

Impact of health development on child rearing of the hilltribes : Karen and H'mong

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ABSTRACT

The hilltribes are a group of multiethnic minorities that inhabit in the mountain land along the northern to northwestern border of Thailand. The latest national survey conducted between 1985 and 1988 showed the total population of about 580,000. They were officially classified into 6 tribes ranked in accordance with population number as follows : the Karen, H'mong, Muser, Lisu, Yao and Akha. The rugged terrain kept most tribal communities fairly isolated from the lowland population at large. In the early 1960's the government launched development programmes for the tribal communities. However, some effective multisectoral development programmes including public health came into effect within the last 15 years. In 1991, the Institute of Health Research in collaboration with the Institute of Population Studies, Chulalongkorn University, studied the child rearing practice of the Karen and H'mong, two major tribes, by focusing on the patterns and changes that occurred subsequently to the institution of health development. The areas studied are Pah Kia Village, Samoeng District and hamlets in Mae Suk Valley, Mae Cham District, which have been under development programmes since late 1970's. The sample population were all married women in the selected Karen and H'mong hamlets. They were categorized into two subgroups--lower than 30 years of age and 30 and above years of age. It was assumed that the low-age subgroup would mostly be exposed to the development programmes through all their active child rearing period while the high-age subgroup would be likely beyond child rearing period at the time of development introduction. The total samples were 179 Karens and 144 H'mong with 63 H'mong in the low-age subgroups. It was found that after 15 years of health development the child mortality rate of both tribes decreased. As for the H'mong, the mortality rate of children during their first year of age was reduced 1/10 of the preintervention level. But the mortality rate of children aging one year or more dropped to only about 3/10. Utilization of modern medical services for delivery still limited to approximately about 30% and 40% for the Karen and H'mong mothers still followed the traditional prescription of diet and lying beside the fire. Powder milk was used as supplement food for babies during the first month to a very limited extent--less than 15% in general.

Karen mothers appeared less possessive than the H'mong in raising their children. However, about 50-60% of both tribe women sent their children to schools and accepted immunization programme quite well. The traditional tribal communities did not have of education and health care services. Therefore, the child rearing practices of the Karen and H'mong that related to modern education and health service could be assumed as the development impact. The results provided a landmark of achievable development targets in clear evidence of nature and extent of behavioural changes, utilization of services and vital statistics. However, the changes shown in this study should not be interpreted as due to education and health interventions only since there were some other factors, such as economic change, which could influence behavioural change as well.

Key words : Health development, Hill tribe, Child rearing

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