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Lay Understandings of Health among Dai Lue in Xishuangbanna, China

Gareth Davey and Xiang Zhao

This study analyses lay understandings of health among Dai Lue, an ethnic minority in China, and how they are played out in help-seeking practices. Interviews and focus groups with sixty-three rural villagers in Xishuangbanna, southwest China revealed that health was largely interpreted as a social experience embedded in Dai Lue culture and ethnicity. Salient to this interpretation was family, community connectedness and Dai Lue ceremonies and festivals, as well as connections with a socio-political context. Ethnicity and 'othering' was an important thread running through their lay health beliefs, especially distinctions between Dai and Han. The health research, policy and practice implications of the findings are also discussed, and are likely to be applicable to other ethnic minorities in China.

Keywords: Dai Lue; Lay Health; Yunnan; Xishuangbanna

Introduction

This study analyses lay understandings of health among Dai Lue, an ethnic minority in Yunnan Province, southwest China. Studies about health beliefs in China tend to focus on Han, the majority ethnic group which constitutes over 90 per cent of the population. Lay health represents the beliefs, common sense understandings and personal experiences of health by the lay, 'ordinary' people (that is, untrained in the health professions), and their basis in the various micro- and macro-level factors which constitute the fabric of daily life and society, and reveals important links between underlying belief systems, health behaviours and health outcomes. Lay understandings are

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typically contrasted with theoretical and professional perspectives of academics and professionals, although a diversity of lay and professional knowledge exists, and lay beliefs often represent professional rationalisations (Blaxter 2010; Prior 2003).

The Western biomedical model has been critiqued extensively in the past for its assumed privileged epistemological position. Individualistic, mechanical and reductionist biomedical approaches to health—based on mind–body dualism, pathology, physiological abnormality and diagnosis and treatment only by biomedical experts—represent a narrow conceptualisation which objectifies and dehumanises patients, separates body and self, ignores patients in decision-making, monopolises medical knowledge by doctors, overemphasises medical intervention and disregards numerous environmental, psychological and social health determinants. However, its dominance (Friedson 1970) has waned while sensitivity to lay viewpoints has increased—‘No decision about me without me’ is a popular patient slogan today. In ‘developed’ countries, improvements to public health have shifted focus away from the infections and disease upon which Western biomedicine was founded. The growing impact of chronic illness, and changes in causes and patterns of major illnesses, have put the social dimensions and everyday experience of health centre stage (Bury 2001). The need to understand lay people’s perspectives is now well established in medicine, evidenced by the rise of patient-centred medicine, shared decision-making, patient-friendly communication and incorporation of public views in research.

Beliefs about health are, of course, culturally determined, and part of larger belief systems and practices which comprise a group of people’s way of life. Dai Lue is one of the largest subgroups of Dai, and located mainly in the Xishuangbanna Dai Autonomous Prefecture in Yunnan Province (Gao 1998). They speak Dai Lue, a large subgroup of the Dai-Kadai language (Pu 2008), and they worship Theravada Buddhism (Komlosy 2004; Zhang 1986). Although they might cognise health differently as an ethnic group grounded on cultural practices, they also have similarities to the Han majority. The formation of the Xishuangbanna Dai Autonomous Region in 1953 integrated former remote and isolated areas into the national mainstream, and it has undergone economic and social development in line with the rest of China. Infrastructure and transport developments integrated Dai villages into surrounding communities and local and national networks (Panyagaew 2011). The population of Han in Xishuangbanna has increased, and it is now a popular tourist destination. Not surprisingly, then, people’s way of life has changed drastically in past decades. Regarding health, Dai Lue have folk health beliefs and practices with an alleged 2500-year history, and they also have access to Western biomedicine. Health services based on biomedicine were almost non-existent prior to the establishment of The People’s Republic of China in 1949 (except for limited services for local leaders and officials or in hospitals run by American missionaries), but improved gradually after the 1950s and are now readily available (Dao 2008; Hua 2000). However, there has been no research on Dai Lue lay health beliefs or help-seeking practices except for recent studies which focused specifically on tobacco use (Zhao & Davey 2015) and farmers’ understandings of animal influenza (Zhao & Davey 2017).

Therefore, the contribution of the study reported in this article is a contextual account of Dai Lue lay health beliefs and how they play out in terms of help-seeking practice, in order to fill a knowledge gap and guide further health research and practice. The findings also have relevance for health professionals. As a range of terminology has been used in the literature (Prior 2003), 'lay understandings' is applied loosely in this article as an umbrella term to include health beliefs, experiences, knowledge, perspectives, representations, understandings and so forth. The theoretical approach of the study is symbolic interactionism and the writings of Herbert Blumer, George Herbert Mead and others within the Chicago School in the 1920s and 1930s (Blumer 1969; Mead 1934). Emphasis on shared meanings which people construct and negotiate in social interaction and society is useful to tease out lay health understandings among Dai Lue.

Method

Location and Sample

A sample of 31 men and 32 women (age range: 19–99) was selected purposefully in a rural community in Xishuangbanna Dai Autonomous Prefecture, Yunnan Province, southwest China. The sample size was attributed to sampling a wide age range and both sexes to explore differences in lay understandings, and participant recruitment ended with data saturation (when no new relevant data were obtained). All participants were agriculturalists from low socio-economic backgrounds. Although Dai are officially recognised as a single group by the Chinese government, they consist of several subgroups with cultural, geographical and linguistic differences; the present study sampled Dai Lue, the numerically dominant subgroup (Gao 1998). The study is part of a long-term research collaboration among the authors and Yunnan Normal University. The ethnographic interviews reported here were conducted in early 2014.

Procedure

Lay health beliefs were explored in interviews and focus groups with pilot-tested open-ended questions for approximately 30–70 minutes' duration. As our prime concern was to analyse meanings in everyday life, data collection took place in participants' homes and villages rather than alternative settings such as health centres. Focus groups conducted with pre-existing clusters of people facilitated discussion, enhanced data richness and analysis (in case health was a sensitive issue, although it did not turn out to be) and revealed shared meanings and convergence and divergence of views through group discussion and interaction. Initial interview questions (followed by follow-up questions) in Dai Lue and Mandarin included: What does health mean to you? What is mental health? What causes ill-health? What influences health? What do you do when you are not healthy? Understandings of specific health issues or treatments were explored only as follow-up questions when mentioned by the participants.

As research on Dai Lue is limited, people in the study were invited to talk about health generally to uncover diverse topics in connection with their culture and lives; this will function as a starting point for further research (d'Houtaud & Field 1984; Lawton 2003). Another reason is bias in the literature on lay illness narratives which tend to elicit very specific experiences (Bury 2001; Lawton 2003; Williams 1984) based on the notion that health comes in to the consciousness when symptoms, illness and physical abnormalities are noticed (Lawton 2003; Leder 1990; Nettleton & Watson 1998; Williams & Bendelow 1999), but this might not be upheld in Dai Lue culture. Furthermore, health promotion targets healthy rather than ill people (Prior 2003).

Data Analysis

Thematic analysis and coding was applied to interview and focus group transcripts. Illustrative quotes in the next section are translated into English. The study was approved by institutional ethics procedures and individual participants gave informed consent. Both authors conducted data collection in Xishuangbanna with assistance from Dai Lue translators, and coded transcripts independently.

Results

The analysis furnished insight into the meanings and experiences of health among Dai Lue, grouped into three themes: (a) the holistic body; (b) family, community and social security; and (c) 'Dai' and 'Han' health practices.

The Holistic Body

The 'body' was central to Dai Lue understandings of health, as shown in the quotes below.¹ They tended to focus in the first instance on the human body and its qualities such as 'good body condition', 'body strength', 'good sleep' and 'good appetite'. Health was synonymous with harmony and balance in the body that were disrupted during times of ill-health. Ill-health was also explained as obvious body symptoms such as discomfort, pain and soreness, and specific health conditions such as back pain, cold and flu symptoms, diabetes, dislocation and hypertension. Even so, distinctions between healthy versus unhealthy described by the participants hinged on major body issues which interfered with daily living rather than the complete absence of symptoms; minor symptoms were not viewed in terms of ill-health. This finding explains their claims of good health and seldom being ill—even the oldest participant, the ninety-nine-year-old woman quoted below, laid claim to good health:

It [health] means a good body. It [ill-health] means a bad body. (Female, 23)

I'm healthy because I don't have any physical problem. But my wife has some soreness over her body, hence she's not healthy. (Male, 74)

Health means a good body condition. I never get ill. I'm very healthy. Only sometimes my throat feels uncomfortable; otherwise, my body is fine. (Female, 99)

Understandings of health also included body image. Female participants regarded physical appearance to be an indicator of health. Good health was represented by a slender body and an attractive and youthful appearance, and ill-health with a skinny appearance; tall and slim was regarded as the healthiest. However, these understandings by the participants did not seem to be connected to personal body image assessments, nor with any negative thoughts about their own bodies.

Participants had limited knowledge of health determinants and risk factors except for assumptions about consuming homegrown (organic) fruit and vegetables and the harmful effects of smoking. However, there were misunderstandings as some older participants thought smoking was beneficial to health, and that certain fruits hindered recovery from illness. Some young people assumed excessive alcohol consumption was beneficial to health, as shown in the quotes below.

The whole world knows smoking is harmful for health. Yes, even the [cigarette] packet shows smoking is harmful. However, Chairman Mao smoked and drank wine, and he lived longer, but Lei Feng didn't smoke and drink and he died younger. (Male, 21)²

I'm only thirty something and I don't get ill very often. My body condition is very good. I've never been a patient in hospital till now. I guess that's because the vegetables we eat are grown ourselves without pesticides [...] but if someone collides with an evil spirit, he or she will have a headache, lose their appetite, or have a nightmare. (Female, 35)

I'm not sure what causes bad health. Maybe it's from eating [...] like drinking a lot of wine [...] I just caught a cold when I drove the motorbike. (Female, 23)

However, this interpretation of the data by the authors should perhaps be treated with caution as it aligns more to a biomedical perspective of health. Their lay understandings do not necessarily reveal limited knowledge but an alternative and complex picture of health as socially constructed, grounded in the data rather than *a priori* theoretical ideas. This is also shown, for example, in the marginal relevance in the interviews given to individual responsibility such as lifestyle and the body as an object of control in the shaping of health (which is central to the biomedical model), and a consensus among participants that health was to some extent predetermined by destiny and fate. This was attributed to ancient Dai Lue prescriptions as well as the supernatural such as evil spirits and sorcery, as shown in the third quote above and quote below, although not everyone held these beliefs.

Sometimes, illness comes if a person is possessed by an evil ghost. And sometimes, when you eat sour food such as plums and dates, you'll get ill. In Dai tradition, if you feel sick, you can't eat pears. I don't know why. It's a tradition passed down. But if you do, you'll get a cramp in the muscle. Similarly, you can't eat bananas when you're ill. Now, I have to live well because I don't know what I'll be in the next life, maybe a bug or something [...] in our Dai people's mind, people will become a bug, butterfly or something like this. You have to live 100 times as

trivial transformations until you become a human. I learnt it from knowledgeable monks. (Male, 68)

Even so, their health beliefs were to some extent imbued with biomedical knowledge, as shown above in the participants' mention of specific health conditions and risk factors, which reveals its importance in shaping knowledge and everyday common sense, albeit to a much lesser extent than in Western society.

The 'body' to which the participants referred was not a Cartesian one in which physical and mind health are separate. There was a lack of engagement with the concept of mental health in the discussions. Almost all of the participants did not know about mental health, and the topic required repeated prompting and rephrasing by the interviewers. Some were able to differentiate between physical and mental health but found it difficult to explain the latter which they regarded as an abstract notion. Negative labels such as 'crazy' and 'maniac' were used to imply mental instability or retardation, but few participants linked mental health to emotional or psychological wellbeing. Older people defined mental health as 'being honest', 'not stealing or robbing' and 'only earning money by one's own labour', an understanding based on adherence to morals and personal values instructed by their parents, elders and Dai teachings; conversely, mental illness was interpreted as immoral actions and problematic behaviours. The participants were generally unaware of Dai Lue with mental health issues, psychiatrists and mental hospitals, but some had seen such people on television. They were also unaware of the meanings of mental health conditions such as depression and anxiety, even though the authors used alternative words and questions to tease out understandings. We came across only one participant with personal experience of mental illness (a child with mental retardation) who stated that care was largely provided by family.

I don't know it [mental health]. I only know if a person is crazy, he or she will be in the [mental] hospital. (Male, 29)

We don't know much about mental health. Maybe it's important. (Female, 20)

For me, to keep good mental health requires people to not steal, and to only earn money by one's own labour. Teachings like this are passed down through generations of Dai people. We should all know them. If you want to have a good mind, you should never take other people's property as yours; you should gain money with your own hands. (Male, 61)

Although at first glance these quotes might imply the denial or stereotyping of mental ill-health in negative terms such as stigma or discrimination, careful questioning by the authors did not suggest this was the case. The participants' discussions constructed the body as holistic, connecting mind and body, and the functioning of the person as a whole as one unifying reality rather than a Cartesian dualist separation of mind and body. This inference is supported by concurrent meanings of physical and mental health in words and phrases in Dai Lue language, considered by the authors during interviewing. When describing 'mentally healthy' and related phenomena such as emotions, personality and moral judgements, the word 𑜀𑜂𑜆𑜫 (heart) was used as a

base of word-formation. One translation of ‘mentally healthy’ consists of ‘well’ (ၤယုၤၤ) and ‘in one’s heart’ (ၤၤၤၤ). Similarly, ‘feeling despair’ (ၤၤၤၤ) is composed of ‘cold’ (ၤၤ) and ‘heart’ (ၤၤ), and ‘evil-mindedness’ (ၤၤၤၤ) is ‘heart’ (ၤၤ) and ‘dangerous or flammable’ (ၤၤၤၤ). So, one literal meaning of ‘good mental health’ is ‘I am good in my heart’. While it seems plausible, then, to suggest that Dai Lue might experience and communicate mental distress in the form of physical symptoms, careful checking and questioning during data collection did not reveal somatisation. For example, exploring mental health treatment with the question, ‘If you have some bad feelings in your heart, will you see someone such as a doctor?’ did not reveal alternative meanings.³ Even so, further in-depth research should explore the apparent lack of engagement with mental health by the participants, especially as some recognised mental health disorders in others.⁴

The findings also reveal the interplay of health and ethnicity whereby mental ill-health was interpreted in terms of ‘otherness’. Whereas the participants made connections with themselves and family when they talked about physical health, they interpreted mental health as separate, essentially as ‘other’. For example, mental health was regarded as a concept seen in Han television programs, different from the Dai. Othering was also reflected in their apparent unawareness of Dai Lue with mental health issues which placed such people outside their community; and also in the moral explanation of mental health, exemplified in the last quote above, whereby the participants identified people with mental health issues as different to Dai Lue culture. In other words, they separated Dai Lue from people with mental ill-health.

Family, Community and Social Security

Family, community and social security were prominent in the participants’ lay understandings of health. The second theme was set apart with an emphasis on social meanings rather than on the physical body, such as ‘care and love from family’, ‘family harmony’, ‘getting together at festivals’ and ‘feeling safe in old age’, although it was linked to the first theme as a good physical body condition was deemed essential for social life, for example to enable older participants to go out of the house and meet people in contrast to being house-bound. When probed further in the discussions, the second theme was likened to feeling good about family and community and their workings, and to a relational phenomenon rather than a personal evaluation, in contrast to the previous theme’s anchoring on physical body condition which put health dependent on everyday social interaction among family and Dai Lue.

Family life was deemed important to health, especially among female participants. It denoted getting married, having children (preferably many children), continuing the family lineage, living with children, having a stable and contented family in terms of peaceful interaction and regular contact and get-togethers with extended family and friends.

The love from my parents. Care and love from family [...] living with them [...] having my child. (Female, 23)

[Health is] a good family life, getting together with family. Family matters. Our Dai people never orphan children, we never abandon them. Even someone old often has more than one child, so they have some children around them. (Female, 30)

Good relationships with your parents and children. Having a child is very important. (Male, 29)

As shown above, the participants emphasised immediate family, particularly children and parents, and good parent–child relationships. Family disputes and issues such as bereavement, divorce and unemployment meant poor health. Parents and children supported each other during times of physical ill-health, as shown in the quote below:

When I get ill, I will summon all of my children to my place. If they don't arrive, I will feel very sad. I will die if my children are away when I am ill. Family matters for me. (Female, 77)

Community connectedness was another pillar of health. The participants valued the closeness and quality of relationships they had with other Dai Lue, especially friends and acquaintances. They knew everyone in their villages and nearby areas, described as a close-knit community with ample social interaction. Social occasions were also important, and discussions on this topic emphasised the importance of Dai Lue festivals, notably Water Splashing Day. They enabled the community to come together socially to share experiences and stories, participate together in activities and visit temples with family and friends.

For Dai people, Water Splashing Day is significant to health. I think it's the same as the Han people's Spring Festival. (Male, 28)

We like Dai festivals. We can drink wine, and catch up with friends. We also like Guo Dan [praying for good fortune] and Gan Bai [strolling at local markets]. They are interesting, and we enjoy them. You can watch people dancing and buying food and clothes. We like these traditions. (Male, 21)

It [Water Splashing Day] is New Year. We dance with nice clothes. We play musical instruments. We celebrate the big day together. Every Water Splashing Day means I have passed one year ... we also have other festivals such as Door Open Day and Door Close Day. (Male, 74)

As exemplified above, discussion about health centred on the social aspects of festivals and community rather than their religious or other importance. It also emphasised sociality among Dai Lue, as shown in the first quote which separated Dai and Han festivals, and the other quotes which refer only to Dai Lue traditions such as cultural events, costumes, dancing, food and music.

Another topic, especially among older participants, was social security, the economic and social conditions of villages which underpinned their feelings of safety and protection. Positive and negative aspects of social security were reported. Some participants noted a marked improvement as people in times past were poorer and

worked hard. Older participants had experienced social discontent in China's past; the quotes below refer to memories of the Chinese Civil War fought between the Chinese Nationalist Party (government of the former Republic of China) and the Communist Party of China. The quotes show they suffered hardship when their villages were nationalist-controlled, and a sizeable number of people at that time escaped to Burma.

When I was eighteen years old, some soldiers of the Kuomintang wanted to collect money from us. And some people left the village and moved to Burma. But I didn't escape. Then the bad soldiers were gone, and the soldiers of the Chinese Communist Party came here. In the time of the Kuomintang, we had nothing. But now, we have everything. (Male, 76)

Many years ago the village was poor and we had to work hard. Now life is better. Before, the Kuomintang people bullied us and collected money from us. Then we fled to Burma. (Male, 77)

The quotes show connections between personal experiences and societal and political contexts, and these connections are not static or stable over time. They also show that health experienced in the present is influenced by the ways it was experienced in the past. Others said the conditions in the community were still insufficient to enable people to feel secure and make the most of life. They felt disadvantaged in employment, and complained the majority of Dai Lue had low-paid, manual and temporary jobs such as in farming and rubber-tapping. The older participants we interviewed had mostly retired from work with financial support from their children, but several childless older men complained they continued to work to support themselves financially which was challenging, as exemplified in the quote below.

As you can see, I still need to make bamboo chairs at this age. I need to spend a whole day to make one chair and the price is 10 yuan each. I sell them in the market [...] You know, I live on my own, even at this age. Some old guys just live in the old people's house near the village. (Male, 79)

'Dai' and 'Han' Health Practices

Health also meant consulting medical practitioners. This theme was characterised by usage of Western biomedicine and local folk (indigenous) medicine, underscored by perceived ethnic distinctions. Specifically, the participants referred to Western biomedicine as 'Han medicine', as it was previously introduced to them by the Han and is provided nowadays largely by doctors, nurses, pharmacists and others of Han ethnicity. They referred to folk medicine as 'Dai medicine' to denote long-established healing customs originating in the Dai Lue community and practised by villagers trained by their elders.⁵ Dai medicine was subgrouped by the participants according to practitioners and their practices: Dai doctors, primarily herbalists who administered herbal medicines and incantations; Buddhist monks in village temples who primarily recited healing incantations from old manuscripts; and female sorcerers (ဂဏ္ဍမေဇာ) who supposedly used spiritual means when ill-health was believed to stem from spirits or some upset pertaining to the supernatural.

Participants credited Han people and culture (including Han medicine) with China's modernisation and success, and discredited Dai Lue culture and folk medicine as an orientation to the past. While they held favourable attitudes about being Dai Lue, and Dai medicine was regarded as integral to their identity and heritage, they also accepted many traditions were being replaced with new (Han) ways of doing things (even contemporary goods such as clothing and brick houses were described as 'Han' in the interviews), a change they thought necessary to improve their lives, keep up with trends and improve China. This perspective was most notable among younger people:

We are the same. We are both Chinese. And we both speak Chinese. There is no discrimination between different people in China. Han people know more. And now, Han people control China. What they say works. We are just a minority, our words don't really work. Maybe in ten years, Dai people will be completely 'Han-ised'. People will dress up like a Dai person only at festivals. Good or bad is not an issue, but we have to catch up with the trend. (Male, 20)

I know they are Han things, but I don't really feel they belong to the Han. They have almost become part of our lives. We are Dai, we have different dress and language. We speak Dai language, which explains everything. But habits change. (Male, 19)

These quotes exemplify perceptions of being an ethnic minority with cultural traditions that differentiate them from the Han majority, and ambivalent views of ethnicity: feelings of inferiority based on the perceived societal position of Han as custodians of modern living and influence, which seemed to underpin their view that Dai Lue culture, including its health practices, was antiquated whereas Han culture was synonymous with China's modernisation. Older participants also held Han in high regard, but for different reasons, based on memories of the civil war in the 1940s. Older participants linked Han to the People's Liberation Army and Chinese Communist Party which they admired for 'liberating' Dai Lue from the Kuo-mintang (it should be noted, however, this perspective, illustrated in the final quote below, seems to mirror Mao-era propaganda messages by the government).

I was born around the time when the Party's army [Chinese Communist Party] came here [...] I remember we were very poor in 1958, we worked until night then. I was about twelve years old. I had to work on the farm with cattle at night. I like the village changing more and more to Han style. Our life is like a flower, more and more beautiful. I like the present life. It is better than the former village. Young people following the Han things is very good. We just follow the trend of this time. Learning Dai language and culture can't lead children the way to a rich life. They can't do business or get educated by learning Dai things. (Male, 68)

It is okay people are following Han people. It's up to them. I also prefer the Han style. When I feel pain, I will take the Han medicine, but I never go to see the Dai doctors [...] I realise the Dai things now are fewer and fewer. I feel happy with this change, for we have better food, better medicine and better buildings [...] Jinghong has changed a lot, in a better way. If there was no Chinese Communist Party and Chairman Mao, we wouldn't have the present good life, but would be exploited by the landowners. (Male, 76)

However, they also conveyed the similarity of Dai Lue and Han, as both ethnicities were regarded as Chinese, and younger Dai Lue and Han speak Putonghua and follow similar lifestyles. Similarly, Han medicine (Western biomedicine) was regarded as the country's medicine for all its citizens. Also, they did not shun Dai medicine; on the contrary, 'being Dai' necessarily involved Dai customs.

Although participants typically referred to Western biomedicine and new ways of living as 'Han', they also acknowledged that these came from the 'West', interpreted by some of the younger participants as the Westernisation of Dai Lue and China via Han, which contributed to their perceptions of Han superiority as they held the West in high esteem. These perceived ethnic distinctions were deployed in help-seeking practices, as shown in a preference for Han medicine as the first choice of medical consultation and treatment. Dai medicine was for severe, incurable or unresolved health issues, a fallback option when Han medicine had been tried and tested. Even so, Dai medicine was sometimes used for less serious health issues, especially when explanations of ill-health were based on Dai Lue culture, as shown in the first quote below.

We normally see the doctors in hospitals. Jinghong has hospitals, but we can also go to the nearest town. If you can't find out why you are ill from the hospital, or if you often get ill, then you should go to the female sorcerer. Although we have Dai doctors and sorcerers, we go to them only when we are badly ill, and when the doctors in hospitals cannot cure us or do not know what on earth our problem is. (Female, 30)

But sometimes the [Han] doctors won't work, and then we consult the female sorcerers. I think they work. Like my great-grand-daughter. She used to have a jerk problem which the doctors in hospital couldn't cure. We then asked the sorcerer to solve the problem. She told us something in the little girl's house was placed in a wrong way, and she was sleeping by herself. She also warned us not to bring her outdoors at night. All she said agreed with the facts. Following her instructions, the little girl recovered. (Female, 66)

Dai doctors use herbs from the mountain, and maybe roots of trees. When people get a bone fracture, then they will find those doctors. They know secret chants, they just chant and chant and then the illness is gone. They even have a special chant which works like a stab-proof—nobody can hurt you with a knife then! If someone sprained his ankle, the Dai doctor will apply some medicine and use incantations, and the person will recover immediately. I saw it myself. But for some diseases, like hypertension and diabetes, we can only go to Han doctors, and we usually see Dai doctors when there is no solution in hospitals. They [Dai doctors] are also good for some problems such as lymph problems. Dai doctors just need some lime powder and incantations, and you will be cured in one week. Once my throat had a fish bone stuck in it, and the Dai doctor just said something over a bottle of ordinary water and let me drink it, and then I recovered! (Male, 20)

The extracts above show that although Dai medicine was generally a fallback option, it was mutually compatible with Han medicine for diagnosis and treatment, and boundaries between them were blurred. Notably, it was not regarded in the way that Western

society currently separates Western biomedicine and alternative, complementary and traditional medicine, as Dai medicine and health beliefs were normalised forms of everyday life. While its efficacy was disputed by some participants, there was widespread acceptance of its legitimacy and it was integrated into help-seeking practices; there were generally positive attitudes towards Dai medicine and Han medicine as credible and trustworthy. As shown in the quotes above, recollections of experiences of Dai medicine were positive including stories of miracles, which portrayed an awe of Dai medicine—that it succeeds when Han medicine fails. Both could be used simultaneously, such as a consultation with a Dai doctor following a diagnosis from a Han doctor. Most of the participants moved freely between them, but some used only one. Although Han medicine was deemed most appropriate for minor health issues, they were ignored and untreated prior to its availability. Also, complaints and concerns were expressed about both Dai medicine and Han medicine, such as distrust of small Han medical clinics, and some disbelief of Dai medicine which was thought to be a thing of the past. Further, each represented a plethora of practices, some with little resemblance to each other (for example, herbalism and sorcery). Therefore, the distinctions of both medical systems constructed by participants were actually complex and contradictory, and it was pragmatism and the type of health condition and underpinning beliefs which guided health practices rather than a simplified and clear-cut binary. Also, there was no reported tension or struggle between Dai medicine and Han medicine.

Another perceived difference between Dai medicine and Han medicine was access. Han medicine was available in towns and cities (Jinghong, the nearest city, and Kunming, the capital, for specialist services), accessible by bus and private transport—many Dai families own motorcycles but not cars. No major access issues were reported although several older participants complained of travel difficulties; in these cases, Dai medicine was first choice, although some people also had to travel to a Dai medical practitioner if none resided in their village. Generally, Han medicine, especially initial doctor consultations, was affordable, although medicines and hospital treatment could be too expensive, especially for older participants financially supported by families. A consultation with a Dai doctor was relatively cheaper, about 2 to 5 RMB per consultation, but long-term treatment could cost several hundred RMB which was payable only when the health issue resolved. Even so, the participants said they tended not to seek timely medical advice, and waited weeks to months from the time of symptom occurrence for issues to resolve naturally. Also, medical consultations tended to be for diagnosis and treatment rather than preventative health care. They rarely had health assessments except for some older female participants who mentioned they had recently undergone blood pressure and gynaecological tests (enquiries by the interviewers revealed they were actually advertising strategies by clinics to attract new patients). It is also important to note none of the participants said they had sought medical help for mental health issues, and they were also unaware of other types of support such as counselling, psychotherapy and psychiatry, as exemplified in the first quote below. Female participants mentioned seeking help to

mediate family and marital issues, typically from village leaders, family, friends and monks, and they also mentioned handling problems themselves, shown in the second and third quotes.

Maybe no-one here sees a doctor for mental problems. We just know it from the TV —someone mad seeing a psychiatrist. I think I won't need those doctors. Dai people don't see the psychiatrists [...] and we are never confused. (Female, 50)

If someone has marital problems she can look for help from her closest cousins or best friends who will help her to do some reconciliation. Relatives and village leaders often try to restore the relationship, but if it's really broken they will just let it go [...] however, some confused people will consult the monks. I know the monks in our village temple can do some sorcery. The monks can help them with the 'Tie Ceremony'. You know, we also do this ceremony at weddings because it means tying up two souls. (Female, 35)

I will deal with it myself. For example, if I have an argument with my wife, I will wait till the anger is gone and I never find others to help me. I have never heard there is a doctor to treat this problem. (Male, 68)

Older participants mentioned change in the availability and popularity of Dai medicine and Han medicine. They said Han medical clinics became available in their villages in the 1980s to treat minor issues such as colds. Until then only Dai medicine was available. In recent decades, Han medicine has become much more prevalent and popular, and Dai medicine has declined. They noted a marked decline in the number of Dai medical practitioners (who were also their friends or family members) during the past decade or so as few young people now become apprentices, and many practitioners have passed away; some villages do not have medical practitioners though they did in times past. However, the decline of Dai medicine, grounded on broader cultural change in the community, was interpreted positively by the participants. Finally, it should be noted middle-aged and older participants described more experiences and knowledge of Dai medicine than younger people.

Discussion

This study fills a gap in the literature by analysing lay health among Dai Lue, an ethnic minority in China. The themes elaborated above comprise a contextual account of their lay health beliefs and how they play out in terms of help-seeking practices, a platform for future health research, policy and practice. Health was largely interpreted as a social experience embedded in Dai Lue culture and ethnicity. Salient to this interpretation was family, community connectedness and Dai Lue traditions such as ceremonies and festivals which enabled people to come together socially, as well as connections with socio-political contexts past and present. Although the physical body was also central in their health beliefs, as revealed in the first theme, it was grounded on sociality (as physical ill-health was defined as interfering with daily life). An important thread running through the findings was understandings of ethnicity and 'othering' which anchored lay health beliefs to being Dai Lue. This was shown,

for example, by comparisons of Dai and Han culture, unawareness of Dai Lue people with mental health issues and the labelling of mental ill-health as disobedience of Dai Lue philosophy and customs or as something which existed only in Han people and culture. Another example is the othering of Han medical knowledge versus Dai Lue lay knowledge which underpinned their help-seeking practices. However, the interaction of lay health beliefs and ethnicity and othering was complex and contradictory, and not constructed as a simple binary.

It is also important to take account of demographic variations in lay health beliefs. Good family relationships were emphasised by females; social security and history by older people who were also more experienced and conservative in terms of Dai Lue traditions. Younger people were more knowledgeable of Western biomedical explanations of health and illness, such as risk factors to health (for example, harmful effects of smoking, benefits of organic food), and more attune to health messages in advertising and media, notably warning messages on cigarette packaging (perhaps anecdotal evidence that the warning messages work). The study also showed that lay health beliefs and practices, like other aspects of Dai Lue culture and society, are at the crossroads of change as long-standing traditions are being replaced with new ways of doing. Although Western biomedicine only became available in villages in the 1980s onwards, its availability and popularity has increased while Dai Lue folk medicine has declined. At a societal level, the findings reported here reflect China's economic development and integration into the global economy driven by a capitalist society, and the rising popularity of cultural and material products of the West, as discussed by the participants.

Importantly, the lay health beliefs uncovered in this study do not necessarily reveal a limited knowledge of health which previous studies report (for example, Zhao & Davey 2017), but an alternative complex picture which is socially constructed and grounded on different assumptions than *a priori* theoretical ideas in Western biomedicine. Although not all of the findings are at odds with Western epistemological and scientific frames of reference, health professionals working with Dai Lue will certainly find the information in this article helpful. Health professionals should learn more about Dai Lue culture and the distance between minority health beliefs and Western biomedicine to ensure positive health outcomes, for example to understand beliefs about causation of illness and to foster trust with patients. While further in-depth research such as ethnography is needed to build on our findings, the study reveals opportunities and challenges for improving health and wellbeing among Dai Lue. The salience of family, community and interpersonal ties, as well as downplaying of individual responsibility for health, suggests that community-based health promotion approaches which advance and strengthen these factors might be culturally appropriate. As some participants recognised mental illness through television, health promotion schemes could utilise media. Also, the findings regarding perceptions and the utilisation of health services should be considered further to ensure access to health care and health equity for all. Although China has made good progress establishing universal health coverage for the majority of the population, some ethnic

minorities have a worse health status than Han, and the literature attends to mainstream health care delivery with only fleeting attention to the needs of ethnic minorities (Gustafsson & Sai 2009; Hall & Patrinos 2014; Li et al. 2003; Li, Luo, and de Klerk 2008). Some of our participants reported experiencing inequalities in social and material circumstances which need to be addressed. The findings reported in this study are likely to be applicable to other ethnic minorities in China, and justify further research on their policy and practice implications.

Notes

- [1] The 'body' as central to health beliefs is not entirely surprising as many anthropological studies depict its salience in cultures across the world (Evans-Pritchard 1937). There are also ample sociological writings on the body and health (Leder 1990; Nettleton & Watson 1998; Williams & Bendelow 1999). As Blaxter (2010, 49) notes, 'the body has always, of course, been at the centre of people's own experience of health and illness'. It is also instructive to note that the body is closely connected with health in some Dai Lue words and phrases.
- [2] The participant told a well-known anecdote in China which claims smoking does not affect life expectancy. The full version (not stated in the interview) is: Lin Biao was sixty-three years old when he died, and was a non-smoker and non-wine drinker; Zhou Enlai died aged seventy-three, and was a non-smoker and wine drinker; Mao Zedong died age eighty-three, and was a non-wine drinker but a smoker; Deng Xiaoping died at ninety-three and was a smoker and wine drinker; Zhang Xueliang died when 103, and did all sorts of bad things; but Lei Feng died when he was twenty-three, yet he was a non-smoker, non-wine drinker, never went to the brothel and only did good things. Note: the age at death for all the well-known people in the anecdote is inaccurate.
- [3] We also probed meanings of 'happiness' to try to tease out lay mental health beliefs. Several nouns link with 'happy' in Dai Lue expressions, such as the word 'well' (ၪ်းၼ်း) which denotes 'living a pleasant life', and 'living' (ၪ်း) which refers to activities and interactions in one's life to imply 'having an enjoyable life'. 'Happy' (ၼ်းၼ်း) also combines 'heart' (ၼ်း) and either 'plea', 'joy', 'day' (ၼ်း) or 'time/moment' (ၼ်းၼ်း); in this context, it means an 'auspicious season' such as festivals. Therefore, happiness in Dai Lue culture means much more than an absence of mental health issues.
- [4] The participants used words such as 'crazy' and 'maniac' to describe clearly visible bizarre or incomprehensible behaviours, something learnt from television programs. While the literature shows that when Western psychiatry and psychology arrives in any society, it is able to identify the same mental illnesses based on standardised diagnostic criteria such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) devised in American culture, different cultures disagree as to what constitutes mental health. Therefore, rather than inferring that Dai Lue recognise mental health disorders in others, an alternative interpretation could be they have different cultural perspectives about mental health or that Western conceptions might to some extent be shaping the experience and recognition of ill-health by Dai Lue.
- [5] The participants also separated Dai Lue folk medicine and 'Traditional Chinese Medicine' (TCM). They regarded TCM to be the folk medicine of Han, and not a source of health care for Dai Lue; they had limited understanding and experience of it. Compared to Dai Lue folk medicine, TCM was thought to be more accepted by the government as it enjoys a pre-eminent status vis-à-vis Dai Lue folk medicine. It should be noted, however, that many people in China understand the term TCM to include the folk medicines of all Chinese ethnic groups.

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