

Sex Education for the Hill Tribe People of Northern Thailand Tassanee SRIMONGKOL

Introduction

There are 991,122 tribal people who live in 3,743 villages in 20 provinces in the North and West of Thailand. These people have been heavily targeted for research and development by government agencies since 1960. In 1977 Thailand officially released a National Reproductive Health Policy statement that “all Thai citizens at all ages must have good reproductive health throughout their entire lives.” This policy supports health development programs for Thai people including hill tribe people. In general, the health of the tribal population is not as good as other Thai people due to marriage at an early age and adolescent pregnancy. These groups find it difficult to access family planning services because of cultural barriers.

Most of the tribal women are uneducated. They do not know about breast cancer and cervical screening. Socio-cultural factors affect their beliefs and behavior. Most of the decision-making depends on men, such as the use of contraceptives, these factors have lead them to poor health and unprotected sex practices.

Background of the Hill Tribe People in Thailand:

Hill tribe people refers to the ethnic groups who lives in the highlands and close to the borders of Myanmar and Lao PDR in the northern part of Thailand. There are many subgroups which have different social and cultural beliefs to the lowland peoples. These tribes are:

KAREN

The majority of the Karen people live in Burma, and yet they also form by far the largest of the major tribes of northern Thailand. There are as many as 280,000 Karen living in Thailand. They can be found living both in the mountains and on the plains, most of them in the provinces of Chiang Mai, Mae Hong Sorn, Chiang Rai, but also in central Thailand. They live in bamboo houses raised on stilts, beneath which live their domestic animals, pigs, chickens and buffalos. The mountain-dwelling Karen practice swidden agriculture, and the plains-dwellers, for the most part, cultivate irrigated paddy fields. The Karen people are very peaceful and cooperative, and like the other hill tribes, have the highest veneration for their ancestors and living elders. Karen are traditionally

animist, but about 25% of the Karens living in Thailand have been converted to Christianity by Western missionaries.

HMONG or MEO

The Hmong are divided into two sub-groups, White and Blue, and are found in the mountainous regions of China, Viet Nam, Laos and Thailand. In Thailand, there are probably about 60,000 Hmong people settled in villages throughout a wide area of the north, with perhaps another 50,000 refugees from Laos living in camps located near the northeastern border of the country. This ethnic group originates from western China. For a long time, the Hmong have supported themselves by the cultivation of the opium poppy. Most of the Hmong people are turning from opium growing, and are now seeking to market their exquisite needlework in order to supplement their income. The Hmong are strict animists, whose shamans use dramatic methods to contact the spirits. So far there have been few converts to Christianity or Buddhism.

LAHU

Lahu people are to be found in the mountains of China, Myanmar (Burma), Laos and northern Thailand. There are approximately 25,000 Lahu now living in Thailand. There are four tribes within the Lahu: Black, Red, Yellow and She-Leh. Lahu villages are mostly at high altitude in the northern provinces of Chiang Mai, Chiang Rai and Mae Hong Sorn. They originate from south west China. Their practice of slash-and-burn agriculture does not provide them with even the basic essentials of life, let alone the enrichment to be found in education for their children, adequate medical care, and the simple amenities of modern life. The Lahu are animist and believe in one spirit that has control over all the others. About 30% of the Lahu have been converted to Christianity and have abandoned their way of life. The Lahu are independent people and love entertainment and the easy life. They obviously pride themselves on their skills in hunting and trapping.

AKHA

Akha people are to be found in the mountains of China, Laos, Myanmar (Burma) and northern Thailand. There are approximately 20,000 Akha living in Thailand's northern provinces of Chiang Rai and Chiang Mai at high altitudes. This tribe originates from Tibet. Every Akha village is distinguished by its carved wooden gates, presided over

by guardian spirits. They live in raised houses on low stilts, with a large porch leading into a square living area with a stove at the back. The roof is steeply pitched. They live on marginal land and find it difficult to eke out a living through their slash-and-burn method of agriculture. In order to supplement their income, many Akha are now selling handicrafts, employing the traditional skills used in making their own clothing and cultural items. The Akha are deeply superstitious, their religion prescribing exactly how each action should be performed. This tribe is the poorest of the hill tribes, but well known for their extraordinary costumes and exotic appearance.

YAO

The Yao are to be found in China, Vietnam, Laos and Thailand. In Thailand there are approximately 55,000 Yao in widely scattered villages in the provinces of Phayao, Nan and Chiang Rai, and perhaps another 10,000 or so refugees from Laos, living in refugee camps along the border.

The Yao originate in southern China, and are the only hill tribe to have a written language. Yao villages are mostly found on low hills, and their houses built usually of wooden planks on a dirt road. Their economy for several generations has been based quite largely on the cultivation and marketing of opium, although opium addiction is relatively rare among them. With the present drive to stamp out the cultivation of the opium poppy in Thailand, the Yao find it necessary to seek other means of livelihood. The Yao have a written religion based on medieval Chinese Taoism, although in recent years there have been many converts to Christianity and Buddhism. They are very peaceful and friendly, priding themselves on cleanliness and honor, and are called the "businessmen" among the hill tribes.

LISU

Lisu are to be found in the mountains of China, Myanmar (Burma) and northern Thailand. There are approximately 21,000 Lisu living in Thailand's northern provinces of Chiang Mai, Mae Hong Sorn and Chiang Rai. They originate in eastern Tibet. For many generations the main means of livelihood for many of the Lisu people has been the cultivation of the opium poppy. Some of these people have given up poppy growing, and are now seeking to supplement their income through the sale of skillfully produced crafts. A few Lisu people have been converted to Christianity by Western missionaries.

The Lisu believe strongly in the spirit world, and their shamans are used to divine the causes and cures of all problems and sickness. These hill tribe people are perhaps the best looking of all the tribes, and they like to think of themselves a little bit above their other hill tribe neighbors.

PALONG

There are but a few Palong villages in Thailand, all of them in the northern part of Chiang Mai province along the border to Myanmar (Burma). In general, the Palongs can be found in Burma's eastern Shan state. At present, the population is about 60,000. They belong to the Mon-Khmer branch of the Austro-Asiatic linguistic family. Their main livelihood is the cultivation of Tanatep, a large leaf to wrap Burmese cigars. Formerly animist, most Palongs have converted to Buddhism.

THINS

This ethnic group has lived in Thailand for a long time, according to available reports. There are about 28,000 Thins living in northern Thailand. Most of their villages can be found in Nan province. The Thins practice swidden agriculture. They grow glutinous rice, the staple rice of the northern Thai people. Thins are animists. Some of them have become Buddhists, especially in the villages near the Thai lowlands. These people are monogamous. After marriage, residence is initially in the house of the wife's parents. After the birth of several children, the couple normally move to a new dwelling.

LAWA

The Lawa are not really rated as hill tribes. It seems that they have inhabited Thailand since at least the eighth century and they were certainly here already when the Thais arrived. They believe that they migrated from Cambodia, but some archaeologists think their origins lie in Micronesia, perhaps more than 2000 years ago. With such a long cohabitation with the Thais, most Lawa villages are indistinguishable from Thai settlements and most Lawa speak Thai as their first language. However, on the Bo Luang plateau between Hot and Mae Sariang and the southern part of Mae Hong Son province, about 14,000 Lawa still live their traditional lives. Their economy is based on subsistence agriculture, with rice grown on terraces according to a sophisticated rotation system. The Lawa are animist, but many of them have adopted Buddhism.

KHAMU

The Khamu are one of the small tribal groups, living along the Thai-Laotian border of Nan province. At the present there are about 7,000 people of this tribe living in northern Thailand. They originate from Laos, mainly of Luang Prabang and Xieng Khoung districts. They first migrated for labor and worked either in the teak forests or in similarly isolated employment. They live now in small villages located on mountain slopes and survive on subsistence agriculture supplemented by hunting, fishing and trading. The Khamu practice an animistic religion. In their native homeland Khamu shamans are considered to be excellent magico-religious practitioners and often participate in Laotian ceremonies. This tribe traces their descent patrilineally and traditionally adhere to the custom of patrilocal residence.

MLABRI

This tribe is known by the Thais as "Phi Tong Luang", which means "spirits of the yellow leaves". There are only a few Mlabri still living in Thailand, just about 100 people. They can be found in the provinces of Nan and Phrae. The Mlabri originate from Laos. These people are fragmented into extremely small, highly nomadic, family bands. They used to rely almost exclusively on hunting and gathering. Custom does not allow them to own rice fields but they can work as laborers in the fields such as the Thais. Mlabri practice patrilineal descent. The basic unit of their social organization is the band, consisting of three to a dozen members. They move their campsites every week depending on the availability of their natural food supply.

PADUANG

The Paduang hill tribe are better known to the world as the tribe of the long neck women. The Paduang women wear huge brass rings around their necks. This tribe is not an individual tribe but a sub-group of the Karen hill tribes. The famous Paduang or giraffe women hill tribe is located near Ban Nam Phiang Din, in the Mae Hong Son province of Northern Thailand, just at the border of Myanmar (Burma). Of the 7,000 members of the Palong hill tribe in Burma, about 300 fled to Thailand, about twenty years ago, to escape the Burmese repression. With the help of the Thai government, they set up the Paduang (Palong) refugee-village in a small valley of Mae Hong Son province.

Nowadays, the small refugee village of the long-necked Paduang hill tribe is completely geared towards visitors and tourists and is seemingly on every tour agency's day-trip list. The long-necked Paduang have become the most popular tourist attraction of all the hill tribes in Thailand.

The women of the Padaung hill tribe wear heavy brass ornaments around their neck and limbs. These ornaments look like separate rings but are really a continuous coil of brass that can weigh anywhere from five to twenty-two kilograms and measure up to 30 meter in length. The quantity of visual rings (in reality, the length of the brass coil) is increased every year, according to the age of the woman.

Young Paduang girls start wearing rings from the age of six, adding one or two more coil-turns (or visual rings) yearly, until the age of about 16. Once fastened, the rings are for life, to remove the full coil of brass would cause the collapse or even fracture of the woman's neck.

Populations of Hill Tribes in Thailand :

Tribes	Village	Household	Population	%
Karen	2,130	70,982	353,574	35.67
Hmong	266	15,704	126,300	12.74
Yao	195	9,501	48,357	4.88
Akha	276	9,740	56,616	5.71
Lahu	446	15,388	85,485	8.66
Lisu	161	5,652	33,365	3.33
Lawa	71	3,322	17,637	1.78
Thin	151	7,058	38,823	3.92
Khamu	47	2,516	13,674	1.38
Mabi	3	24	125	0.01
Pa Long	4	290	1,626	0.16
Tong Su	4	53	257	0.03
Tai Lue	17	1,344	6,472	0.65
Haw	71	3,456	21,579	2.18
Dai	72	4,547	20,068	2.02
Others	48	1,632	9,086	0.92
Total	4,841	187,150	991,122	100.00

Health Problems of Hill Tribes in Northern Thailand

Poor Access to Information and Services

Low Practices of Family Planning

Malnutrition

HIV/AIDS

Personal Hygiene

Gender

Mental Health

Hill Tribe Women and Girls

Thailand's hill tribes are the only minorities in Thailand subjected to discriminatory policies based explicitly on ethnicity. At least half of the hill tribe population are denied Thai citizenship. Even those born in Thailand are not citizens, and their children are stateless. Non-citizens cannot register births or marriages, are denied opportunities for education and work, cannot access Thailand's "universal" health care plan, and are restricted in their freedom of movement. For hill tribe women, the situation exacerbates the already limited opportunities available to them due to gender norms in their communities and the isolation of rural life in highland villages.

Some hill tribe women are forced to leave the villages due to such circumstances as financial hardship or loss of farmland, their lack of legal status leaves them in a kind of limbo and makes them vulnerable. Many end up relying on the promises of smugglers or traffickers.

Sex Education for the Hill Tribes :

There are few studies of sex and birth issues regarding the hill tribe people in Thailand, although there are many projects on reproductive health implemented by GOs and NGOs :

1. A Royal Project case study of the adoption of family planning by traditional hill-tribe communities: This research was conducted in 2 Lahu and 2 Hmong villages and found that the social and economic conditions in these four villages are more or less the same as their traditional ways of living. One significant difference that has contributed to the adoption of family planning is in village leadership. Since 1982, volunteer community health workers have promoted family planning in the villages. However, only about half of the fertile women have been practising family planning. None of the men are sterilized.

There are four main factors contributing to the low rate of family planning. The first is the cultural factor in that the concept of having children is considered to guarantee that there will be children to take care of them when they are getting old and carry out the funeral ceremony when they die. Lahu consider that having a daughter is more favorable than a son because she will bring in a husband to help her family to work after marriage. The Meo regard that only the son can pass down their lineages, take care of their parents and carry out the funeral ceremony as well as make sacrifices to their ancestor spirits. The more sons they have the higher social and economic security they have. The second is the economic factor in that both Lahu and Meo regard labor as the main resource in agriculture. The third is the social factor concerned with the importance of their lineage and kinship relationships. Particularly, the Meo regard that having a bigger clan not only gains economic security but also social status. Easy divorce is a special factor of the Lahu that causes dislike of family planning. Lastly is the factor arising from the service and practice of family planning. Most of the villagers do not clearly understand about family planning but believe in rumor. There are some limitations of family planning such as the need to be on schedule. Some of them do not pay much attention and are concerned with their agricultural and ceremonial activities. Sterilization also requires a long time for recuperation which is not suitable to an agricultural society that always needs hard work. Besides, to receive the family planning services they have to pay for the services and transportation which is quite expensive for some of the hill tribe people.

The impact of the low adoption rate of family planning is the relatively high number of children compared to other age groups. This brings a big burden to them in bringing up their children. Only a few students who finish their compulsory education in the village continue their higher education. Furthermore, there is not enough cultivatable land or employment to support these children.

As a result of changes in social and economic conditions, the hill tribe people are changing their attitude toward the number of children per family. Lahu have their ways of thinking, concentrating on their present spiritual happiness rather than thinking about their livelihood in the future. They are open to change so long as it is not against their traditional concepts of religious spirits. There is some potential that Lahu will have only two children without regard to sex. As for Meo, they still believe in materialism

with regard to their present livelihood and life after death. Therefore, Meo need to have sons to make sacrifices to their ancestor spirits and to continue their clans. The new generation Meo family needs to have two sons and one daughter.

2. A cross-sectional survey on the family planning practices of Hmong hill tribe couples in Phopphra district, Tak province. This research found that 65.6 percent of Hmong hilltribe couples in which the wives aged under 20 years had children. And their attitude toward contraceptive use by the husband and the encouragement from the couples' parents to have children was correlated to childbearing. The encouragement to have children from the couples' parents was one factor which determined whether a couple had or didn't have children. The attitude of the husband and wife groups towards having or not-having children can be predicted as 67.81 and 68.75 percent respectively. Groups receiving high encouragement to have children from the couples' parents had a tendency to have children. Research results suggest for Hmong hill tribe couples in which the wives are aged under 20 years, the couples' parents and the husbands should become involved and participate in family planning activities.

3. A socio-economic study of highland people who have migrated to work and study in Chiang Mai city. The study focuses on six highland ethnic groups namely Akha, Hmong, Lahu, Mien, Karen and Lisu. From a survey of 5,220 people, which comprises around 60 – 70 percent of the total highland migrant population in Chiang Mai city, it is found that most people belong to the 11 – 30 year-old age group. Most of them are either students or workers. Different occupational patterns among ethnic groups can be found. For example, many Akha are traders or producers of handicrafts, which are sold at the Night Bazaar in Chiang Mai city. Mien are found selling soybean milk in varied markets. Besides, they are silver- and gold smiths. Hmong set up small factories to produce handicrafts and souvenirs. Lisu sell souvenirs and work in the service sector. Lahu and Karen tend to work at gas stations and other places. Highland migrants live in dormitories, rented accommodation and their own houses. Those who have permanent jobs tend to build their own houses and live near their relatives or people from the same group, creating new communities.

From the study, it is clear that highland development which stresses cash-crop cultivation, formal education and pressure from state forest conservation policies which have expanded the protected forest areas onto villagers' settlements and farm land, all have significant impact on urban migration.

4. A Study of Hmong Gender and Health Status: This research was an exploratory research which aimed to study the gender roles that may affect health in different age groups. It found that gender related to the people's health and the way they took care of themselves since the first year of age, due to social and cultural factors. Girls were trained to do housework while boys were expected to be leaders and were spoiled but their health such as malnutrition was poorer than girls. It was assumed that at the beginning of their life, girls had better growth and development than boys did and boys also had more activities than girls. Both boys and girls were at risk of contracting STDs, particularly young boys because of unsafe sexual practices. The socio-cultural beliefs of Hmong tribe formed the adolescent lifestyle which affected their health. 23.6% of young boys drank alcohol while 3.8 % drank every day. Only 3.2% of young girls drank and not regularly. Boys had more diseases than girls; 11.1% and 1.6% respectively, most diseases were peptic ulcers due to anxiety. 6.4% of boys had sexual relations with prostitutes, while 3.1% of girls had sexual relations with their lovers. Of most women in the age group between 15-44 years of age, 51% were uneducated. 68.2% had their first baby when they were under 20 years of age. 60.5% have more than 3 children. 78.3% used contraceptives and half of this group used the injected type. The health practices of the women were not so good because they were not concerned about health and avoided meeting health personnel. Socio-cultural factors affect their beliefs and behavior. Most of the decision-making depends on men such as occupation, income, family expenditure. Sometimes couples would consider things together like the number of children they should have, use of contraceptives but it is the man who makes the final decision. Men had high-risk factors, particularly knowledge of health and malpractice in health, never concerned with their health by decreasing risk factors and receiving check-ups.

5. A Study of the HIV (AIDS) Knowledge of Hill tribe people : The result of this research revealed that the Palong and Akha have little knowledge about AIDS in comparison to other ethnic groups. Some issues were misunderstood such as mosquito is not AIDS carrier and having contraceptive pills cannot reduce the risk of contracting AIDS. In view of the attitude towards AIDS, almost all the issues were agreed upon except 4 issues such as AIDS are now not a serious disease, separating the patients outside villages, sexual activity with teenage girls were safe and AIDS were made by ghosts. According to AIDS risk behavior, most of the hill tribes did not use condoms during sexual activity and never checked their blood for AIDS. Most of the hill tribes suggested that training courses are needed before blood checking. As a result of data analysis, it was found that sex, ages and marital status have correlation with the opinion that having contraceptive pills cannot reduce the AIDS risk. In addition, AIDS patients were offended by communities and had shorter lives. The above-mentioned attitude was correlated with factors such as age, marital status and annual income. In the case of AIDS risk behavior, sexual activity with condoms was correlated with the factors of sex, age, marital status and annual income.

Based on the data sampled from the target population, it is worthwhile to suggest that the Pa-Long and Akha urgently need more information about AIDS and AIDS risk behavior. Furthermore, various training programs and workshops should be continuously rendered to hill tribes for AIDS prevention.

6. A study on the mental health status of hill tribe people in Thailand: This study conducted by Mental Health Department of the Thai Ministry of Public Health in 2000, found that most of the hill tribe people have poor mental health. The main causes of their mental health problems come from low standards of living, poor social security and social relationship as well as social discrimination.

7. A survey on Akha Health by the Highland Health Development Center, Ministry of Public Health in 2006. This survey found that only 65.3% Akha couples use contraceptives for family planning and 83.6% of pregnant women had delivered at hospitals while only 29.7% had pap smear screens for cervical cancer.

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**タイ北部山岳民族のための性教育
タサニー・シーモンコン**

タイの西と北にある 20 の地方には、3,743 の村があり、991,122 人の山岳部族民が存在している。これらの人々は、1960 年から政府組織による調査と研究の対象の中心となってきた。1977 年にはタイで、公式に、全国的な性と生殖に関する健康（リプロダクティブ・ヘルス）についての声明が出された。それは「タイのすべての国民は、生涯において性と生殖に関する健康を保たなければならない」という内容であるが、この声明は、山岳部族を含むタイ国民の健康増進計画を推進するのである。

通常、山岳民族はその早い年齢の結婚と妊娠のため、それ以外のタイ国民と比較して、健康でないことが多く、大きな問題となっている。その文化は、大きく異なるために、家族計画指導が山岳民族にまで到達するのは困難である。彼らの文化は、彼らの信条と行動に影響を及ぼしているのである。避妊具の使用などについての、多くの決定は男性によってなされる。これらの要因は、無防備な性行動につながり、彼らの健康を侵しているのである。

