Health, women and environment in a marginal region of north-eastern Cambodia

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Abstract: With a population of 70,000, the province of Ratanakiri, close to southern Laos and western central Vietnam, is inhabited by proto-Chinese ethnic minorities who all practice slash and burn cultivation. Despite its natural wealth (wild forests, precious stones, fertile basaltic lands), the region is still a relatively unexplored and deserted area. The geographical isolation of the hilly territory has been worsened by the political-historical background of the country during the Khmer Rouge regime, and up to now accessibility remains difficult due to the acute guerrilla warfare in the surrounding provinces. In 1994 a few NGOs were implemented and the Cambodian government faces complications in providing better sanitation and social infrastructures. The health situation is one of the poorest in Cambodia: malaria (vivax and falciparum), typhoid fever, Japanese encephalitis, pneumonia and leprosy are the most dreadful endemic diseases in the tribal villages. The infant mortality rate, even if not available exactly, is desperately high and the health delivery system is restricted to the provincial hospital in the capital and to small dispensaries located in the eight districts, run by an under-equipped paramedical staff which suffers from a permanent shortage of drugs. The dispersion of the (non-permanent) hamlets and the inadequacy of mobile health workers also prevent any improvement in the general living conditions.

Among the various activities connected with rice and rubber cultivation and with the gathering of forest products, women play a major role. They are more careful and harder workers than men (who mostly hunt, fish and undertake difficult physical activities), in the sense that the latter are responsible for the field culture maintenance and supervision and that they regularly go in the forest to pick up various products. Women collect firewood and water, take care of the animals living in the village (pigs, hens, buffaloes and dogs) and have to manage all the traditional domestic duties. The woman’s living conditions lead to different exposures to an important number of diseases. In the remote areas, goitre is endemic and low nutritional status is rampant. Even if there is no regular food scarcity, pregnant women do not have any opportunity to slow down their daily activities; they are bound to start working as usual just after delivery, and in case of any health problems, men will never stand in for them and perform female activities. The understanding of gender and environment relationships is therefore an important issue to promote necessary social changes and to improve the health and awareness of the women in Ratanakiri.

Key words: Cambodia, disease, health, women

Introduction

The classical representation of the women from remote societies confined in their house no longer has any universal value. Women in marginal regions of the developing countries represent a labour force that is often more important than men. They are involved in the household tasks traditionally assigned to them and they actively participate in the farming production system. Social and economic life is not restricted to their male partners and they play a significant role in economic transactions, rituals and political events. Paradoxically, they lack security and assistance, even within the community, during the most crucial periods
of their life (birth, childhood, delivery, etc.). In the marginal regions, where there is neither proper infrastructure, health provision, nor adequate nutritional status, the daily precariousness is reinforced whenever diseases occur: a mitigated solidarity with the men, who do not interfere in female activities, compels them to combine hard work, health deterioration, social and gender discrimination. Such situations can be worsened when a society is in transition. That is the case for the Highlanders of Ratanakiri in Cambodia.

The aim of the present paper is to reveal the combination of, on the one hand, the diffusion of diseases and, on the other hand, the specific environment, division of labour between men and women and the modes of existence. The hypothesis is that such association results in a worse health status of women and children, despite the matrilocal and matrilateral structure of the society. Furthermore, a significant trend over the past five years has been the change in the use and ownership of natural resources, particularly in the neighbouring village close to the provincial small town of Bun Leng. Utilisation patterns are increasingly shifting from local use for basic needs to non-local use for commercial objectives. The implications for sustainability arise from the fact that as resources are diverted to meet distant market needs, their relation with local ecosystems and their local community involvements start to change. In coming years this situation is going to spread through more and more villages. Subsequently, the women's life conditions lead to more varied exposures to disease problems. A dynamic understanding of gender and environment relationship therefore becomes an important issue for health awareness and improvement. The data collection relies on a participative method, along with long term observations and semi-directed interviews with the villagers from various hamlets. The author stayed in the province for eight months in 1994-1995. The first three months of 1994 were devoted to going to different places in order to gain a bird's eye view of the general situation. During the following five months of 1995, the enquiries (quantitative and qualitative) were circumscribed to a Tam Puan village where we stayed permanently, either with a Khmer guide translator or alone.

**Situation and historical background of the province**

Ratanakiri, 'the mountain with the precious stones', covers 12,561 km² (see map). It is the seventh region (of the 22 provinces and Phnom Penh municipality) area. Located in the north-eastern part of the country, 600 km away from the capital, it is caught between South-Vietnam to the east, Laos to the north, Stung Treng and Mondolkiri provinces, respectively, to the west and south. Two rivers flowing from Vietnam cross the territory from east to west. Between Sesan river and Laos border, the mountainous area is covered by evergreen forest (total area in the province: 56.46 km²) while to the south of the Srepok the tropical deciduous forest (total: 4858 km²) is to be found in a huge plain. At the centre, between these almost uninhabited zones, a highland plateau with red basaltic soil (120,000 hectares) is characterised by a secondary forest (young forest regenerated after shifting cultivation and clear cutting). Woodlands and mixed forests (composed of deciduous and evergreen species, of which deciduous trees represent more than 50% of the stand) are located at the extremities near Vietnam and Stung Treng. Most of the tribal population is concentrated on the fertile land and practices swidden agriculture.

The old Cambodian maps and landscape descriptions mention the actual province as a wild forest inhabited by dangerous animals and various semi-nomadic, belligerent ethnic groups (Ayromoi 1876, Dittard 1952). The place was believed to be mysterious and preserved from the outside world. In fact, archaeological and historical data tend to prove that there was a lot of exchange between Thais, Laotians, Chinese and forest dwellers, even if the region was relatively unexploited and deserted despite its natural wealth (precious woods, gems and rich land). At the end of the fifties the Sihaouk government started to show an interest in the development of Ratanakiri (gem mining, roads, rubber plantation). One of the aims was to sedentarize, to control and to assimilate the highlanders into the newly independent kingdom. Despite a persuasive policy directed at the tribal minorities, it was still difficult to convince the Khmers from the plain to shift to this unsafe place.

One of the reasons for having very few migrants until recently was also the high prevalence of many dreadful diseases and the total absence of any health delivery system up to the mid-sixties. In the seventies the Khmer Rouge regime, whose political indoctrination started in Ratanakiri, used to deliver a good supply of malaria drugs, but it had simultaneously wiped out indigenous, sometimes feminine traditions and skills in health care. After their retreat in the eighties, this was not replaced with anything. Even nowadays, the health status is still one of the poorest in Cambodia.