Health Unlimited

Briefing Paper on the Health Situation of Indigenous people Ratanakiri Province Cambodia

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Health Unlimited is helping to create a world in which the most vulnerable communities can enjoy their right to health and well-being.

Cambodia

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Ratanakiri is a hilly, forested province in the Kingdom of Cambodia situated 600 km northeast of the capital, Phnom Penh. It borders Laos in the north and Vietnam in the east. Cultural and ethnic diversity and the richness of her natural resources are two of the special features making Cambodia's northeast unique; and form part of Cambodia's heritage and natural wealth.

The indigneous people of Cambodia are facing serious threats to their livlihood, culture, lanaguge and knowledge from economic development, sectors reforms and preventative diseases.

Ratanakiri Province has six indigenous ethnic groups which together, make up 65% of the 110,000 (approx.) population[1]. Their subsistence livlihood depends on the forest, rivers and swidden lands, that traditionally make up their customary lands. The environment is of special concern to the health and well being of the village, and of individuals in the village. This unique relationship between indigenous people and their environment is fundamental to their spiritual health and overall well-being. Cultural survival of these groups requires that these communities retain their rights to make informed choices about how they will develop and adapt their way of life to changing circumstances.

Spiritual Health

In order for indigneous people to be able to adapt in a rapidly changing environment, it is essential that policy makers and practioners appreciate indigneous peoples world views. Indigenous people's concept of health is reflective of their livelihoods – it is defined in holistic terms. Health, well-being and prosperity from birth until after death, is dependent upon humans' respect for their natural environment and its guardian spirits. Commonly termed Animism, a system of belief, which centers on a respect for spirits who reside in rocks, forests, trees, wind, lakes, rivers and other natural phenomena. Belief are organised into two categories within the domain of animism: ancestral and natural spirits.

Ancestral spirits reside in the village and protect and govern the village area.

Natural spirits protect and govern areas, such as trees, forest, fields, mountains, and water. These spirits are all known to punish humans who may violate these natural spirit areas. For the indigenous people of Ratanakiri, they believe that an angered spirit manifests itself as a sickness in humans[2]. Illness maybe inflicted upon the guilty person, his/her family members and sometimes the whole village, dependent upon the severity of the violation. Both outsiders and villagers can endure the wrath of the spirits. In order to appease the angered spirit an offering (an animal sacrifice) must be made to the spirit in exchange for the return of the sick persons soul. Many indigenous people are adopting a *three pronged approach* to health; firstly by sacrificing to their spirits; in addition to taking locally produced herbal remedies; and

[1] Ethnic groups: Kreung, Tampoen, Jarai, Brao, Kavet, and Kachok

[2] Attachment 1: Spirits respected by the Brao People in Pao village, Ratanakiri Province, Cambodia

at the same time, seeking the services of health facilities. The combined strength of all three strategies is perceived as the causal factor in a return to good health. This use of three systems of health care highlights one of the most striking aspects of indigenous behavior and beliefs - their overwhelming pragmatism.

Issues

The indigenous people of Ratanakiri Province have a significantly poorer health status than other Cambodians. The population is experiencing degradation of its natural resources, diminishing food production, rapid deforestation, internal migration and land loss and confiscation. These factors are having a negative impact on the already precarious health and nutritional status of indigenous people, who are already marginalised more than other cambodians through language, culture, geography, and economic factors. Less than 10% of indigenous women aged 15-49 are functionally literate in the national language Khmer. The villagers are typically short of rice in the planting season and chronic ill health adds to the burden of malnutrition especially in children under 5. The population has poor access to curative health services due to bad roads, lack of and or cost of means of transportation. The lack of access to information and little opportunity to voice their health concerns have rendered the majority of the indigenous population of the province unaware of their health rights and entitlements. Health professionals are typically Khmer and have limited local language skills and little understanding of traditional health practices. Poorly paid themselves, they have little motivation to provide services to those who are unable to pay. As a result people often feel unable to question health officials on the issues of unofficial charges, lack of exemptions for the poor, discrimination by health providers, and general poor service standards. The benefits of the ongoing national health sector reform have yet to reach the village people with very little improvement evident in fields of health management, financial resources, or adequately qualified personnel at health facilities.

Health Situation[3]

- Only 15% of indigenous women receive health care before delivery
- Only 6% of births are attended to by a skilled professional
- Only 10% of indigenous women practice family planning
- More than 90% of children and most women are anaemic, and rates of vitamin A deficiency (2% of children and 6.8% of pregnant women have night blindness) are high.
- 70% of children are stunted which is an indication of chronic malnutrition. Indigenous children under 5 recorded the highest rates of severe malnutrition in children under 5 in Cambodia.
- Few indigneous women have heard of HIV AIDS
- Maternal and child morbidity and mortality rates are the highest in Cambodia with infant and under 5 years mortality at 187:1000 and 231:1000 respectively. This is significantly higher than the national average for Cambodia of 95:1000 and 124:1000

[3]Sources: Health and Nutrition Survey, Dr Pip Fisher et al, Health Unlimited; 2002; Health Situational Analysis, Dr Fiona Hardy, Health Unlimited 2001; Cambodia Demographic and Health Survey, Ministry of Health, 2000

- Malaria, tuberculosis and diarrhoeal diseases are endemic, and vaccine preventable diseases and acute respiratory infections continue to be major causes of morbidity and mortality.
- Intestinal parasite infections are universal and hygiene and sanitation in the villages is very poor increasing the risks of diarrhoea and malnutrition
- The risk of cholera epidemics is high, the last one being in 1999

The Heath Unlimited[4] Project began in 1992, and was developed with these factors in mind. The overall aim of the project is to improve the health and wellbeing of indigenous women and children. The project works with :

- Traditional Birth Attendants (TBA) to ensure that women have a safe environment in which to give birth through increasing the number of women who are attended to by a trained TBA.
- Engages village leaders in advocating on behalf of their own communities for their right to effective and affordable health services.
- Indigenous married men, women and teenage boys and girls to develop awareness on the cause, impact, prevention of HIV AIDs and create an environment where safer sex can be discussed and acted on
- Village retailers, private practitioners and high-risk establishments to enable families and individuals to make informed choices, by making available effective, affordable and accessible family planning, maternal and child health and HIV prevention products through social marketing
- District AIDS Committees and the Provincial AIDS Committee to strengthen their capacity in addressing the social and health concerns of villagers related to HIV AIDS.
- Government health staff through training and support to improve outreach health services for children and women. Including: immunisation; provision of nutritional supplements and de-worming medication; reproductive health services for women; early diagnosis and treatment of malaria; prevention and treatment of the common illnesses especially diarrhoea and malaria; promotion of good nutritional practice and improvement of the existing referral system; the raising of awareness of TB and case finding.
- Women of reproductive age to develop awareness on birthspacing, antenatal care immunisation, nutrition, and prevention of diarrohea.
- Men, women and children to develop awareness on cause, transmission and prevention of malaria. Distribution of reimpregnated bed nets.

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[4] Attachment 2: Health Unlimited: Philosophy, Goals and Objectives

Attachment 1 :

Spirits Respected by the Indigenous Brao People

Pao Village, Taveng Krom, Ratanakiri Province, Cambodia

Mountain spirit (Arak Chantoo) The mountain spirit is the most powerful spirit & chief of all spirits living in and around the village. The mountain spirit, when violated displays its power through ordering other spirits to manifest their anger through sickness in humans. If someone is sick, and in his or her dreams they see a soldier with a gun or a foreigner, this is a sign that the Arak Chantoo is angry. Illness associated with the Arak Chantoo- sharp pain in the chest, headache, dizziness, and high fever, weeping sores, inability to drink water and eventually death.

Forest spirit (Arak Bree) The forest spirit lives in the forest and prior permission to cultivate land for a new chumkar must be sought from the forest spirit prior to cultivation. Following an offering to ask the guardian spirit for permission, the head of the household will sleep one night and dream. In his/her dream the family will learn whether the spirit has granted permission or not. Offerings should also be made prior to entering the forest.

Tree Spirits (Arak Long & Arak Ghree) There are two different tree spirits- Arak Long lives in big trees and Arak Ghree lives in trees with vines (dam ghree). Arak long is thought to be the stronger of the two spirits. Arak Ghree when angered by humans can make people go crazy- as long as the spirit is appeased, no long term ill effects are felt. Arak long can cause fever, dizziness, headaches and other aches in humans, the spirit can also cause death. "When the forest, tree or mountain spirits are upset then the road cannot be found and the person will lose their way and will not find their way out (of the forest)". Permission from the tree spirits must be sought prior to the cutting of big or vine trees at all times- failure to do so will incur the wrath of the spirit.

Stone Spirit (Arak Gow) The stone spirit lives in all size stones in farms and on paths. If villagers walk on the stones or accidentally burn the stones during the burning of chumkar, then the spirit will take the person's soul. 1 pig, or a chicken and a rice wine jar are the usual offering to the stone spirit. The blood of the animal is smeared on the stone during the ceremony. Illnesses associated with the stone spirit include craziness and headaches.

Water Spirit (Arak Yang Tak). The water spirit is regarded as a strong spirit. Villagers have never seen the water spirit but believe it to live in all water sources in the village, including the Sesan River, wells built by NGOs and traditional water holes. When the water spirit is angered, it first vents its anger at the water but as the water is not able to make an offering, the water spirit turns its angry on the people who use the water. The water spirit when angered takes the soul of the people and if a sacrifice to appease the spirit is not made, the persons soul will be sold by the Arak Yang Tak to another spirit and the person will die.

Village Spirit (Arak Shrok) The village spirit lives in the sacred stone at the entrance of the village. The village spirit is the guardian and protector of the village. When angered the village spirit causes illness amongst families and animals and also the loss of animals, property and crops. Diarrhoea, cholera, malaria and high fever are associated to the Arak Shrok.

House Spirit (Arak Prapanam/Arak Nyam) Different families within the village will refer to the house spirit as Arak Prapanam or Arak Nyam. House spirits are ancestral spirits who move with the family when they are in the farm or village. Every family has an ancestral spirit. The spirit lives in an open box, which is placed on a ledge near the roof of the house. Prior to a sacrifice for the ancestral spirit an offering of rice and a piece of bark is placed as an offering to the spirit. Following a sacrificial ceremony the family eats the rice. Sacrifices to the ancestral spirit are conducted whenever there is sickness in the family and annually during ombok season. No specific illness or symptoms are associated to the house spirit.

Health Unlimited

Health Unlimited was founded in 1984 by a group of British health workers in Afghanistan who were concerned about the lack of health care in post conflict communities. It was established to promote primary health care in areas of conflict, through long-term development strategies, and has since developed programmes to address the health needs of indigenous people.

Philosophy, goals and objectives: Health Unlimited (HU) completed a strategic review in 2003. The revised vision, mission and objectives are:

Vision: We are helping to create a world in which the most vulnerable communities can enjoy their right to health and well-being.

Mission: We support the poorest and most vulnerable people in their efforts to achieve better health and well-being. We give priority to indigenous people and communities affected by conflict and political instability. We work with communities, health service providers and policy makers on long term programmes to develop appropriate and responsive primary health care and to influence policy and practice at all levels.

Strategic Objectives:

1. Build the capacity of community-based and other health and information service providers to ensure the highest quality of appropriate and responsive primary health care, and ensure long term support to make it sustainable.
2. Strengthen a civil society sector, which supports the right to health of the poorest and most marginalised people.
3. Build partnerships and alliances at local, national, regional or international level with organisations with similar values working both in the health sector and other sectors that affect health.
4. Give voice to the poor by:

- enabling the poorest communities to recognise their right to health and to hold service providers and policy makers to account
- building the capacity of these communities to influence policy and practice that impact on health at local, national and international level
- extending the potential of health communications to inform and engage people in social action.

5. Influence health policy and practice directly by ensuring that learning is the central purpose of all our work and is used to:

- improve the quality of our work through monitoring, evaluating and assessing the outcomes of all Projects
- raise our profile and that of our partners and beneficiaries
- inform our discussions with policy makers, contribute to the literature on good practice and improve our own work
- engage in national and international debates/discussions on health and poverty (journals, conferences etc)
- enable us to add value to networks that represent the interests of indigenous and the poorest people's health

6. Create an organisational structure to achieve the other objectives that is built on the principles of local ownership and empowerment of the poor.

HU has 19 active Projects in Africa, Asia and Latin America.

Most of HU's work prioritises women of child-bearing age and children. Demographic trends as well as patterns of communicable and non-communicable disease call for an increased emphasis on targeting youth, especially in the fight against STIs/HIV/AIDS.

Attachment 3:
Health Unlimited Puplications – Indigenous People Cambodia

#	Title	Author	Year
1.	Utz' Wachíl- *Health and wellbeing among indigneous people*	Compiled/edited by Fiona Bristow	2003
2.	Vacination Survey,	Dr Prudence Hamade	2003
3.	Indigenous peoples food diary	Dr Prudence Hamade	2003
4.	Process of Community Consultation for Health	Ellie Brown	2003
5.	Food Taboos	Dr. Pip Fisher et al	2002
6.	A Health and Nutrition Survey	Dr. Pip Fisher et al	2002
7.	Ratanakiri Health Situational Anlaysis	Dr Fiona Hardy	2001
8.	Conference paper –Spiritual Health and Natural Resources	Caroline McCausland	2001
9.	Of spirits and services: *health and healing amongst the hill tribes of Ratanakiri province*	Joanna White	1995

For copies of puplications or for futher information -Please contact:
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