Understand the Health Seeking Behavior of Community People with *Lay-ngan-yaw-gar* (Stroke) in Myanmar: A Study in Bago

Aung Zaw Moe, Research Fellow, Understanding Myanmar Development Program, Regional Center for Social Science and Sustainable Development, Chiang Mai University, Thailand

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**Introduction**

In Myanmar, having a stroke is one of the common leading causes of death and constitutes 3.6% of total deaths in 2011 (Heath in Myanmar, 2013). *Lay-ngan-yaw-gar* or “wind disease” is a common chronic illness condition that impacts on socio-economic life of people. *Lay-ngan-yaw-gar* is the Myanmar term for neurological weakness caused by a stroke from the biomedical point of view.

Biomedical perspectives explain the causes of *lay-ngan-yaw-gar* (stroke) as the interruption of the blood supply to the brain, usually because a blood vessel bursts or is blocked by a clot. This cuts off the supply of oxygen and nutrients, causing damage to the brain tissue (WHO, 2014).

Unlike biomedical explanation, causes of *lay-ngan-yaw-gar* are explained in several different ways in the traditional medical sector in Myanmar. Different disciplines of traditional medical systems explain differently the cause of *lay-ngan-yaw-gar*. Based on Ayurveda concepts, *lay-ngan-yaw-gar* is due to an imbalance of wind, phlegm and bile which creates ill-health conditions in lay knowledge while Buddhist perspectives explains the causes of *lay-ngan-yaw-gar* from the point of “Karma”, the act of an individual in the past or present life. Astrological perspectives describe the cause of *lay-ngan-yaw-gar* from the calculations of zodiac of stars, planets and the time of birth and age (Heath in Myanmar, 2013). Therefore, different schools of thought produces diverse views on *lay-ngan-yaw-gar* in Myanmar.

Although stroke is a common public health issue in Myanmar, the majority of studies conducted have focus on biomedical aspects of stroke and viewed mainly from the point of view of the biomedical perspective.

This study will fill the knowledge gap on understanding how people in rural villages of Bago with *lay-ngan-yaw-gar* seek medical attention based on their worldview and will explore different perspectives from the community in relation to the traditional health sector.

**Research Objectives**

The objective of this study is to understand the health seeking behavior of community people with *lay-ngan-yaw-gar* in Myanmar. Specific objectives are (1) to explore the meaning on definition, classification, causes and effects of *lay-ngan-yaw-gar* from the patient point of view, (2) to understand the pattern of health seeking behavior of people with *lay-ngan-yaw-gar* with different providers in different classification and stages of illness and (3) to understand evaluation of people with *lay-ngan-yaw-gar* on different treatment outcomes from different providers.

**Research Questions**
• How do people with lay-ngan-yaw-gar define and classify lay-ngan-yaw-gar?
• What is the belief of people with lay-ngan-yaw-gar upon causes and effects of lay-ngan-yaw-gar?
• How the decision is made to seek medical care with particular provider in different condition of lay-ngan-yaw-gar?
• How do people with lay-ngan-yaw-gar evaluate the treatment outcome of different providers?
• How do people with lay-ngan-yaw-gar explain the interactions of different health care sectors?
• What are the available health care services in different classification of lay-ngan-yaw-gar in the context of community?

Methodology

Method: This is a qualitative study based on grounded theory using ethnographic approaches. I use the conceptual framework adapted from Kleinman (1980) to guide my research question which is to explore various insights, belief, meanings, explanation and feelings of community people with lay-ngan-yaw-gar and to understand different stages of illness conditions and patterns of health seeking from the patients’ perspective.

In this framework, individual belief, choices and decision are embedded in family, social network and community contexts. It is the lay, non-professional, non-specialist, popular cultural arena in which illness is first defined and health care activities begin (Kleinman, 1980). The professional sector comprises of the organized healing profession mostly modern scientific medicine while the folk sector emphasizes traditional and indigenous healing practices. In the case of illness and disease, individuals might seek health with different sectors based on their belief and choices. Stages of disease and severity of illness will also be a factor to take account for in decision making. In some cases, individuals may seek health simultaneously (both in folk and professional sector) and sometimes sequentially (one after another). In such conditions, the overlapping of health sectors might create patient-provider and provider-provider conflicts and interactions that might affect the treatment outcomes and the health seeking pattern (Hardon, et al., 1995).

Figure (1) Conceptual framework of local health care system (Kleinman, 1980)
Study period: 12 months- from October 2014 to September 2015.

Study area: Three villages: Kamarnut, Shanywargyi, and Saiti in Bago Township, Myanmar.

Tools: To reach research objectives, individual in-depth interview (IDIs), were conducted using guidelines. Interviews focused on those with individual cases, providers and their family members to get the various social perspectives and meanings. In-depth interviews explore various health seeking patterns of individuals and their family members in a particular social context. Before the interviews, I had a preliminary field visit to project villages in order to get basic information about number of people with lay- nagan-yaw-gar and different providers available in the villages. The survey data showed that there are 54 cases in 6 villages; however, I purposively selected only 8 cases to undergo in-depth interviews. Here in this paper, three cases have been selected to present.

During the data collection period I also used participant observation to better understand the situation of how people with lay- nagan-yaw-gar interact with different providers, rituals and events related to lay- nagan-yaw-gar.

Informants: Three cases (individuals, family and providers) were selected for In-Depth Interviews (IDIs). The study focuses on the age group between 15 to 70 years residing in Kamarnut and Saiti villages.

Data Analysis: Collected data were cleaned and transcribed at the end of each day to undergo content analysis. To ensure validity, the researcher and research assistance independently read and reread the transcripts, repeatedly listened to the interview recordings, as well as cross checked data as a team to produce consistent findings. After the content analysis, several major themes were recognized. The findings are presented by separating major themes and sub-themes.

Field Site Description

Bago is the capital city of Bago Division and surrounded by over fifty villages. With regards to health care services, Bago has a 200-beded government hospital and an Urban Health Center. Diverse traditional care providers are also commonly found in Bago. Traditional sector comprised of “Nat-gadaw” (Spiritual medium), monks, astrologers, palmist, traditional or indigenous medical practitioner, traditional birth assistants, traditional bone setter, and sixth-sense teller.

Concerning the religious belief, the majority is Buddhist while Christianity, Islam and Hinduism accounts for two to three percent of the population in Bago. Along with the Buddhism, the culture of worshiping to spirits (Nats) has been very common in the area for centuries. People celebrate and worship the spirits twice in a year; in the early monsoon before the paddy growing and in the late monsoon after the harvesting time. Bago is well-known for “Bago Mae-taw” (Mother of Buffalo Spirit) which is one of the 37 spirits known in Myanmar.

Kamarnut is a peri-urban village with a population over 7,000 and it is my native place. It has direct road access to Bago which is four kilometers long. The majority of people are Buddhist in the village and a few Hindu people are also found. Nearly every household has a picture or symbol of a spirit.
The economy of the village is mainly agriculture for both sexes and home based tobacco (cheroot) making industry for women. Nearly ten percent of villagers are working in Bago as day laborers, garment factory workers and construction workers. Regarding the health care services, there is a government rural health center, one health assistant (who is one of the cases in this study) and one midwife. Kamarnut also has two private biomedical clinics. Prominent people that I spent time with in the village include a monk (astrologer), the spiritual medium who can communicate with spirits and dead people, a traditional birth assistant at the community clinic where I sometimes volunteer and a pharmacy shop where villagers can buy medicine for self-medication.

Saiti is a small village with over 1,000 persons. It is located at a distance of three kilometers to the south of Bago. Previous road access to Bago was poor but a new concrete road was constructed in 2012 and transportation has since became smooth. The economy is similar to Kamarnut village. For health care, there is a private doctor and one mid-wife assigned by the government. The village monk is famous for astrology and some traditional massagers are there.

Shanywargyi is a remote village and located six kilometers away from Bago. The estimated population is 2,600. It has no direct road to Bago but is located near the railway line to Bago. The majority of people are farmers and women are mainly in the tobacco industry. There is a mid-wife who leads the sub-rural health center under the Ministry of Health. The village has a doctor, traditional birth assistant, astrologer, sixth-sense teller and a small pharmacy for health care. The village received an electricity grid in 2012 and it changed the life-style of people. The road access to the village was also renovated in 2013 and, as a result, communication improved and flows of commodities increased.

In the study area, as a result of rapid urbanization, the life-style changes have significantly changed after 2010 along with arrival of government electricity grid and improved road communications. Besides, free flow of commodities, access to the market and improved communication was seen. Local dietary patterns have also changed since that time. Villagers reported that they started using ready-made foods and snacks, increased use of seasonings, wide access to alcohol and beers, increased use of insecticides and decreased consumption of local-made foods, vegetables and snacks.

With regards to the health care system, although there are some State funded health care facilities, there is no health insurance system by the State and out-of-pocket health financing is the only option. Mixed with poor economic conditions and social distress in general, civil society organizations intervene to provide community for health and humanitarian assistance. A few community clinics have emerged after the cyclone Nargis in 2008 and these clinics have provided assistance free of charge. Among the study villages, Kamarnut has one community clinic but other villages have no free clinic. In addition, the health system cannot regulate properly within the biomedical sector and there is a lack of research and knowledge gap in traditional health care sectors. Therefore, the role of traditional health care sector has not been well documented in the local area.
Brief Overview of Cases

Case 1: A 40-year-old, single man from Kamarnut village. He is a government assigned health assistant in the rural health center in the village. He has been affected with lay-ngan-yaw-gar on his left arm and legs for two years. First he sought health assistance with biomedical doctors at the hospital and private clinic for 18 months. Afterwards, he tried to consult with a traditional massager while he is taking biomedicines.

Case 2: A 15 year old dependent female teenager living along with her father and aunt in Kamarnut (her mother passed away a year ago). She has lay-ngan-yaw-gar on the right side of her body for six years and consulted with both biomedical, traditional massagers and the spiritual medium.

Case 3: A 38 year old female street vendor from Saiti village. She is married with four kids and was aged 32 when she got lay-ngan-yaw-gar on her right arm and leg. Both biomedical and traditional ways of treatment have been taken throughout the course of her illness.

Findings and Discussion

This section will discuss the combination of the field work: interviews and observation and local cultural context on health and illness conditions. Here, I will try to explain the situation, local condition and life events of individual cases in connection to social and cultural context to seek health when they experienced lay-ngan-yaw-gar rather than presenting cases as “patients” or “diseases”. I will also put some of my experience as a researcher during which I gained insights and understanding upon different situations and life of people with lay-ngan-yaw-gar.

Based on the interviews with different cases, four major themes emerged: (1) Before the illness (lay-ngan-yaw-gar); (2) Experiences at the onset of illness; (3) Aftermath of illness and seeking health; and (4) Impact of illness on social life.

Before going to discuss about major themes, I would like to clarify some local terms related to lay-ngan-yaw-gar. Lay in the common meaning is similar to “wind”. In Myanmar, the term “lay” has two related meanings one is linked with the nerves, muscles, bones and body movement while another meaning is related to digestion, stomach and gut. Here in this study, I will focus on the first meaning of lay which is related to nervous system. Taxonomy of local terms is summarized in the Figure (2).
The term “lay-nga-n” is neither much a chronic one like “lay-phyat” nor a short-term condition like “lay-phann”. In fact, it is the condition in between these two conditions. It is also known as “Thwat-char-par-da” in Pali. If the illness condition is progressive and less improvement, lay-nga-n transforms into lay-phyat. For people who experience lay-mi a second or third time it is called “lay-pyan”. The word “pyan” mean “coming back to you”. Informants explained that “lay-pyan” is not a good sign and if someone experienced “lay” as second time, it is risky and may lead to death.

After understanding local terms, it was important to understand individual definitions and classifications of lay-nga-n-yaw-gar. Diverse definitions and classification were noticed during the interviews with cases, family members and health care providers. Some of the definitions provided were based on their belief system (biomedical or traditional medicine) and some definitions are not clear for the cases himself/herself. For example, Case 3 reveled as follows during my first interview:

“I don’t know what is ‘lay’ previously, but now when I suffer ‘lay-nga-n’, I know how it is difficult to move myself. My condition is called lay-nga-n/phyat as I cannot move over a long period of years. Previously I think my condition was only lay-phann (a short duration of weakness of body then to recover soon). Lay-nga-n is more severe than lay-phann.” (Case 3)

It was found that Case 3 had no previous personal definition of lay-nga-n-yaw-gar as she had no clear understanding what ‘lay’ is. But now, after her life-experience, she understands ‘lay’ from her own experiences and can provide a different understanding of lay-nga-n-yaw-gar.
Interview with a spiritual medium\(^1\) defined *lay-ngan-yaw-gar* from her professional stand point as follows:

“.... If you cannot move your body, it is called lay-ngan. For me I have only two classifications: Ordinary lay-ngan and Evil-related lay-ngan. If the patient recovered within 21 days of my treatment, it is evil-related lay-ngan. If it is ordinary lay-ngan, it will be longer and then I refer patient to either biomedical or traditional practitioners. For me evil-related is considered as severe and ordinary lay-ngan is curable by doctors and traditional practitioners. Evil-related lay-ngan has sub categories; it may be either due to under influence of a magician or witch, or disturbance of people from a previous life, or bad manners of people to the spirits. For such types, I called upon powerful spirits and make appropriate rituals and treatments.” (Spiritual Medium from Kamarnut village)

Her definition is quite professional and very smart with a clear cut off point between two different types of *lay-ngan-yaw-gar*. For evil-related types, she already has treatment options and she otherwise refers to other health care providers in cases where the illness is an ordinary one.

Personal definition of lay-ngan-yaw-gar by health assistant, Case 1, also reflects his professional view.

“Stroke is a condition when your body cannot move as a result of a blockage of or rupture of a blood vessel to the brain. Therefore, stroke may be ischemic stroke and hemorrhagic one. Hemorrhagic one is more severe and it can lead to death suddenly.” (Case 1)

Case 1 used the term “stroke” as he was trained under western biomedical schools as a health assistant. When I asked about his definition, he smiled and he said that he would take the definition from medical texts as if he was in the medical examination to recall the definition of stroke. It seems he operationalized his definition of *lay-ngan-yaw-gar* with biomedical concepts so called pathophysiology of stroke in his professional area.

Traditional medical practitioner holds different view upon definition of lay-ngan-yaw-gar. His point of view is quite different from others and rarely heard in day to day explanations.

“In my view, lay does not directly imply to wind. It is just a physical nature/concept of body element. For example, the function of lay in our body is to support and or facilitate the body in every movement and posture. You will not find lay inside the body.” (Traditional medical practitioner)

The definition of traditional medical practitioner on ‘lay’ stimulates me a lot to think about the meaning of *lay* in traditional medicine as compared to biomedical perspective in which how doctors defines ‘nerve’ and ‘movements’ in our body. MacDonald (MacDonlad, 1879) studied about Burmese medicine in colonial period and she also mentioned about four elements (*Dats*) including “War-yaw”. However, her explanation could not provide a clear view of what does “War-yar” mean from the traditional medical perspective.

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\(^1\) The spiritual medium is famous in the community and my parents also believe in her when I was hospitalized at the age of 8. She is famous for evil related conditions and witch and ghost related rituals.
From the biomedical perspective, nerves function to stimuli for movement of muscles and bones, and oxygen is reached to each body parts via blood stream for survival of body organs. However, the way traditional medical practitioners explain ‘lay’ is similar to body mechanics related to nerve and oxygen. When I asked him details, it comes from the traditional way called “Abhidama-Taung-Thar” which is somewhat linked with concept of Ayurveda medicine (Nargathein, 1956). He continued to mention six types of ‘lay’ which is called “War-yaw” in Parli, Buddhist scriptures. Six types of ‘War-yaw’ are (1) lay that we breath-in and breath-out, (2) lay that has outside the gut of belly, (3) lay that is present inside the gut, (4) lay that reaches to distant organs like head, hand and feet, (5) lay that ascends to upper part of body parts above the stomach and (6) lay that descend downwards toward lower body parts and genital organs. Based on the type of imbalance of different lay, the illness type is also difference. This is the first time that I learned that Buddha had explained such different types of ‘lay’ in his teachings.

**Before the Illness**

Now, I would like to move major themes. The first one is about stages of life before the illness. All cases noticed some pre-warning symptoms before onset of lay-ngan-yaw-gar while some of them explained that they had known health conditions like a common cold, high blood pressure (thway-toe) and neurological conditions (a-kyaw-tat).

**Pre-warning symptoms**

“When she feels headache and shaking arms, we suspect her to have lay-ngan”

(Aunt of Case 2)

As Case 2 has experienced lay-ngan-yaw-gar three times, her family members knew about the pre-warning symptoms and warned her to alert family members if she felt either seever headaches or shaking arms.

For Case 1, he experienced pre-warning symptoms but paid less attention as he consulted with an orthopedic surgeon who diagnosed another condition. As he forgot to take care of the symptoms, there was no time to prevent lay-ngan-yaw-gar.

“Two weeks before the stroke (he used the term stroke as he is a Health Assistant), I felt dizziness and numbness in my left arms. I consulted with Dr. YYY and he warned me about a possible stroke. However, I think it was impossible with my age and I changed my mind to consult with an orthopedic surgeon (bone and joint specialist)”

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2 Abhidama is Buddhist way of analysis for real truths. Abhidama is also useful as a branch of traditional medicine in Myanmar over a long period. Taung-Thar is the a name of city in Myanmar where the pioneer practitioner was born.

3 Dr. YYY is a locally famous biomedical doctor, a native of Kamarnut village and run his clinic in the eastern part of Bago; 4 km away from Kamarnut village.
Existing health conditions

Case 2 and Case 3 mentioned that there was an existing illness before lay-ngan-yaw-gar. For Case 2, it was just a cold and flu. In the village, people usually self-medicate for flu by taking over the counter drugs like Paracetamol or other branded analgesics. However, for Case 2, her father sent her to a nearby clinic to recover quickly as they had a wedding in the family. Her father mentioned as follows:

“She was sick with the flu and a cold two days before she got lay-ngan. She was receiving medicine from a nearby doctor for the flu. We sent her to the clinic as we had planned a wedding ceremony for her brother in those days.” (Father of Case 2)

For Case 3, she noticed that she had high blood pressure for a long time before lay-ngan-yaw-gar. However, she did not take treatment as she was struggling with ehr earnings. She said,

“Once, a doctor told me that I have high blood pressure. But I did not take any treatment. As we are poor daily wage laborers, we just focused on daily earnings rather than my own health. I noticed high blood pressure ‘thway-toe’ when I felt ‘a-kyaw-tat’ and a headache.” (Case 3)

Like Case 3, village people tend to have a high incidence of high blood pressure according to my experience in community clinics. However, people rarely take treatment and nor manage to consult with health professionals. This may be related to poor health knowledge or lack of health awareness of community. Moreover, the government health services give priority to acute and infectious diseases like HIV, tuberculosis and malaria. For chronic diseases like hypertension and diabetes there is less investment from the government. Rapid urbanization may be also contributing to an increase in this disease because of a free flow of unhealthy commodities including seasonings, ready-made foods, preserved foods and alcohols. These changes in dietary consumptions may worsen chronic ill-health conditions. Along with urbanization, the income opportunity for villagers has become less favorable than in earlier decades and people are unable to spend money on health and have to rely on free-of-charge clinics in the community. For Case 3, being a street vendor, she could not afford to pay attention to her health rather than her daily earnings as their daily income is less than three dollars per day on average.

4 Cervical Spondylosis is a disease of back bone (neck vertebra) and it has various symptoms including neurological conditions like numbness, dizziness and pain.
5 Thway-toe is local term for high blood pressure. Thway means blood and toe means increased with force.
6 A-kyaw-tat is local term for neurological condition like ache, stiffness and pain around the neck and shoulder. A-kyaw means nerve and tat means stiffness and uneasy condition. In come area it is also called “Zat-kyaw-htoe” which means pain and stiffness around the neck.
Experience of Illness

The experiences of illness was a critical part of my interviews and all cases and family members were very excited to retell their stories and share their real life experiences with me. My question on “How and when it (lay-ngan-yaw-gar) had happened” stimulated the informants to evoke their feelings and recall memories of the day they got lay-ngan. Some experienced flashbacks and expressed grief and sorrow during their interviews and some even cried when they recalled the event. It was a good opportunity for me to understand how people experience lay-ngan in diverse situations. Here, I was a complete listener (a good audience) for respondents and I clarified some facts they mentioned and asked for reasons for explanations in cases I was curious or unclear. I think this part of the interview helped build a strong relationship, rapport and trust between myself and my informants.

Onset of lay-yaw-gar and immediate decision for seeking health

All cases explained that the onset of lay-ngan was sudden, abrupt and they had never experienced this before in their life-time. This sudden onset of lay-ngan also causes psychological shock for individual cases, families and the community as well. For all cases, informants reported that they sought emergency care in the biomedical sector either in clinic or hospitals. The reason why they selected the biomedical sector will be discussed later in the health seeking section.

For Case 2, her family was unprepared when she got lay-ngan-yaw-gar as her father mentioned:

“She was sick during Tasaungmone\textsuperscript{7} (around end of October and early November) when the season had changed from rainy season to winter. Although it was in winter, little rain remained. As we were busy preparing for the wedding ceremony of her brother, we could not pay attention to her. When she woke up the next morning, she was in lay-ngan and her faced had changed and her arms and legs become dead (cannot move). Then, I brought her to the doctor urgently. For her, she could not say any words apart from crying.” (Father of Case 2)

Regarding Case 3, she got lay-ngan-yaw-gar during the rainy season while she was busy working in the village. The lengthy story of Case 3 below reveals that although friends and neighbors had the best intentions in the case of the sudden and unexpected onset of lay ngan, it lead to more harm than good. Case 3 was injured in her shoulder joint as three men tried to lift her up onto the horse cart and her arm is now completely dropped.

“I remember well the day I got lay-ngan. It was the Full-moon day of Warso. I helped in the monastery to clean the floor and kitchen in the morning and afternoon. Then, in the afternoon around 3:00pm, my friends informed me that there would be a cow slaughter in the village cemetery. Then, I joined the event to get some meat so that I could sell it in the evening for my daily earning. It was very rainy that day and the weather was very cold compared to other days. I sat on the wet floor (cement floor) and was waiting until I reached my turn to get some beef. Suddenly, I felt tense and

\textsuperscript{7}Tasungmone is the 8\textsuperscript{th} Month in Myanmar Calendar and it is between end of October and early November.
rigid legs and I became paralyzed totally and all four of my limbs were immobile. With a terrible headache, I also could not speak loud. With strange eyes and frozen limbs, my friends considered that I was possessed by ‘ma-kaung-so-war’¹⁸ (evil spirits). You know, we were sitting in the cemetery yard and their thinking was about ‘a-pa’ (evil spirits). Although, I knew that I was not attacked by ‘a-pa’, I couldn’t stop them lifting my body to the horse-cart. Three muscle men lifted me to put in the horse-cart and they were not careful about my arms and my left shoulder injured while they lifted and pushed me up to the cart. Although it was very painful, I was not able to complain to them as I was completely mute. Then, they called my husband and someone put some powder (she didn’t know what the powder was but it was a traditional medicine power with very bitter taste) into my mouth. As I cannot stand the smell and taste of power, I felt nauseous and vomited up all the power, and after vomiting I felt a little bit relief. I remember that while we were on the way to clinic, my husband chased us and we met at the clinic. There, the doctor said my blood pressure was extremely high (240mmHg of upper level) and gave one injection (to reduce the blood pressure). Then, the doctor urgently referred me to Bago general hospital although I don’t want to go there due to the high cost of medical care.” (Case 3)

For Case 1, it is a completely different and astonishing story how he experienced lay-ngan. He got lay-ngan-yaw-gar while he was crossing the road in the city:

“It was in October, I was in Yangon¹⁰ with three friends of mine. While we were crossing at a traffic light, I was left alone on the pavement standing like a robot and my friends were already on the opposite side of the road. I shouted for help. They thought that I was kidding them without crossing the road. I felt stiffness in my legs and I couldn’t move my legs at all and I noticed generalized weakness in my body and I almost fell down. Then, I got support with a long umbrella and stepped against the ground. Then, one of my friends came to hold my body preventing me from falling down. I also suffered from a very severe headache and my whole body was sweating as if I was in the shower” (Case 1)

Perception of cause of lay-ngan-yaw-gar

Explanation of different cases upon causes of lay-ngan-yaw-gar is quite different depending upon their social and cultural background. Some cases explained their situation in relation to high blood pressure and foods (biomedical concepts) while others described the cause of lay-ngan as a result of imbalance of the four elements and, or cold and hot interaction (traditional concepts). Finally, some cases thought that lay-ngan-yaw-gar is due to loss of good relationship between human and spirits (local spiritual concepts).

¹¹ “Ma-kaung-so-war” is local term for evil spirits and ghost.
¹² “A-pa” is another local term for evil spirits and ghost.
¹³ Yangon is the former capital of Myanmar.
“I think she got lay-ngan mainly due to cold weather and the cough she suffered. Before she was ill, there was little rain during the winter.” (Father of Case 2)

One interesting finding is that even in the same family, the perception of the cause of lay-ngan is different between the case and care giver. Based on the different perceptions different people in the family, the type of health seeking pattern also became different. For example in Case 1, the man consider the cause of lay-ngan was due to high blood pressure while his sister thought that it was due to life-style factors such as drinking, eating pork and sleep patterns:

“I think the cause is due to low blood pressure that I took medicine to reduce hypertension (he used ‘hypertension’ in medical term).” (Case 1)

“For me I think his illness is related to the heavy drinking of beer. He drunk for 3 or 4 days before lay-ngan and he also likes pork11 and oily foods and it will also be the contribution reason. He also had a lot of sleepless nights during that time during the cold weather.” (Sister of Case 1)

For case 3, both husband and wife hold mainly biomedical explanation upon the cause of lay-ngan but their belief on causal agent or factors is different.

“I think my wife got lay-ngan for three reasons. First she had high blood pressure and she did not take care of it. Second, she ate some a-tat-sar12 (food worsening high blood pressure) especially su-pote leaf and coconut noodles. Thirdly, she was having menstruation during those days and touching with cold cement floor and fresh meat (beef) caused the high blood pressure. Combination of all three factors augmented to have high blood pressure and lead to lay-ngan. I believe that there is the association between lay-ngan and thway-toe (high blood pressure).”(Husband of Case 3)

Here in his conversation the majority of themes articulated are linked to biomedical perspectives but his explanation number three of “menstruation and wet floor and touch of fresh meat’ is quite local. Hence, the concept and taboos about menstruation is interesting to explore more in future research. Although the husband pointed out combined factors, the wife provided an alternative clue for lay-ngan.

“I had taken contraceptive injections for seven years. The doctor gave me some pamphlets about the side effects of contraceptives but I had not read them. Then when I got lay-ngan, I found that contraceptive use is related to lay-ngan. I think I got high blood pressure due to the use of contraceptives and it also contributed to my lay-ngan.” (Case 3)

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11 Pork is considered as forbidden food in the culture where people worship spirits in the villages.
12 “a-tat-sar” means foods that can cause high blood pressure or worsen high blood pressure. Some examples of such foods are coconut, noodle, sea foods, tuna, su-pote leave, etc.
The perception of other people outside the family is also sometimes different from what the individual case thinks about the cause of lay-ngan-yaw-gar. For instance, Case 3 did not accept the evil concept but her friends believed this theory:

“My friends thought that I was possessed by ‘a-pa’ (evil spirits) and I became paralyzed.” (Case 3)

Similarly in Case 2, although the father thought that lay-ngan was due to cold weather and flu, neighbors give different opinion on the cause of lay-ngan.

“My neighbors said that my daughter ate coconut noodle soup and this made her become ill (lay-ngan)” (Father of Case 2)

Here, from this study, it is obvious that people hold their own opinion and have their own explanation which is connected with how they decide and efforts to seek health for lay-ngan-yaw-gar.

**Food and Lay-ngan-yaw-gar**

In the interviews, nearly all informants mentioned food as a causal agent for lay-ngan-yaw-gar and I questioned ‘why’ and ‘what’ for their explanation.

The sister of Case 1 mentioned ‘pork’ as a clue for lay-ngan-yaw-gar and she linked her reason with spiritual concepts.

“You know, we worship Nats (spirits) and they don’t like eating pork. As my brother likes pork very much, he was under the curse of spirits.” (Sister of Case 1)

Case 2 also had references to food, specifically ‘coconut noodles’ from the neighbors but they did not provid detailed reasons of its link to lay-ngan-yaw-gar. For Case 3, she mentioned that she ate suu-poke leaves, coconut noodles and her husband also mentioned touching fresh meat.

From biomedical perspectives, there is no specific food that causes a stroke. However, there is strong evidence that strokes are related to high blood pressure. Biomedical texts also mention that some foods and drugs may worsen high blood pressure. The explanation of informants might be mixed up with biomedical concepts of food and high blood pressure.

Interviews with traditional medical practitioners revealed that foods are basically classified into two types; hot and cold. Table (1) shows a list of hot and cold food according my informants. According to traditional practitioners, the wrong combination of cold and hot foods can account for lay-ngan-yaw-gar. As mentioned already about the six types of “War-yaw”, the traditional medical practitioner stated that foods are also a part of disease causation determinants according to Buddhist explanations. He continued:

“You know, in Buddhist teaching, the cause of all events are explained in four ways: Karma (Kan), Mind (Sait), Season (U-du) and Nutrition (Arharya).”
<table>
<thead>
<tr>
<th>Hot food items</th>
<th>Cold food items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Beer</td>
</tr>
<tr>
<td>Chicken</td>
<td>Pork</td>
</tr>
<tr>
<td>Mutton</td>
<td>Duck</td>
</tr>
<tr>
<td>Coconut</td>
<td>Cold drinks</td>
</tr>
<tr>
<td>Coconut oil</td>
<td>Ice-cream</td>
</tr>
<tr>
<td>Sticky rice</td>
<td>Cucumber</td>
</tr>
<tr>
<td>Su-poke leave</td>
<td>Watermelon</td>
</tr>
<tr>
<td>Durian</td>
<td>Mangosteen</td>
</tr>
</tbody>
</table>

Table (1) List of Hot and Cold foods

Aftermath of Acute Illness and Health Seeking Patterns

Based on the belief upon causation of *lay-ngan-yaw-gar*, people try to seek health with various providers in different stages. When I interviewed informants, I tried to understand the relations between the social background and health seeking patterns. Here the classification upon socio-economic condition is only about how villagers perceived upon an individual family with related to their properties, land, vehicles and housing status. Among three cases, Case 1 is considered as a well-off family in the local context, Case 2 as middle class and Case 3 as a poor family. As I mentioned earlier, in case of the sudden onset of illness, people seek health with the biomedical sector either at a medical clinic or hospital.

Patterns of Seeking Health

Examining health seeking patterns of different cases, the wealthy family predominantly selected to seek care in the biomedical sector. This is because the individual himself is a biomedical practitioner and trusted in western medicine. Case 1 invested a lot of money to seek health in private hospitals and with famous physicians.

Figure (3) illustrates how Case 1 sought health with various providers throughout the course of illness within 2 years. At the day of the onset of illness, he was admitted to a private hospital. Due to his condition, the hospital urgently referred him to Yangon general hospital. As he was disappointed with the neglected healthcare provided by doctors, he decided to go to another private hospital. He said, “As there is a good physician and physiotherapist, I made my mind to go there”. While he was in the hospital, his family members also sought health with the spiritual medium and the monk in his village.
Consultation with a spiritual medium and the monk were done by his family members while he was in Yangon hospital. His family members replied to me that they do not consider consultation with spiritual medium and monk as health seeking. His sister explained:

“We do not seek health with the spiritual medium and the monk. We just wanted to check the fortune (with monk) and the relationship of his illness with bad spirits (with spiritual medium). For the monk, we asked about with whom (birthday of provider\(^{13}\)) shall we get treated and some rituals to donate at the birth corner of the Pagoda\(^{14}\).”

Although family members believed in the spiritual world and astrology, Case 1 held his biomedical view and consulted with another neuro-physician as he felt less improvement in his private hospital plus a lack of financial resources to stay in the hospital. This neuro-physician was considered the main treatment provider for him according to Case 1.

Then, my question is why this biomedical man changed his desire to seek health with a traditional massager. He replied that his relatives forced him to consult with the traditional massager. (This I will use as ‘Social Pressure’ in later discussion). He tried once to consult with the massager and he felt some improvement in his legs. Then, he visited next time after one month and after four visits, he said he could walk without the help of a stick. Afterwards he accepted the assistance of the massager and maintained regular treatment with him. However, Case 1 still maintains a biomedical view and he regularly takes biomedical drugs as prescribed by the neuro-physician.

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\(^{13}\) In Burmese astrology, it is assumed that the patient (e.g. Sunday born) should get treated with the provider who is alliance to the day (Thursday born).

\(^{14}\) In every Pagoda, we have eight corners for 8 birthday born (e.g. Monday born corner is at the East part and the animal is a Tiger)
For a middle class family, like Case 2, they also mainly consulted with general practitioners (ordinary doctor) and consulted with a traditional massager and spiritual medium as shown in Figure (4). For them they received treatment with a general practitioner in the case of illness of a family member. Then, they consulted with a traditional massager as their neighbors suggested (Another social pressure I define). The father of Case 2 personally does not like using massagers and he explained:

“You know, it is nonsense to use a sling and splint for my daughter. She got lay-ngan, not a fracture of the bone. Besides, this treatment was very painful for my daughter. As she has not improved significantly, we switched to another person.”

For Case 2, a spiritual medium was a good choice according to the aunt of Case 2. She mentioned:

“We consulted with her (spiritual medium) and she said that there is an evil spirit event as the child fell down near the pond. Then she provided a ritual to perform and she promised that after 4 or 5 days, the child will be able to speak and improve her condition. Then we performed some rituals including offering fresh meats and rice to the pond, and to our surprise, the child could speak normally after 4 days”.

As the child got well, the family’s trust in the spiritual medium increased and when there is no evil part, the spiritual medium refer her to doctor to keep on biomedical treatment. Here, the family of Case 2 used the power of the spiritual medium and they created a social pressure for other people with lay-ngan-yaw-gar to do the same.

In the case of the poor family, Case 3, although they tried to seek assistance in the hospital and clinic, their financial resources became a constraint and instead they sought assistance mainly with a traditional massager and so-called village doctor.
On the day when Case 3 got *lay-ngan*, her friends sent her to a nearby clinic. Then the clinic gave one injection and immediately referred her to the Bago government hospital due to the very high blood pressure. When she was in hospital, she could not move any of her limbs and also her tongue. According to her husband, the medical staff provided various injections but no explanation (I will discuss more in ‘settings’). After 4 days of hospitalization, her husband requested a consultant physician and they undertook a lumber puncture (opening of back spine to get some fluid for lab test). During these days, the husband recognized that her face was also affected by *lay-ngan* and he used local knowledge to help relieve symptoms. In the village, people used the bile of snake to relieve *lay-ngan*. He requested the bile of snake from a village monk and applied as a lotion on the face and onto the tongue. He did it secretly as he knew that the medical doctors didn’t like such local remedy. The husband also checked Case 3’s fortune with the village monk.

As the condition of Case 3 become unimproved, the husband decided to take her back home. Then, as per advice of a relative, they sought assistance from a physiotherapist in Bago (another social pressure I define). Her husband mentioned that the physiotherapist explained patiently how to do exercises and encouraged to visit her frequently. However, they could pay only for a few visits due to financial constraints. They also sought advice from a so-called village doctor. Then, they worked with a traditional massager and Case 3 acknowledged that her recovery was largely due to the skillful treatment of the traditional massager.

**Settings: Clinic, Hospital, Traditional Massager, Spiritual Medium, Monk**

Overviewing the three cases, I would like to point out the different setting where providers and clients met or where the patients interact with different sectors as Kleinman stated. The first setting is a picture of a clinic in Bago. Most general practitioner clinics in Bago are located on the main road and easily seen by the sign of a red-cross. In front of the clinic, the name of the clinic can be seen on the advertisement signboard and the name and degree obtained by the doctor is proudly held on a plastic board together with opening hours in front of the clinic. Inside the clinic, one can mostly see two rooms. The first room is a waiting room and the latter is for examination and treatment. Patients can read many health education posters and different pamphlets about common health
issues while they are waiting for their turn. By the time one patient had finished the consultation, the next patient will be called upon to enter to examination room by the clinic assistant. Inside the examination room, the doctor may sit on a chair with a table where he put different medicine in various color labels. Unlike western doctors, general practitioners do not wear a white coat but they put a stethoscope over the shoulder in most cases.

Among different cases, Case 2 is much more familiar with clinics. Her aunt discussed their experiences:

“When we go to clinic, we have to get a token. When the doctor’s assistant calls our name we have to enter the examination room. After going to the examination room and getting treatment, we have to pay cash to the clinic assistant but the doctor decides how much to pay for the consultation. On average, each consultation takes about five to ten minutes and we spent about 3000 to 4000 kyats (2.5 to 3.5 dollars) in each visit. As we are familiar with the doctor, we could also discuss and ask some questions after treatment”. (Aunt of Case 2)

For Case 1, he is familiar with private hospitals and specialist neurological physicians. For him it is not a strange experience to be in private hospital and consulting with a specialist as he was accustomed with the biomedical perspective. His view on the biomedical perspectives was as follows:

“When I became sick, I can understand the feeling of a patient. Mostly, we (biomedical practitioners) communicate very poorly. When I got this illness, I have many questions to ask to the specialist but when I met him (specialist), my questions flee. He also had less conversation and explanations to me rather than a long list of prescribing. Nevertheless, I follow his treatment as I believed him to be the best doctor.” (Case 1)

Unlike others, for Case 3 it was their first time to visit the government hospital and they shared their experience. Government hospitals have different wards such as surgical, medical, and emergency departments. Even in a ward, here are many care providers; nurse aids, trained nurses, nurse in charge, internship doctors, medical officer, specialist medical officer and ward in-charge consultant physicians. In government hospital, the patient has to share in a common room with other ten to fifteen people. Individual patients will get a bed and a bench to sit for attendance. Toilets and bathrooms are common use and shared places. Hospitals will provide electricity for lightings but not allow for cooking and cleaning. The hospital has a specific schedule for patient care from various medical staff members. Sometimes, attendants have to get out of the ward in case staff members are doing cleaning the floor. The main interaction between physicians, doctors and staffs and patient is the time of the ‘ward round’ during which all medical team members check individual patients and the head of physician instructs his/her followers to do and note down. Mostly they use medical terms in English and it is hard to understand for community people. The husband of Case 3 shared his view on their interactions at the government hospital:

“....When we were in the hospital, nurses and doctors gave many injections to my unconscious wife. We did not know why these injections were provided because they did not explain it to me. After 3 days of an unresponsive situation,
I gathered my courage to meet with the consultant physician. It was my first time to speak with a higher level doctor in an air-con room. When I requested, she (physician) instructed (in English) her staffs to do some treatment for my wife. I tried to apply the bile of a snake to the face of my wife. I felt like I was committing a crime as nurses and doctors do not accept our local remedies…”

Case 3 also sought health with traditional massagers and the setting was quite different. Case 3 shared:

“The massager opens the center at his home and he does not like to label him as massager (A-neik-thae). He prefers to call him “Sayar” (Master). We have to pay respect to him and he will say some points to follow and we have to follow exactly. When he completed the massage which usually takes about half an hour to forty five minutes, we have to provide the fees. He has no limits on fees but on average we pay around 3000 kyats (2.5 dollars) per visit. Apart from the massage, he sometimes uses some oils to apply to the affected body parts.”

As mentioned before, most of informants do not consider consultation with the spiritual medium or monk as health seeking behavior. However, it is worth understanding the setting of a spiritual medium and the monk.

At a spiritual medium’s home, visitors can see many different spirits and their characteristics and worshiping methods. For example, a famous spirit called Mother of Buffalo needs a small hut with a pot to grow some aquatic plants. In order to consult with the spiritual medium, one has to get an appointment one week before. The consultation time will last about forty five minutes to one hour. Individuals can ask diverse questions when the spiritual medium starts her service. The aunt of Case 2 explained their experience with a spiritual medium:

“For us, we had two visits. In the first visit, the kid could not speak and the spiritual medium instructed us to make a ritual for bad-spirits. She also gave us holy water and some charms to protect from evil-spirits. Then we made the ritual and to my surprise the child could speak very well. For the second time, she said we should consult with a professional doctor. Then we switched to the nearby clinic. For these consultations, we spent about 6000 kyats (5 dollars)” (Aunt of Case 2)

In our culture, sitting and meeting with a monk is a different subject for social science. There is a different position to sit down, different language to speak (different vocabulary) to communicate with the monk and most consultations are free of charge. The husband of Case 3 shared his experience on consultation with a monk for his wife:

“For me I believed in the little monk as he is the son of Buddha. He calculated the fortune and pointed me the bad and good luck conditions. He also told me to do some religious rituals for better recovery.” (Husband of Case 3)
From the different settings, the concept of ‘Powerful others’ is also noticed when a particular patient meets with a provider. In our society, health care providers are considered as benefactors and paid high levels of respect and value upon the professions and they are not seen as service providers in Western culture. It is rarely seen the law case to sue the health provider in our culture.

In the above examples, it is clearly seen that different health settings have their unique values, rules and customs to socialize patients. Although interacting with different settings, people with lay-ngan-yaw-gar do not make boundaries for a particular setting and they switch from one provider to another. Hence, we obviously noticed frequent changes in providers in all of the above cases. My question is about their decision to change providers and all informants provided me with a reasonable reply for their choices.

**Change of provider: Social Pressure**

The change of provider is related to social pressure in different ways. Here I define social pressure as the advice from family members, siblings, relatives and friends (who had experienced or familiar to people with lay-ngan-yaw-gar) to seek health alternatives by particular providers. I describe it as ‘pressure’ because the people feel like it is a duty or responsibility when someone provides an idea to do so in Myanmar culture. Even sometimes, patients feel guilty if they fail to follow particular advice from other people. The husband of Case 3 mentioned the social pressure as follows:

> “You know, I have many friends and relatives. They gave me hundreds of suggestions to improve the health status of my wife. Although they give me ideas with good intentions, it is hard to follow each and every advice as money counts on each action.” (Husband of Case 3)

**Change of provider: Meaning of Health Seeking**

The change of provider is also related to personal interpretations of health seeking for different cases. Here I would like to share the quotation of a traditional medical practitioner.

> “For us (medical practitioners) it is important to understand the patient’s point of view. For every illness, whenever they (patients) come to me, they had developed a preformed hope. I mean, they already designed how to show their expectation and hope to us.”

I like this quote very much as it reflects the need of provider-client relationships in health care settings. Then, I asked my cases about their meaning of health seeking and almost all cases have common responses and I would share reply of Case 3.

> “For me, I have a big aim to recover as soon as possible. Therefore, whenever I heard about a famous providers, I tried to go. I sought health with the expectation to feel better regardless of the cost. If I had invested a significant amount of money, I hope an improvement in return. Otherwise, it is meaningless to seek health.”
Change of provider: Evaluation of treatment

The change of provider in seeking health is also related to how the cases and family members evaluated the treatment. Informants’ criteria on evaluation of treatment have several considerations.

As discussed previously, the father of Case 2 pointed out the use of splints in *lay-ngan-yaw-gar* is meaningless and they switched to another provider. This evaluation was based on logical considerations. For Case 3, she expressed in terms of *cost and outcome*, “for me, I consulted with the doctor, but because I had no improvement I think it is a waste of money”.

When the health practitioner could provide positive promises, patients provide a better grade of evaluation. For example, family members of Case 2 deeply trusted the spiritual medium as the child could speak after certain rituals were performed. For Case 1, it is obvious about his changes in belief because of the impact of the traditional massage. Previously he just visited for social pressure. After six visits, he noticed some improvements and he decided to follow-up regularly to seek health with the massager. Similarly in Case 3, she was encouraged by the massager:

“*When I first visited to him (traditional massager), he told me to visit for minimal of seven times. With six visits, I felt a lot improved. I could walk and stand very well and therefore I would refer other people to go to him.*”

From these explanations, I would say that trust and belief upon a particular provider will stop the frequent change in provider (like provider shopping) and individual cases will settle to seek health firmly.

Drivers to recovery

Informants explained about their motivations to get well soon as the primary drivers. For Case 1, his main driver is his job and his family. As he was forced to resign from the Ministry of Health, he has to earn his own living and he considered that his quick recovery will help to get the job back and to earn money for his family especially for his mother who is 82 years old.

“As the whole family relies on me to make a living, I need a quick recovery. Therefore, I tried to consult with a traditional massager.” (Case 1)

With the hope of recovery, he tried to seek health with traditional massagers as well as keep on regular exercises and take care of his diet.

The motivation to recovery for Case 2 is about learning and earning. As she had left the school for a year, she wanted to continue her study and get a job soon for the family. For Case 3, it is a bit different from the others. Her comments show a significant insight for me:

“As I have four kids, I always try to get treatment whenever the provider is well-known and popular to treat *lay-ngan*. You know, if I cannot work and became a burden, my husband will get another wife and then my kids will feel small with step-mother. I will never let it happen. Therefore, I do exercises daily and get a way to become normal.” (Case 3)
Impact of Illness on Social Life

From this study, it is found that lay-ngan-yaw-gar is not merely a stage of physical ill-health but it also affect to social life of individuals and families living with lay-ngan-yaw-gar. Informants express mostly about negative social consequences after the illness and some cases also pointed out some positive changes in the family as a silver lining of the black cloud.

Negative social and economic consequences

In all cases, family function and social harmony was distorted once a member was affected with lay-ngan-yaw-gar. As the people with lay-ngan-yaw-gar are not socially engaged, they sometime reached to outside circle of social arena and reported that they felt loneliness and detached from their community.

For Case 1, he is the breadwinner for the family and he could not provide health services to his clients. As his fingers are weak, people had less trust in him to provide injections. Then he had to find an assistant to help in the rural health center. The worst thing for him was his dismissal from the Ministry of Health. He said, “...as I cannot take part in public health activities, my supervisor forced me to resign and I had no choice”. In addition, he had also been refused by his girlfriend to get married. Previously they planned to get married in 2015 and when he got lay-ngan, the girl broke the relationship off and left him. In such a painful life-experience, it is hard to cope for someone and I was curious about his coping method. He told me that he follow the Buddha’s teaching, ‘everything is unstable, everything is associated with suffering and everything is uncontrolled’. He also mentioned the lack of his ability to participate in social events like weddings and donation ceremonies after getting lay-ngan-yaw-gar.

Being a young child, for Case 2, she expressed less social implications of lay-ngan. She mostly mentioned her concern about the lack of access to education, social participation and social restriction. As she cannot move her limbs, she is unable to attend school and she dropped out in grade 3. She also said that she could not play with her friends and enjoy sports. As a teenager, her father worried about her future. He said, “If she continues like this (lay-ngan-yaw-gar), no one will marry her”. In our society, lay-ngan is sometimes negatively considered as a form of disability and if people have such a perspective, the girl is unlikely to ever get married.

For Case 3, being a house wife, she mentioned that her house become a mess when she was ill. Being a mother, she could not fulfill the duties and responsibilities for her kids and also for her husband.

“During the meal-times, I was in a complete mess. As I was not able to cook, my kids had poor food dishes. Their clothes become dim and dirty as they had to wash themselves. My kitchen became very dirty and messy. I also could not clean my compound.” (Case 3)

Although her husband replaced her household assignments, she felt unhappy. She also thought about the long-term family harmony. With the concern about her marriage, she tried to increase the
frequency of her exercise and took a variety of quick-fix remedies and medicines to get well soon. This is also linked with her motivation to recover quickly in fear that her husband will leave her.

For all cases, economic pressures were also a theme that everyone mentioned. Being a chronic and uncertainty in nature of recovery, lay-ngan-yaw-gar demands much investment for health. Unlike other countries, the Myanmar health system has no insurance and social protection schemes and individuals and families have to invest a lot and even encounter complete financial risk such as loss of properties, land and business when someone in the family experiences illness and diseases.

Coping strategies

As lay-ngan-yaw-gar has many negative social implications for individuals and families, my questions came to revolve around how they deal with this situation and how they gather courage in the situation of continued ill-health.

First, in all of the cases the people were Buddhists and interviews with them and their family members showed that they coped primarily through Buddhist teachings. As Buddhism is rooted inside the mind, explanations of people often reflected upon “Karma” – the perspective that “you will harvest what you have sown”. Karma can be explained as every event is as a result (effect) of an action done (cause) that may be either in the past or at present life. Based on this belief system, people do more religious activities when they are in the stage of ill-health.

For instance, the sister of Case 1 mentioned that her mother had donated some flowers and water to the Pagoda at his birth corner so that all bad Karma will go out and he will feel better. In the case of Case 3, she mentioned that her lay-ngan-yar-gar is a kind of “Wut-nar-kan-nar15r” (an illness due to bad Karma) and she prayed to the Buddha to recover well.

Jocelyn Cornwell (1984) studied the lay beliefs on health and illness and he discussed the three-part classification of illness causation: 1) the cause of illness could be either internal or external, 2) the illness could be either avoidable or unavoidable, and 3) the person was either to blame or not to blame for getting ill (Roger, 1991). Here in this study, all informants replied that the illness is internal, unavoidable and the person with lay-ngan-yaw-gar is not to be blamed. This is not surprising because all these explanations are linked with the concept of Karma. When I asked families about this, they never considered the cases as a burden to the family despite the fact that they faced many social and economic struggles in living with lay-ngan-yaw-gar.

Positive by-products

Although most people considered lay-ngan-yaw-gar as an unwanted illness, it was thought to bring some positive contributions to individuals and families in their daily social life. As the family members take care of the cases day by day, it improved their personal relations and understanding. The husband of Case 3 mentioned:

15 Wut-nar-kan-nar is a kind of belief that the disease or illness is due to “Bad Karma” or “Bad Luck” and even treatments are provided, it is hard to get recover. However, when the bad Karma has gone, it may recover automatically without treatment. Cancer, Leprosy, HIV and chronic diseases like Stroke and Diabetics are considered as “Wut-nar-kan-nar” in the community.
“I changed my behavior due to her illness. Previously I was a gambler and a social drinker, when she got ill, I have to take care my kids and I have to work with double strength. This is now my turn to be a good husband as she led the family economy previously. We now have a better marital relationship and more understanding of married life.” (Husband of Case 3)

He also mentioned about gender neutrality when his wife could not perform household chores. In Myanmar’s culture, cooking, cleaning and washing are generally considered as a ‘womans job’ and therefore, her husband did not help prior to her illness. He mentioned with a smile about his gender position as below:

“You know, at first I was very upset and felt very shy to do the household chores. But I had no way to avoid this situation. Unless I do these jobs, my kids will not have good food and clean clothes. Therefore, I decided to do it and I changed by my mind-set. For my wife, I even helped her in toileting and taking a bath. As she was disabled, I have to be a good husband and take care of her closely.” (Husband of Case 3)

Living with lay-ngan-yaw-gar also creates a new space for learning for the community. People with lay-ngan-yaw-gar become an ideal example for neighbors to take care of their health, for example people with high blood pressure, and to avoid unhealthy behaviors like drinking and to avoid foods worsening high blood pressure. It also warns some people to do more religious and spiritual rituals to prevent such illness from occurring. For people with lay-ngan-yaw-gar, their experience with different health care providers became informative and they guided other people in similar situations in the community.

Lay-ngan-yaw-gar also increases the social arena of individuals and the family. As people seek health with various health care providers in biomedical, traditional or spiritual sphere, it widens the social boundary and network people have in dealing with different health sectors. For rural villagers with poor road communication, they rarely visited hospitals and the husband of Case 3 shared his view as follows:

“For me, I have never been to the Government Hospital. What is more, I have never been into an air-conditioned room to meet with a high level doctor (specialist physician). It was a great experience for me to talk and discuss with the doctor about my wife’s illness.” (Husband of Case 3)

Contribution of Study to Existing Knowledge

This section is about my motivation to keep on learning from this study as a new conceptual map has appeared after summarizing the cases (Figure 6). Unlike Klienman mentioned, health seeking is not simply consulting with a particular provider from different sectors, it has several meanings.

In Kleinman’s model, he classified the health care sector as popular, folk and biomedical. However, in my study, they shared biomedical, traditional and spiritual views. However, people with lay-ngan-yaw-gar have no boundaries and no differentiation upon these providers, and their health seeking patterns are not static which means they might seek health simultaneously or frequently change the
provider. Moreover, they enter and exit different health sectors unconsciously and they try to adapt with particular health sectors when they interact and enter into the setting.

Here, I put the question, why it is happening? Their aim is to recover as quickly as possible regardless of anything; provider or health sector or therapy. With a strong hope to recovery, they tried to seek health from various resources. Moreover, in my study, people do not consider consultation with spiritual medium or astrologer as a form of seeking health. They mentioned it as checking their fortune.

One common trend that emerged in this study is that people encountered psychological and emotional stress: fear, anxiety, grief and helpless and they sought help with nearby resources, mainly the biomedical sector. When the illness became stable, they considered other resources for their well-being in relation to the financial capacity of the family (income). Informants considered access, quality of treatment, the way of communication and courage as evaluation points for a particular provider after cost and satisfaction.

A couple of themes are also highlighted in this study about community social pressures to use particular health providers as drivers to recovery.

Last, I would like to point out that the chronic illness like lay-ngan-yaw-gar can also contribute in both negative and positive ways on the social lives of individuals, families and their community.
Conclusion
This study explored the definition, meaning, classification and severity of lay-nagn-yaw-gar from the perspective of everyday people. It is obvious that based on individual belief on causation of lay-ngan-yaw-gar, people seek health at different providers. Individual and family members have their own reasons to seek health and explanations upon the action they choose to have performed. It was found that health seeking patterns are also related to the socio-economic background of a family.

Seeking health with a particular provider was determined by various points such as communication, trust, competency of provider, matching expectations and socio-economic conditions. This study also explained about a new conceptual approach of health seeking behavior that moves beyond beyond Klinman’s model (Kleinman, 1980). Major contribution of this study to the existing knowledge is that health seeking is not merely a communication between the patient and the provider. It has more social, cultural, spiritual and psychological aspects that are interwoven with the world view of individuals and families. Social pressures and drivers to recovery are also explained by different cases.

The study also highlighted the social consequences and impact of lay-ngan-yaw-gar upon individuals and families. Coping strategies of people with lay-ngan-yaw-gar is also presented and positive contribution of illness towards the social life of individual and family are also explained. A common trend emerged in this study is that people encountered psychological and emotional stress: fear, anxiety, grief and helplessness as they sought health with nearby resources. Informants have no boundaries and no differentiation upon these providers, and their health seeking patterns are not static which means they might seek health simultaneously or frequently change providers. Moreover, they enter and exit different health sectors unconsciously and they try to adapt with the particular health sector when they interact and enter into the setting.
References


Annex

1. Map of Study villages (Field sites)

2. Brief Profile of Study Villages

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Village Name</th>
<th>Population</th>
<th>Households</th>
<th>Road access to Bago</th>
<th>Health care facility</th>
<th>Health service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kamarnut</td>
<td>7,173</td>
<td>1,314</td>
<td>Direct bitumen road access to Bago (15 min drive)</td>
<td>Sub-center (Govt) Free community clinic (NGO)</td>
<td>Doctor Nurse Mid-wife Health assistant Pharmacy Astrologer Monk Traditional massager Traditional birth assistant Spiritual medium</td>
</tr>
<tr>
<td>2</td>
<td>Shanywargyi</td>
<td>2,630</td>
<td>589</td>
<td>Laterite road access (45 min drive)</td>
<td>Sub-center (Govt)</td>
<td>Mid-wife Pharmacy Astrologer Quacks Traditional birth assistant</td>
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<td>3</td>
<td>Paypingyaung</td>
<td>1,300</td>
<td>263</td>
<td>No direct route, pass through</td>
<td>No</td>
<td>Astrologer Quacks</td>
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<td>No.</td>
<td>Village</td>
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<td>Drive (Min)</td>
<td>Access</td>
<td>Traditional Birth Assistant</td>
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