

# Perspectives on Hypertension among Thai-Melayu Elderly in a Province of Southern Thailand: An Ethnographic Study

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## Abstract

*Hypertension is one of the leading health problems among Thai elderly people and it is poorly controlled. Understanding the Thai-Melayu elders who had directly experienced hypertension in their way of life is essential for designing strategies to promote healthy living. This study aimed to explore the perception on hypertension among Thai-Melayu elderly in a province of Southern Thailand. An ethnographic study was conducted using in-depth interviews, participant observation and focus group discussion. Data from eleven key and seven general informants was collected and analyzed using thematic analysis based on Miles and Huberman's method (1994).*

*Results showed that the general perception of hypertension of Thai-Melayu elderly depended on experiences of illness perception and cultural beliefs. Three main themes of hypertension were perceived as 1) having high blood pressure is a common illness, 2) realizing the danger of hypertension when obvious symptoms occurred, and 3) high blood pressure is from bad flow of "Leard" (blood) and "Lom" (wind).*

**Conclusion:** *Understanding hypertension with respect to how Thai-Melayu elders perceived their symptoms based on cultural beliefs is essential. Health promotion and health education should be integrated with cultural perception of hypertension to develop appropriate strategies for management of hypertension in the Thai-Melayu community.*

**Keywords:** perception of hypertension; thai-melayu elders; ethnography

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## Introduction

Hypertension is a global health problem of the elderly. The World Health Organization estimated that 60% to 70% of older people suffer from hypertension. It is the first of the top five leading causes for mortality in the world, and contributes to 13% of deaths globally (WHO, 2008). In Thailand, the trend of hypertension of the Thai elderly has increased to more than double from 2004 to 2008 according to hospital inpatients records (Bureau of Policy and Strategy, 2011). Hypertension among Thai elderly in southern Thailand was recorded at 48.1%, and 59.9% of them were unaware of their blood pressure levels. In addition, of those treated, 14.1% were able to control their condition while 19.9% were not (Porapakkham, Pattaraachachai, & Aekplakorn, 2008).

Uncontrolled high blood pressure has been a key risk factor for cardiovascular disease and cerebrovascular disease, and it is a leading cause of death of the elderly (Bureau of Policy and Strategy, 2009; Servello, 1999). The most common barrier to hypertension control was unawareness of hypertension therapies because of the client's perception of their illness. Of the patients who stopped antihypertensive therapy, 46% stopped taking medicine because they believed they were cured (Borzecki, Oliveria, & Berlowitz, 2005). This is similar to Sowapak (2006) who studied the factors related to drug adherence among Thai elders with hypertension and found that 66% elders stopped taking medicine after the symptoms disappeared because they believed the disease was cured.

Experiential studies revealed that patient's beliefs and perception about the hypertension related to the barriers to hypertension control. Panpakdee, Hanucharurnkul, Sritanyarat, Kompayak, and Tanomsup (2003) studied the self-care process of Thai people with hypertension and found that when first diagnosed with hypertension, participants perceived that hypertension as curable and took medication for a short time until symptoms disappeared. They did not follow medical treatment ranging from six months to five years until complications of hypertension appeared. Moreover, Marsell, Wolfe, and McEvitt, (2012) reviewed a qualitative research on lay perspective on hypertension and drug adherence and found that most participants perceived that their blood pressure improved when symptoms abated and stopped taking medicine without consulting their doctor. These findings were consistent across countries and ethnic groups.

In addition, Sowapak (2006) studied factors related to drug adherence among elders with hypertension and found that the elder's perception of the severity of symptoms and risk of complication, benefits, and barriers of drug adherence were significantly related to drug adherence. This is because they focused on their symptoms.

Samranbua (2011), who studied the life experience of older, rural Thai adults with poorly controlled hypertension in the Northeast of Thailand, found that their perception

of hypertension was healthy due to asymptomatic conditions. This is because of a lack of perception of hypertension. Some participants were unaware of their blood pressure, and did not change their lifestyle until complications occurred. For example, Porapakkham, Pataraachachai, and Aekplakorn (2008) reported that in southern Thailand, 59.9% of the elderly with hypertension were unaware of their blood pressure because of it is an asymptomatic disease. In addition, Kirdphon (2003), who studied accepting and adjusting to chronicity of hypertension of Thai people, found that some informants were aware of their hypertension disease when the symptoms appeared and impacted on their daily life.

In Satun province, 74.1% of the population are Muslim and 25.8% Buddhist (Satun Province, 2013). Most of Thai Muslims in Satun are mixed Thai and ethnic-Malay, and are known as Samsam, and speak Thai. However, there are some Thai Muslims with ethnic-Malay roots who still speak Melayu daily because of history and location in relation to Perlis, Malaysia. However, they are more proficient in Thai. They generally adhere to Islam but culturally they are Thai, although Malay influences are co-dominant (Sugunnasil, 2005; Yusuf, 2006).

Thai-Melayu elders follow Islam to guide daily life activity (Yosef, 2008). Five crucial practices as known of the Pillars of Faith are the rules of Muslim lifestyle which relate to an individual's health and humanity. Under the belief that being human being is a gift from God that should be cherished, illness is then a part of life and a test from God. However, seeking care and treatment is also essential for good health (Wehbe-Alamah, 2008; Yosef, 2008).

Due to limited knowledge of how the Thai-Melayu view hypertension, a qualitative research could be used. Understanding the perspective on hypertension of Thai-Melayu elderly in their natural setting is essential for nurses to design strategies and promote the clients' ability to manage their lives for healthy living. Therefore, an ethnographic study was conducted to gain insights of cultural perception of care related to hypertension. This information could help nurses in providing better health education by incorporating cultural practices and beliefs into a community based health promotion approach and guiding the practice in identifying, designing, and implementing effective health promotion strategies for Thai-Melayu elders.

## Methods

Interpretive ethnography was employed to describe and analyze the patterns of thoughts of Thai-Melayu elderly who have been diagnosed as having hypertension in Satun Province. The research process allowed for multiple interpretations of reality and alternative interpretations of the data throughout the study. It sought to conceptualize and describe

the participants' point of view through member checking of data and interpreting the data from an ethic perspective (Fetterman, 1998).

The research took place in a rural village in Satun Province, Thailand. All village people are ethnic Malay Muslims and speak Melayu. However, they can speak Thai to communicate with other people.

### **Informants**

Informants were selected from the Thai-Melayu community where the most appropriate informants were the ethnic group of the Thai-Melayu in southern Thailand which fits with the aim of the study. All of them were living in the village in which they were born. Snowball sampling was used to continue selecting informants which depended on the information from the informants. The researcher conducted research on two groups of informants consisting of eleven key informants and seven general informants. The key informants were Thai-Melayu elderly with hypertension who have been diagnosed as having hypertension for at least one year, and living in same area at the village where they could participate together.

The general contributors were three folk healers who had worked in the village more than 10 years. These folk healers included a chiropractor, a traditional ritual healer and a healer who was using the blood drainage method. Two health care providers from the Health Promotion Hospital who had worked in this area more than 10 years and two family members of elderly people with hypertension were also involved. The researcher spent a half-year in the village and collected information until saturation was reached. (Lincoln & Guba, 1985).

### **Data Collection**

Entry to the village to conduct fieldwork was an essential part of the study. Two village stakeholders, namely an elderly village chief and the head of the primary health care team were contacted to introduce the researcher. Participant observations and in-depth interviews were obtained after the researcher gained entry and stayed in the village for approximately six months. The initial interviews started with the key informant talking about their past and present stories using broad opening questions, for example, "How would you describe your health condition?" and, "What will be the consequences of your current health conditions?" This approach enabled participants to use their own words and to talk about what was important to them. During the interviews, the reflecting question technique was used to understand, recognize and acknowledge their perceptions. Each interview took about 40 minutes. The researcher worked with the informants in their natural setting,

participating in communal life, observing daily activities, and interviewing them over the period of time during which the researcher was resident in the setting. Field notes were also taken during observation and interview to help the researcher consider of own bias.

### **Data Analysis**

In this study, the content and context of the participants were analyzed following Miles and Huberman (1994) method.

Firstly, data management was used during and after collecting the data each day. The researcher had to write-up the field notes from the initial version of the participant observations and interviews. The researcher used thick description and verbatim quotations to interpret a cultural scene or the events in the situation. Comparing and contrasting information sources from participant observations, interviews, and informants sharing information was done to test the quality of the information.

Secondly, data reduction was used for index coding. Codes were categories which gave meaning to specific words or phrases of text. The researcher created the categories by comparing and contrasting the index coding. These were the themes of the patterns of daily life in the setting that emerged from the research.

Finally, data display was used to seek relationships between the group categories together. The researcher compared and contrasted the emerging categories and reduces them to themes and tried to find regularities. There were patterns of thought and behavior to identify.

Member checking and peer debriefing were used to verify the quality of the information. The researcher checked the information during and after the interviews and participants observations day to day from the participants.

### **Ethics**

The research proposal was approved by Intuitional Research Board of the Faculty of Nursing, Prince of Songkla University, Thailand. The participants were informed about the study's purpose and oral consent was obtained from those participating in the interviews, and their right to refuse to withdraw from the study at any time.

### **Findings**

The perspective on hypertension in Thai-Melayu elderly focused on their symptoms and cultural beliefs. Most elderly people did not pay too much attention to their level of blood pressure which was evaluated from the medical device. These perceptions are divided in three themes; (1) having high blood pressure is a common illness, (2) realizing a danger of hypertension when obvious symptoms occurred, and (3) high blood pressure is

from bad flow of “Leard” (blood) and Lom” (wind).

### 1. Having high blood pressure is a common illness

Most of the key informants who had asymptomatic hypertension, or temporary symptoms perceived that hypertension is a common illness, and can be easily cured. Having high blood pressure is the leading causes of their common such as symptoms; headache, and vomiting. These common and unpleasant symptoms caused them to seek medical assistance in their community. Even though they were diagnosed with hypertension, they still believed that hypertension is an ordinary illness and it is not a disease; this illness could be cured. It seems like when they had a fever and recovered by taking medicines. After medication the symptoms disappeared then they could stop because all symptoms were cured. As an informant said below:

*“Hypertension is a common illness. The high blood pressure causes a severe headache. I had to take medicines and then symptoms disappeared. Consequently, I can do my daily activities as usual. Doctor always told me that I am ill but I did not feel ill. If I am ill, I should have any symptoms but I am not. I stop taking both herbal remedies and medicines when I do not have a headache. I also ignore the doctor’s appointment because I think I completely cured”. (K5)*

Normally, key informants did not pay any attention to their level of blood pressure. When they knew that they had high blood pressure with a headache, they knew the symptoms were mild and could be easily cured.

*“I went to see a doctor with headache two years ago. The doctor told me that I had high blood pressure, but I did worry about its level. I only took medicines to release the headache. When I felt better, I stopped to attend the follow-up at the clinic. I thought that I had mild symptoms. I did not follow the doctor’s advice because I thought I am well. I could normally go to sell goods.” (K4)*

In the same way, one general informant who was a caregiver of elderly perceived that hypertension was not dangerous because it can be cured by medicines.

*“Hypertension is not a serious disease when compared with another disease. It does not matter if I have hypertension because there are medicines to cure it, unlike cancer which is very dangerous, incurable and, causes suffering.” (G4)*

Two elderly informants who had short-term symptoms with headaches went to get medicine, following the doctor’s appointment out of consideration. However they did not take their medicine as prescribed. They thought that they were healthy, and that their symptoms would finally disappear. They will take medicine only when they had severe symptoms.

*“I am not sick, I don’t have any symptoms, but a doctor tells me that I suffered from hypertension. I think I do not have this illness because I am still strong. I do not fear*

*or worry about it. I go to see the doctor following his appointment. When he asked about the medicine, I tell him that I took medicine on time following his prescription. If I told him the truth that I sometimes had stopped taking medicine when I was well, I feared that the doctor would scold me.” (K5)*

Another key informant added that he did not know that he had hypertension until he was diagnosed. However, he did not worry about it because he had no symptoms and was able to work. Those elderly people with hypertension did not care about their health. One informant said:

*“I know that I have hypertension after I was measured the blood pressure by a village health-volunteer. I had never known it before because I did not have anything wrong on my health. I can normally work. At last, the health care provider came to measure blood pressure at the Mosque. He told me that I have very high blood pressure and must go to the hospital... However, I felt well and did not sick as they had worry....I have not taken medicine for 3-4 years because I think that I am fine and do not have suffered from hypertension”. (K6)*

Following the elderly people's perception of hypertension, they understood that hypertension was curable. No matter if they had hypertension or not, they did not mind due to having medicine to cure it.

## **2. Realizing a danger of hypertension when obvious symptoms occurred**

The perception of hypertension illness of Thai-Melayu elderly people depended on the clinical symptoms and the severity of symptoms. They thought that when the symptoms did not impact on their usual work that meant they were fine. If they could not go to work caused by the symptoms, this showed that they were in danger. Example opinions from the elderly people are shown below.

*“...When I had numbness and could not walk as usual. I felt that I had severe illness. I fear it would be serious as my friend, who had hypertension and suddenly died at midnight in his house.” (K1)*

Three of informants had firstly diagnosed hypertension with clinical symptoms such as headache, dizziness and so on. They do not worry to care themselves until the symptoms got worse with complications. One informant described:

*“...Two years ago I went to see a doctor with headache and the doctor told me that I had hypertension...Ten days ago, I had hemiplegia and numbness on right arm and leg. I was unable to go for a walk. I got hurt from it and was impacted on my daily life. When I had this severe symptom, I knew that I had to change my life such as taking medicine, and following the doctor's advices...” (K4)*

Five of key informants had hypertension with severe chronic illness such as chest

pain, numbness, weakness, and fatigue. The complications of hypertension impacted on their usual activities. Consequently, they began to accept that they had to take care of their health and followed the doctor's advices

*“I was firstly diagnosed hypertension 3 years ago. I had to be admitted to the Intensive Care Unit in Satun hospital because I had severe chest pain and weakness. My son picked me up to the hospital. I got seriously sick and had to lie on bed a long time. A doctor told me that I had have hypertension with heart disease.” (K11)*

Another informant realized that he was severely sick when he had fatigue, palpitations and was unable to work. It was confirmed when he went to see a doctor at a private clinic and was diagnosed with hypertension with complications.

*“I got severely sick one year ago, I had fatigue and palpitations, resulting in work disability. My weight dropped and I was very thin. I weighed 48 kilograms. My grand-daughter brought me to a doctor at private clinic. The doctor told me that I had hypertension with heart disease. I had got treatment at a clinic for four times but I was not better. I got treatment at the clinic for one year. The palpitations were better, however the doctor told me that I still had hypertension and needed to see the doctor as per appointment.” (K7)*

### **3. High blood pressure is from bad flow of “Leard” (blood) and Lom” (wind)**

The informant's perceptions regarding causes of hypertension and illness are based on cultural backgrounds which are inherent to their family and community. All the key informants who have had hypertension with headaches, dizziness, and numbness believed that bad blood flow (“Leard” (blood) and “Lom” (wind) are the causes of that illness.

*“I had irregular Leard and Lom when I was sick. I thought that high blood pressure is related to obstruction of Lerd and “Lom” (wind). When my blood pressure increased, I felt “Lom” (wind) in my head resulting dizziness and weakness.” (K8)*

All of key informants believed that bad Leard and Lom were related to their illness. If the body had bad Leard and Lom, blood pressure would be high, followed by numbness, headache, fatigues, and dizziness.

*“...For me, I think hypertension caused by bad blood (Leard) and Lom which flew through my head. I felt headache and neck pain.” (K11)*

Two key informants had numbness in their arms and legs. They believed that the flow of Leard and Lom was obstructed in several parts of their body such as their arms and legs.

*“Normally, Leard and Lom are elements of the human body that always flow in the body. Whenever the body has a bad of Leard and Lom, it would be obstructed in several parts of the body. I had numbness and weakness because Leard and Lom were obstructed in my left arm and leg.” (K1)*

Most key informants believed that two factors affected the flow of “Leard” (blood) and “Lom” (wind), including eating the poisonous foods and having a hot or cold body and the environment’s temperature.

Eating poisonous foods affects the blood flow (Leard meaning blood and Lom meaning wind) of the body and caused illness such as headaches with high blood pressure, pain, and palpitation. Eating the wrong foods could result short and long term symptoms. Some people were healthy at a young age but were sick in their old age. As one informant said:

*“...This consequence caused by eating poisonous foods in the postpartum period. The poisonous foods for postpartum period were shellfish, zucchini mushrooms and jackfruit. Someone died from eating shellfish. The people in the postpartum period should stop to eat these poisonous foods for three months. The symptoms could be prolonged. They may be asymptomatic at first but manifest as ill-health finally.” (K11)*

*“...The dizziness caused by Lom sometimes disappeared but it came back when I ate unhealthy foods. I observed that when I ate meat, I had palpitations.” (K8)*

Two key informants also believed that both hot and cold body temperatures and the environment had affected the flow of Leard and Lom resulted in their illness. Increasing the heat of the body causes headaches while an increase in cold and bad weather causes numbness in the hands and legs. As one informant said:

*“When I had a high blood pressure, I felt hot and had heavy dizzy head at occipital area. I was discomfort and felt like my chest was burning.” (K1)*

The elderly people believed that the hot temperature inside body exposed with the cold temperature outside body is a cause of illness. As one informant said;

*“I believe that I had dizziness because of the high temperature in my head. I felt better when I got colder.” (K4)*

Two folk-healers also mentioned that hypertension is a new disease caused by western medicine which appeared in the community 20 years ago. They believed that the obstruction of Leard and Lom causes illness headache, and dizziness. As a folk-healer said:

*“In the past, I didn’t know about hypertension, I know diseases that related to Leard (blood) and Lom(wind). If Leard and Lom of the human body are obstructed that person will be sick.” (G3)*

One folk-healer used blood drainage which is a manual treatment involving blood drainage of the cranium. Bad Leard and Lom in the body were the causes of illness. The folk healer said:

*“..Bad blood obstruction is caused by high blood pressure and headache and dizziness. Therefore, most people always come to see me for releasing this causes.” (G2)*

Some elderly people who had headaches from hypertension used a folk healer's method of blood drainage for releasing their pain. One participant said:

*“I knew the method of blood drainage by folk healers from the oldest people in this community and I witnessed it when my son had the headache. I took him for treatment by folk healers who used blood drainage from his head. After this treatment he was cured.” (K6)*

The imbalance blood circulation ('Leard' (blood) and 'Lom' (wind) are perspectives of the causes of illness experiences by Thai-Melayu elderly people. These world views related on the folk healing system is a part of health systems in the community to balance those causes through some of the traditional care and health practices within their cultures.

*“Regarding the observation of the folk healing of the elders with hypertension emphasis was placed on curing the causes and symptoms shown based on their beliefs and traditional treatments. It includes traditional care and folk-treatments from healers such as relief congestion of blood circulation by massaging, draining, making compression, and avoiding some foods that are prohibited.” (Field note)*

## Discussion

According to perception of hypertension among Thai-Melayu elderly, there were focused on symptoms and cultural beliefs as following discussion.

The study found that the perspectives on hypertension among Thai-Melayu elderly focused on the symptoms. If they had temporary symptoms of hypertension, they perceived that hypertension is a common illness. This is because hypertension is called the silent killer. It manifests as asymptomatic symptoms until it develops into diseases with complications (Jairath, 1999). According to this perception, the elders may ignore doctor's appointments, stop taking medicine and not change their health care behaviors. Some elders went to get medicine due to considerateness, but they would not follow the doctor's prescription when they were at home. These elders thought that they were healthy, so they did not need medication. They only took medicine when they had clinical symptoms; this lead to complications from the disease. These complications included cardiovascular and/or cerebrovascular diseases which have influenced their daily activities. They could not work as usual due to these complications. This result is consistent with Panpakdee, et al., (2003) who studied the self-care process of Thai people with hypertension, and found that at the first diagnosis of hypertension, participants perceived that hypertension as curable and took medications for a short time until symptoms disappeared. They did not follow medical treatment ranging from six months to five years until having complications from hypertension. Moreover, Marsell et al., (2012) reviewed a qualitative research on lay-perspective on hypertension and drug adherence

and found that most participants perceived their blood pressure improved when symptoms abated and stopped taking medicine without consulting their doctor. These findings were consistent across countries and ethnic groups.

The perspectives of informants were depended on the individual's experiences of the symptoms. The absence of symptoms meant that the participants did not believe the medical diagnosis of hypertension which was confirmed by the doctor. Lack of understanding about hypertension prevention resulted in non-compliance with medical advices and lack of motivation to change their lifestyles. Over time, the disease progressed to complications and the symptoms of hypertension appeared. This result is consistent with Samranbua (2011), who studied the lived experience of older rural Thai adults with poorly controlled hypertension in the Northeast of Thailand and found that they remained healthy due to asymptomatic conditions. Some participants were unaware of their blood pressure, and did not change their lifestyle until complications occurred. This is similar to another study in southern Thailand by Porapakkham, et al. (2008) who reported that 59.9% of elderly people with hypertension were unaware of their blood pressure because of its asymptomatic symptoms. In addition, Borzecki, et al. (2005) revealed that the one of most common factors of hypertension control was non-adherence to prescribed hypertension therapies because of unaware of their illness.

Most informants have accepted their illness because the symptoms affected their work and daily activities. The symptoms included numbness and muscle weakness and lead them to abnormal walk. Furthermore, they could not work as usual because of fatigue. These disabilities made them anxious and thus consider the dangers of this disease. Family and the community play important roles in this scenario. The elders wanted to be seen as exemplary people who preserved cultural identity within their community such as being leaders regarding religion and tradition. For this reason, most informants tried to manage their health to participate in social activities. The findings of this study are congruent with the continuity theory which states that the basics of behavior remain unchanged as the individual ages. Patterns developed over a lifetime will determine whether individuals remain engaged and active or become disengaged and inactive (Touhy, 2014)

According to Touhy (2014), a chronic illness may have episodic exacerbations for a long time therefore most people with chronic illness always continue to work and perform as usual in daily life early in their disease. Later, many people have chronic symptoms. The symptoms of chronic illness impact on their everyday life. The findings in this study were similar to Kirdphon (2003) who studied accepting and adjusting to chronicity of hypertension a grounded theory study in Thai people. The researcher found that some informants aware of their hypertension when the symptoms appeared and impacted on their daily life.

In addition, the informant perceived about the cause of hypertension related to their

cultural belief which has been passed down from previous generations. Although, medical models play an important role in health care service in Thailand, most Thai-Melayu elderly people still followed their cultural beliefs. They believed that high blood pressure is associated with Leard (blood) and Lom (wind). There were many risk factors related on Leard and Lom such as eating unhealthy foods, hot and cold body temperature and environment. This finding is consistent with the Humoral Theory or hot-cold theory that is the basic lay belief about health and illness in Latin America and the Islamic world, and is also an element of the Ayurvedic medicine traditional in India (Helman, 2007). This theory has roots in Eastern medicine including Chinese traditional medicine, Indian Ayurveda and Thai Traditional Medicine that was incorporated with Indian Ayurveda from India. The principles of traditional medicine were employed to maintain a balance of the four major vital elements: earth, water, wind, and fire. The imbalance of vital elements influenced the causes of illness (Chuengsatsiansup, 2010; Chumpol, 1998; Helman, 2007).

The findings indicated that cultural beliefs regarding health and illness in Thai-Melayu culture follow the principles of Thai traditional medicine from ancient times. Thus, because Satun previously belonged to the Kedah Sultanate, which had a strong relationship with both Ayutthaya and Siam under the Chakri dynasty, its Malay Muslims commonly intermarried with Thai Buddhists without hesitation (Rittanon, 2009; Sugunnasil, 2005).

In the past, traditional medicines were used as a way of life for all people in Thailand. After 1828, Western medicine came in and replaced traditional medicine and began to play a significant role in Thailand's health care system, including curative and preventive care of communicable diseases. However, Traditional medicines were still widely used in everyday life (Bureau of Policy and Strategy, 2009; Chumpol, 1998).

Thai traditional medicine revealed that the human body, according to Thai Traditional Medicine (TTM), is composed of four elements ('tard' in the Thai language): earth, water, wind and fire. Poor human health relates to the body's imbalance of the earth, water, wind and fire and inappropriate behaviors such as eating habit, imbalance postures, exposure to extreme weather and inappropriate behaviors (Chokevivat & Chuthaputti, 2005). When the four elements of the body are in balance, it will be healthy. In contrast, if imbalances in these elements occur, a person will become ill. Moreover, the imbalance in the four internal elements and illness can also be due to an imbalance in the four external elements as well (Chokevivat & Chuthaputti, 2005; Chumpol, 1998; Thai Traditional medicine foundation, 1992). This finding is congruent with Viriyabubpa (2013) who studied the folk-healers for *Lom Ammapart* (stroke) in southern Thailand, found that the participants viewed *Lom Ammapart* as an illness of wind obstruction that led to paralysis. The risk factors are exposure to cold weather and consuming unhealthy foods.

In conclusion, the informant's perception of their illness was focused on their cultural beliefs and their individual experience of the symptoms. They perceived that being ill with high blood pressure, headache, fatigue, and so on was caused from the body's imbalance of *Leard* (blood) and *Lom* (wind). Following these beliefs and perceptions, it leads them to stop taking medical treatment and not change their behavior until they had complications of hypertension disease.

### **Implications**

Based on the cultural beliefs of Thai-Melayu elderly with hypertension about the imbalance of *Leard* (blood) and *Lom* (wind) as the causes of illness, appropriate health promotion and health education on hypertension and its complications needs to be integrated into modern medicine. In order to develop a community health education program to encourage healthy behaviors for all people in the community, the program has to focus on promoting *Leard* and *Lom* flow in the body to stop the causes and risk factors during the pre-pathogenesis stage of hypertension. Avoiding unhealthy foods is necessary. Meanwhile, managing hypertension should target on effective screening to identify the high risk of hypertension, early treatment as well as family and community teaching and counseling on the causes of hypertension related to cultural health beliefs.

### **Limitations**

In this study, the key informants were selected from the Thai-Melayu elderly who have been diagnosed as having hypertension for at least one year. Selecting the key informants from medical diagnosis may be considered as a limitation of this study because some elderly do not treat their hypertension with modern medicine.

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## บทความวิจัย

### การรับรู้โรคความดันโลหิตสูงของผู้สูงอายุไทยมลายูในจังหวัดหนึ่งทางภาคใต้ของไทย: การวิจัยเชิงชาติพันธุ์วรรณนา

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#### บทคัดย่อ

ความดันโลหิตสูง เป็นหนึ่งในปัญหาทางสุขภาพที่สำคัญของผู้สูงอายุไทยและเป็นโรคที่ควบคุมได้ด้วยความเข้าใจในประสบการณ์ตรงตามวิถีชีวิตของผู้สูงอายุไทยมลายูที่เป็นโรคความดันโลหิตสูง จึงมีความจำเป็นต่อการพัฒนาการดูแลที่น่าเชื่อถือในการส่งเสริมสุขภาพ การวิจัยนี้มีวัตถุประสงค์ เพื่อศึกษาการรับรู้โรคความดันโลหิตสูง ในวิถีชีวิตและวัฒนธรรมของผู้สูงอายุไทยมลายู ในจังหวัดหนึ่งทางภาคใต้ของประเทศไทย วิธีการวิจัยเชิงชาติพันธุ์วรรณนา เก็บรวบรวมข้อมูลโดยการสัมภาษณ์เชิงลึก การสังเกตอย่างมีส่วนร่วม และการสนทนากลุ่ม เก็บรวบรวมข้อมูลจากผู้ให้ข้อมูลหลักที่เป็นผู้สูงอายุไทยมลายูที่เป็นโรคความดันโลหิตสูง จำนวน 11 คน ผู้ให้ข้อมูลทั่วไป 7 คน วิเคราะห์ข้อมูลเชิงคุณภาพตามแนวคิดของ ไมล์และฮับเบอร์แมน (Miles & Huberman, 1994)

ผลการวิจัย พบว่า การรับรู้โรคความดันโลหิตสูงของผู้สูงอายุไทยมลายู ขึ้นอยู่กับประสบการณ์ ในการรับรู้อาการเจ็บป่วยและวัฒนธรรมความเชื่อใน 3 มิติ ได้แก่ (1) ความดันโลหิตสูงเป็นอาการเจ็บป่วย ธรรมชาติ (2) ความดันโลหิตสูงเป็นโรคอันตรายก่อให้เมื่อมีอาการที่รุนแรงให้เห็นชัดเจน (3) สาเหตุของความดันโลหิตสูงเกิดจากเลือดลมไหลเวียนไม่ดี

การเข้าใจและให้การยอมรับต่อการรับรู้อาการเจ็บป่วยภายใต้วัฒนธรรมความเชื่อของผู้สูงอายุไทยมลายูนับเป็นส่วนสำคัญ เพื่อการส่งเสริมสุขภาพและการให้ความรู้ทางด้านสุขภาพต้องมีการผสมผสาน กับวัฒนธรรมความเชื่อ และการพัฒนาการดูแลที่เหมาะสมในการจัดการโรคความดันโลหิตสูงของผู้สูงอายุในชุมชนไทยมลายู

**คำสำคัญ:** การรับรู้โรคความดันโลหิตสูง; ผู้สูงอายุไทยมลายู; การวิจัยเชิงชาติพันธุ์วรรณนา

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