared at her, she then laughed and told me that she got pleasure too.

Jeam had permanent deafness after she got discharged from hospital and could not walk properly after recovery from disease. Jeam said

*"At first, I had falter gait but now I am glad to have recovered from the symptoms. You know I could not even move my neck but I didn't think I would have permanent deafness, I had so much problem about communication with other people: at first when I returned to sell vegetables I couldn't hear the order to buy vegetable from the customer... later the other merchant in the market called me "miss deaf", and I felt very bad about this. Sometimes I don't want to go to the market, and then I had to accept that it was due to destiny."*

Jeam also told me that the health officer had just announced via speaker about the deafness disease; the doctor said if you got this disease it can cause deafness and death. She was lucky she only had the deafness symptom; she had a chance to stay with her family. Before that no one talked about this because it didn't happen to them. She had also never heard about the deafness disease before. However, the last time I met her, her right ear was getting better. If someone wanted to talk to her, they would have to speak louder and people nearby would think that they were quarrelling.

Jeam in the role of wife and mother had to endure a lot. Besides the responsibilities of housework such as cleaning, laundry, cooking and taking care of her husband, Jeam also had to be role model for her kids and a good wife. When she was sick she need to recover quickly to function again in those roles. But when her husband was sick, only she would have to take care of him. She didn't want the head of the family to get sick and she was willing and very proud to do her job as a good wife. *"Anything he want to eat I will find it for him, I don't want him to get sick so I support anything that can make him recover very quickly."* While her husband had told me that *"when my wife got, sick she never told me, she tolerated, but I also want her to tell me earlier because she would only tell me when it was very severe."* His

voice was kind and also his sister said *“she is a good woman who has high tolerance, loved her husband and took care of her family very well.”* I observed that Jeam looked very happy when her husband spoke about her.

The story of Jeam portrays the life of a poor woman in the rural area. She has to do everything to earn a living. She performs her role of a good Thai woman well in terms of being a good wife and a good mother and let the man to be the head of family and decision -making in the family. When someone in the family got sick she would take care well but when she herself was sick she must endure until it was so bad that she could not work at all. However, even though social and family accept this role but it doesn't allow the woman to easily access the health service like men. Illness of Jeam may have been caused from hurry to cook as she had a lot of things to do in whole day. Poverty restricted her from buying good quality pork meat. That was the meaning of poverty: unequal access to clean and safe food while food beliefs such as the food made from pork such as mint spicy pork salad should not be cooked totally because it destroys the taste and that it will not be sweet and people cannot eat with more steamed sticky rice with it, is the belief that lead to infection. In my opinion it was very interesting because I didn't know whether this belief in food was only among the poor people or other classes also thought the same.

Jeam's experience of illness depicted the illness of rural poor woman who couldn't choose to access the treatment earlier. Most of doctor nowadays work for business and don't dedicate themselves to help poor people, to investigate the actual cause of disease, or give more information for patients about disease and treat every patient the same or share or plan the treatment with patients. This story also disclosed the lack of skills of doctors and health officers that are needed to diagnose and treat this disease in a timely fashion.

## **6.2 Nani: "It's my fault; I behaved badly"**

Nani is a 55 years old woman but she acts like a man to maintain her status as the head of the family. She was born and grew up in this village and studied will grade 6. She was the only child of his parents who have deceased. The only relative

she has is uncle Kham, an older brother of her father. Uncle Kham, aged 90 years, was ordained a priest 20 years ago. Nani's mother came from another village, 100 km far from this village. Her mother never talked about her home village nor took Nani to visit her maternal grandparents.

*"When I was young, my mother never mentioned about her family; looked like she didn't want me to know the story. I've heard people say that my mom eloped with my dad and came to this village. My mother's family was that of a gangster, and my father never told anything about this. I remember when I was a kid; someone came to my house once and asked my mom to return back. I heard a lot of quarreling and I hid in the grandmother's room but peeped to see what happened outside. A guy, probably my mom's ex-boyfriend, talked with her for a while and then I saw my mother take out a gun and shoot to frighten them. The three men went away. If my memory serves well, I think the guy was not afraid for my mom, but because he bowed out and went away without causing any harm, I would say that one of them must be a former lover of my mom. At that time, I was 7 years old and it was the first time I saw her use a gun."*

Nani says that she is the only woman with no relatives in the village. Her family is a reclusive family in the community. I could guess that when she was young she would have had to work like a boy since she had no brothers. Aside from aiding her parents at home, she also helped out on the farm. She thinks that because she did her own work like a boy, it could have made her healthier and never sick. She is a hard worker, working hard since she was a little girl. Despite being a very beautiful girl, she preferred to support her family rather than acting like a lady with long, beautiful hair flowing in the air.

*"There was a saying in the entire district that the most beautiful woman in the district will be found at Nani's house. When I was 15 years old, I won the Miss Songkran Contest in the district. I was not proud of this because it would be ridiculous - to attend the contest for the money. I got five hundred baht and felt very happy to win the silver trophy and have kept it until this day, but..... "*

At this point, Nani's voice seemed to crack and give in to the sentiments. I had doubts about what just happened but kept quiet and still. After a while she changed the topic and talked about something else. In my opinion, Nani was very pretty. She did not study after grade 6 because she had to take care of the family. As her family had only one child, it was her responsibility to earn money and support her parents. She didn't dress to look like a woman, never had a date and didn't drink alcohol.

*"I do not know if I would have liked to continue my study in the school or not, I only knew that I wanted to make my parents happy. My mother was a quiet woman and I think my mother loved my father very much so she stayed with my father even though it was very difficult to tolerate."*

One day, when she was a 18 year-old, someone shot her father at the end of the village. Her mom lost her mind completely and heartbroken, she took up drinking alcohol. Her mother transformed from a quiet, loving woman to a drunken woman who went out every day to join nightlife. The reason of the death of her father seemed to be revenge for eloping with her mother. One night, her mother went out and drank so much that she was found dead the next morning in front of the house. It felt like the end of the world for Nani. Although she felt devastated, she could still hold a funeral by herself. At that time, Tong, the son of the owner of miller in a village and perhaps the richest family in the village, helped Nani and took care of her.

Uncle Tong, as we call him, was 10 years senior to Nani. He was divorced and had a son, Jo, who lived with his former wife in another district. Nani didn't know why he had broken up with his wife nor cared that he was married before. Still reminiscing about her parents, Nani found affection from uncle Tong's parents. She got married to uncle Tong and was very diligent in the family. Her husband's family opened a shop in the village. It was the largest store in the district. She stayed with her husband for ten years. Uncle Tong started to gamble and lose money at an alarming rate and finally ran out of money from gambling. The only treasures, Uncle Tong left to Nani was a two-storied building that housed a typical grocery store with Uncle Tong's aging parents. Uncle Tong was involved in drugs before being caught in a lawsuit. After that Uncle Tong's former wife, Jan, came to Nani with her son Joe and her younger disabled brother to live with Nani. Nani did not refuse to take care of all three persons.

Jan was 5 years older than Nani. Everyone had moved in the same family. Nani had to take care of the elderly couple of her husband's parents and three other newcomers. She had to work hard, just like in her childhood. Jo refused to learn and ultimately had addiction and committed some crime. Jan considered herself like Nani's wife and respected Nani as head of the family. The villagers said that Jan was Nani's wife. I had the opportunity to meet with Jan. She is a good-looking woman, always dressed fashionably and every time that I went to their shop for talking, I found her very hospitable too. Jan's brother had cerebral palsy and could not do anything by himself, yet Nani didn't ignore him. She willingly took him in the family and took care of him as her brother. Jan was the caretaker in the family while Nani was the breadwinner.

### **Alcohol and masculinity lead to infection**

The burden of responsibility necessitated a stress releasing mechanism for Nani. She found one in alcohol. Nani told me frankly that when she began drinking it was liberating for her. Gradually, her personality started to shape as a loud person when drunk and quiet, hardworking when sober. Nani began to drink even more, sometimes from early morning. She had to lobby with and settle agreements in the court for drug offenses and attempted murder by Joe. Alcohol made all her troubles

and nuisances disappear. Nani confided in me that when drunk she had sex with Jan for the first time. She felt good with Jan and it was Jan who initiated sexual contact. After that, from time to time they make out. She said people there knew about her sexual relationship with Jan but she didn't care. And I never heard anyone say anything negative about both of her and Jan. After these sexual experiences, Nani began to act like man even more. She said...

*"It's habitual now to quit wearing a skirt and substitute by wearing T-shirt and jeans pants. It's easy to wear and more comfortable to work."*

This conversation with Nani enlightened the riveting story of her life - she acted like she was a simple guy. Jan was responsible for the housework and Nani was the head of the family. She drove to the downtown to buy many grocery things to sell in the village. Sometimes she tours the city in the night with the guys. Sometimes she can have sex whether with a woman or a man, that sex is normal for her. Nani said she could do that when she got drunk...

*"Going out with the guys make me feel easy; different from going out with women. But sometimes when we get drunk, it is risky too. We aren't careful. I think to be a man is very good - no need to concern anything, no worries, no guilt feelings when you go out, it's simple. When you get drunk, you dare to say anything, I am not stressed as well."*

I had the opportunity to talk with Jan and she told me that Nani had more stress from the burden of responsibility. For example, how to take care of her son Jo, fix the problem of crime case, take care of her disabled brother and work for earning more money for family. But Jan was confined to work at home. Although she understood and sympathized with Nani, she did not want Nani to drink too much. Because after she started drinking heavily, she drank from early morning and spoke louder and louder. Everyone in the village understood and no one felt bad. Everyone

loved her and sympathized. The good thing about Nani is that no matter how drunk at night, she still worked hard in day time to serve the family well. The story from Nani and Jan were identical. Then we started to talk about what caused the illness of Nani.

When drunk, Nani didn't care whether the pork was cooked or raw. She felt it's just something to eat. She was more interested in the friendship and fun when sitting around eating, drinking, and talking. Nani said that sometimes she took drugs with the guys to try it: both in drinking form and inhaling form. It provided excitement.

*"He took a spoon made up of foil paper and put a little amount of amphetamine on the spoon and fired it, waiting until melted then smoke methamphetamine"*

She had only tried it a couple of times. Each time she felt good. Because she did not want to worry about waking up in the next early morning to work, she didn't want to try it again. For Nani, it was mainly booze. She recalled that drinking with grilled pork and the atmosphere around the killing of pig was more fun. The men did not usually cook at home. They would kill pig and help each other to carefully cut the meat. She used the word "Kak" which means "very good" in Thai language, to describe the meat that looked smooth and beautiful. But later when everyone got drunk, no one would be interested in the looks of the food. Eventually she was getting sick.

*"I started getting headaches in last few days of heavy drinking. Sudden severe pain made me hurriedly go to the city to see the doctor at clinic. I usually don't get sick. I was just worried that if I got sick, I won't be able to work. Prior to this episode, I would tolerate until self recovery."*

This illness was serious for Nani. Nani made us see the women must endure when faced with illness. Nani said that she went directly to the clinic in the morning. Doctor gave her an injection of painkiller and said that if she didn't get better she should come to clinic again in the evening. Doctor told her that it could



have been caused by too much alcohol drinking. When she returned home, she still had headache and did not feel it getting any better. The symptoms persisted. Nani, then decided to see the doctor at the provincial hospital in another province which is larger than the province where she lived. She said that she feared of death, so she made the choice to go to a hospital where she had trust and thought was better. Although it had happened three years ago, she still remembers the story very well. When she arrived at the hospital, she was confused and felt numbness, neck stiffness, body rigidity and felt a chilling fear of death. She had a lot of thing to do and also have a family to look after. The only one thing that she could do at that time was hope that it would get better. Nani was treated at the hospital for seven days and she then returned home to recover. The doctors told Nani that she had meningitis. It was the only thing that the doctor informed to her when she was admitted in the hospital. Nani experienced a decrease in hearing power in her right ear and a total deafness in her left ear and realized it was caused by infectious meningitis. She came to know about streptococcus suis only from the investigation team and had never heard about this disease before. Nani said.....

*“If the doctor at the hospital had given me the information about the cause of illness, it would have been better.”*

I wondered why she had not realized about her hearing loss earlier than she did. She told me that she was in distress and could not sleep. She didn't even dare to ask anyone about that. She was afraid that it was all due to her eating and drinking too much. She pondered that because she was doing bad things, she deserved this suffering.

*“It has just been a month that I have come to know the truth from your explanation. When I came back home from hospital, the local doctor never said anything to me. If I had known earlier, I would have alerted everyone to be careful and not let anyone in the house to eat raw, uncooked pork. I think the doctor should take care of us better than this. In the past,*

*doctors were much better at taking care of the community as they were always concerned of the residents' health. Actually this village is not so big. The doctor could come down to mingle with the locals, and the health volunteer could tell everything and take care of us very well. For example about the deafness disease, no one mentioned this disease to the people in our village even though we have a lot of cases in the village. May be they fear that it will impact the pig farms or not. Especially those who work in the pig farm, they still keep the mouth shut. If you don't believe, please go and ask them about this."*

### **6.3 Grandma Wanla: Role of wife and vicious cycle**

Grandma Wanla is a traditional person with a contemporary outlook who has witnessed the intersection of the old and new cultures. Grandma talked about her past in vivid details as if it was unfolding just before our eyes. Grandma gave us a deep account of the local culture; and through her life of being a health volunteer and a maid at the sub-district health center, an even deeper understanding of the development of the healthcare system in the last thirty years. The dynamics of the health service system at the local level, possibly explains how, in the case of Grandma Wanla, her social environment did not allow her to escape from the risk of infection of deafness disease.

Even though being an elderly woman at the age of 67 years, Grandma Wanla still works on the farms. She lives with her husband in a house adjacent to her brother who is 6 years younger than her. She doesn't have children. Her brother lives with his son named Kead who is 33 years old now. Her sister-in-law - Kead's mother - died when Kead was only 5 years old. Ever since then, grandma has taken care of Kead as her own son. Kead has an older sister, 36 years old, who married a man in the village and moved to work in Bangkok, leaving behind her daughter in the village. The 12 year old daughter now studies in grade six in the local school and lives with

Grandma Wanla and Grandpa Sa in their concrete floored house that has un-plastered walls of brick blocks with windows; covered by zinc-sheet roof.

### **Childhood story**

Grandma and grand pa both were born in this village and have lived all their lives here. They have been together for 40 years now. When Grandma was young, she wanted to continue studying in primary school but because of her poor family conditions, she and her sister had to quit their studies after grade 4 and help the parents earn some money. She wonders that if she and her sister had continued to study, they could be working now as the bosses of everyone because of their high education. As a child, Grandma was a naughty girl who liked to climb tamarind tree, go out for fishing and finding frog with her father in the farm. Grandma recalls...

*“My father treated me like a boy. He took me to shooting birds and rodents, fishing, finding crab, catching reptiles and finding ant’s eggs by climbing a high tree. I ate everything that my parents ate – be it raw or cooked, depending on what we could find at that moment. Sometimes when there was a social event, we ate pork for meal. I could eat raw, grilled or cooked pork, especially “koy”- a kind of Issan food prepared from raw pork eaten with sour lemon. Sometimes I would run away from home to play with friends, get tamarind seed and sometimes sell the roasted tamarind in the school. I didn’t earn more than one baht but still I kept finding things to sell for money.”*

When she was a young lady, before her wedding, she used to love to attend festivals and annual fairs of the village. Grandma was a cheerful person, so there were a lot of people who loved to go out with her and invited her to join at their home. Grandma did not drink alcohol but would only talk with her friends in a girly fashion as a young lady was supposed to. The foods they ate were not much different from the foods she was familiar with. Instead of beef, they consumed pork in a raw style, even the spicy roasted pork with fresh red blood. Grandma could easily eat those as she was used to eating raw pork since she was a child. Grandma Wanla is a Buddhist but her

husband Grandpa Sa is a Christian, but nowadays he has changed himself to Buddhism. When they make a merit or indulge in any religious activity, they do it both Buddhist and Christian ways. For example, at first day of the twelfth month, Grandma conducts a ceremony to dedicate merit for relatives who have passed away at another province. There have been no conflicts with the two religions and no prohibition about food for them at all.

In her life nowadays, she does not have much to do except farming. In her leisure time, she plants some vegetables in the garden which she uses for cooking, *"I planted vegetables for cooking by myself, so no need to buy them."* Grandma is a strong and healthy person who is also very active and kind, while her husband is tall, dark and skinny. She loves to cook the foods that mostly Grandpa Sa likes. Her brother also brings them some local traditional foods such as asparagus soup, boiled asparagus, frogs etc, and all the meals will be accompanied by a spicy chili sauce called "jaw".

Grandma Wanla's family is poor as they don't earn too much money from farming and only own a small piece of land. Her husband wanted to sell some portion of land to buy a tractor to replace the buffalo, but she didn't agree citing that they don't have a heir to help in farming. Kead was the only son in the next generation to be the main person of the family. Later, Kead got sick from deafness disease and he could not help much. Even though Grandma had worked as a health volunteer, she deemed it didn't help her family because the entire decision making was done by her husband. Nonetheless, her family was not in debt though.

Grandma is very active and never stays idle, and Grandpa Sa goes out to feed the buffaloes during the day time. Grandma used to be a strong woman who did everything by herself. She would feel bored and restless if she didn't have a thing to do. She would never relax doing nothing and that's why she feels she was healthy with no underlying disease. It seems that grandma's life did not have a problem until her husband began to drink alcohol.

Till six years ago grandma worked as a maid at sub-district health hospital. She spent 35 years of her life in that small local health care center. She belonged to the first generation of health volunteers of this village and had worked with the previous 5 heads of the health center. She informed that when she started out in this job, there

was no pay; she just volunteered to work for community. She received a lot of respect, trust and appreciation from the villagers. Even though nowadays the government pays remuneration to the health volunteers, it is still a small amount and not enough to maintain the family. The job of the health volunteer is more like that of a woman, she says, like taking care of the families and community members; and therefore, there are only a few male volunteers (less than 5 %). She claims strongly that the monetary reward for health volunteers has changed the work mentality of the health volunteers. It has also destroyed the harmony of work because now it became a matter of money making interest rather than pure volunteerism.

In the past, the sub-district healthcare center focused mainly on the routine care of mothers and children. All of women in the village got prenatal care and give birth here. A trip to the province was very difficult, so the officers here had to be very good at child delivery. They took care of every mother so well that every child birth here was safe.

*“The officers took care of pregnant women very well and visited their homes. Conversely today, every pregnant woman needs to come to the health care center to meet the doctor. When we visited homes in the past, we also had a chance to see the house, her husband, her family and everyone would sit and listen carefully to our advice. It was good that everyone in the family were aware about their role to look after the pregnant mother. We conducted the child delivery at the pregnant mother’s home and when the first cries of the baby were audible, happiness engulfed everyone, including the pregnant mother. But if normal delivery was not possible, the officer would send her to see the doctor and deliver in the provincial hospital. I think it was very impressive that we could make every pregnant woman to be able to delivery here. But nowadays, some pregnant women who go to downtown for ante-natal care at the city also need to go for delivery at the provincial hospital by the same doctor.”*

The great system of looking after pregnant woman and children is a good memory for grandma. She says that the current situation of pregnant women is different than from the past where women used to get married earlier and took more responsibility of the family. Women in the past performed the multiple roles of wife, mother and care taker of family, quite admirably. May be due to living closely in a big family, the wisdom and experience got transferred from one generation to the other. She also narrated few instances of low birth weight kids, teenage pregnancies and the baby being left to be taken care by old grandparents as the mother had to go back to school in the last five years. And she also has witnessed the death of both pregnant mother and new born baby while delivery in the hospital, which left her shocked and surprised.

*"I think it's bizarre and unheard of in the past. The doctors of today are very talented but why has it happened then? May be the women don't take care of themselves properly. They only care about their beauty and courtship of a boyfriend. Some girls haven't even finished high school when they get pregnant. I don't know why their parents could not take good care of their daughters. And someone told me that the doctors mostly work in their own private clinic. If the patients want better care from the doctors, they need to go to the clinic first and pay more money for doctor for special care. Later at the time of delivery, the nurse will call the doctor to attend the delivery. There have been some incidents where the doctor didn't attend delivery until the infant had already been delivered."*

Grandma's voice turned grumpy and irritated when I asked her about the other kind of works she had to do as a health volunteer. She said we had to also inspect the toilets and water in the village. The health officer had a really close relationship with the villagers and we were a part of each and every event in the community. *"It's different now,"* she lamented, *"the health officer has to go to the city for meetings, sit in front of the computer and work with data all day long."* She

recalled that one day she had a chance to help the officer to prepare for evaluation from the province. The officer reported to them that this village had no case of cerebral palsy which was not true because she knew 5 cases of cerebral palsy in the village. Later on, the officer talked to her about this, and said that if they had reported the true scenario directly, it would have added more workload to look after for all these cases and that we knew well that we didn't have the time to do so. But the thing that she couldn't accept was these 5 cases of cerebral palsy would now have no chance to be rehabilitated by the province. This incident made her realize that the healthcare system had changed for the worse – the work of sub-district health center was no longer done keeping the health problems of the general people as priority anymore.

### **Alcohol made life worse**

A few years ago, Grandpa Sa travelled to another village to work as a bricklayer. Gradually he started to drink with his friends every day after work. Grandma felt bad because when Grandpa got drunk, he always quarreled with her. She complained that it was too much trouble for her to take care of a drunken grandpa after a hard day of work. Sometimes Grandpa invited his friends over to drink at home and she had to serve them with foods and clean up at the end. Any complaint of her would lead to an argument.

One day, I went to visit her at home. It was almost five in the evening. I met Grandpa Sa and his brother there. Grandpa's brother was cutting some meat while alongside, Grandpa Sa sat facing a hot pot on the fire stove. He had a bottle of local white whisky with him and drank it while cooking the meat. I came to know that the meat they were cooking was of a dog. I didn't dare to ask where they got the dog meat from. I had known that people in this province liked to eat dog meat but this was the first time I saw dog meat being cooked. I felt a little uncomfortable. Few minutes later, a friend of Grandpa joined in. The mood and aura of the place quickly turned from friendly to a little volatile, after two bottles of whisky. The conversations became louder – almost to a level of shouting, and full of gross humor and sarcasms. Grandma wasn't too thrilled about whole set up as she was already quite tired after work and yearned for a quiet time to reflect and rest. She felt ashamed that the loud conversations would disturb the neighbors.

Dog meat is taken as a delicacy reserved for a special occasion, especially for eating alongside drinking local white whisky.

Kead, the nephew, explained that dog meat was delicious with local white whisky. Granma Wanla also opined that the loud behavior of these men could be attributed to the concentration of alcohol in the whisky. Occasionally, she also wanted to relax and feel funny with them, but invariably the jokes would turn sexist and ridiculed women, so she would leave after sometime. Their usual topic of conversation was the girls of the karaoke bars who had come from the other side of the Mekhong River, *"this woman used to have sex with me"* or *"she had bedded with a lot of men before so no more interesting at all."* Grandma was skeptic about them because they liked to exaggerate. These incidents made her drift further away from her role of a wife. She reflected...

*"I feel I have endured for everything since I was young lady. I was told to be good at all times, otherwise no man would ever want to marry me. I could not do anything out of my line; I had to walk quietly and could never speak loudly. But I still don't understand why it is that a man can do anything for example drinking, traveling; but woman cannot – we need to stay in the house and look after the child all day. It seems to me that being born a woman is like falling in hell."*

Grandma complained that the men would sit and eat dog meat in the day. She offered me to join them. At first, it might have made Grandpa happy that Grandma would also sit together, but practically, grandma had to serve the men. And when they got drunk, they, especially Grandpa, felt that grandma spoke badly to them.

*"If he didn't drink too much, he won't be this bad."*

Grandma concluded.



### **Health, Illness and pigs**

Until the last five years, Grandma had a good health. She had only been admitted to a hospital twice; once for a snake bite in the right foot that left a scar, and the second time was when she contracted flu. At that time it was very severe; she bought medication from drug store but did not get better. She then went to the hospital and the doctor admitted her to treat pneumonia and influenza. She was hospitalized for 1 week. These two episodes made her wary of health concerns after the age of 60, so she started taking more care of herself.

Grandma thought the cause of her deafness disease was the raw pork she ate with her nephew. There were many times that Kead would bring pork from the farm to cook dishes for everyone in family like fried pork and other varieties. The only dish where the pork was not cooked fully was the spicy minced pork salad in which, the pork if cooked entirely would result in hard and tasteless meat Grandma never wore hand gloves nor cleaned knife or chopping board because she didn't know that there would be bacteria in these cooking materials also. And Grandma also drank sometimes with Kead and his friends. When everybody got drunk, nobody would care about whether the pork was raw or cooked. But she didn't drink too much, just a little amount only. And she never drank outside the house because she was afraid of any bad rumors that might spring up in the village. She didn't raise pigs, so she wasn't in close contact with live pigs.

### **The treatment**

Grandma started to have symptoms like dizziness, high fever and diarrhea. Initially, she bought anti-vertigo drugs and oral rehydration solution from a drug store. But, the symptoms worsened so she went to a doctor at a clinic in the city after two days. The doctor told her she had infectious diarrhea and gave her anti-spasmodic drug and ORS. She knew she had a worse illness than a simple diarrhea but she couldn't dare not to talk back to her doctor, afraid that might upset the doctor. When she returned home, the symptom of diarrhea subsided but that of vertigo still persisted. 4 days later, she started to experience joint pain in both knees which became severe day by day. She then visited the doctor at provincial hospital. Due to her severe knee joint pain, she couldn't walk during this time. Knee joint aspiration was performed and

blood tests were done for diagnosis. While she stayed at the hospital no one said anything about the deafness disease and vertigo symptom did not get better even until she got discharged from the hospital.

I asked her why she didn't go to see the doctor at sub-district health center when she started to get the symptoms. She just smiled and did not respond to it but continued with her story.

*"Nowadays I am fine, but still have some symptoms like fever with tinnitus and cannot walk straight. Sometimes I fall in the fields. The last time I fell off of a ridge in the rice farm was on the tenth month. At that time I had gone out for fishing. Sometimes my friends want me to go to find mushroom in the jungle with them, but I am afraid about the dizziness, so I don't go. I always check my blood pressure whenever I go to the hospital, my blood pressure is good. May be the dizziness symptom is due to aging."*

At the time she was admitted at the hospital, she didn't know exactly what made her sick. She only came to know about the deafness disease from the epidemiologist who visited her at her house. When she knew it was from pigs, she quit eating pork altogether; but she's still worried...

*"I am afraid I might get sick again whenever I go out to any party or a local event. I do not eat pork any more. I never want to eat pork again. Grandpa still eats pork but cooked well such as grilled pork but doesn't eat raw pork anymore and "sour pork". I also won't let Grandpa eat uncooked pork at all."*

When asked how she thinks about this, she said it was destiny because it was a rare disease. Today she still has vertigo and her life is not different from other patients who got infected from contact with pig. Even though no one can prove when and how she got the infection, they can only assume that it was from eating half-cooked pork especially when consumed while drinking alcohol. The experience of

Grandma Wanla depicts how masculinity is expressed in the community - by confining the women in their roles of wife, and house keeper; by constructing an image of woman in the community; and forming the meaning of drinking for men.

#### **6.4 Lon: Sexual intercourse in the hands of the woman**

Lon is the 42 years old wife of Sak, a male patient who had deafness disease before he died. I had met this couple three years ago. When I went back to actually meet Sak, I came to know from Lon that he had already died. I chose the story of Lon here to learn and highlight another aspect of rural community via her life experiences.

Lon and Sak were both born and raised in Ban Kud village. Sak contracted the disease when he was 44 years old. Both of them were Buddhists and lived together for 20 years. After wedding they had built their own house but it wasn't completed yet. They have one 19 year old daughter who studies in a college in the city, and comes back home once a month.

Their house is an old styled, tall, wooden house with an open space underneath the first floor to pile some stocks of rice. They also have a bamboo bed there to take a rest in the day time and have a renovated kitchen besides the house. The house is close to the road and fenced with bamboo to keep the area private and to prevent cow or buffalo walking inside the house. Lon also has a television downstairs that everyone in the house can watch. I asked Lon whether she feared of robbery since there were many things in the space underneath which were not covered by walls. Lon said at the night they had a dog, so if anyone came in, it would bark and she would switch on the lights in the night so the thief, if any, would go away or may be the ghost of the house would also help to keep an eye out.

Lon mainly worked as a farmer and also pulled off odd jobs in the village as a general employee in the village. When her husband was alive, they earned around 5,000 baht per month. Both Lon and her husband only studied till grade 6 as the poor financial status of their families restricted their study potential. Like many other villagers, they had a firm belief in god and ghosts such as ghost of farm and ghost of

house. If there's any wrong doing or bad events such as an illness in a family member, they would make a merit and offer sacrifices to the ghost who protected the house and made them recovery from the illness soon. Their belief was reinforced when often times it would turn out successfully as they had prayed for. Lon said that if anyone had severe illness, they would be taken to see the ghost doctor to find out why he/she got sick and the ghost doctor would advise. Since everyone had full faith, they followed the suggestion of ghost doctor in each step.

According to Lon, her husband was a cheerful person who loved to join local party with his friends for drinking. Lon and Sak did not use contraception as they wished to have one more child. Nevertheless, she didn't get pregnant again. Her husband was a very active head of the family and they had issues about money and there was love and harmony in the family.

Prior to the illness of deafness disease, Lon remembered that her husband was in good health and never needed any hospitalizations. If he got a little fever, he would simply buy a medicine from the drug store and recover easily. Sak loved to drink alcohol at the local festivals in the village or if he had a chance to party with his friends. He usually smoked one pack of cigarette per day and loved Issan foods that are easily found in the nature like frog, fish, small frog, and asparagus. They sometimes bought from the market such as pork, beef (Laurd-Plang), raw hardened fresh blood to cook in a large amount and share to cousin and others in the village. Two or three time a month, they would organize such feasts: buying pigs from the merchants and consuming alcohol along with the meat.

Three years ago, Sak had a headache, stiffened neck, nausea, and severe pain. After self medication did not relieve him of the problems, he went to the hospital and the doctor drew the blood out for investigation and admitted him in the hospital for one week. But even when he left the hospital, he still had headache and tinnitus in both ear. The tinnitus and hearing loss occurred after he got discharged from hospital and it affected his walk and work. He felt shamed and very upset to be the responsibility and a burden for others. From a very cheerful active man he turned into a depressive man and he told Lon that he preferred to die if he couldn't take care of his family. At that time Lon thought it was not a big deal. When Sak couldn't work, she needed to find a job to earn more money and worked harder. More the work Lon did,

the more Sak felt stressed and depressed. Lon also knew this well but she couldn't stop working because she needed more money to pay for their child's study. When she felt stress building up, she found a way to relax herself: drinking and singing in the Karaoke pub with her friends at the construction site. She did it for a short period of time, but felt that it made Sak even more disappointed and unhappy, so she stopped doing it. But actually the thing that made her happy was to dance with shaman. Even though when she wanted to dance she needed to buy a new dress for every time of dance ceremony. It must have used up a lot of her money to buy dresses but it made her happy to do a thing that she loved. After two years, Sak suffered from severe abdominal pain. He went to meet the doctor again at provincial hospital, and the doctor suspected he had got intra abdominal malignancy and suggested to go to carcinoma center, but Sak declined to go. Shortly after this, he died. An old lady who lived nearby Lon's house told me that may be Lon had another boyfriend that made Sak depressed. Another story from the villagers is that even though Lon worked hard, Sak may have felt depressed due to his inability to make love with her. I didn't ask Lon about this at all, so only thing I could do was to talk with the old lady nearby.

### **Beliefs about disease**

Lon said that initially Sak had been bitten by a bug in the nose and had tinnitus and pain for 7 days. Sak bought some drugs to take by himself; he didn't go to see the doctor at sub-district health center because he assumed that the doctor would give him only paracetamol. Since he didn't get any better in fact worsened with a high grade fever, he went to hospital and the doctor said he had meningitis and asked him if he had eaten raw pork or raw hardened blood. Sak and Lon said yes. Before Sak got sick, Lon and her cousin collected money to buy a pig from farm costing 1000 baht and weighing around 20-30 kg. They butchered the pig themselves and made raw hardened blood, raw fresh pork, "soklek" the food that cooked meat stirred with raw blood. Anybody could eat "soklek", even the small children. Sak thought his illness was because of a bug bite, but when doctor told him it was from eating raw pork, he changed his belief and told his cousin. Since then, no one ever ate raw pork or raw hardened blood again. Lon disclosed that Sak never blamed the pig but it was because that he wanted to eat raw pork himself. If he had known, he would have never eaten it.

Since Sak still continued to have tinnitus in the left ear, he was skeptic of the doctor. Lon argued that we had eaten pork like this for long time and when Sak got sick, there were many people that ate together with Sak; but no others got sick. However after the suggestion of doctor, everyone stopped eating raw pork.

### **Beliefs about the talisman**

Lon revealed to us that her husband had a mascot about sex. He had inherited it from the previous generation and faithfully believed in it. The talisman was a miniature statue of man and a woman, the one in which the man hugged the woman was called “Takood”. This Takood was the charm to be hung at the waist and then stored in a brand new local skirt in the cupboard. They believed that Takood could protect the owner but Takood had sexual desire, the owner that hanged Takood at the waist could hear the bell ring like a signal and then would have sexual intercourse with a woman be it his wife or not. When done with the sexual intercourse, he would keep the Takood back in the same place, but some people always hanged Takood with them all the time and could know immediately whenever the Takood had sexual desire. Sak usually took off the Takood and placed in the cupboard and when it had sexual desires, only he could hear the bell ring and the woman who was the sexual partner didn’t know because it was a desire of only the owner of Takood.

### **Where did he get Takood**

Lon said her husband received Takood from his father. After her husband died, Lon also buried the Takood with him. She said she was very surprised when she first knew her husband had Takood, but if he felt happy it was fine for her. When asked about sexual activities she said she had never heard the bell ringing. She usually had sexual activities every day and she did not feel too much tired, and the most appropriate time was the time before bed. However, her husband used to have sexual desires not only at the night but also in the day time. She felt the sexual pattern would become more violent and very quickly seemed like Sak was not himself any more. When asked Lon if that scared her, she assured not at all. She felt funny and very happy with his sexual behavior; it looked abnormal and strange but whenever her husband had extra sexual desire, Lon deemed it was from the Takood. Sometime Sak

also had sexual intercourse with other women. She didn't blame her husband because Lon thought the person who misbehaved by having sexual intercourse with other wife will transformed to be Pob ghost. The meaning of Pob ghost from understanding of Lon was person whose body was eaten from inside, and then finally the body would be destroyed and dead. If someone was believed to be a Pob ghost, he/she would get severe illness and die. Belief it was cause from Pob ghost brought their soul until death. In practice, the owner of the house didn't want Pop ghost to enter inside the house but Pop ghost could find a way to go in and surprise.

*"I think these people were very pathetic. They are not the same as Pob ghost which we all see in the movies that chase people to kill and eat the internal organs. In real life, these people stay quietly in the house and would not go out often. Their pale skin scares me. Because they do not go out from house, their skin is paler. Their family would separate them to stay away from home and live at the end of farm; the family would only just go to them to bring some food to them. I am very surprised how they could walk as a normal person in the village."*

Lon's attitude towards Pob ghost made me see the things differently than portrayed in the movies, because in my life I had never seen a Pob ghost before. I think these so called Pob ghosts are people who are separated from the general community (I don't want to term a "normal" community because I don't know what the meaning of normal is). These were disappointed persons or ones who could not adapt themselves to any other situation. To be Pob ghost actually was produced by society. One day I went to a house of Mho. Yao to see them worship a ghost to cure people from bad things at the house of daughter of Head of sub-district. I went with Lon because she was a disciple of Mho. Yao.

*"Mho. Yao is a man/woman who is possessed by god and has scripture to cure people from illness and may be sometimes to exorcise the ghost. They always have disciples who prepare*

*things for him/her. The method of treatment is dancing called “Rum Yao” meaning Yao dancing. There will be up to ten people dancing, including the disciples who always wore beautiful dress such as traditional Thai dress. One occasion of dancing could have more up to ten dresses. Nowadays there aren’t many disciples because of expensive dresses, but for me I can afford no matter the cost; dancing made me concentrated and peaceful. To learn the beautiful dancing pattern takes time but I still wanted to continue dancing.”*

At the dancing for a votive offering ceremony, I met Phoon, who everyone thought that was a pob ghost. Phoon was 46 years old guy and he had returned to live in the village after working from Bangkok. Phoon came back to the village alone, his wife didn’t come back with him and no one knows why. Phoon came back to stay with his parents since the last 3 years. It’s very lucky that his family was not poor and could look after Phoon. At first Phoon stayed with his parent and later he separated from the family to live alone in a hut at end of the farm. He had a quiet personality and did not interact much with other people. Since he didn’t interact with other people, the villager doubted had a suspicion that he might be a Pob ghost. I was introduced to Phoon by Lon and it seemed that Phoon and Lon loved each other as most neighboring people suggested. I exchanged hellos with Phoon and sat near him to watch the dance meant for the god to bless and improve the illness of sub-district head’s daughter. Sitting near Phoon made me a little uncomfortable and the villagers kept staring at us. I wanted to talk with Phoon in depth but suddenly I recalled the Pob ghost in the movies and I stopped from inviting him to talk outside with me. I noticed that Phoon had a very pale skin, different from normal people, maybe because he always slept in daytime and had activities in night time. I noticed how his otherwise empty eyes gleam with passion and enthusiasm upon seeing Lon dance.

I have a feeling that Lon tied her life with beliefs that cannot be explained by scientific proof such as worship of the ghost, especially grandma and grandpa ghost that still wanted to stay with the family. Lon said about the illness that was hard to recover from. Even though visiting a medical doctor, they needed to consult with the



one who knew black magic and got to know that the grandma and grandpa ghost wanted to stay with them. So the family built the “hor”, which is a small spirit house made from wood with a triangle roof and three walls. They kept little statues of elephants, horses and candles, joss stick and flower in the spirit house. Once a year, there was a ceremony to worship to grandma and grandpa ghost, in which Dr. Yao and his disciples danced to the music from instruments such as drum and “kan” (an issan musical instrument). These types of ceremonies have become rare now. Lon also has the spirit house in her home and she mentioned about farm ghost. She believes that the death of her husband was caused by something wrong he did with the farm ghost. The death of her husband did not make her that sad and she seemed to have easily accepted it.

### **Sexual intercourse actually in the hand of whom**

From the story of talisman that Lon told me, it seemed that it was the way for her and Sak to make things pleasant because sexual intercourse between them was the response of these things that they believed in. But actually, Lon was very impressed about this because when she talked about sex to her friends and even me, her eyes filled with pleasure. One day when I had finished talking with Lon in the evening, I met an old woman who lived nearby Lon’s house. She was sweeping the road in front of her house and asked me, “*Why are you coming here for?*” I answered her by saying that I came to visit Lon and talk about her illness. The old lady immediately gossiped that, “*This couple was so naughty that almost everyone in the village knew about them.*” At that time I didn’t understand why she said so but now when I put the pieces together and summarize it all, I can see the meaning of those words. It may be about immoral pleasures of sex, especially when Lon told me about Phoon, the man who everyone thought he was a Pob ghost, was now the one who was dating her. People nearby were afraid of Phoon when he came around Lon’s house but Lon didn’t feel that way; she wasn’t afraid of Phoon. She has her own explanation and management to this issue. She said she was not afraid of Phoon and didn’t care what ever Phoon was, because downstairs in her house she had planted a tree that was believed to prevent Pob ghost from entering the house. She reasons that if Phoon were a pob ghost, he could not have come inside the house so easily.

*"He may be the Pob ghost in other's eyes but for me he is just a man."*

Her daughter now studies and stays at the dormitory in the city. Lon didn't care about her picture and said that her daughter want her to be happy. Because her daughter has only her as family, she didn't want her mother to be suffering from anything, and she didn't care whatever her mother did to feel happy. Her daughter also knew about Phoon and Takood and they had talked each other that it was a pity if there are a boy in the family it could be helpful to keep Takood with him.

Sak was only patient to whom the doctor in the hospital had asked about the history of eating raw pork or raw harden blood. The symptoms of Sak and his related history of consuming raw harden blood made the doctor suspect that he could be infected by streptococcus suis, even though they didn't have laboratory confirmation. An interesting observation to point out here is that of all the nine cases in this study, Sak is the only one that was inquired by the doctor about any history of contact with pig or eating raw pork. May be because this doctor had worked together with me on deafness disease three years ago and collaborated on a publication, it might have made him more concerned about this disease. But it is a pity that there had been no sharing of this experience or discussion among the physician in all of province as evident from the other cases here.

Sak was not different from the other patients as he also had never heard of deafness disease before. The illness experience of Sak verified that the villagers don't trust the health service system at the sub-district healthcare center for treatment of complex diseases. That Sak tolerated severe headache for seven days before going to the provincial hospital clearly show that the villager will rather endure the illness especially when it occurs in men. However an interesting question arises: beyond the concept of poverty, is there anything else that make men not want to go to hospital?

## **6.5 Uncle Dang: Alcohol is his friend**

Uncle Dang is a 66 years old man who lives with his wife in a small village and which is far from hospital in sub district. Uncle Dang has a son and two daughters graduated from secondary school and they work in Bangkok. They haven't come home for a long time. He went to school with his friends and he used to rear buffalo during his holidays. He completed till Prathom 4. Since he was from poor family, he had to help his parents on their work but he wanted to study, whereas those who had money studied. He used to wonder that why didn't he have a chance like them?

He is very disappointed with his life. When he was a child, he wanted to be a police man. Uncle Dang wanted to study like the others, but it was not easy. When he graduated from Prathom 4, his parents didn't have anyone to help them, so he had to help his parents. He shared that his close friends graduated and one of them is a teacher now. Uncle Dang is a warm, compassionate person, who takes care of other people too. After he returned from the farm, he had a party with his friends. They drank alcohol and smoked, which they enjoyed very much. Dang first drank alcohol when he was 13 years old. He and his friends relaxed and enjoyed having a fun time drinking and smoking. When they drank alcohol they ate foods such as Lab, Koi (meat salad) or bitter Koi. They ate raw meat mixed with roasted rice and chili powder mixed with spicy flavor. It was delicious when they drank alcohol. Drinking was almost like a tradition to them. Uncle Dang told me that he drank alcohol all his life. He also smoked tobacco for a long time.

He liked to eat Koi. He ate raw meat especially LerdPang and Koi. He believed that e the liquor is hot, LuadPlang is cool. He used to drink regularly but he thought that he was not alcoholic. He never believed his wife. Aunt didn't blame Uncle Dang when he drank but used to complain about having less money with Uncle Dang. Even though he owed the liquor shop, he had to wait for her son to send money to pay the bill of liquor shop later. His wife didn't worry about Uncle Dang with other woman to make internal affair. Uncle Dang had more experience and he has not changed his life. But now he is sick because of excess drinking.

**No alcohol no friends**

Uncle Dang is lonely now and has no friends. His friends never visited him when he stayed at hospital. After he got discharged, only one or two friends came to visit. Whenever his friends passed his house, they only asked about his condition from outside but never entered his house. He still waits for his friend and it has been almost a month that he is in his house. He was lonely and wanted to talk to his friend so later he decided to drink alcohol again. The manhood didn't die. He was worried that his friends might point out that he couldn't walk or hear anything.

*"He was deaf"*

Uncle Dang was hurt by his friend because his friend made fun of him as he had to shout when he talked. Therefore, he was sad. Uncle Dang shared about his health condition but his friend does not listen to him seriously. They only talk about sex, drinking and LeardPang. Therefore he lost interest and stayed home alone and drank at home only. Poon (Uncle Dang's wife) said,

*"He was sick. He's unfriendly when he drinks alcohol. He and his friends relaxed and enjoyed, weren't serious in their behavior such as – talking, action. Maybe he disagreed but he did."*

Because of his lines it taught him that a sincere friend in alcohol drinking party is not certain relationship. The drinking just allows the man can do what they want to do which those activities in danger. Some activity He did not agree and feel uncomfortable to do but he must do to keep a friendship.

Dang told me that when there was a festival in other village, he and his five friends went to the festival and drank local wine and ate Koi and LeardPang once or twice a month. The women took the blood and mix blood with pork. His friend played gambling, dice (High-Low) at midnight. Some women came to the village, they used tricycle to reach the festival and drink heavily there, only thing women wanted from them was money. That was sexual service. The men paid 100 or 200 baht for women when they wanted to have sexual intercourse. When the men ate LaedPang they feel

they were very strong and more sexual induce. Dang doesn't like this idea. He kept tell me that if he did it his wife would be regret. I had a chance to talk with friend. The information I got reflect the same thing as Dang said.

He went to karaoke. I talked with Uncle Dang. He drank beer. He told me that Dang disliked young women but he liked widow. He took widow to her house and had sexual intercourse there.

*“Dang wasn't braved; different from me, I always change a new girl”*

The woman who was sexual worker worked at karaoke. Most of young women came from another side of the Mekong River. When there was a festival at village, such as ordination ceremony. Rung, the owner of karaoke shop said that, she had 6 staff. When the event came to the village there were tricycles picked up four women away. Leaved another two women take care the guests at karaoke shop. In the event most customers were middle-age and old man.

Rung also shared the story with me about commercial sexual activity; she said that there was a famous singer came. In that night the staff had ten guests per night. The young man disliked women, maybe because they did not have money to pay them. There, lady boy bought alcohol for young boy then when they drunk, lady boy would suck (oral sex) them. The place for this activity is they stayed at behind the stage, bush. Somebody had much money, they went to resort. It was charged 300 baht per night and 200 baht for lady boys. People said that those lady boy they have more skill to negotiate. Young boys like this because they get money and also enjoyed. Whenever the lady boys feel a boy handsome they will call their friend to joy sexual activity.

### **Pig's story**

Dang's son bought 4 or 5 piglets and Dang looked after the pigs. He fed those piglets three times a day: morning, afternoon and evening. Whenever Dang was busy his wife would do his job. Paddock was wet, when he cleaned the pigsty, uncle Dang wore the boots but he didn't wear boots. He sometimes wears slippers. They

bought a new piglet when the piglets grow up, they sold the pigs. The cycle was being like this. When he got sick he was not sure he got infection from pig or not.

His son said that his father didn't understand how did he infect from pig? He joined the his friends for alcohol party. They grilled pork and drank alcohol. He didn't know pork cooked or not. Maybe he ate LuadPlang. He couldn't remember when he was sick.

### **Illness facing**

He had a heavy fever, ache, pain in bones, stiff neck and shoulder for three days.

His wife bought a medicine from drug store. It's not better. His wife took him to the hospital in district his wife said Dang became unconscious and when he woke up, he was in province hospital. His legs were paining and weak; he could not walk too. He was drowsy, suffocated and thirsty and could not talk.

Dang told me, he didn't tell anyone. He said before he left home to the hospital he was nervous. He looked at the ceiling he saw a gecko became crocodile. He was confused. It makes him very scare. He had bruises and red marks in his wrists and ankle as he was tied. He felt paralyzed half of apathy, stiff neck, still confused. He stayed at hospital for 12 days. He felt better and could eat. He had a headache but doctors didn't know the real cause of the problem.

His wife went home and called Mor Yao and called household god because she did not know about the real reason for the problem with Uncle Dang. His wife said other villagers also used magic and then they got better. The main problem of Uncle Dang was hearing loss. He has to speak loudly when he has to talk about anything. His wife and his son pray for him and hope to get better. Later he left hospital and stayed at home his wife and his children took care of him. He still has headache. He thinks that if he feels better as usual, he will work and take care of his family. After being ill, he got an idea about his problem and wants to share with his friend they care about their manhood.

The end of his life, Dang realized what happen to him. He loses his friend but he gets the peaceful life back. His wife is his best friend as she only took care of him during sadness and happiness. Although he drank alcohol she kept quiet and he

was happy with her. Even though he was from poor family doctor and nurse provide a good care of him. But he still keeps thinking that if we were rich doctor and nurse will give a good care than this. He understands they worked hard.

## **6.6 Kead: Trap of masculinity**

Kead is the 34 year old nephew of grandmother Wanla. He is single and lives with his father alongside grandma Wanla in the same compound. Before he got sick, he used to work in the feeding unit at a large pig farm for 2 years. Now he worked as a general employee who cuts and harvests the grass for a daily wage of 200-300 baht. But he couldn't work every day so he only earned 6,000 baht per month, of which he paid 1500 baht as a monthly installment for his motorbike. He had a little farm and did farming to help his family and gave some money to his father and his aunt.

There were two houses in his compound and Kead's house was the wooden one with a zinc roof. There were two rooms in the house for Kead and his father. They kept a buffalo downstairs, but moved it to the backyard where there were some trees after some time. Kead's house was at an intersection and there, he used to chat up with his neighbors.

Kead's father liked to drink alcohol and had a lot of friends. Kead's uncle was quiet and drank alcohol with Kead's father, so grandmother Wanla loathed his father very much. Although a little shy, Kead offered a helping hand to his parents. His aunt looked after him ever since his mother died. He liked to stay with his aunt, because of his father's drinking habits. He had a married sister who worked in Bangkok for a long time. His sister's daughter, however, lived with his aunt Wanla.

When he was young, after he finished his work at farm, he would work again at home. He stayed at home for a long time. He was a poor guy in the countryside and didn't get to study past grade 6. He was a quiet man and his teenage life was nothing exciting either. At the end of harvesting season, he drank alcohol especially local wine with his friend while eating Luad Plang (jelly raw pig blood with minced meat). He actually disliked drinking alcohol. Because his father drank alcohol

for a long time since he was young and drank even after his mother died. He used to question why his father had to drink so much and eventually he brewed hatred against drunken men. But when he hung out with his friends, he felt a social pressure to drink. He was sick of drinking and lost a lot of opportunities in his life.

### **Alcohol and delusions**

Kead was a quiet and a diligent boy. He applied for a job at pig farm and worked there. He cleaned pigsty, fed pigs and looked after young pigs. There were eight pigsty and fifty pigs in each pigsty. There was one more worker besides him. They fed the pigs three times a day such as morning, afternoon and evening. First he was very proud of his job when he looked after small pigs but later on he felt this was the job for woman because it needed cleaning and taking care. There were lady boys who looked after the pips in another pigsty so it made him think that this job was meant for women.

*“I was bored. I couldn’t go anywhere, needed to stay in the pigsty all day, and when came back to work, each time needed to take a shower and change clothes. It was different at the other unit. I had requested for working in the transportation unit or food supply unit but my boss didn’t allow.”*

This uncomfortable condition made Kead turn to contact his alcohol addicted friends that worked in the other unit. There were five of them, mostly single and aged below 30 years and were called as the naughty age- group. They drank every day after work at a cottage at the end of the farm. The villagers believed that this area was haunted by the spirit of Nai Phan, who joined the war with Loas long time ago. But everyone in this group of naughty guys was not afraid of this. Kead passed his life with his friends by drinking day by day and he didn’t know why he was doing things like that. Even when he felt tired, he had to go out to drink with his friends and ended up sleeping with some women. All of his friends thought that eating Laud-Plang gave more power in sexual performance and they went out in the night to sleep with women. Sometime he didn’t want to go but would be assaulted by his friends, so he



needed to go out with his friends and he didn't feel good at all. Despite going out with his friends at night, he could wake up very early to work next morning. His boss also knew well but never blamed him. Until one day, he started to get sick after he ate grilled pork that they brought from the pig farm to eat with alcohol and he didn't know if the pork was cooked well or not.

*“I was so drunk that day. I can't remember how much I had drunk. On that day, there were some lady boys from another village that come to eat together. They serviced everything. I ate every food they cooked.”*

Kead said that, he did not like to talk with ladyboys. He felt weird when talking with them. When I asked seriously why he felt that ladyboys were freaks, he said that they always make loud outcries and did whatever they wanted without hesitations. When I asked about the last drinking with ladyboys, Kead said that when drunk, it does not seriously feel anything. He can talk to anyone. Kead let me know in his heart that he really wanted to express himself the same way the ladyboys did – without fear and shyness. Later, Kead told me that he used to have oral sex with ladyboy while he was drunk.

### **Mental symptoms, affected by ghost**

After three days of eating pork, Kead became sick with a heavy fever and headache, after which he visited a doctor at a clinic. He took some medicine but did not get any better. He became crazy and confused, with more headaches and inability to walk and had incidents of bed-wetting. His aunt took him to the provincial hospital, where he fell in a shock and became unconscious. According to doctor, he had encephalitis. He had 10 blood tests done. When he left the hospital, he still had ringing in his left ear. His aunt, grandma Wanla, believed that a black magic had hit him. Kead blamed the spirit of Colonel and Grandma Wanla organized a ceremony from Mho Yao to cure him after consulting with Mho Tham

After leaving the hospital, Kead never went back to that place again. He also did not return to work at the pig farm. Wanla told that, Kead feared the spirits of

colonel. Everyone in the family believed what the doctors at the hospital said. But the event that occurred with Kead made everyone afraid. They did not want him to return to work there. He had stiffness in his neck. Kead's conditions are not like other who are sick, but in the local context, he was affected by superstition. Everyone had that image and every time Wanla was the one who described it and she too believed in it. It was a bad experience for Kead. He does not want to remember and talk about it. Several times I looked for the answer to ascertain why Kead felt like this; until I had a chance encounter with Chang. Chang is a friend of Kead from the drinking group. He told me that,

*"Kead's been embarrassed by his friends. They blamed him that he's not brave. Ghost's a fake story. We drink and even pee around that area as if nothing mattered. He was of afraid his aunt. He looked calm but sometimes he also hard. He used to eat raw pork and had to take hard liquor to kill a germ"*

Information from Chang made me see through Kead's exterior and realize that was struggling with something that he himself was not sure about. Grandmother Wanla always said that Kead didn't go back to work as he feared the spirit of colonel. She's trying to tell the people around to believe. Kead doesn't say a thing. He only told me that his health had deteriorated. But at the end I talked to him again and identified that he did not want to surrender to something.

*"I'm bored. Being with friends is great fun, but sometimes I'm scared. I don't want to go back to work at that place. I have to stay only in that place with boring work. If I come back I have to meet friends. Some friends were addicted to drugs but their parents did not mind. If I don't drink and have sex with a woman, I would be blamed that I'm not a man. I can't tell my aunt. She doesn't understand anything. I don't mention it to my father, he doesn't care anything. Everywhere is full of people drinking. I'm too bored to say anything."*

## 6.7 Uncle Wan: Optimistic mind

Uncle Wan is a 57-year-old farmer living in a village slightly far from the district but close to the province. Despite being small, the village has a semi-urban lifestyle. During rice plantation season, uncle Wan lives in his farmhouse. After the harvest season is over, he works as a construction worker in the city. He had a typical rural upbringing and adolescence. He rarely had a tour of the city. Due to lack of family finances, he had to drop out of school at Prathom 4 and work in the construction site. He got married with a woman who lived in the same village, and has two children. Just like other families, uncle Wan is the backbone of his family who works to earn money to support their children. The children cannot help out too much because of their study. Also, his wife is busy with housework and work in the farm during the farming season.

*"I want my children to study in the higher degree. They shouldn't be like me."*

For this reason, he works tirelessly as a wage-earner. More the hard work, more frequently does he want things such as alcohol and cigarettes to make him happy.

*"I drank very heavy; even up to 1 big bottle. Also smoking, I cannot give it up. More drinking added with much more smoking."*

Uncle Wan spent the time after the construction work to start drinking with friends. The day that he got very drunk, he would go to sleep alone at the farmhouse. Often, while drinking, he and his friends would buy a pig from nearby pig farm to cook. On every such occasion, he was the one assigned to the butcher the pigs and cut the meat into small pieces for cooking.

*"I go to by a low grade pig from the pig farm. The culled out pig, its price is cheaper. Then we kill and cook it."*

The last time before he got sick, Uncle Wan cut the pig even though he had a wound on his finger -an unhealed wound from a wood sawing accident. He had just a cover of white cloth over the wound as dressing. He ignored it and went about cutting the pig into smaller sections to prepare a food to be eaten while drinking alcohol.

*"We made a grilled, spicy minced meat salad. It was cooked but just halfway, which gives it a good taste when eaten along with rice whisky. I didn't go back home because I got drunk that night. I slept at the farmhouse. Then went back to work in the morning. I had watery vomits several times in the morning. I thought that vomiting was just due to the alcohol drinking, so then I went to work as usual."*

No one else got sick except for uncle Wan. His friends advised him to take a rest. Then he went back to sleep at the farmhouse in the evening.

*"I slept for two days, alone. My wife had awakened me. When I woke up again, I saw my wife. It was like a dream, I felt restless."*

When uncle Wan's wife did not see him come home for two days, she decided to go to the farmhouse. She found him lying there. She thought her husband was drunk asleep, but after a while she felt something was not normal. Her husband was restless, waving hands up and down like crazy. So she hurriedly awakened him, but Uncle Wan stayed delirious. She called the neighbors for help to take him to the hospital. Restlessness persisted and intensified.

*"My wife said that the nurse had to restrain me with cloth; tie my hands and feet to the bed because I wriggled a lot. I got up again the next day. But I felt extreme headache, neck stiffness and nausea. I had pain in the arms and legs but it's not weakness."*

Although uncle Wan experienced a serious illness, he still has a positive attitude towards the treatment that he received. It's not certain whether this is just his view point or it is the one that resonate with all the poor people.

*"If I couldn't have found a doctor, I would have possibly died. I'm glad that the doctor could cure me. Although, I'm not completely back to my normal state, it's good because the doctor said it would take a long time to be healed. I think I was lucky about that"*

During the 12 days treatment in a hospital, his wife took care of him every day. The daughter, after school, helped her mother to take care of the father. The family had to bear financial problems. Even if the treatment did not cost much, the inability of the bread winner to work meant that the family couldn't earn money. For a period of nearly two months, uncle Wan did not go to work, so there was no family income. His wife had to borrow some money. Due to the illness, uncle Wan still has ataxic gait and dizziness sometimes. Hearing in the left ear is normal, but not in the right ear. He has a limp which reduces his capacity to function normally. Nowadays, he rarely drinks alcohol.

### **Why he got sick**

Uncle Wan did not know about deafness disease before. He heard about it the first time in that episode of illness. When he was in the hospital, the doctor said that the disease was meningitis. The doctor did not talk or ask about contact with pigs. Uncle Wan knew more about the disease from the investigation team that visited his house. He has belief in the information provided by the officials. He noted that the doctor in modern times knew more about the disease than ever before.

*"Ten years ago, we eat pork like this. I never saw anyone who got this disease. No one became deaf. I think these pigs from the factory have a germ. My grandchild who works in the factory told me that they give a pig a lot of medication. They get a lot of*

*profit. Pork that we took to eat was not good. I conclude that the disease we got was due to the traders that make a lot of profit. The owner of pig factory near my home is Vietnamese. They want more profit than the others. Rice in the field nearby their factory is dead. At first, they would sue, but later it was withdrawn when they gave the money. Some families surrender because they have family members who work in the factory. In sharp contrast, the Chinese owners do not exploit the Thai people. They take great care of their employees. Such as on Chinese New Year, they cut the pig to pay respect, and then share it with their employees. On the other hand, the Vietnamese, they find to buy a land in the village. Usually, they provide a loan to the ones who need money, but they do not want a refund. They want our land"*

The thoughts of Uncle Wan made me see the people's suspicion of the capitalist system that takes maximum profit without considering the impact of these actions. In particular, this area has continued to compete for trade between the Vietnamese and Chinese people. The villagers have more trust on the Chinese than the Vietnamese. Tales of Uncle Wan depict how the local people face with a serious problem of poverty. They are exploited by capitalists. The scramble for land is the cost of basic necessities.

### **Impact on life**

Although Uncle Wan accepts and feels good about modern medicine, during his illness, his wife visited "Mho Tham" and "Mo Yao" in the other village. Her village did not have them. The last "Mho Tham" has passed away without any successor, and "Mho Yao" did not exist for long time. Recently, the village has seen modern civilization and the belief in ghost is lessening. People choose to consult the fortune teller for problems of love and heart break; studies; work; extra marital affairs etc.

The illness has directly affected both his physical and spiritual well being. His walk is not stable and he cannot work as usual. This has highly impacted his role as the head of the family. Uncle Wan feels like a burden to the family. Although this disease did not cause death, the deafness and his experience in the hospital make him feel bad. He is upset that this has happened to him. The way he makes himself feel better is to accept it as...

*"It is destiny"*

## **6.8 Wichan: I could not walk**

Wichan is another one who has severe symptoms of deafness disease. The illness experience of Wichan is unique because his symptoms are different from the other villagers. He is a 45 years old male, living in a village at the center of the district. He was born there. He works as a driver for the Sub-district Administrative Organization (SAO). Sometimes, he drives the garbage collection vehicle, and emergency medical service cars. He also drives to transport bottled drinking water gallons from the shop in front of the military camp to the villages in this district. Wichan's lifestyle is different from the common people. He is works all the time. He works hard in order to find a chance of a better life. Wichan got job in SAO, because he was in a group of local politicians. Wichan earns 20,000 baht per month; therefore his income is enough for household spending.

Like other villagers, Wichan also belongs to a family of farmers. He used to help his parents in farm since he was young. During his school time, he used to also work to earn money to help parents support the family. Wichan graduated in diploma level. After graduation, he settled down in the neighborhood. He did not want to relocate. Wichan married early in his life. He moved out of his parent's house to have a family and a home of his own. When he was a child, his family was poor. There wasn't much to eat. He had to work hard to support his family. Wichan says, "I was a stingy child." Wichan liked to go fishing with a friend in the nearby villages. When they caught a fish, they would have a meeting party. They cooked and ate together.

Some foods were only half-cooked. They had a lifestyle like this until they grew up. The friends would meet and talk and have fun in the community. Wichan's story of childhood demonstrated that he was good-natured and had many friends.

He would come around to join and help in the traditional ceremonies. Moreover, there were activities such as eating, drinking and socializing. Spicy minced raw pork salad and sour fermented pork were eaten along with alcoholic drinks. He ate like this since he was a child. Wichan is a revered Buddhist. He does not like killing animals, and never respected superstition.

Before the illness, Wichan used to be a chain smoker. He liked get-together parties and drinking with friends. He also like half-cooked food, especially "Leaud Plang" – the pork with fresh pig blood prepared cold with vegetables and chili. He ate it a lot. He could eat more than a tray of that dish. He informed me that it is a regular food to eat in the community. What made Wichan different from others in the community was that he drank for fun, for social fellowship and for friends. He did not drink alcohol because of social pressure or struggles. For this reason he never had any history of getting drunk till losing consciousness. Wichan never butchered a pig nor helped in the kitchen to chop the meat as he did not like killing pigs or any other animal. He had no history of overindulged drinking where he could not distinguish whether the meat was cooked or not.

### **The cause of illness**

Wichan thinks he got sick due to eating uncooked cold pig blood, because two days after he ate it, he got some pain in the knee and legs. He could not walk. Then he had fever with more swelling of his knees. He went to the provincial hospital after he his pain became unbearable. He was admitted, and underwent blood tests, and then got joint aspirations in both knees. His pain and other symptoms reduced but still existed. The doctor told him that he had knee arthritis, or a disease that locals called "Pradong". The doctor did not explain anything more than this. So Wichan did not know what exactly it was. He received medicines in the form of injections for 19 days. He was very apprehensive since he could not comprehend why there was a need to inject so much. He didn't have any history of serious disease in his life before. He was worried about paralysis when he was at the hospital. In addition, the doctor also



diagnosed him with gout, which may not be curable. This increased Wichan's anxiety. However, his condition improved. His lower leg pain began to relieve and he had no problems with tinnitus or ataxia.

### **The disease caused a change in views on the world**

Wichan, and his wife and everyone in his family never knew about deafness disease before. They came to know that his illness was caused by deafness disease pathogens from the investigation team that visited their house. The symptoms of the disease manifested in the form of knee arthritis in Wichan. They recognized the diseases caused by pigs as parasitic diseases. Even "Leaud Plang" was prepared with cooked pork and offal but still it was mixed with cold raw blood. Wichan realized the cause of his illness, but he still had questions. Despite many people eating together, why did the disease affect only him? He could not fathom what was happening. He did not know what the disease was and exactly which part of food had pathogens. After Wichan got better, everyone still continues to eat "Leaud Plang", but not as frequently and certainly not as much as before.

The family of Wichan is not different from the traditional family of the community. His wife is of same age. She is a housewife responsible for maintaining household and cooking. After finishes her own work she helps her husband in earning some money by working in farm and selling drinking water. She is a good member of the community and participates in every community activity. Their houses are tall like other homes. The region in the basement is used as a kitchen, storage for gallons and water bottles to be sold and sacks of rice during the harvest season. Wichan's wife still believes in many old traditions such as respect to the spirit of the village and visiting to "Mho Tham" when she is upset.

Wichan said that after his illness, he did not eat food made from pork at all. Later on, he began eating ate some pork but all cooked. He gave up alcohol and cigarettes. He started to exercise. Eventually, he started to eat "Leaud Plang". He says that "Leaud Plang" is a cold type food and is especially delicious when eaten with rice whisky. The warmth of alcohol in the body stimulates him to eat more and more. He believes that whiskey can help in disinfection. However, children who eat "Leaud Plang" do not drink alcohol like their parents. He said that a visit to a close friend

reminded him of importance of good health and enabled him to quit eating. His friend had met with a car accident. Although not fatal, his friend suffered from disability and he couldn't walk. He saw his friend on a wheel chair and his wife taking care of him. Their relation looked warm, but it invoked sad emotions in him.

*"I couldn't bear that situation. It may look good that he is being cared by his wife. But I would rather die than be disabled and not be able to walk or do anything. It's like a burden to the other. It reminded me of my illness. It's so painful. My knees were swollen and I couldn't walk. I thought I was paralyzed. Fortunately, the doctor could cure. From that day after visiting my friend, I gave up eating 'Leaud Plang'."*

For Wichan, not being able to play the role of the head of family in case of disability was a huge concern. This thinking made him stop eating "Leaud Plang" or raw food at all. But on the other hand, he still continued drinking. Wichan's wife said....

*"Ai (He) does not drink rice whisky. He turned to drinking brandy instead. Once a week he eats and has fun with family, He avoids drinking at a party; only drinks at home. Brandy does not have high concentration of alcohol like rice whisky. He said that when he saw rice whisky it always made him think of "Leaud Plang"."*

At present, when I meet Wichan, I notice that has a strong body. He can walk normally. No symptoms of ataxia or hearing problems. Wichan can function normally, taking caution in his dietary habits. Every time we meet, he always tell me that,

*"Please come to visit again, to talk and eat together."*

The story of Wichan made it evident that people have belief in difference of alcohol type and a purpose of drinking. The socioeconomic status enables people to choose a different way to face the illness. Affluent people deal with the illness better. The germ that causes the symptoms of knee arthritis has less hearing complications than people with symptoms of meningitis.

### **6.9 Uncle Pun: “I’m sick because I’m poor”**

Uncle Pun is a 69 year-old man. His brother and his nephew helped in bringing out his story. As he was deaf, his brother and nephew wrote the questions on a paper and then Uncle Pan answered verbally. Uncle Pun had studied till grade 4. His main occupation was farming and he had 3 children; two sons and one daughter and they all worked in Bangkok. Many years ago, he lived with his wife and two nephews. In the late 2005, uncle Pun's wife died in an accident which he shared with us.....

*"It was a sudden event. I didn't prepare myself to do anything and I just had to adjust to a new life. Formerly, my wife used to cook food but now I have to cook it myself. Besides I have to take care after my grandchildren; aged 9 and 8 years old. My family prefers purchased food and we eat it together. Sour fermented pork is our favorite dish and we find it delicious. Whenever they wanted to eat fermented pork I always purchased or prepare for them. But after I got sick, I don't allow them to eat it anymore."*

The economic status of Uncle Pun's family is very poor. According to him, he has debts but he did not disclose the amount. Furthermore, he added that he won't be able to pay his debts all his life. Besides his main work, he also works as garbage collector. He follows Buddhism. He takes his grandchildren to temple on different occasions. He wants his grandchildren to follow the rituals. He is a role-model for his family. Although he is poor, he donates charity to the temple with full faith toward

God. During the time to philanthropy, both uncle and nephew got a food to eat. They meet and talk with the neighbor in the village. He is aware of being part of a community and hasn't separated himself from community. The poverty is not a barrier to join community activities.

*"We must be an example for the children. During my childhood, I went to the temple with my grandmother and now I take them which they follow spontaneously and worship the rituals of Buddhism. Though the kids do not know anything, they follow what I do just like in eating half-cooked pork. It was our good luck that not all of us got sick."*

Uncle Pun lives in an old, wooden, single storey house. The walls are made from plaster bag weaved with bamboo. There is a narrow passage behind the house. Vegetables such as onion, morning glory, piper samentosum are grown in a small area at backyard. The area behind the house is water logged and the toilet is nearby. He also has kept three red jars to store rain water for drinking. He and his neighbors stay together in a community. When he was young, and physically fit, uncle Pun denied illness and never went for annual health checks as health officials recommended.

*"My Daily life is focused on making a living which is much harder. I don't want to see a doctor unless I'm ill and during other time I take medicine myself."*

Uncle Pun says that he is strong and smokes 5-6 cigarettes a day. Cigarettes he smokes are made by the dry tobacco that he purchases from the grocery stores and makes it himself every day.

Uncle Pun tells that he started smoking during his teenage days. He actually has learnt smoking from his dad. His father used to smoke cigarette and blow out smoke which used to form a band of clouds. He found it very interesting and started smoking for fun. Then, it became a habit for him. Now when he doesn't smoke for sometimes he feels something missing. Whenever he gets money from work for

hire, he would buy tobacco sachets which are sold in shops. He started drinking alcohol from a young age of 20. Now, It's has been more than 40 years since he started. He drinks different types of alcohol like rice whisky, distilled spirits produced in the community, brandy, beer and other alcoholic beverages. The type of alcohol he drinks also depends on money he has got. Sometimes his friend also buys alcohol for him. Usually, on average he drinks alcohol once a week, but the amount he takes depends on drinking opportunities. If he is drinking with his friends, he would drink until late night. Sometime he buys himself and fewer times my friends. Amount of drinking based on the drinking opportunities. While drinking with friends, he would drink until late night and sometimes for several consecutive days until he is unable to go to work.

*"I drink it to relax."*

It doesn't matter if he had gone to party or funeral; he always takes alcohol. He drinks it with the half-cooked food such as grilled pork, spicy minced meat or pork, sour fermented pork. His most favorite one is spicy minced pork and sour fermented pork. He purchased pork from the village market and sometimes he makes it himself.

*"At first, I grilled it. It will be cooked. When I start to enjoy more and feel drunk, some grilled pork will be raw, some cooked. I won't be able to identify whether it is cooked or not. Spicy mined pork would be cooked, conversely, spicy minced meat is eaten raw as a salad. On the merit or wedding cerebration, we butcher a pig ourselves. Then we prepare "Leaud Plang" to eat. Everyone likes it, and eat it together."*

Uncle Pun told me that he liked to eat raw pork because his parent let him eat since his child.

*"My parents let me eat raw fish. When we got sick with liver fluke, we took a big sized medicine, which I used to vomit out. I*

*also like to eat “Leaud Plang” like my parents. Health officials informed that it is not good for health to eat like that. I know it's not good, it could make me sick. But I can't restrain myself because it's delicious and tasty.”*

*"Previously, when my wife was there, I had a different lifestyle from today. I used to smoke and drink little just to keep my friends. After the death of my wife, I have become so lonely. Sometimes it is very stressful. Especially, when go to work with a group of friends, who drive garbage collecting vehicles, we drink a lot after work. When we go to a merit cerebation, we drink heavily. Perhaps party with friends. On Songkran's day in April, we buy a small pig from pigs farm nearby."*

*"10 years ago, I was hired to work as a butcher in the pig farm in the village. Me and my other two friends killed pigs and we used to buy pigs for slaughter from Laos. Formerly, the country law was not strict. Pigs were sent across the borders. My friend went to work at the pig farm at Laos. The municipality said that it was secretly owned butcher buy pigs from Laos to butcher in the slaughterhouse. They bought pig in cheap rate and sell it expensive. About a week before he got sick. He went to village market to buy spicy half-roasted pork salad, and sour fermented pork. I can't remember the day I bought it. I often buy pork to cook. I don't wear gloves and don't notice that the hands have wound or not."*

He was confused about why the health officials had come to make appointments and visit home with nurse and team and asked about his sickness that got him hospitalized. Uncle Pun said that during his illness last June he remembers the entire event well; he had high grade fever. He had bought some medicine to eat, but fever was not relieved. He had body aches and felt vertigo for 2 days. When his

symptoms became severe, then his relative took him to a hospital.

Uncle Pun's brother told,

*"Before he went to the hospital, he passed stool out with trematode. He began to lose consciousness, got dizzy and also complained of pain in the neck and thigh, stiffness of neck and joint pain. It was hard for him to sit and stand. He needs some help and support to walk and everytime he walks like 8-9 steps starts vomiting, dizziness and tinnitus. Uncle Pun was hospitalized for several weeks at the hospital. According to Doctor, he had like a bacterial infection in the blood. I couldn't clearly understand it because of some tough medical words."*

Uncle Pun was hospitalized for 17 days. He was well cared by his relatives. He just recovered from a bacterial infection in the bloodstream. He came on time for follow up and also talked to the doctor. Sometime he wasn't able to hear what people were talking. He told doctor about his hearing concerns, and then doctor prescribed him a medicine.

*"The doctor told it's a tonic. It'll gradually improve symptoms. Tinnitus is a symptom of that last illness. If it's not better, you can go to see the doctor again. "*

But uncle Pun didn't go back to see the doctor again and his hearing gradually disappeared. He blames his poverty for the illness. He says, he can't go to see the better doctor who can treat him back to normal hearing due to poverty. He is the backbone of the family says his life now is too much hard to live. Uncle pun said,

*"To live like a deaf is like being in the hell. It is even harder to look after the grandchildren. I think, it's because of me. I drink*

*alcohol a lot and deafness is a sin. We are poor and have no money to go to see the better doctor. Only thing we can do is take herbal medicine and hope for it to be better."*

Uncle Pun said that while he became deaf he felt bad that his son who was in Bangkok had to leave his job to take care of him. Now his life has changed. The work contract is also reduced and earning too.

*"It's discouraging; I don't know what to do. My sons solace that they will take care me. But I don't want my children lose his job to take care of me. It's difficult to find job. My friends lend sympathy on me. I thought that they would wretched us. Maybe I don't want to go anywhere. Neither, I want to meet people, community, nor want to join the traditional cerebation. It's my weak point. I never thought I would be sick because of eating half-cooked pork. I slaughtered pigs to cook since childhood in charity cerebation, different occasions with bare hands. Frequently, I used to eat spicy minced pork and let the two children eat that too. Before I got sick, we used to eat sour fermented pork. Fortunately, my children are not deaf like me. I never thought that contact with the pig blood and eating pork would be main cause for my deafness. For almost my entire life, I worked with pork, cutting them, cooking without wearing gloves at all. I never thought it would be this dangerous. And even didn't have any knowledge about the deafness disease before. "*

Uncle Pun conveyed thanks to the home visiting nurses and Health officer team. He got health education by communicating through the pamphlet. Uncle Pun answered questions based on written information. He was glad to have the opportunity to talk about his story that made him feel more comfortable. He said that if he is able to share life experience story to help prevent other cases like him he would be pleased



to cooperate. The villagers like uncle Pun attentively listened to information from authorities to know and understand the impact of wrong consuming behavior, the hidden hazards on the rural lifestyle habits practiced to next generations. But such knowledge has been late to know. It can't make his deafness back like normal hearing. Uncle Pun also said about his early life experiences that, he knows the culture of eating from ancestor, generation to generations, from father to son, from son to grandson. There is emulated wrong behavior such eating half-cooked food in the family. The illness experience this time is a minority of lives. It's the important stress event of life to remember.

*“Furthermore, eating half-cooked must be alerted of. The grandchildren must not be allowed to eat. I'll share my experience to my friends in alcohol drinking group. Life is like a novel, yesterday I could feel my ear listening beautiful voices, but today I'm deaf. Although no one will believe me, I'll tell them. At least my saying may make them eat less often. That would be great if they give up eating half-cooked. I will urge them to take me for an example. I wanted to know about deafness disease before I had lost hearing. Maybe I could recognize, protect and care for. I was so poor, but still wanted to have right knowledge and information like the rich, or everyone else.”*

For this study, Uncle Pun's story is the last one that I talk about. I have tried to keep all the words of uncle Pun because he did not hear anything in that discussion. But his sound still reverberates. This can be reflected as the face of the poor, life of the poor. Reflect to the social and cultural environment, the social structure which was designed by the capitalist political system. The indifference to the disease of people was shown through the health education, knowledge and suggestion to practice. Whereas the health system or education did not do or just have political affiliation. The administration allows the pig to cross the border illegally. Just think it is not important issues or just turn a blind eye to. These are important factors that

pushed uncle Pun face with deafness disease, as well as the other one. The evidence is that they are poor, same as Uncle Pun.

*“I’m sick because I’m poor.”*

### **Conclusion**

#### **The poverty, class and the access to resource**

All of the 9 patients, 3 women and 6 men, were aged between 34-69 years. Eight of them had finished primary school; those who were older than 50 years old had completed till grade 4, and those less than 50 years of age had studied till grade 6. This education data tells us explicitly about their education status. All of patients were farmers, except Wichan, who he had graduated from college and opened a grocery store in the village. Wichan also had a more job valuable than others; he drove a car for government office. Uncle Pun was the poorest of them all; he was a farmer and collected garbage to sell for earning money. The characteristic of patient show us to concluded everybody was poor. Wichan also said he had no chance to work in the city “I want to work for local politic career but could not because I was not better than the merchant, you need to have much more money for access to the villagers, the politic career depend on money so the poor people like me have no chance to get in, I am better than the other because I had no debt but also don’t have enough money for kept in the bank.” The chance to work in political career is meaning of poor access of the villagers to access to the resources looked the same as the villager who got sick, most of them were poor, didn’t have good career enough, and earned poor income so the chance of being sick is much more, we can concluded that everybody is a labor man.

Although everybody who got sick was a farmer but everybody doesn’t have much more land for farming, may be it caused from they had sold the land to bought the motorcycles, refrigerator. The small of land that they had made less productivity of rice, in some season it was not enough for eating through the year. The owner of large land had a difference problem, due to they had not enough labor man for did farming because the young people left the village to worked in Bangkok, and this is the same situation of other family too. So in the harvest season they need to

more employed labor man in high cost approximately 500 bath per day then in some year there had not enough rice.

### **The characteristic of their houses**

The houses of the villagers were similar that is the high lifted up-stair house, and down-stair had the soil ground floor and also have bamboo bed and a t hammock tie to the pole of house for do all activity of the family, and the one- level house have a cement ground ,every houses have the wall made from wood and zinc sheet but it was not tolerate enough . Inside the house is only large one room ,and was separated the room by cupboard or curtain so all of their house was presented poor family significantly except the house of Wichan that is better than the other because he have more income than other .Surrounding the house is the cattle and buffalo corral ,even though it isn't locate inside the down- stair of the house but the corral is not far away from the house so it can make foul-smell and have a lot of flies around the house and in the rainy season it would have water lodge around the house and can make a problem when they have go to toilet that locate outside the house .

### **Drinking water**

In every household was collected the rainwater in rainy season, each home had at least 3-5 large red earthen jar it can store the rainwater for use in household through the year. If they used water till it was ran out very quickly they need to buy water for drink. That differ from the past that they can use water from the natural pool in the village .The reason to avoid to used water from the natural pool is they afraid of the water may be contaminated from chemical pollution . Because of the poverty so it can make people cannot treat the environment well enough.

### **Facilities**

There are three patients didn't have refrigerator, telephone are Uncle Pun, Uncle Wan and Uncle Dang, Uncle Pun didn't have television and there were only two patient had gas stove to cook that is Wichan and Nani .Uncle Pun didn't have motorcycle. These make us view status of living in the community. If we consider

from the facility object that they have, we could assume that the poverty can reduce access to the resources in everyday use .

### **Access to medical services**

Even though everyone have the health insurance by government that free for charge when go to sub-district health office but if anybody got sick they always bought drug from drugstore but if they don't get better they will go to see the doctor at private clinic in the city . The service in the sub-district health office was mainly for prevention and control disease .When someone in the community got sick, there is no one went to sub-district health office for received treatment. Uncle Pun and Nani went to the drugstore first and the other went to see the doctor at private clinic in the city.

### **Beliefs about food**

Such as preparing and distribution of food in general, eating and beliefs of all patients was not much different, and was not different from other villager in the community. They consumed the Northeastern local food including sticky rice and seasonal food. Meat usually was from fish, pork, chicken, including insects. But duck, cow, and buffalo meat was expensive so people could not eat. The cooking process was determined by gender, location and purpose of food. A woman had to prepared food for the family. Women were vulnerable than men when considering on the daily food preparation. Because after returning from work, such as selling vegetables at the market or came from worked in the field, for example Jeam lived on haste that made her prepared food without regard to self prevention. The men were only preparing or cooking when they were socialized with friends. Even the women said that men also elaborated from prepared and cooked. Food in the formalities, such as a funeral or religious ceremony. The backyard or a kitchen used for cooking. But the food in the backyard was half-cooked, while food was cooked out for front yard was well cooked food. The haft-cooked food such as spicy mined meat with fresh blood, spicy half-cooked meat or fish. These usually had eaten with alcohol at backyard.

### **Farming, slaughter, and eating**

There are two patients who have pig farming. Those were Jeam and uncle Pun. Pigs were farming in locally way. Pigs are farming in a wooden stall. The flooring is cement and clay. Both of them has pigsty next to rice field. Because their houses is in the border of village. Rice field is close to the house. The pig manure would sweep to make a pile aside pigsty, that full of flies with water logged in rainy season. Although smelly but it was not disturb the other villager because of their pig farm is locate at the border of villages. Both two people never realized to self prevention. They touched pigs with bare hands, although sometimes they have the wounds at a finger or hand. They didn't wear ankle boots. They didn't be careful because they didn't think there would have pathogens from pigs. And no one ever told them about pathogen at all. Kead worked as employees in large pig farm. Which was regarded as the pork industry? He serviced on the young pig farming. It was difference from pigs in house farming because the infection was controlled as well. But the real conditions on the farm, the pigs was frequently exceeds number of pigs. The number was up to 100, which normally could keep only at 50, caused overcrowding of pig. Often Pig Jam, they felled down and leg broken, a little pig that does not grow would cull out. Kead will brought out to grilled and eat with friends outside the farm.

In the aspect of slaughter. There were two villagers were sick. Dang brought out pig from the factory. Another one got pig that came across the Maekhong River. They butchered a pig in the rice field. Kead got pigs from factory and slaughtered at the backyard. They were not aware about infection at all. No gloves, used bare hands, and didn't wear boots. The behavior of slaughter didn't difference from slaughterhouse in the village. That didn't had self protected any way.

Behavior of eating raw pork and raw blood. Jeam and uncle Pun prepare only half-cooked food because the meat would more tasty. So, they can eat a lot with sticky rice. Nani and Wanla, they eat grilled half- raw pork. Nani also drank heavily. Like the other three men, Kead, Dang, Wan. They did not remember the meat was raw or cooked because they were too drunk. Meat preparations or cutting was made with bare hands. There were two people, Wichan and sak that eat "Leaudplang". With a passion for taste and the belief that to increased sexual tonic. Eating "LeaudPlang" had believed it was a cold food and should drank with local white whisky that was

believed of a hot thing and also of whisky can killed a germs too. The more you drink even more to eat. Because it was synergist each other, (Hot and cold food).

### **Alcohol drinking**

Every villagers who got sick used to drink. Difference amount of drinking in each person. That can was divided the levels of alcohol drinking into various levels. Occasional drinking such as Jeam and Wichan. Frequently drinking defined as once a week but binge drinking was uncle Dang. The rest was heavily drinking, drinking every day. There were five people one of them was a women, Nani. Alcohol drinking made both for fun and interacted with friends. It was so embolden to society. This eventually led to a wildly sexual. When he was drunk, men who was a heterosexual could have sex with a Ladyboys. Although, Kead clearly expressed that he didn't like Ladyboys. Alcohol drinking put them together as a group, such as a group drinking at the holy places, by the swamp of Kead and friends. Combined with the concept of masculinity is indicative of a group of teenagers who like adventure, challenged to what society said drinking alcohol also drained their grief. Many people used alcohol to wreak misery and disappointment. Women in such behavior had to be blamed by society less than men. Evidence found in binge group that shows the camaraderie. Could talk all about it. Actually when drunk subside friendship had disappeared everything came back to the real life. People who could not adapt to changing circumstances was uncle Dang. He faced with depression for a long time. Because he thought that friend in alcohol drinking group was a true friend that could talk about everything.

### **Gender / sexuality**

The villagers who got sick were three women and six men. All lived with their gender roles in society. Man is a great man and a leader of the family. Woman is a housewife, wife and house keeper. In the normal area and regular events, they were all showing their respective roles. But when there was a special area or changing situation, gender and sexuality had changed. Talking about sex is common between Lon and her daughter when talking about small wooden image of penis (Paladkhig) in the sense that the superstition. Kead had sex with Ladyboys. Nanihad changed sexual

practice to have sex with both of men and women. Related to change the role of the head of the family, she lived with masculinity. And Uncle Dang had to have sex with the widow when he went to make merit at another village. The format was different from normal sex when they drunk of the other locals. Their story illustrated that gender remained the same. But sexuality had changed by the conditions of the time.

### **The concept of masculinity**

Masculinity had also created vulnerability to man. Even Nani, who borrowed the role of men to sustained her masculinity for awhile that could made they faced the risk to damaged health, and disturb the every life. Moreover, this concept affected women as well. Stories of men who wanted to live impulsively didn't want to do household keeper. Look after everything in a house was duty of women. Man was the head of the family, living outside. They were strength and didn't have to be careful about prevention or health promotion. They usually came for treatment late when they got sick, sometimes refused to see doctor for treatment, until their symptoms were more severe. When the concept of masculinity mixed with alcohol drinking, it was a symbol of fun. It expressed the life of entertainment and sensational. When they had got illness, the concept of masculinity confined the way to finding the right solution. When a guy was in a trap of this concept, women must take their more time to served and looked after them. Cooking the food for the men to eat with alcohol when they drunk made women had less time for leisure. When the levity of men impacted on their illness or injury, women had to be are more takes care of them. The concept that man was the greatest confined a woman's life in a vicious cycle of the wife through the housework, sharing of work both in house space or public space. Meaning of drinking alcohol were liberated areas for people to free out of some deals of society, including the role of women. These thing was bonded very complex indistinguishable from what comes first or last.

Nani had eaten the pork with a group of guy friends. Grandmother Wanla eat half-done food with Kead and Kead's friends .Nani, Dang, Wanla, and Kead drank alcohol until drunk whilegrilled pork. Wichan and Sak eat "LeauPlang" with local white whisky. Jeam and uncle Pun was cooking person.

## **CHAPTER VII**

### **CONCLUSION:**

### **WHY DID VILLAGERS GET SICK?**

Reflecting on my research, the concept of ethnography focused on understanding the culture of the community and the diseases of its villagers. With embedded in the community like an insider, and not separated from their communities. I can deeply learn interpret and understand the source of the deafness of the villagers in this community. Another important reason that made me successful, which may be the limitations of other researchers when using ethnographic research is to be the local people in the area. I grew up in this province, and I have studied and worked here for more than thirty years.

The rich basin and flow in this research is me, which is a vital tool in research. I had the pleasure of listening to stories and I respected the storytellers. The conversation was filled with fun, shared a jam or tight fundamentals. The narrative of the locals would have political implications which were embedded with them. But sincere attitude of me when communicate with villagers can help to reveal the complicated story. With a smile and a happy sight, or words like "*Come and talk with me*" or "*Come and have a meal at my place*" is a good sign that the talks would be successful as expected.

The key assumption for the spend life in the community is a deliberate reflexivity all time. At the beginning of living in the community, although there is a cautions as an anthropologist with the assumption of an intensively epidemiologist it causes a diplopia picture on the phenomenon when view the reality with positivism and modern medicine. Also being from the middle class, I do not eat raw pork and I do not drink alcohol heavily. It may be make me consider the story in the macro level with bias values and push me to the neglect micro perspective consideration in some time. For example, when I was allowed to see the slaughter house in the village, I was excited. Because I had already known the slaughter process did not follow the right



sanitary regulation. I was glad to have the opportunity to see. Before that, I walked during the day, prepared and then with regard to the idea in that the various fields I wanted to know how they killed pigs. Why they were not afraid of any infection or injuries. When I actually got into the situation, I found that the owners were not surprised by the presence of me. They normally worked. They did not have the manner as I thought. But somehow, at that time, I recognized that right away, I carried out the concept of epidemiologists in to the village. I'd have rather made my own alienation. Villagers had their own set or knowledge to manage their own anyway. They set their minds to make themselves spend a daily basis under the agreement, compromise, and interaction in the community. However, reflexivity along with talking to and back from the advisors at all times helped me out of a framework for macro- oriented perspective to the picture on a micro- oriented perspective level or the use of insider perspective in the well and has deepened. With reflexivity, I would adapt myself for the data collection. I changed the title to avoid any impact or damage of any villager. Simultaneously, it made me learn the flexibility of ethnographic research by real experiences

**Why were people sick?** The reason why villagers got sick was because they are in vulnerability of such structures in the society and culture, poverty, gender, education, class, poverty, masculinity dominated sexuality, food culture, alcohol drinking and exposure to pigs by some ways. This vulnerability made villagers access to resources in different ways. As a result, the opportunity or ability to care for themselves reduced. We have enough to be summarized briefly as follows.

## **7.1 Education, poverty, class and resource accessibility**

Empirical evidence from locals, every patient who was sick was not highly educated. Women and men do not differ much. However, the educations of women were more difficult. To fight with faith in the view that "*women do not need to study*" like the examples from the life of Sri. To wriggle hastily by being housewives to wriggle out of a belief system that women do not require a high school.

Once the study level was low, the occupation of people were rice farming, one was a garbage collector. Although the locals are all sick farmers had a little arable land because many people sold the land to get money to buy other appliances, such as refrigerators and motorcycles. When the rice yield less, rice productivity is down in some years, hardly enough to eat also. In addition to the ones who had more they will face the problem because no one does the job. Their children went to work in Bangkok. When asking relatives or neighbors to help as early as possible is very difficult. Every home will have similar problems in urgency or need booties during the harvest season. If employment helps, hiring labor per day is expensive, which is normally not to exceed three hundred baht to 500 baht per day. The laborers were foreign workers. The locals all have to compromise otherwise they cannot harvest in time. Such images show the workforce and wages that fall under the umbrella of capitalism. There is no help and support with each other in the rural communities in Thailand. It also shows the movement of migrated laborers. The store was the replica of the market as the market moved due to the invasion of the capitalist system. It is comfortable in purchasing. This market can go to village very easily because of the ease of transportation into the village. The arrival of the shop has both pros and cons, purchasing easier for the locals meanwhile, some of which do not necessarily come into the village like a snack which can buy very easy in the shop. This is small things that dissemble the exploitation of the capitalist system that comes with the product useless. If we believe that knowledge is power, as Foucault said. (Foucault, 1977) The locals do not know the tricks with the capitalist system. This means that the villagers have no power. Considering issues such as low levels of education

When we consider the realistic exploitation, by the case of the funding from a cement company to the bachelor degree student in the village is as an example of labor exploitation.

**Debt:** It is found that almost all households are in debt. Whether it is overdue loan or loan funds from the commission accruing interest at affordable prices. Where does the money come to your home from the lenders? The process of the loan was used to purchase facilities household goods or daily basis material like rice cookers , refrigerators, TVs , fans and motorcycles. Some of them are really necessary

or not, no one can tell. What happened was living expenses which maximum benefit will go to the capitalist. The villagers have had to pay interest daily. By the way, even police knew this happening they did not do anything.

The issue we see the poverty of the villagers clearly is a patient's house was not tied with uncertain zinc or wooden walls. Those houses represented the poverty significantly. Except Vichan's house which looked stronger than others, probably because his income was higher than others. The surroundings of the house which are important were cattle and buffalo paddocks. Although they were not located under the house like before, the stall were moved outside which was not far from the house. It had stench and swarming insects. During the rainy season the whole area was waterlogged. The toilet was outside the house so if you go to the toilet at night it was not much convenience.

As the evidence I mentioned earlier, in my stand point, I do not think I would see those pictures in now a day which is the development of Thailand is quite good. We have sky trains in Bangkok or a even being a country with an economy in the medium level. It is possible that what happens to the lives of those people is marginalization.

### **7.1.2 Poverty was tied with politics**

The locals all have declared themselves as poor, except "Vichan" who seems to be at an average standard. But he considered himself as poor with the reasons that no own political opportunity. *"I want to make local politics. I cannot fight capitalism. It needs money to reach the villagers. Politics needs money. Poor as I am, I have no chance I'm better than my friends because I have no debt"* Political opportunities is a sign of disadvantaged people. Because they had no right to issue policies or laws (Fraser, 2010; Jutting et al, 2004) However, events of political rights by the local people as linked to poverty, the political right is different from the general concept. Locals believe that politics is a central authority. The exploitation, who can have access to power, is a capitalist. The idea appears to be different from the mainstream. The value of politics is not democracy or equality. But it is the struggle of the poor to have access to wriggle the power hastily to make themselves perform live.

### **7.1.3 OTOP, fence: collapsed signs of traditional society**

If the sense of Kalerng community is a simple life group, the tribes represent a significant social class in the village. Kalerng mostly are subsistence farmers not a dealer. They still believe in ghost and folkway medicine. Mho Tham and Mho Yao are a symbol of them. Fairly low numbers of Mho Tham and Mho Yao reduce until almost none, or changing of duty of folk doctors, changing of conversation topics are the symbol of life changing. Dance of Mho Yao as sacred is seen as something strange (Exotic) by new generation. Such stories are contending for identity in the original community by capitalism. It is swallowed by the capitalist system. The topic of the conversation has changed from discussing issues important in life such as lifestyle, illness, verbal instructions from the folk doctor is a fair encouragement to consciousness which is based on the idea of Buddhism. Talk turns to melodrama, these including love affairs, how to pass examinations by those who go to seek advice not investing or prepare themselves. This is an evidence of the weakness of society through quality people

On the issue of the fence, the evidence we see is fence style in the past began to change. The fence is still seen as a wood fence which is not strong. The fence to prevent animals including cattle entering a house, the fence between the houses is relative or as close neighbors meaning. The appearance of the fence to see movement in the house. You can yell at each fence this way to demonstrate the close relationship. To show the generosity of the neighborhood when the other neighbor is not at home, their neighbors can monitor the security of it.

While modern concrete fence, a tall fence is entirely the function of the fence. Not for just animals to let them go inside but the creation of a stranger shall not see. A house with a fence turns out to be the house which was stolen. The villagers say no one can see what is happening inside the house. The stories described by a fence. We see the danger that comes with modernity.

The issue of OTOP: According to the villagers, they are making bundles of dried banana and weaving. These two activities cannot be sustained. The development does not contribute to skills development. Everything is done for the policy response from the province. Like the wife of a village chief said that.

*“It has been done for the boss 's face”*

Advantages that occur with locals are a common activity periodically. The downside is the time to pull some members to sit at home. Work at temple does not have any compensation, if they sit weaving at home, people can also work with others. Responding to the creation of the image of politicians and rulers which absorb the labor of villagers without interesting in what happens with the locals. Photos from events can tell us about the scam of development. The modernization potential exploit locals. Exploitation of labor issues were a medical anthropologist interested in the issues of political economy. (Quesada, Hart and Bourgis, 2011; Singer, 2012)

#### **7.1.4 Culture, Society and lifestyle related to pigs**

##### **7.1.4.1 Pigs farming: The capitalism affects the local**

There are two types of pigs related to the local people; the details are shown in the following passages.

Pig in a natural system, which was bound to locals. Farming around house area with the number which was not more than 10. The villagers feed them for sale. If they were sold, the small pigs will be replaced to feed. Continuously change like this. The families where the pigs farming are usually have a small mill. So they have rice bran to feed the pigs, which represents a great economic position. When dissect these pigs, the local exposure to pork and blood with bare hands. They don't have gloves and aprons. The locals think the pig from family farm has no germs. The cheaper pigs is across border illegally and the remaining pork from sale in the market in the evening. They think this pork may have the germ. They say that *"pork is pale and stale"*.

Pigs in large industries: some locals were workers and some locals have a family members worked in the industry. They regarded the pig industrial make people employed, but did not make their lives better. Pigs from factory may have pathogens because some pigs were very small and they were fed with crowded

condition<sup>1</sup>. Pigs' growths were accelerated in order to sell earlier. Also the locals still took them to eat. In the vision of the people who participated in the research said, pork was a food for everyone but good quality pork was often expensive. They could not be consumed.

The villagers' point of view point is that the pig from natural farming does not make a pig infected but pig farming in modern industry will make the pig get diseases. Those who work at the plant said, sometimes the plant contains a lot of pigs in each pigsty, especially in the period before the Chinese New Year festival. This event had shown demand many pigs in every market. If local people believe that pigs farming in such a manner are the source of the disease, these may be introduced into the image of prosperity. Technology has concealed some points that is not discussed, such as crowded in the pigsty. Although low quality pork will not be brought into the market directly, but still have some locals bring it to eat.

Pig is also a sign of cultural representation through a daily life, to demonstrate the division of labor between men and women, belief, the struggle of the poor. Consumption of pork was illegally brought from the border without quality control. In most cases, the killed pig to consume will be killed illegally and uncontrolled cleanliness can have the risk of infection. There is no quality preservation by using a device such as a refrigerator or freezer. The things that mentioned earlier is a sign of more vulnerable to disease of the poor than those with good economic status. It shows that the poor still be the victims of capitalism. Plant industry is reputed that have good hygiene farming. Technical support has been secured. To gain more profits reflect by image of vaccinations or pigs farming in crowded proportion which can cause a pig develop a disease. Pigs that are not standard (A pathogenic agent) were culled out like the pollution of industrial waste. These remains were handed over to the poor which was comparable to the exploitation of the capitalist system aimed at undue profit. The discrimination, relegation local pigs farming is a signs of crowding out of the capitalist system. Smelly pig manure is a kind of pollution in the community. Stink disturbed the normal life of the community. In the rainy season which is the season of rice farming, pig manure makes water has too much nitrogen. The rice is improper growing. The locals said that the former does not have this kind

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<sup>1</sup> [http://vrd-np.dld.go.th/sara\\_strep6-11-49.htm](http://vrd-np.dld.go.th/sara_strep6-11-49.htm) accessed at May 27, 2015

of problem. The pig farm owners solve the problem silently admitted people to work in the farm, provide scholarships to students, hire teachers to teach in schools, favor free pig for traditional celebration, and sell them at a very cheap price. With such an approach there were fewer complaints. In another aspect, some people are not satisfied with the solution of such problems. They said that, the things they receive is only for some of them. Working in pig farms are those with connections or influence of the local people. The pig farm cannot give it to anyone or give them equality, even though in terms of access to work fairly. Like Kleinman said, people who get a chance would get a better chance than someone who is not. (Kleinman, 2007). It reproduces the conditions of vulnerability that make some people have more chance than the others, likely reduce their ability to access socially (Aysan, 1993). To be selected, or lost an opportunity is the sense of them being discriminated and be marginalized. Bourdieu said that it was bound by the social context. It was downgraded to environmental and social relationships (Bourdieu et al, 1999). As a study in Mexico, the illnesses of the people suffer because of water shortage. Physical pain is caused by society. Those who live in upstream face with the illness more than those who live downstream (Enis, 2001).

Pictures from this demo made us see the coming of the capitalist system has changed the mode of production. Pig farming by local way has changed to industry which results in employment. In the other aspect, that made a patronage system that conforms to the conventions of the community. Meanwhile, it shows the compatibility of the law with the capitalism that distort regulations and terms of risk to the health of villagers.

**7.1.4.2 Pig in rituals:** When we imagine to the ritual, many ceremonies often include pork . As well as those found in this study, a pig's head was to sacrifice to gods. No different from past studies that say that people, especially Thai women, preparing for the dedication to the people who died (Esterick, 1998). In this study, we demonstrate that we saw. Pork is a food for the rich. The motto of Islam that pigs are dirty, because of in the past before it is a taboo. Pork is delicious and rare. It is for the rich only. So to avoid eating pork was claimed as a source of religious restrictions (Santasombat, 2005). Pork in this study reproduces the image that, pork is

the food for the rich. It would be scrap pork for the poor. It is without quality and would be the source of infection. A pig's head in a ceremony is to pay respect and later was shared with family and friends, including people in the village who are workers in the home of a wealthy Chinese people. When linked to the risk of exposure, pig's head or pork is boiled or steamed in an improper condition.

#### **7.1.4.5 Social and cultural Vulnerability: produce and sustain the illness of the locals**

Brown and Inhorn(1997) said that *"Exposure to pathogens is necessary, but it does not mean that it causes disease. To get a disease depends on vulnerability factors with intricate patterns, fixed and non-fixed"*. That is, health and illness as a condition to demonstrate the relationship between the individual and the environment. Many scholars agree that the vulnerability threatened and reduced the ability of self-management. (Alwang et al., 2002 cited in Grabovschi et al., 2013). In an aspect of the medical anthropologist considers the vulnerability by using a view of political economy, cultural and individual factors (Quesada, Hart and Bourgis 2011). It found that the pressure on the issue of "position" is vulnerability, a product of the hierarchy where residents live in a society with a diverse network of power relations, including the results we get (Leatherman, 2005; Watts and Bohle, 1993) It is the poor, the less educated, being women (to be given the role of a good mother and wife), to live with the concept of masculinity, make them being exploited or oppressed by the economy, politics and public health. Locals said that what happened to them *"It is karma"*. What happened, locals agree realization and construct internalization and embodiment. Their inferior status results from the construction of society, to surrender to what happened to them without any question. "It is habitus" as purposed by Bourdieu (2000). Because the offering or the idea of locals is something they can be explained and feel safe. The adoption of such a state based on the inferiority of their production patterns structural violence. By accepting that this is natural, what should happen or should be anyway. This is violence that occurs on a daily basis (Bourdieu, 2000; Pine, 2008; Auyero and Swistun, 2009).

To understand the vulnerability structure, we must consider the idea of having their own power (Agency). Because, in fact, they have the power in themselves



or not, it needs to consider the factors that determine choice or decision in their lives. (Quesada, Hart and Bourgis, 2011) The patients in the village in this study had no selection. The vulnerability structure defined specific areas where they live, food which represents the interaction in the community (Counihan, 1999) The middle class had the opportunity to eat better food (Hupken, 2000). Women have less power of the social structure. Requiring them to take a role as a care taker and under to men. Similarly to the study of Morioke (Morioke, 2014) she found that the perception of risk in a nuclear plant in Japan, men perceived as a threat to the stability in the economy, and the their identity. They worried that if there are serious economic problems it will affect his family leadership. Towards their men, women worried about health concerns, and looking for ways to protect but men are not allowed. We can say that women have less resources accessibility.

The concept of masculinity makes men behave as a health hazard situation. It made men dominate women including what happens to people who get sick and then trying to maintain their own ideas of masculinity. Those efforts pursue and push the men to surrender to reckless behavior and that is why life is suffering more (Cornell, 1996 cited in Evan et al., 2011). This research has also made the images we see. Among men together it reproduces the idea of masculinity. If men cannot be played as expected, he will be sidelined and branded by the guys together (Pyke, 1996). Such as Deang who discomforted, cannot drink any more. His friends called his *"weakness, others eat as well, nothing happened to them"* or *"He scared his wife"* as the words of a friend when Daeng refused to have sex with another woman after drinking until drunk. Or the story of Kead, who left the group when he found living day to day after working with these bands make him sick. He could not go back to live like that anymore due to complications from the disease As well as the research of Emslie et al (2006) found that men with the condition antidepressants in England have high suicide because they do not take that leap from the concept of masculinity, such as command As a matter of social construction. That said, women in this study jointly raise this concept. The woman looked about and said *"It is the nature of men"* This is a practice that happens in everyday life that have helped to sustain the concept of masculinity existence or dictation As well as the study of Gibbs (Gibbs, 2005), who has studied the illness experience of male patients with severe arthritis. He found the

idea of masculinity has a significant result in the recognition of the illness and seeking care. The progression of the disease has destroyed the sense of their men, when they were unable to walk normally. When they had to rely on someone else it made them feel they cannot achieve a guy expectation. Men who do not adapt will not go for treatment in order to keep status of a strong guys. To do that, make the symptoms getting worse. The study of black men in America with diabetes found that black men feel the loss of a man on the pathology of the disease, making them physically drawn down. Symptoms of hand, foot, and nerve happened. They do not need the support of his wife, family or friends. They even feel like being detained by police. The normal black men are considered those with a talent for sport, when unable to play their favorite sport it makes sense of loss of identity. (Liburd, Namageyo-Funa, and Jack, 2007). The study of both of the above, supports the concept of Connell that said, the dominant ideology of masculinity. There are many styles that all have an effect on men's health (Connell, 1987).

On the issue of alcohol is accepted as a drain distress, society makes friends with courage and minimize embarrassment. That is significantly positive. Similar to the way that occurred before the age of capitalism (Singer, 1986) The alcohol is not a disease or an illness at all. Another aspect is to be dangerous and create revenue for operators and increase taxes to the state. We can determine which economy sector works together with the political capital (Health, 1978). Singer says the role of the state in promoting alcohol industry poses an increasing health problem and the social costs of using drink alcohol abuse (Singer, 1986). In the pre-industrial Era State paid attention to alcohol consumption because there are financial incentives with a view that alcohol products are taxed. The social classes drink alcohol heavily so the state had to take control because of concerns that workers are less productive in the workplace (Makela et al., 1981; Singer, 1986). African countries beverage industry had more important roles in policy design as alcohol industry increases (Bakke & Endal, 2010). The explanation is probably not much difference from the situation in this community. Although the state is dedicated to tax of alcoholic beverages it falls to the health promotion program. The end result does not make the use of alcohol or drink alcohol in the community improved very much. The resulting image in the community, the poor are still drinking well as for fun, find a solution for life. But

what we see is a government or related agencies are not interested in the real reasons behind that drinking alcohol to the point. If we believe that alcohol is a cultural sense. Evidence from the study indicates that the drinking culture was built up to take people to the risks and causes of the disease appear. As Engel said, drinking alcohol is a health problem as a product of social and power relationship (Engel, 1969 cited in Singer, 1986).

In view of an anthropologist, I do not just consider food as a production, acquisition and distribution alone. In terms of political economy, intrusion picture of the pork industry determines to supply more pork to make access easier and more for the locals. Such results cause more exposure to disease which is not different from the education system of the sugar industry. Industry makes sugar intake increase (Mintz, 1985). As well as allowing them, killing and dissecting pigs in the community without concern good sanitation management.

As well as the ignorance of the health system to the disease, locals did not have the authority to deal with the difficult consigned, environmental design or can be positioned on its own. Everything is determined by the social structure.

Pictures of the trap of belief that the cuisine billed signifiers of social position, social interaction and the tide to sexuality (*"Eating LerdPang, It helps convert blood -soaked acts like a powerful young man"*) Likewise, the Leishmaniasis disease, a cluster of homes in the community to show the connection of food (Alvar, Yactayo&Sern, 2006) Bruce's study (2001), referred to as the food choices. Bruce said that men who are professional engineers choose foods that are healthy compared to male workers. A structural vulnerability application in health is an important tool for physicians and health care teams with cautious awareness of the factors of vulnerability in the various health services (Singer 1995; Delor& Hubert, 2000) The demolition of myths about the fact that the agency was challenging. We have the power of our own or no, or dismissal of the idea that nestles in the theory that determines what should be done, what should not be done. These things take control of our lives and led to misdiagnosis, improper treatment, and finally create new risk definition. Those things are often occur with poor people.

## 7.2 The healthcare system through illness experience of the locals

To understand the illness experience of the locals, this analysis uses concepts of critical medical anthropology which considers the inequalities caused by power relationship that existed in the fact the medical establishment was built. It was done through the analysis of individual stories, the relationship of the patient with the doctor and hospital system of the state's health policy. (Bear, Singer and Susser, 1997). All details are shown in the following passage.

### 7.2.1 Results from the health care system: locals unknown disease

The report of this disease in patients with blood cultures to confirm the results. This medical technology requires an investment of technical equipment and skill of medical technologists including skills of those who collected blood. This province technology insemination as well as funding operations is supported from abroad, which are developed countries. The issue of support is something that should be questioned. The medical anthropologist often asks supports from abroad that make transparent manner is sincere or not<sup>2</sup>. However, this study did not delve into the issue. Blood culture was done to look for pneumonia by drawing blood from patients in all provinces who hospitalized with symptoms including fever, cough and difficulty in breathing. The fever is the main symptom of patients who infected with *streptococcus suis*. As a result, patients were included in this test.

This test must be done in large hospitals like university hospital, medical school hospitals and medical science institutes. To report of such results of such a practice reflects several things. This disease was first reported in this province. The disease may have come long ago but recently detected. This disease has been reported in the north. Chiang Mai, Lamphun and Chiang Rai province (Chaknum,2008) Violent even result in death, as in Lamphun, patients who went to the funeral, ate lots of raw blood, together with drinking alcohol. They were sick with an infection in the blood of 10 patients, all died within 48 hours after exposure to the disease. (Fongcom et al., 2001). Even though there is a serious situation that created a shock to the public but in this study, no action was taken in relation to this matter. This disease must be reported

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<sup>2</sup>[http://www.sac.or.th/main/article\\_detail.php?article\\_id=22&category\\_id=11](http://www.sac.or.th/main/article_detail.php?article_id=22&category_id=11) accessed at May 24,2015.

to the Bureau of Epidemiology. We found no evidence that the disease has never been reported in any way. Information from health officials in the area and the story of the people who were sick with this disease, everyone says did not recognize this disease before. Practical or medical discourse about deafness diseases showed that no information media health education to prevent the disease, but somehow the whole project at the provincial level to the district level does not appear. The story of the people who are sick, they knew this disease from the disease investigation team after they return home. Announcement about the disease in the village by the tower speaker phone news, it was done the first patient only once. Voice of the local people reflection the remoteness of the health care provider in the area. Reflect doubt in the capitalist system. Similar to the above issues Farmer 's question on the issue of infectious diseases that analyses of infectious diseases with epidemiological approach without mention of social inequality or poor victims of these diseases.(Farmer , 1996).In the book of Infectious and Inequalities (1990) Farmerspoke about infection through AIDS, Ebola. The story is similar to deafness disease which is enough to make us understand the views fraudulently, narrowness of institutions which led to the negligence of the poor. The technology can reveal the details of the bacteria detect and identify the disease. The unknown disease of the locals or even to health workers was questioned whether the locals to neglect this disease state or they support the pork industry. It is a reflection of the collaborative venture with the health system

For example, a study in Mexico, Enis (2001) has shown studied the illness caused distress which effected by water shortages of people who live in foothill communities. It found that they experienced physical pain associated with water shortages. The study was observational participation in water management, drinking water and water used in the community. They talked with officials about water distribution manager. The discourse of illness in the community has not shown that the symptoms of the illness are caused by a shortage of water. People in the community trying to say their symptoms or illnesses caused by lack of water which has a main cause by social sectors.

The study projects a scramble of state power, "disease is not a disease". Also it shows the responsibility of the state to shirk work with medical institution. Expressed with sick people is the image of the face of social suffering. In the end, the

lack of the necessary fundamental that the state does not provide for the poor has caused the vulnerability and faced with adversity

### **7.2.2 The marginalization of the health care system: the deaf, unreturned to the doctor**

The villagers who were sick chose to be treated at the clinic. The services of those doctors who did not doubt the ear quenched. After reviewing what the locals were recommended, Doctor said if symptoms did not improve just come to see them. There were some villagers went to another provincial hospital which is larger than the hospitals in this province. Hearsay the locals did not go to the hospital to see a doctor because doctors were not there, they spent time at a private clinic by taking advantage of the hospital time actually. If the locals went to the hospital they had to wait long. People whom they met and spoke to were nurse aide workers. Doctors in the hospital made themselves as if they were part time staff who focused on business. They spent time in the hospital very short. The issue is why this was so. Bear, Singer and Suzzer (1997) explained that in the context of the hospital, look as if the doctors who had more power but what real doctors were mitigated by a specialist (de-professionalization). The hospital aims for profit, control to reduce costs. It pushes doctors like a medical staff of the hospital. Image above it might be true or not we can consider the behavior of doctors and their time in the hospitals that took in less. They spent working in a private clinic majority. It is an image of business as ever. The result was proof of that. Those who gave their time most to locals were other level officials. Doctors did not recommend or make an appointment for patients who had trouble hearing back to track or assist any what happened to the locals as it was haphazard. When asked locals who had trouble hearing people say,

*“Why do not you go to the hospital. We won’t because doctor is not present”*

What people do is choose to go to a priest sprinkle holy water or go to the Mho Yau to dispel bad luck and bad luck. The last is to buy hearing aids with their own money. Sociologists with Marxist’s concept said that doctors are shaped to be

workers (Proletarianization) (McKinlay & Arches, 1985; McKinlay & Stoeckle, 1988). The view point of proletarianization and corporatization argue that profit up management was a significant medium reduction in performance skills of doctors. Enabling physicians to surrender to the organization as a result of reduced independence in the performance of doctors and added a more corporation then lead to corporatization.

In addition, we also found issues of blaming and a significant superior oppression among professionals such as doctors and nurses. The question is why it had happened? Because they pressure from hard work until induce those behaviors, or blame as a solution, or because they want to use the power of theirs. No reason whatever, such images occur among the distance between physicians and patients. No picture of a multidisciplinary focus on treatment for patients at the center.

### **7.2.3 Why people ill: Technology makes interaction between physicians and patients less**

The information of locals who were hospitalized, they said that doctors spent time very short with them on the clinical care. At the beginning of the treatment doctors visited them twice a day, morning and evening. Later at the last period of treatment was just once a day. Each time was with a sense of urgency. Rarely asked what they wanted to know.

The relationship between physician and patients based on the number of times the patients come. There are many studies that show increasing in contacts between doctors and patients In terms of the duration of the relationship; it depends on the frequency and duration of meetings with doctors. Patients are more satisfied (Weiss & Ramsey, 1989; Linn, et al., 1985; Hjortdahl & Laerum, 1992) Beisecker (1990) reported finding that doctors who take more time leading to improved communications, both quantitative and qualitative issues such as the start of a consultation with serious psychosocial problem. However, the traditional good relationship between the physicians and patients are being endangered by technology and organization. With advance in technology and medical records on a computer causes the relationship between doctor and patient. Many sociologists pointed out that expert program have threatened the medical skills by coding the knowledge of a

doctor or enter them into categories. (Antley & Antley, 1973; Haug, 1973; McKinlay, 1982) Doctors spend more time staring at a computer rather than talking to patients. As a result, the interaction with the patient becomes worse. (Street et al, 2014) Medical documentation of a doctor lasts up to half of their time, however, there is very little research to determine the value of a document, and the elapsed time and have a negative impact on patients care (Clynch & Kellett, 2014). In this study the director said that since he moved to work for six months, he has never been to a meeting with the authorities in the district yet. He must spend time with the document. Sitting in front of the computer and wait for orders by e-mails or do the reports. At the same office, another officer said she has to sit and make financial reports. The balance was needed by the province. It was ordered not to let negative account balances happen which will be a good evidence to suggest that the administration is effective. Voices of the two officials who spoke with embarrassment show negative attitude to policy. Actually, the medical staff is already swamped with work. Technology should help fill the complement and improve clinical care for the better not to increase the workload again. (Walsh, 2004) Even in high-income countries such as Norway nurses who provide care to patients at home said no more time for patient care since it takes more time to writing report (Holm & Angelsen, 2014). In the US, reported a decrease in the number of patients who received a home visit and the number of visit each patient received. (National Association for Home Care & Hospice, 2010)

What is said about technology which is a clear evidence that health care systems were designed to serve capitalism and the determination of interaction between physicians and patients with the objectivism and reductionism which regardless of human dignity or the rights of patients in any way.

#### **7.2.4 Suffering of Villagers**

The experience of the locals who were sick that I have noted previously, indicates the way of their life had brought them into the vulnerability and got disease. Their experiences show that they have inadequate access to health care or even they could but sometime delayed. Their suffering which we may claim that they have not created by themselves. Kleiman, Dass and Lock (1997) said that social suffering is as



a result of the political economic power of the institutions to act with the public in return effect or influence of such things to be back causes social problems as well. Social suffering takes place in areas such as health morale, welfare, state and religion, which in some areas; social suffering may overlap multi-tasking.

This study projects a reported deafness disease happens to the poor. On the vulnerability of both society and culture, local access to resources picture was women earn less than men. However the concept of masculinity has made the villagers seeking men in traps. The impulsive people make them more vulnerable to infection. Combined with faith cuisine, particularly eating undercook pork, the local did not thinking about danger but they are happy with the taste. The picture of “Larb” which has a spicy taste and undercook pork which family member eat rice more than usual. It implies that food is shortages in Northeast. Alcohol consumption, they have emphasized the pictures depicts the role of alcohol in the community.

When sick, the locals all go to a doctor for treatment with trust in the knowledge that modern medicine is much less varies. Interesting issues are villagers continue to be treated with traditional medicine. Said that maintains the faith or a matter of the mind. Villagers believe that they face adversity spirit of the ancestors or ghosts at different locations. The issue is why people believe so. It may be because the power of modern medicine has no potential enough to explain cause of this disease, or modern medicine disregards the feelings of the people. Its treatment is aimed at specific of any disease, or it interested in the somatic problem. Information from villager that don't know anything about this disease, health educational campaign, or movement to control and prevent the disease does not appear as a concrete action, or reporting system, these evidences tell us something. We can imply deafness is a neglect disease. Furthermore, the incidence of the disease is not different from the situation of traffic accidents during New Year or Songkran festival. Thus, is that possible deafness disease is a disease state's neglect since it is a disease of the poor. This is a group of people who are not the major segments of the society, similar to leishmaniasis disease's situation. (Alvar, Yactayo and Sern, 2006) As Farmer's said about neglected diseases is a disease of inequality. (Farmer, 1996)

The key findings in this study is locals are still behaving like eating pork, whether meat is not cooked well, drinking, eating LeardPang at home. Even at the sick

stage they have to cope with the symptoms of the disease which are suffering from meningitis's symptom, joint pain that they could not walk, anxiety about things cannot be explained, complications such as hearing loss or difficulty in walking.

Locals believe in the advice by doctors, which is to refrain from eating pork and half-done including reducing or quitting drinking alcohol. But in the end locals come to such behavior with pattern change such the amount of pork and how well cook it is. Or switching from drinking local alcohol to be whiskey of Wichan who was considered has better position than others. Wichan had the idea that "*Local whiskey is heavy. It is for labor*" He drinks it and also eats Lerd Pang. Geam continues cooking Lab with meat but cooked medium just to give a soft, spicy taste. Wanla still takes care and serves food for drunken husband. Such behavior reinforces the clear public health programs or discourse in preventing deafness disease. Medical power is beaten up on some things. I think that the existence of such behavior would be inconsistent with the concept of Butler said. "Performativity" the power relations that produce repetitive phenomenon and imprisoned and detained people in a trap (Butler 1993) This concept makes that behavior or act as identity that makes life proceeds according to the discourse that Butler has identified the concept "Performativity" The gender identity that is unique to the production of the series. Carried by the frame The system is designed with a multicultural society. People behave according to the faith that has been placed in the first place. This is the faith that does not give freedom to the people. It is believed to be dominated by ideology. Butler made it very clear that gender is not what we are, but that is what makes us to be apart (Butler, 1990) Consistent with the concept Habitus (Bourdieu, 2000) "Subjectivity" concept of Foucault (Foucault, 1978) with such a mindset we see a clear image, the food culture, the phenomenon of social relationships under patriarchy concept, show society generates power relationship and reproduces the advantage Between men and women.

The existence of the lifestyle associated with food is in intricate social structure. The hegemonic masculinity, alcohol consumption, health system together with patronage system and economy are clearly related or cause this deafness disease. Compared to global capitalism, implications of the exploitation of resources exploited by the rich countries exploit poor countries. It is not different from the employers to exploit workers, the rich exploit the poor, and men exploit woman. Image from this

study is through the discourse of "*good woman*", "*women love family*", women must endure sacrifices in order to be a good wife, for family not for herself. In public area capitalism exploit the poor but the men exploiting women in domestic area by treating women as a house labor working in family through discourse "*good woman*". Meanwhile, when women sick they were in the family's exploitation. However, the woman who does not squirm out of the world of male dominance can be exploited in all areas.

A reproduction of the capitalist world and the development discourse exploit small countries. Evidence found in Geam and Wanla. Both of them were happy to serve as a role of good wife even they are very tired or weakled to a burden that will make themselves available for any risk to health. The ingenious discourse "*good woman*" would not be different from others when it cooperates with the competent authorities of the existence of the things that make people feel responsible. Specific responsibilities described morality as Foucault says in its concept "Governmentality" (Faucault, 1985; Nguyen & Peschard, 2003)

### **Surrendering to the capitalist system of health services**

The evidence that we found in terms of service delivery, we found that the director of the hospital-run day to day without fluency, imply a casualness of service. The officer took the documents forged the success of the administration without any questioning or even have a question they do not dare speaking out. They were made as docile. (Foucault, 1975). Seemingly it serves the power of the capitalist system. Take the authority from the villagers in term of self-care. To allocate resources to their power network. Leave the poor face a serious illness that does not make sense.

### **Agency of Villagers**

If we would counter that these behaviors create power or free themselves of the locals in terms of health problems, we might not fulfill to say. Those behaviors include the blare of a drunk, gambling, lottery or gambling in the temple which is not legal, smuggling contraband pork, the fluidity of sexuality, it was not going to be treated at the hospital, failure to follow the dictation of physicians and return to eat

pork. These are the true power. In the end, these villagers also resurfaced in a potential reduction in access to resources which are available. Even the opposition of power that represents a negotiation and resistance to the modern medicine of folk medicine, which is Mho Yao and Mho Tham are clearly powerful in the traditional society of Kalerng. Now it's a tool of melodrama of young generation.

In the end, the villagers give the meaning to this disease *"it is a sin,"* which, according to my understanding, is unlikely to take action to occur like a Buddhist teaching speaks of what happened there is a factor. "Khama" in the eyes of the villagers will explain its pathogenesis in tone nothing else to say than that. To make it easy to understand is surrendered to the vulnerability of the social structure itself according to Bourdieu's mention (Bourdieu, 2000).

Illness of experience of the deafness disease patients make us see clear on the meaning of illness in the lens of local and sickness in the lens of medicine (Bear, Singer & Susser, 1997)

Patients experience have made us understand the social, economic, cultural, helped design health care systems and public health. However such form highlights the neglected infectious diseases among the poor. And finally the illness experience has shown us that the poor are still in a whirl of social and cultural vulnerability.

### **Limitations of the study**

This study is based on ethnography, so the reliability of the information cannot be rid of all identity and value of the researcher. However, the wealth of information is important for those who are interested. Whenever the readers interpret data based on assumptions that are different from me, the views or attitude must be different.

### **The effect of the study to public health and policy**

There is clear evidence that no one mentions of this disease in the province, both in breadth and in depth specifically. I propose a way to resolve the problem as following these messages.

1) Make the deafness disease is a public concern. Report epidemiological data; morbidity, mortality and impact from complication of the disease to patient, family and community and direct and intangible cost of treatment to public and government office that both directly or indirectly involve such as the ministry of public health, ministry of agriculture. In addition this disease is about the food culture, drinking alcohol and vulnerability condition that reflect to social structure, for example the health service system, the negligence of law to control and management sanitation and environment. So these issues reflect to the operations of the related departments. So it is a good opportunity for the authorities concerned to use this information for benefits to each section.

2) To make the issue of the deafness disease solved by advocacy approach. All sectors especially in communities including of agencies and institutions should participate to solve the problem at the beginning stage which covers the consideration magnitude, severity, and including the solutions of the problem.

3) The relevance of the government departments, at the provincial, district and sub-district levels including private sections should set the agreement, law of surveillance, management and control the quality of pork for consumption. The pork is sold in the market should be qualified even pork that from the illegal border or local pig slaughter house.

### **Proposals to the further research**

This study has made us understand the social and cultural dimensions of a disease. Benefits of this study, is how do we make the villagers liberate and free from the disease. But if they got the disease, then how do they recover from the disease as quickly as possible, Including recovery from any residual disability. Many scholars consider that the way to solve this deafness disease is to fix the problem about the social structure, to unlock the vulnerability situation to the villagers. This could be a real issue. If so, I would like to offer the academic, social and health persons to help us to produce evidence related to this disease, to demolish and build up new knowledge that leads to self-care of the villagers.

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