

Primary health care at tambon mae tuen

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ABSTRACT

In the northern part of Thailand, there are mountain ranges and intervention flat plateaus of variable sizes. The Thai occupy the rich river basin and flat land. A number of ethnic tribes namely the Karen, the Lua, the Akha and the Khamu occupy the foot hills and mall valleys with elevation less than 1000 meters above median sea level. The real hill tribes including the Hmong or Meo, the Yao, the Lisu and the Lahu live on the high mountains with elevation above 1000 meters. These hill people live in villages of variable sizes from less than 50 to over one thousand population, scattered throughout the mountain ranges and valleys. Most grow rice either in dry fields of in flooded paddy fields. It serves as their staple food. Some also grow opium poppy which is their cash crop. The rugged terrain and the lack of communication make these villages remote and isolated for a long time. No education and medical care is available. The agricultural technique remains that passed down for several generations. The health problems in such villages have been identified in our previous study at Ban Phui and other villages. Opium addiction is also a problem in the hill tribe villages. The use of opium as a drug for treatment of physical and mental illnesses has led villagers to opium addiction.

In order to provide primary health care to these remote villagers, a study was carried out in Ban Phui area where a number of villagers were trained as village health volunteers. The preliminary evaluation proved that the trained volunteers could successfully serve the health needs of their fellow villagers especially the initial care of the sick. The necessary supervision and support as well as the relationship of these volunteers with the Government's health services remains to be evaluated

The present study is an operational research on the health care delivery system appropriate for the remote hill tribe villages.

Key words: Primary health care, Mae tuen.
