

# **Cultural Innovation in the Face of Modernization: A Study of Emerging Community-based Care in Rural Cambodia**

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Based on anthropological fieldwork in Pursat province, Cambodia, this article explores the socio-cultural background to the recent expansion of a unique Buddhist ritual called *sângkeahăh* in Khmer. This ritual can be regarded as an emerging practice of community-based care in the face of the rapid modernization and development that has been unfolding in rural Cambodia since the 1990s. It is performed at the houses of ill persons in villages and the donations collected through the ritual are given to their family; participants are motivated first by merit-making and second by the acute awareness of increasing medical treatment costs. In addition to moving care from the private to the public sphere, the ritual represents a cultural articulation of a traditional practice of care at the grassroots level of the society, a unique case of a bottom-up response to modernization that the local culture and values supports. The ethnographic description and analysis of this article contributes to deepening understanding of the nature of community in rural Cambodia, cultural transformation in rural South East Asia, and the relationship between religion and care.

Keywords: Cambodia, modernization, community, Buddhism, care, cultural change

This article explores the dynamism of a grassroots cultural innovation in rural Cambodia, where rapid socio-economic development has been ongoing since the 1990s. The country suffered civil war and totalitarian state rule during the 1970s. It was isolated from the West during the 1980s, when warfare between the socialist government and guerrillas continued. The formation of a reconciliation government

after the election prepared by the United Nations in 1993 marked the country's reconnection with the global economy, which contributed to an acceleration in the marketization of peoples' livelihoods. The remarkable progress of reconstruction occurred in various spheres of society during the 1990s; further development and modernization was pursued in the 2000s and later.

The inter-relation between cultural change and economic development is a classic but unfading research topic. In mainland South East Asia, Buddhist tradition and practice provides an interesting case to focus on. In Thailand, where development and modernization advanced earlier than in Cambodia, many challenges to local Buddhist traditions, philosophy and practice emerged (Rigg 2003, Ch. 2). Scholars of Cambodia studies also point out the importance of examining the interplay between local culture, markets and states to understand the reality of the ongoing social transformation (Marston 2009). In short, bottom-up socio-cultural innovations by Buddhists in search of a better future comprise a crucial research sphere for understanding the changing conditions of Buddhist societies in mainland South East Asia, including Cambodia.

From an anthropological perspective of studying transformations in local cultures, this article focuses on the Buddhist ritual named *sângkeahăh* in Khmer, which has emerged in the research area relatively recently.<sup>1</sup> In February 2016, a woman from Village SK in Bakan district of Pursat province in Cambodia recalled the condition of her family at the time when *sângkeahăh* ritual was performed for her mother as follows:

My mother received *sângkeahăh* two times before she passed away in November 2015 at the age of eighty-six. She had been ill since her seventies, so she lived in this house under medical treatment for over ten years. Due to the severe contraction of her muscles, she could not walk for many years. Treatments by a home-visiting doctor cost 25 to 80 USD

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<sup>1</sup> Transcriptions in this article, except proper nouns, follow the Franco-Khmer transcription system developed by Franklin E. Huffman (Ebihara, Mortland and Ledgerwood 1994: xv-xvi).

each time. We spent 500 to 700 USD per year for her treatments. The total sum of the treatment fees reached about 20,000 USD, I think.<sup>2</sup> We sold a large amount of paddy rice to cover the expenses. Moreover, we borrowed money from a microcredit organization to pay for the medical treatments and for the funeral ceremony after her death. We have to clear the debt within three years. She and our family received *sângkeahăh* two times. The first was in April 2013, which provided about 100 USD. The second was in February 2015, which provided about 60 USD.

The interviewee was a woman in her fifties, who cultivated rice as a main livelihood activity. She lived in her own wooden high-floored house with her husband, two children, and two grandchildren. The case clearly illustrates the predicament of debt accumulated for medical treatment when there is an ill person in the family in rural Cambodia today. This predicament is why a *sângkeahăh* is organized for a specific family in a village. The word *sângkeahăh* means “aid, assistance, help” (Headley 1977, 1046). Villagers also call the ritual *sângkeahăh thoa*, which literally means “assistances based on Buddhist dharma”. The unique feature of the ritual is its act of donating to families with a seriously ill person. The ritual is organized when the village chief and some elderly persons in a village propose it to help those in economic difficulty. As a practice, it is a manifestation of religious and cultural values.

Two backdrops must be explained to provide the context for the article’s arguments, before proceeding to the ethnographic descriptions and analysis. The first backdrop, the social context concerning welfare and care provision in Cambodia, is imperative to comprehending the local situation observed in the *sângkeahăh* ritual. Here we can rely on a simple mapping of care options. The welfare sociologist Gøsta Esping-Andersen (2002) argues that the responsibilities of providing welfare are divided among three main pillars: markets, families and government. Emiko Ochiai’s research (2009)

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<sup>2</sup> This total sum seems to contradict the previous sentence, but I leave it without change for the purpose of recording the original narrative of the informant.

on the social network of families in child and elderly care in East and South East Asia highlights the important role of the community sphere, including members of the extended families, neighbours and other networks, as belonging to a fourth pillar of care provision. In short, family and kin, a communal organization with various networking ties, the business sector and, finally, government institutions offer a social welfare system. These four care providers are roughly divided into the private sphere (family) and the public sphere (including community, businesses, and government).

When we apply the above framework to the local conditions in rural Cambodian villages, an unequitable care load becomes immediately apparent in that the family is an exclusive care provider. A shortage of public services for the rural population ensures that their welfare still largely remains in the hands of individuals and families (Ovesen and Trankell 2010, Ch. 8). The health service delivery system that the Cambodian government established in the 1990s still exists today, and includes institutions ranging from Health Centres and Health Posts at the commune level to referral hospitals at the provincial and district levels (WHO and MOH 2012). However, since official support from government programmes for medical care is so limited, the vast majority of medical expenses are paid out-of-pocket by patients (Jacobs et al. 2018).<sup>3</sup> The government's National Social Security Fund began providing health care insurance in January 2016, but its main target is workers of industries and companies. Insurance services by profit-making companies, which emerged in urban areas of the country in the beginning of the 2010s, are beyond the means of rural residents.<sup>4</sup> Rural families therefore have no choice but to rely on self-help efforts to provide medical and other

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<sup>3</sup> The limited support for public and children's medical care at the special hospitals and the government's Health Equity Fund scheme are explained in the following section.

<sup>4</sup> Life insurance in Cambodia has been introduced by companies such as Royal Group (in 2012), Manulife (in 2012), and Prudential (in 2013).

care to their members. Modernized medical services have been newly established in the cities in recent years. Some rural families have no choice but to send ill persons to those modern hospitals despite the high costs of doing so. This results in the liquidation of production assets as well as borrowing from informal loan sharks and microcredit organizations, which have been expanding across the country since the mid-2000s.<sup>5</sup>

Although it remains a subject of debate, the weakness of communal ties among village families in Cambodia is another factor that may contribute to the private nature of care provision. The first anthropological study of a rural community in Cambodia identified bilateral kinship relations as the basic logic of social relations in village society, and concluded that a loosely structured social system was observable (Ebihara 1968). Following this, the historical interpretation of the impact of warfare and totalitarian rule in the country noted the weakness of inter-family relations, and Cambodian villages have been described as a post-conflict atomized society lacking cohesion and mutual help mechanisms (Ovesen, Trankell and Öjendal 1996). The counter-argument, which insists on the existence of a sense of community in village life, has been presented as well (see for example Ebihara and Ledgerwood 2002). Although the dispute could be attributed to a difference in the theoretical positionality of each anthropologist (Marston 2011, Ledgerwood 2018), on the whole, the recent conclusion of a development study on the organizational character of Cambodian society that ‘... broadly speaking, there is still a lack of “intermediate” agencies/institutions/organization in society’ (Öjendal 2014, 24) remains highly valid. The ethnographic description of this article, which illustrates the small but interesting

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<sup>5</sup> Medical costs – and the resulting debt – have been identified as one of the main causes of landlessness in Cambodia since the 1990s (Biddulph 2000, 30). For a descriptive analysis of the negative effects of the expansion of microcredit in the country, see LICADHO and STT (2019).

phenomena of the *sângkeahăh* ritual occurring in the social sphere outside of families, will shed a new light on the understanding of community in rural Cambodia.<sup>6</sup>

The second backdrop is the ritual of *sângkeahăh* itself, particularly the newness and geographical circumscription of the Buddhist ritual to rural societies in Cambodia. First and foremost, it is important to understand that *sângkeahăh* is not a commonly observed Buddhist ritual in the country.<sup>7</sup> The one and only reference on the ritual I found is in the reports on the rural villages in Takeo province by Yagura Kenjiro, a Japanese specialist on Cambodian rural economy (Yagura 2010, 2013). His works disclose the local conditions in Takeo, including that the ritual was practised in some parts of the province in the 1960s and re-emerged there in the 1990s.<sup>8</sup> Takeo province is located in the Mekong Delta region south of the capital city Phnom Penh, while Pursat province, the site of this article's research, is south of Tonle Sap Lake. The two provinces are over two hundred kilometres from each other, but, as introduced later, Pursat received in-migrants from Takeo during the pre-war era. However, it is interesting to note that at the time of this research, the ritual was not conducted in the majority of villages in Pursat province. As the following sections will elaborate, the

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<sup>6</sup> As well known, the traditional meaning of community indicates a particular form of social organization based on small group. However, it designates both an idea about belonging and a specific social phenomenon such as the search for meaning and solidarity in a modern sense (Delanty 2003). The article will study the modern form of community at a particular locality in rural Cambodia.

<sup>7</sup> Neither the monograph of a Cambodian village at the end of the 1950s (Ebihara 1968) nor the ethnography of religious culture of Cambodian Buddhists in recent years (Erik 2015) have any descriptions of *sângkeahăh*. I have been conducting anthropological research in rural Cambodia since the end of the 1990s but had never encountered the ritual until I began research in Bakan district, Pursat province in 2015. The word *sângkeahăh* has long existed in Khmer culture, but the question of when and how ritual behaviours under its name began in the country remains unclear. To explore the origin is a specific area of further research.

<sup>8</sup> Yagura analysed the *sângkeahăh* ritual as an informal poverty alleviation system. His papers provide significant insights on rural villages in Cambodia, but do not explore the religious and cultural aspects of the ritual that this article focuses on.

ritual became popular in some villages in Bakan district for the first time only in the 1990s.

This article, based on ethnographic data collected during fieldwork in Bakan district, Pursat province, during 2015 and 2016, not only examines the unique characteristics of the Buddhist ritual called *sângkeahăh*, but also what the recent (re)invention and expansion of the *sângkeahăh* ritual illustrates in terms of rural socio-cultural dynamism in the research area. The *sângkeahăh* today indicates a grassroots diversification of religious practice to cope with an emerging vulnerability caused by rapid economic development, as well as an expansion of care for the sick and elderly from a private sphere to a public sphere. This can be regarded as an example of a new cultural creation in the midst of development processes. Furthermore, the ritual exemplifies an interesting case of a local articulation of cultural traditions in order to shape the future in a modernizing world. In these senses, the article presents insights not only for those interested in cultural transformation in the rural societies of South East Asia, including Cambodia, but also for scholars studying the relationship between religion and care in developing countries across the world.

### **The Research Area**

Pursat province is located about 190 kilometres west of the capital, Phnom Penh City. The geography of the province slopes from the Cardamom Mountains in the south to Tonle Sap Lake in the north; the rice-growing landscape of Bakan district lies in the lowland between the lake and the mountain. In the northern part of the district is National Highway No. 5, which is one of the most important transportation thoroughfares of the country and connects Phnom Penh to Thailand. The Domnak Ampel agricultural canal, which draws water from the Pursat River, runs parallel to and

about ten kilometres south of the National Highway. The agricultural canal was built during the Pol Pot period but was abandoned for years after the end of the regime. The government began repairing the canal in 2005 and started providing agricultural water to the area in 2010. The district's proximity to the main road and the irrigation canal, which contributes to the adoption of modern agriculture, makes Bakan district a good example of how development is precipitating livelihood changes in rural Cambodian villages

The 2015–2016 survey was conducted in three villages in the district: PL village, SK village, and PR village. They are all located along a paved road that extends south from the market town of Bakan along the National Highway. PL village is just several kilometres south of the Highway. SK village is in the area further south, and close to the irrigation canal. Finally, PR village is at the southern end of the rice-growing landscape of Bakan district, which is close to a wide swath of farmland used for cash crops. Interviews based on questionnaires were conducted among thirty families from each village, who were selected by random sampling method.<sup>9</sup> Village chiefs and elderly persons were also interviewed in order to better understand the region's history as well as the current features of village societies and residents' livelihoods.

The history of PL village, based on the memories of villagers today, started at the beginning of the 20th century when migrant Kampuchea Krom people, or ethnic Khmer born in the Mekong Delta region in the territory of Vietnam, reclaimed agricultural lands from the forest. It is said that the villagers at the time sold wood and

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<sup>9</sup> The household surveys in the three villages were conducted by the author and students and staff from the Faculty of Development Studies at the Royal University of Phnom Penh in February 2016.

raised cattle and water buffalo to traders from other parts of the country. Like Kampuchea Krom people in other areas of the country, the villagers suffered severe discrimination from the authorities during the 1970s, due to their historical connection with Vietnam (see Kiernan 1996, 298–300). During the Pol Pot period, existing villages were dismantled to make way for new artificial social units.<sup>10</sup> After 1979, the village was reestablished by the original villagers along with new migrants who had arrived in the area through the forced migration policy of the Pol Pot period. Agriculture has gradually expanded since then. By the beginning of the 1990s, ownership had been established for all the land around the village, so that no space remained to be claimed.

The proximity of PL village to the National Highway has enabled villagers to adopt socio-economic changes from the outside relatively easily. Although PL is located six kilometres from the Domnak Ampel irrigation canal, villagers have turned to cultivating a modern variety of rice by accessing the irrigation water for use in their paddy fields.<sup>11</sup> Microfinance organizations arrived in the village during the first half of the 2000s. According to the village chief, about 70 per cent of PL village households today are borrowing money from those organizations for the purpose of buying agricultural land and tractors to improve their livelihoods. Following the wave of migrants to Phnom Penh that started at the end of the 1990s, the economic migration of villagers to foreign countries became popular during the beginning of the 2000s. Over

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<sup>10</sup> The units are called *săhăkâr* in Khmer. As is well-known, people were ordered to work according to artificial working groups determined by one's age, sex and political position during the period.

<sup>11</sup> Here I would like to note the changing process of local livelihoods in PL village in chronological order. In 2004, locally produced paddy was exported to Thailand for the first time. In 2005, the government started to repair the Domnak Ampel irrigation canal, which had been abandoned since the Pol Pot period. In that same year, the number of rural families who borrowed money from microfinance organizations began to increase. In 2006, a hybrid fragrant Cambodian rice named "Sömali" was introduced to local families; this marked a shift in rice cultivation practices from subsistence-oriented to market-oriented. In 2007, a portion of the locally produced paddy rice was exported to Vietnam.

twenty families (out of 121 total) in PL village have members currently working in Thailand, Malaysia and Korea.

The second village, SK, is located about four kilometres south of PL village. It is said that it was established by migrants from Takeo and Kampot provinces during the early half of the 20th century. The village was destroyed during the Pol Pot regime, similar to other villages in the country, and then reestablished in 1979. It is interesting to note that a number of people from Kampot, some of whom had kinship relations with the original villagers, arrived at that time. This trend of migrants moving to the village from Kampot has continued until recently. Some families have moved out from the village seeking to establish a better life by reclaiming land in the mountainous area south of the village. Those who left sold their lands and properties to fellow villagers as well as to newcomers.

According to the village chief, 60 per cent of SK village households at present cultivate both rainy and dry season rice. This trend emerged just after 2010, when the irrigation water of Domnak Ampel canal became available in the village area. There is only a two-kilometre distance from the village to the canal, and some small channels have been built to connect the two. The 2000s witnessed a penetration of microfinance, as well as a boom in economic out-migration from the village. The village chief noted that there was an increase in lending from microfinance organizations from 2005. Although villagers have left in the past for economic reasons, international migration from SK village to Korea started in 2012, later than PL village.

The third village, PR village, is located about six kilometres further south of SK village. While PL and SK villages belong to Rumlech commune in Bakan district, PR village is in Talo commune. Talo commune was one of the frontline battlefields between the government and the Khmer Rouge throughout the 1980s and the first half

of the 1990s. This means that reestablishing security in the area took longer here than in other parts of Bakan district. According to elderly persons in the area, PR village existed in the middle of the 20th century. Similar to SK village, the founders of PR are said to be migrants from Takeo and Kampot provinces and are of the grandparents' generation of current villagers.

The landscape of PR village today consists of expansive paddy fields, but, according to the village chief, 10 per cent of current village families own agricultural lands at the foot of the mountain, which is four kilometres south of the village. Rice cultivation in this village is conducted only in the rainy season. Although chemical fertilizer came to be commonly used in the village during the 2000s, productivity is lower than in PL and SK villages. In PR village, the recent boom in cash crop farming, especially of cassava during the past two years, has increased the number of village families engaging in crop cultivation. Economic migration is the third main means of livelihood next to rice cultivation and cash crop farming. In addition, plenty of villagers work as agricultural day laborers.

The data of ninety families selected from these three villages demonstrate the ongoing changes in rural livelihoods in the area. In the interviews, eighty-six families responded that they hold agricultural land; eighty-four families cultivate rice. It is interesting to note that, as shown in Table 1, about half of these families have their own tractors for cultivation and the possession rate of cattle and water buffalo is relatively low. This tells us about the shift in cultivation practices in recent years. In addition to agricultural technology, Table 1 also shows that tools for information communications, such as mobile phones and televisions, are owned by over 80 per cent of sample families. Nearly 80 per cent of families in the surveyed villages also possess motorbikes.

## **An Emerging Vulnerability**

The rural society in the area being studied has been experiencing rapid transformation during the past twenty years. One of the crucial phenomena among these changes is the tightening grip of the cash economy on people's lives. Undoubtedly, there was a relatively high level of self-sufficiency in the local people's lives before the 2000s, when their basic survival and way of life were independent of the global economy. The local economy was subsistence-oriented, so most villagers did not care about the price of rice on the international market, or the fluctuations of foreign exchange rates. This traditional life is now gone. In addition to the increasing impact of the cash economy, the decline of natural resources, especially river fish, has become obvious in recent years. Today, it is impossible for the local people to return to their former lifestyle.

The local expansion of microfinance organizations is a crucial factor in understanding the transformation of livelihoods in the area as well. Among the ninety families queried, fifty-one were in debt at the time the research was conducted.<sup>12</sup> Among them, forty families had borrowed money from microfinance organizations, while eleven households had borrowed money from informal moneylenders and/or relatives. The prevalence of microfinance has had both positive and negative influences on rural livelihoods in the area.<sup>13</sup> While microfinance allows people to execute new

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<sup>12</sup> The largest debt held by a single family amounted to 12,000 USD. Interest rates on the villagers' debts from microfinance organizations ranged from 1.2 to 2.7 per cent. Among the forty families who borrowed money from microfinance organizations, thirty-six families secured the loan with an asset such as a land certification or a house. In addition, thirty-five responded that they had never been late on their monthly payment. Five families had been late in making monthly payments and some of those had been fined.

<sup>13</sup> The interest rate of traditional informal moneylenders in Cambodia was 10 per cent during the 1990s. This has fallen to three per cent today due to competition from microcredit organizations in rural areas.

plans in their life, the fluctuations of business are always a risk. The interviews also inform us that some families borrowed money from microfinance organizations to compensate for various expenses, such as paying for everyday items and preparing for the marriages of children.<sup>14</sup> Moreover, one family used a microfinance loan to consolidate multiple debts. These cases remind us of the potential for negative outcomes of borrowing, including the loss of properties pledged as collateral in compensation for unpaid debts (see LICADHO and STT 2019).

The increasing involvement of rural people in the cash economy has contributed to the emergence of a new vulnerability of rural people: the inability to pay for spiralling medical costs. The popularization of modern medical treatment in the area has seemingly brought about an increase in and prolongation of hospitalization, which has resulted in an escalating economic burden on families.<sup>15</sup> When asked about recent experiences concerning medical care of family members, forty-seven of the ninety families surveyed provided responses on this issue. The responses inform us, first and foremost, that Western medical treatment is pervasive. Medical conditions and illnesses vary greatly, and the duration of medical treatment also varies, ranging from one week to several years. In addition, forty-four families said that they had rushed ill persons to modern clinics or hospitals, such as the government health centre of Bakan district, the provincial hospital in the town of Pursat, or private hospitals in Phnom Penh and Battambang province.

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<sup>14</sup> Regarding the main purposes for using microfinance according to forty sample families, both of the most frequently cited purposes, starting a business (thirteen cases) and purchasing agricultural land (six cases), contribute to the expansion of economic activities and production in a general sense. However, there were four cases using microfinance for receiving medical treatment.

<sup>15</sup> The private health sector has flourished since the 2000s in Cambodia and has attracted plenty of patients. This is partly due to the people's mistrust of public health facilities. Moreover, it is usual to see medical doctors at public hospitals open private clinics in order to earn supplementary income for themselves (see Gryseels et al. 2019).

The survey responses also revealed the hardships encountered when treating ill persons in the villages. As mentioned, the public service accessible to villagers caring for ill family members is limited. Most villagers do not know much about insurance services, and no such services are accessible to them in practice. Therefore, family ties and solidarity are the only reliable and affordable resource villagers can depend on for this matter.

One exception to this is cases of children. Parents can ask for exemption from treatment fees for ill children, but only at specially established hospitals in Siem Reap and Phnom Penh.<sup>16</sup> In addition, the Health Equity Fund mechanism, which was introduced with financial support from development partners from 2000, constitutes a part of the public support for the poor population in Cambodia, and represents the only method of receiving free medical services at the village level (Ensor et al. 2017). The mechanism works under the national identification system of poor households, the so-called ID Poor Program, which began in 2005 under the collaboration between the Ministry of Planning and GTZ (MOP and WFP 2012, deRiel 2017). In theory, the holders of the certification of this programme are allowed to receive public medical service at health centres and government hospitals for free.<sup>17</sup> However, only one respondent from the ninety sample families mentioned having used this system in the past. Moreover, because the household economy of families in the village is multidimensional and inconstant, numbers of villagers are left outside of the mechanism in a vulnerable condition.

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<sup>16</sup> Kantha Bopha hospitals in Phnom Penh and Siem Reap, which were founded by the Swiss doctor Beat Richner from 1992 to 2007.

<sup>17</sup> Taking the 121 families in PL village as an example, in 2015 fifteen families were certified as 'poor' through the system.

In sum, family members are those taking on the responsibility of treating ill persons, both in terms of care work and payment, in rural Cambodia. Survey responses illustrate the difficulties in accumulating the financial resources necessary for medical care. Among the forty-seven families who described past experiences of family members' medical treatment, nineteen replied that they had sold assets such as gold, cattle, house and land to manage medical costs. Moreover, twenty-seven families had borrowed money for this purpose. Among them, only nine families were able to borrow money without interest from relatives. Eighteen families asked informal moneylenders or microfinance organizations for loans, and pledged property as security.

In a few cases, persons outside of the household provided monetary assistance (not as a loan) for families suffering from medical costs. To be more precise, twelve families responded that they had accepted money from relatives, including from sons or daughters who were financially independent of their parents. One family received money from a friend. Three families explained that they had received monetary donations for caring for ill persons from fellow villagers through Buddhist rituals.<sup>18</sup> The focus of this article, the *sângkeahăh* ritual, is surely included in this category. Although the number is very limited, the cases where families caring for ill persons received monetary assistance from fellow villagers through Buddhist rituals are very interesting because they can be regarded as a type of emerging community-based care in rural Cambodia.

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<sup>18</sup> Two of the three families received monetary contributions through the *sângkeahăh* ritual. In the last case among the three, villagers who knew the ill person collected money after the gathering at a local wat, and then brought it to the home of the ill person.

## **Cultural Innovation to Cope with Spiralling Medical Costs**

Integrated into the Cambodian society for centuries, the religious activities of Buddhists were forbidden during the Pol Pot period in the second half of the 1970s, but reemerged and flourished after the regime collapsed. The everyday religious lives of villagers in the three sample villages in Bakan district resemble those in other areas of the country; there are wats in the vicinity of the village and people enjoy various Buddhist activities in abundance.

*Sângkeahăh* is the Buddhist ritual for collecting donations to help families with an ill person. It is organized based on two associated but inherently different phenomena. One is the religious desire to make merit that each participant holds, and the other is the growing necessity to help with medical costs in village societies. The former reason surely helps motivate people, culturally and religiously, to participate in the ritual.<sup>19</sup> In this sense, the *sângkeahăh* is undoubtedly a religious event. However, the latter reason is equally crucial for understanding the *sângkeahăh* ritual. As described, there are very few options for villagers to get support from the government for medical expenditures. Family members are the only trusted source to help the ill, and every villager has, more or less, been impacted by the costs of medical care through their own lives. Villagers understand well the increasing economic burden on families caring for the ill. Therefore, as the chiefs of each the three sample villages declared in the interviews, the central purpose of organizing a *sângkeahăh* is to donate money to these families in hopes of mitigating medical costs.

The ritual process of *sângkeahăh* has several special characteristics. Firstly, the village chief consults the religious leader, called *achar* in Khmer, and monks from the

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<sup>19</sup> The basic principle of Theravada Buddhism, that is the ideology of merit-making through offering donations, is a central activity of Cambodian Buddhists, as it is for Buddhists in Thailand, Myanmar, Laos and Sri Lanka.

wats in the vicinity of the village to decide the date of the ritual.<sup>20</sup> At this stage the village chief and *achars* are very careful to avoid any information about the *sângkeahăh* leaking to the target family. They visit every house in the village, secretly informing them of the plan and accepting any initial donations. On the day of the ritual, the village chief, *achars*, and some villagers visit the home of the target family at the designated time, unannounced. They do not climb up into the high-floored house, but instead unfold a straw mat in front of the house and set up a loudspeaker to broadcast announcements and music over the entire village.

After the music starts, fellow villagers arrive and offer donations of money and milled rice. These offerings are called *păchchay* in Khmer, a word that usually refers to offerings made to monks.<sup>21</sup> The *achars* receive the offerings by giving words of blessing. Villagers then move to see the ill person and family members and exchange words of visiting. Most villagers stay only for a short moment before returning to their daily tasks. About three hours later, the village chief and *achars* close the ritual by chanting Buddhist passages from sutras and give all the money collected from the participant villagers to the family. If Buddhist monks participate in the ritual, they do not receive any donations, instead making donations themselves for the ill person and family in the same manner as the villagers. According to the chief of PL village, he had helped to organize a *sângkeahăh* ten times in his village during the single year of 2015/2016. The sum of donations varied from 100 to 150 USD; donations were welcomed by the families concerned regardless of the amount.

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<sup>20</sup> Typically, an *achar* is a senior Buddhist male who has mastered religious knowledge on Buddhism and its traditions. In many cases, they have been ordained as monks for a certain period. The people ask him to lead ritual Buddhist activities not only in a wat, but also at home.

<sup>21</sup> As the word *păchchay* normally designates offerings to monks, the *sângkeahăh* ritual's association with Buddhism is evident.

It is evident that *sângkeahăh* has a several characteristics that are very different from those of other popular Buddhist rituals in Cambodian villages. Comparing the *sângkeahăh* ritual to one of the most popular Buddhist rituals in Cambodia, the *sângkhea tean* ritual, reveals the uniqueness of the former (see Table 2).<sup>22</sup> At a *sângkhea tean* ritual, people invite monks to their home and offer two meals, at morning and noon, for the purpose of making merit. In the case of the *sângkhea tean*, the family in question proposes and organizes the ritual. In the *sângkeahăh*, however, the village chief and *achar* play the leading role in deciding to hold the ritual and in its preparation. This reflects how the *sângkeahăh* ritual represents not only the religious order, but also the secular order. The method of publicizing ritual information is different as well. In the case of the *sângkhea tean*, the family organizing the ritual informs fellow villagers beforehand by sending invitation letters or giving oral invitations. In the case of the *sângkeahăh*, villagers are informed secretly in order not to burden the target family in any way, and all of them are welcome.<sup>23</sup>

It is important to note the role reversal between monks and lay people in the *sângkeahăh* ritual as well. Theravada Buddhism is based on the dichotomy of those who have renounced this world (monks) and those who stay in this world (lay people). The former receive donations from the latter through acts of merit making. In short, money and goods usually flow from laypersons to monks in Buddhist rituals. However, in the *sângkeahăh* ritual, monks become contributors, not recipients. Monks participating in the ritual donate some money, just as laypersons do, to assist families that have ill

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<sup>22</sup> The Khmer word *sângkhea tean* literally means ‘making offerings to Buddhist monks’. It is often held for the death anniversary of a family member and other occasions.

<sup>23</sup> In a Cambodian village, if the target family were to know about the ritual beforehand, they would need to prepare food and drinks for visitors.

members and are in economic difficulty. This change in monks' position is a unique feature of the *sângkeahăh* ritual.

Finally, one slightly different feature of the two rituals is the nature of participation in it. There is no sanction if one does not participate in either ritual, but the person receiving an invitation to the *sângkhea tean* ritual may feel more obliged to attend than in the case of the *sângkeahăh*, where participation is based on the voluntary spirit of people, not any sort of external pressure.<sup>24</sup> However, it is worth remembering that there are no criteria or regulations that determine the amount of one's donation in either ritual.<sup>25</sup> Similar to most Buddhist rituals in general, participants decide the amount depending on their own capacity. In other words, a sense of solidarity and community, rather than any compulsory obligation, forms the foundation of the ritual.

The features of the *sângkeahăh* in these villages, which were mentioned briefly in the introduction of this article, should be examined once again: its spatial limitation, and its newness. First, *sângkeahăh* is not observed in every village in the region today. To be precise, it is not seen in the villages close to the provincial capital of Pursat.<sup>26</sup> In addition to this geographical limitation, local people in the area agree that the prevalence of the *sângkeahăh* began relatively recently. For example, one elderly *achar* of SK village said that he had not seen a *sângkeahăh* when he was a young boy in the

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<sup>24</sup> At a *sângkhea tean* ritual, the family in question would send an invitation to relatives and people close to the family in a certain way. A kind of reciprocal exchange is seen in the relation between the organizer and the guests at the ritual.

<sup>25</sup> It is probable that villagers carry different expectations of rich persons versus poor persons when it comes to merit-making activities. However, the average amount of donations in the *sângkeahăh* ritual is relatively low, thus it does not become a place of indicating economic discrepancy.

<sup>26</sup> For example, the local driver who provided transportation during the survey said he had not heard of or seen *sângkeahăh* in his own village near the provincial capital of Pursat. There is, however, as mentioned in the introduction, a report that describes a *sângkeahăh* performed in a part of Takeo province in the 1960s, where it has been frequently seen since the 1990s (Yagura 2010, 13).

village. According to him, it began in SK village after the Pol Pot period. In sum, all the information collected through research in the area indicates that the *sângkeahăh* is, more or less, a new Buddhist ritual that has gained prevalence in recent years.

Although the *sângkeahăh* ritual is not common all over the country and its efficiency at easing the economic burden of families with ill persons is limited, its emergence marks an interesting turn in both Cambodian rural life and cultural articulation: the expansion of care from the realm of families to a more public – or community – sphere. The main reason for the (re)emergence of this Buddhist ritual is to cope with the vulnerability to spiralling medical costs, one of the many socio-economic changes happening in the rural society of the research area.<sup>27</sup> When it comes to care provision, it certainly does not fill the space between families and state institutions. Yet it does indicate the potential for moving care provision from the private to the public sphere. In this sense, the ritual may also begin to shatter the conventional perception of the Cambodian community as a weak and unreliable entity.

Furthermore, the detailed information of the *sângkeahăh* ritual in the three sample villages in the research area, which is summarized according to the explanations of the village chiefs in Table 3, informs us that variations are present in the ritual process from village to village. The variations provide us hints as to the ritual's cultural origin. Interviewees mentioned the significance of uplifting an ill person by visiting them as an important aspect of the *sângkeahăh* ritual. This is evident in the words of the PR village chief,<sup>28</sup> who said that although the ritual aims to contribute economically to

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<sup>27</sup> It is important to note the recent improvement in the living standard of villagers, which the development of the rural economy in the country made possible, as a precondition for the ritual. This is one reason why the ritual began to flourish in the research area in the 1990s, not in previous times.

<sup>28</sup> As shown in Table 3, the *sângkeahăh* ritual in PR village is organized by Buddhist specialists, monks and *achars*, rather than the village chief. In other words, the ritual in the PR village

the family suffering high medical expenses, to make the ill person happy by calling together fellow villagers is also an important part of the ritual activity. In this sense, the *sângkeahăh* ritual can be interpreted as a new representation of local tradition concerning persons nearing death.

This opinion is meaningful given the loss of traditional culture in rural Cambodia in recent years. Elderly people often remember scenes from their childhood of villagers chanting continuously in the evening at the home of a person nearing death for days before the mortal moment.<sup>29</sup> However, in practice, the traditional custom of fellow villagers chanting (Buddhist chants) at the bedside of a dying person has become rare. The custom, which is approaching the vanishing point in the process of modernization in Cambodia today, is certainly a cultural resource that supported the creation and expansion of the *sângkeahăh* ritual in recent years, because the two rituals share the common feature of showing care and compassion through a Buddhist gathering. That is, the emergence of the *sângkeahăh* ritual is not only studied as an example of a grassroots cultural innovation to cope with an emerging vulnerability, but can also be interpreted as a revitalization of traditional customs and values.

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shows the association of local Buddhists to the religious tradition much clearer than in the PL and SK villages.

<sup>29</sup> This custom is called *kavada* in Khmer. The practice of *kavada* is increasing rare in Cambodian rural villages at present due to the decrease in the number of villagers who can chant Buddhist sutras fluently. The opportunity to learn Buddhist chanting was plenty in former times but vanished from during the warfare and the totalitarian rule in the 1970s. The rebirth of Cambodian Buddhism in the 1980s marked the recovery of learning chanting but has declined with modernization. It is also worth noting that the percentage of the Cambodian male population that is ordained as monks is much lower today than it was in the pre-war period.

## Conclusion

First and foremost, *sângkeahăh* teaches us the importance of paying more attention to the local dynamism of culture and society. By exploring cultural transformations and articulations in rural Cambodia at grassroots levels, this article presents variable illustrations of how people respond to large-scale changes such as modernization and globalization. Although much examination remains necessary for a full understanding of *sângkeahăh*,<sup>30</sup> the information introduced in this study allows us to conclude that the *sângkeahăh* demonstrates the Cambodian capacity to innovate culture and religion in order to cope with the escalating medical costs associated with the process of modernization. Through the practice of the *sângkeahăh* ritual, the care of the ill person, even temporarily, expands beyond the realm of the family. This change is meaningful in considering the condition of care provision in the country. As indicated from the relatively small number in this study, very few cases of *sângkeahăh* have been conducted so far. The practical contribution of *sângkeahăh* towards mitigating medical costs therefore remains limited. As mentioned by some interviewees, however, the ritual not only contributes financially to easing a family's burden, but also acts to show moral support to the ill person(s) and their family. Thus, although germinal, the practice of *sângkeahăh* indicates that a new type of community-based care is emerging. Both the traditional value of making merit and the recognition of the growing need for mutual help in the face of new vulnerabilities are equally important to better understanding how and why the ritual has been gaining popularity in the area recently.

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<sup>30</sup> Notably, Yagura (2010) includes an examination of several sociological features of *sângkeahăh* in Takeo Province. Larger-scale data collection and comparative examination of collected data in Pursat and other provinces in the country is imperative for a fuller understanding of *sângkeahăh*, includes the origin and the association with current Buddhist orientation in the country.

The *sângkeahăh* ritual has allowed a community of care, defined by the actual participation of villagers, to emerge. The practical tradition of Theravada Buddhism, the ideology of merit-making, and the ethic of mutual help provide the foundation of this community. At the same time, the secure attachment of people to a locality focuses the assemblage.<sup>31</sup> The *sângkeahăh* ritual is an activity rooted in a locality; the organizers, participants and targeted persons have shared a specific socio-cultural experience for years that has fermented a sense of community among them.<sup>32</sup> Such community contrasts sharply with the social units defined by membership that government institutions and non-government agencies require in the implementation of development projects. Indeed, since the 1990s, when development programmes began in earnest with international assistance in rural Cambodia, development practitioners have repeatedly lamented the ‘lack of community’ in Cambodian society (WGSOC 1999). The cases of the *sângkeahăh* ritual presented in this article reveal a misunderstanding of the nature of the community in the country. As the German sociologist Judith Ehlert (2014) points out, the cohesive nature of people gathering as Buddhists must be studied from various perspectives and as a unique sociological feature of Cambodian society.<sup>33</sup>

In the end, it is crucial to note that the future of the *sângkeahăh* ritual is a topic that remains to be studied. Factors propelling rural transformation, such as the marketization of livelihoods, an increase in economic out-migration, and the

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<sup>31</sup> For whom *sângkeahăh* is organized remains as a subject for future study. Still, it is worth noticing that among examples found in the research area there is no case of a *sângkeahăh* conducted for a stranger or a newcomer.

<sup>32</sup> This is similar to the gathering of people at Buddhist temple-monasteries (wats) in Cambodia in terms of openness and voluntary participation (Kobayashi 2005, 2008; Ledgerwood 2011).

<sup>33</sup> It is vital to pay attention to Buddhist activities to understand a local sense of community not only in Cambodia, but also in other Buddhist societies in mainland South East Asia. Many studies examine the intersection between Buddhist tradition and rural development in Thailand. Among them, Shigeharu Tanabe (2016) is unusual in reviewing various forms of community vis-à-vis religious traditions in Thailand.

development of various types of communication based on advanced information technology, will undoubtedly affect the future lives of Cambodian people in a much more intensified manner, similar to other places in the world. Although the people in this study demonstrated a clear attachment to a locality, rural residents in the future could lose such attachment. At the same time, one must not pre-suppose that Cambodia – today or in the future – is comprised of atomized individuals with only limited, or no, sense of community. As shown by the *sângkeahăh* rituals, Cambodians have inherited the ability to articulate culture and tradition while creating a new form of community. This case study therefore illuminates an example of *transformability* in the face of new changes – something especially important in the study of societies in which local people are often depicted as passive recipients of global changes.

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Table 1. Movable properties possession of sample families (n=90).

Item	Number of possessors	Total number of items
Car	3	3
Truck	1	1
Motorbike	71	89
Hand tractor	42	43
Tractor	5	5
Threshing machine	1	1
Pumping machine	17	18
Color TV	76	80
Radio	18	18
Mobile phone	80	156
Solar panel	17	18
Cattle	25	68
Water buffalo	19	57

Source: Author's research in three villages in Bakan, Pursat in February 2016

Table 2. Basic features of *sângkhea tean* and *sângkeahãh* in SK village.

	<i>sângkhea tean</i>	<i>sângkeahãh</i>
Organizer	The family concerned	Village chief and <i>achar</i>
Who is invited and how	Certain individuals receive an invitation	All villagers are informed secretly without exception
Provisions	Food and drink are prepared for guests by family concerned	No food is prepared
Role of monks	Donation receiver	Donation giver
Amount of donation	One can decide freely	One can decide freely

Source: Author's interview with the village chief

Table 3. Features of *sângkeahăh* conducted in the researched villages.

Amount of donations collected in a <i>sângkeahăh</i>	100-150 USD	150-250 USD	70-150 USD
Rule for the amount of donation from each villager	Not set as a regulation	Not set as a regulation	Not set as a regulation
Criteria for becoming the object of a <i>sângkeahăh</i>	Whoever is suffering a serious illness, regardless of age. The typical cases are those who have received medical treatment in the provincial hospital and have returned home.	Whoever is suffering a serious illness, regardless of age. In most cases the patients are over forty years old. Typically cases in which doctors have given up further treatment.	Whoever is suffering a serious illness. In many cases, patients who returned from hospitals outside of the village.
Decision-making	Village chief and <i>achars</i> decide the operation and the date after consulting with monks of the local <i>wat</i> .	Village chief and <i>achars</i> make decisions for the operation and the date by consulting each other.	Monks and <i>achars</i> make decisions for the operation and the date. The village chief supports them later.
Inviting villagers	Make the call by the loudspeaker on the day of the ritual. No advance invitation or collection of monetary donations. Take care not to let the target family know in any way.	Village chief and <i>achars</i> visit village households in advance to inform about the ritual and collect donations. Make the call by loudspeaker on the day of ritual. Take care not to let the target family know in any way.	On the previous day, <i>achars</i> deliver the information to villagers from group to group. No collection of monetary donation in advance. Make the call by loudspeaker on the day. Take care not to let the target family know in any way.
Ritual procedure	At 2pm, <i>achars</i> and village chief visit the target family and start the ritual. Amounts of donations and contributors' names are announced by loudspeaker, but not recorded. At 5pm, two monks are invited and chant with villagers. Monks contribute to the ritual as well.	<i>Achars</i> and village chief visit the target family at 3pm, and invite villagers by loudspeaker. Amounts of donations and contributors' names are announced by loudspeaker, but not recorded. Monks are invited at the end to chant. Monks make the contributions to the target family as well.	<i>Achars</i> and some elderly villagers visit the house of the target family at 7am and start calling villagers on the loudspeaker. In many cases, the target family prepares rice porridge for visitors. Amounts of donations and contributors' names are announced through loudspeaker, but not recorded. In the late morning, monks are invited to the site and chant with villagers. Lunch is given for monks sometimes. Monks make contributions to the target family as well.

Source: Interviews with village chiefs by the author in March 2016
