

Speaking of Health: Tracing Language, Culture and Citizenship in Health Care Outcomes among Highland Ethnic Minorities in Thailand

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SUMMARY:

Thailand appears well-positioned to achieve health goals with respect to its minority populations, for example hospitals are operating in every district of the country and health care centres are active even in the remotest highlands. However, extensive interviews with minority communities and health care workers in the highlands revealed a range of invisible barriers to attaining health care for ethnic minorities.

Although the geographical distances between villages and health centres have been dramatically cut in recent years, linguistic and cultural distances between health care providers and ethnic minority villagers often remain extreme and prohibitive to highlanders who need urgent medical treatment.

Additionally, minorities in Thailand remain especially vulnerable to statelessness, which often compounds the various cultural and linguistic barriers to public health care.

Although substantial ethnographic studies have documented inequalities between highland and ethnic minorities and ethnic Thais, little of this research has examined these inequalities at an aggregate level, partly because of the difficulties in comparing the highland population with the ethnic Thai population.

Role of language and health care provision:

The government faces major logistical challenges providing health care in such a diverse region of ethno-linguistic groups. Our early research indicates that differing programmes that seek to provide health care in local languages can be effective. However, research points to wider issues at play in exacerbating inequalities between differing ethno-linguistic groups.

Physical constraints:

Although most villages are within reach of medical facilities, during the rainy season travel becomes hazardous. Those that live a long distance from care facilities may believe that the facility is not for them.

Language barrier:

A major concern is that critical healthcare information is sometimes written only in the Thai script, thereby depriving non-Thai speaking villagers of potential life-saving information. Although some villagers might have a grasp of oral Thai, many cannot read the Thai script. Village health workers can form an effective bridge between communities and health workers, but the training and support for this concept varies. There is also limited support for translators in hospitals.

Cultural perspective:

In some ethnic tribe communities, women are not allowed to travel alone and this impacts their health care provision. Many women are reluctant to seek reproductive health if they must be taken to a clinic by someone else. In one documented case, a hill tribe man who could read the Thai script was reluctant to pass on information of a medical nature to a female member of the community because discussion of intimate matters went against cultural norms.

Another issue is that international agendas take precedence over local issues. Health care workers can have a global perspective over local needs. Their goals may concentrate on international development indicators, ahead of local needs.

Discussion:

Q. How important a role does language play on health care provision?

A. If you are going to hospital and everything is written in Thai, then that is obviously a barrier to health provision. A lot of healthcare information is written in the Thai script, so it is not accessible to most villagers. The hill tribe women might be able to speak Thai, but unable to read the script on a medicine bottle. Hospital correspondence sent out in Thai is also a barrier.