



# Medicinal plants used in Hmong women's healthcare in northern Thailand

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## ABSTRACT

**Ethnopharmacological relevance:** We studied traditional knowledge of medicinal plants used for women's healthcare in three Hmong villages in northern Thailand and determined how prevalent such knowledge is. We documented traditional medical practices and determined which of the species used are culturally important among the Hmong.

**Materials and methods:** We interviewed six key informants and 147 non-specialist informants about their traditional knowledge of medicinal plants used in Hmong women's healthcare. We selected nine species that were known in all three villages as the domain for questionnaire interviews with 181 additional and randomly selected non-specialist informants. We calculated the Cultural Importance index (CI) for each species and use category. We tested normality of the data, age correlations, and gender correlations with Kolmogorov–Smirnov tests, Spearman's rank correlation coefficient, Kruskal–Wallis test, and Mann–Whitney tests.

**Results:** We documented traditional knowledge of 79 medicinal plants used in women's healthcare. Of these, three species were culturally important to the Hmong. Our questionnaire interviews revealed significant difference in traditional medicinal plant knowledge between genders and age groups.

**Conclusions:** The Hmong people in northern Thailand possess large amounts of traditional knowledge related to women's healthcare and plants used for this purpose. However, this knowledge, even for the culturally important species, is not possessed by all Hmong and there were signs of knowledge erosion. Preservation of the Hmong intellectual heritage related to medicinal plants used in women's healthcare requires intensive traditional knowledge dissemination to the young Hmong generation.

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## 1. Introduction

Use of medicinal plants is important in Southeast Asia where the enormous biological and cultural diversity is reflected in a variety of traditional medical practice systems. As part of this, most cultures have special practices and activities related to women's healthcare, especially such ones that are used in the pregnant and postpartum period. In most cultures, pregnancy, childbirth and puerperium are critical periods of human life (Mathews and Manderson, 1981; Jambunathan and Stewart, 1995; Thi, 2004). Many practices, such as dietary restriction, herbal steam baths, mother roasting, are common during the postpartum period in many Southeast Asian cultures (Mathews and Manderson, 1981; Daviau, 2003; Kaewsarn et al., 2003a,b; Liulan et al., 2003; Thi, 2004; Lo, 2007; Lundh, 2007; Zumsteg and Weckerle, 2007; Barennes et al., 2009; de Boer and Lamxay, 2009; Villamin and Villamin, 2009; Lamxay et al., 2011; Panyaphu et al., 2011) and a number of medicinal plants are

incorporated into those practices. This is also true for the Hmong people who use medicinal plants to care for women's health conditions, including dysmenorrhea, menorrhagia, and female fertility.

The Hmong, an ethnic group originating in southern China, have a total population of 4–5 million (Lemoine, 2005) with the largest groups living in southern China and northern Southeast Asia, in northern Laos, Vietnam and Thailand. Like other cultures, they have developed a medical system that employs cultivated and wild plants and the related traditional knowledge has been orally passed down from generation to generation. Very little is known about the uses of plants in cultural practices and health beliefs related to pregnancy and postpartum of the Hmong in Southeast Asia. A few related studies that included cultural beliefs, taboos, practices, behaviors, and plants used in connection with birth of Southeast Asian Hmong were reported from Lao PDR (Daviau, 2003; Lundh, 2007). In addition, there are some in-depth studies carried out among immigrant Hmong in western countries for the purpose of implementing culturally appropriate healthcare (e.g. Lee, 1986; Morrow, 1986; Jambunathan, 1995; Jambunathan and Stewart, 1995; Rice, 1999, 2000; Johnson, 2002). Despite these studies of the Hmong women's healthcare system, only few ethnobotanical studies describe the medicinal plants incorporated in such

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practices (e.g. Pake, 1987; Spring, 1989; Anderson, 1993; Corlett et al., 2003; Lundh, 2007).

Traditional knowledge is, and has always been, dynamic in any culture. In our days with the introduction of modern healthcare systems in rural areas, cultural traditions of the past are often being ignored and they are gradually disappearing. Several studies show that access to modern medicine is accompanied with erosion of knowledge related to traditional medicinal plant in many cultures (Anderson, 1986a,b; Ohmagari and Berkes, 1997; Sam et al., 2008; Srithi et al., 2009). This has been reported in Minahasa (Indonesia) where reduction of the use of the *bakera*, a herbal steam bath for postpartum care, was attributed to a general trend to consume western medicine among the young mothers. They considered the preparation of the *bakera* too troublesome (Zumsteg and Weckerle, 2007). This may also be true for the Hmong. Documenting their use of medicinal plants is not only a way to perpetuate such orally transmitted traditional knowledge that is vulnerable to loss, but it also provides a deeper understanding of how Hmong traditional medical practices relate to women's healthcare.

In this paper we document traditional knowledge of medicinal plants and present new insights into traditional practices related to women's healthcare among the Hmong of northern Thailand. We also attempt to determine how that knowledge is shared and which are the culturally important plant species used for women's healthcare. Culturally important species are those that are used by a large number of people for the same category of medicinal use (Heinrich et al., 1998). In this context we aim at answering the following specific questions:

1. Which are the plant species used by Thai Hmong to treat women's health condition?
2. Which are the culturally important plant species used in woman's healthcare among the Thai Hmong?
3. How prevalent is knowledge and use of traditional medicinal plants for women's healthcare among the Thai Hmong?

## 2. Materials and methods

### 2.1. List of abbreviations

Cultural importance index (CI).

### 2.2. Cultural background

The Hmong form a sub-group of the Miao ethnic group and their name means 'free man' (Fass, 1991; Lundh, 2007). Originally from southern China in the regions that are now the Sichuan, Guizhou, Guangxi and Yunnan provinces (Siriphon, 2006), they were migratory and self-sufficient farmers in highland habitats (Lee, 1986). In the latter half of the nineteenth century, forced by population pressure and political control exerted by the Han Chinese over centuries, the Hmong migrated south to other parts of Asia (Michaud, 1997; Perve, 2006; Siriphon, 2006; Lee, 2007). Apart from political conflicts, search for fertile farmland may have contributed to the Hmong migration (Michaud, 1997; Siriphon, 2006). Subsequent migrations of the Hmong in southeastern Asia have been attributed to the spread of communist regimes in the Indochinese peninsula. At the end of the Vietnam War Laotian Hmong were persecuted and many fled to Thailand, the United States and other western countries such as France and Australia (Perve, 2006; Siriphon, 2006; Lee, 2007). Nowadays, the largest Hmong groups live in southern China, northern Laos, Vietnam, and Thailand. In Thailand, 150,000 Hmong live scattered in the provinces of Nan, Chiang Rai, Phayao, Chiang Mai, Phrae, Tak, Mae Hong Son, Lampang, Pitsanulok, Phetchabun and Loei (Perve, 2006).

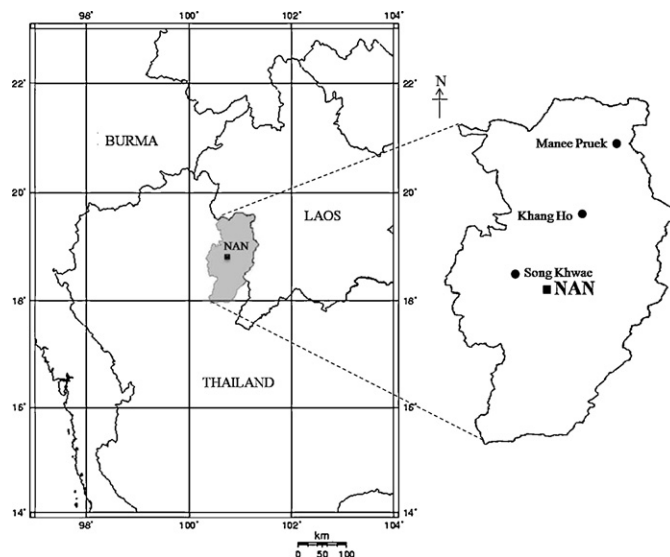


Fig. 1. Three Hmong villages in northern Thailand where medicinal plants used to treat women's health condition were studied.

Thai Hmong are divided in two groups; green Hmong (sometimes called blue Hmong) and white Hmong, who have different traditional costumes and dialects. They practice shifting slash and burn cultivation at 1000–1500 m elevation with upland rice, sweet corn, vegetables and many sorts of fruits (Anderson, 1993; Perve, 2006). They also raise black pigs and poultry for food and for ritual ceremonies. Their social structure is patrilineal and based on the family and the clan, and names are passed down from father to son. Each household includes an extended family of three or four generations, usually with two or more married couples. Polygamy is accepted and practiced and is seen as a sign of wealth and prestige. Hmong religion is a mixture of animist rites and shamanism. They worship ancestor's spirits and believe that spirits are present in all places such as the spirit of central house post, hearth, door, bedroom, etc. (Perve, 2006).

### 2.3. Study areas

Data were collected in three Hmong villages in Nan province, northern Thailand (Table 1, Fig. 1) from March 2010 to March 2011. The majority of the inhabitants in all three villages are green Hmong, and the few white Hmong who live there moved to the villages due to Hmong marriage traditions. Originally, all three villages studied were situated in the highlands, but Khang Ho and Song Khwac were moved to the lowlands after a conflict between the Thai military and the Communist Party of Thailand (CPT) in 1960–1982. After CPT 'took to the jungle' they offered ethnic minorities health, education and assistance to the poor (Rousset, 2009). As a response the Thai military ordered many highlanders to move to where they now reside. The remaining highland village, Manee Pruek is now the most traditional and isolated of the three, located at the end of a road, 42 km away from the nearest town. Despite the isolated location, Manee Pruek has a modern public healthcare system similar to those in the two lowland villages. The cash income of the Manee Pruek villagers is mainly derived from selling crops and orchard products.

### 2.4. Data collection

Six keys informants (5 females and 1 male, 2 from each village) were selected for their reputation as specialist with medicinal plant knowledge. A survey of the traditional knowledge of the key

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