

RESEARCH ARTICLE

Negotiating Vegetarianism as a Complementary Therapy for NCDs in Myanmar Using Communication Accommodation Theory (CAT)

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Abstract: The use of vegetarian/vegan diets as a complementary therapy for NCDs and the communication interaction between those who use these diets and their family members is the focus of this manuscript. Communication accommodation theory (CAT) forms the theoretical underpinning for the study of this subject, with qualitative research methods being the chosen methodology as it allows for the gleaning of in-depth personal experiences. In-depth interviews of 11 pairs of vegetarian/vegan respondents who followed a vegetarian/vegan diet after being diagnosed with NCDs and their family members were conducted in Yangon. Interviews were analyzed using a content analysis matrix. Different CAT strategies used in this study are rooted in the negotiation process based on the meanings of animal and vegetable diets and family support. Although vegetarian/vegan practice is a non-traditional practice for the Myanmar family context, the cultural and religious beliefs regarding diet and negotiating behaviors influence the effectiveness of communication for health management. The use of a vegetarian/vegan diet as a complementary therapy for NCDs is a new area of study within Myanmar, especially because diets are culturally rooted within societies. Future research could focus on ethnographic participant observations of this social phenomenon.

Keywords: Family-focused communication; vegetarianism/veganism, NCD, Communication accommodation theory

Noncommunicable diseases (NCD) such as diabetes, cancer, and hypertension have become a concern in the world's population due to the veritable volume in the number of cases of such illnesses (Campbell et al., 2015; Kimman et al., 2012; Oputa & Chinenye, 2012; World Health Organization [WHO], 2014). Although vast resources have been spent researching, diagnosing, and medicating NCDs,

the prevalence of these diseases continues to grow and adds to the general usage of health systems that utilize western medical practices (Malta et al., 2016). Additionally, there are also non-allopathic treatments that may be used for the medication and treatment of NCDs, and these are commonly known as traditional medicines/treatments and fall under the umbrella of non-western medication (Mao et al., 2015). Both

western and non-traditional medicinal treatments are most mentioned in the academic literature; however, there also exists an alternative course of treatment for NCDs known as a complementary therapy that works in tandem with these aforementioned courses of treatment (Kienle et al., 2011). Within the ambit of this complementary therapy is the practice of vegetarianism or veganism to offer a supporting part in the management of these diseases.

In essence, the logic that underlies the use of vegetarianism or veganism as a complementary therapy in managing an NCD is that such diets are healthy, reduce the toxicity of the body, and assists in the healing of the body. These diets also insert much-needed nutrients into bodies that are diseased and reduce the number of noxious by-products that are believed to accompany a diet that is inclusive of meat (Petti et al., 2017). Though there is little scientific evidence to suggest that this logic is 100% factual, folklore and traditional beliefs often support this logic, and within the context of the Myanmar culture, these traditional beliefs often win out over scientifically sound data. However, although culturally acceptable, there also exists, as in all human interaction, the possibility for miscommunication that is brought about by different perceptions about the use of a diet as a means of healing.

As mentioned in the previous paragraph, the practice of using vegetarianism/veganism as a complementary therapy to manage NCDs may result in misperception and misinformation regarding such a dietary practice (Greenebaum, 2012). This is not uncommon as in many cultures, but not all; around the world, a diet that is free of meat is subversive and seen as contradictory to the idea of good health (Biesalski, 2005). Therefore, adopting a vegetarian diet has numerous consequences on vegetarians/vegans when they communicate with non-vegetarian family members, especially when the logic and reasons for following such a diet do not make sense to the other party or are not explained well by the user (Roth, 2005). The main reason being vegetarian/vegan presents a distinct set of values that might not align with those of the family and, in and of itself, this is fuel enough for conflict and non-acceptance from a communication perspective of a vegetarian/vegan diet (Kenyon & Bearker, 1998). That criticism of a non-meat based diet may add to the failure to communicate effectively in the interaction process and leave both parties dissatisfied in terms of

achieving successful communication and negotiation with each other (both in terms of why vegetarianism/veganism can be used as a complementary therapy and also why a meat-based diet may not necessarily contribute to good health; Boyle, 2007). Additionally, dietary practice is a complex system that is influenced by not only culture and society but also by the individual perspective regarding eating habits and by the psychosocial influences of vegetarian diets, thus lending further intricacy to the communication and negotiation situation where family members do not necessarily see eye-to-eye on the use of vegetarianism or veganism as an acceptable complementary therapy for NCDs (Jabs et al., 2000).

Although there are various places where the use of vegetarianism/veganism for health purposes is common (Puskar-Pasewicz, 2010), this research focused on the geographic and cultural context of Myanmar. This was due to the increasing rate of NCDs in Myanmar due to poor dietary practices, as WHO estimates that NCDs account for 59% of deaths in Myanmar in 2014 (Latt et al., 2016).

A recent study done in Yangon shows that the prevalence of hypertension (40-41%) and diabetes mellitus (17.2%) is higher than the global estimates (Htet et al., 2016). Besides this, the number of vegetarians is increasing in many countries and different populations, including people who are suffering from NCDs. In Myanmar, this is no exception, with more people with NCDs utilizing vegetarian/vegan diets as a complementary therapy to manage their NCDs (Ou et al., 2016). The combination of rising NCDs and the growing use of vegetarianism or veganism as a complementary therapy to manage the NCDs allows for this study to take place in this context. It also allows us to delve deeply into the communication and negotiation of the person using vegetarianism or veganism as a complementary therapy to manage their NCD and their non-vegetarian or non-vegan family members.

This manuscript is, therefore, on the study of communication and negotiation between those who use vegetarianism as a complementary therapy to manage NCDs and their families who do not follow such a diet within the family context of Myanmar. This manuscript specifically uses communication accommodation theory (CAT) as the theoretical underpinning to describe and means by which communication and negotiation between these two parties occur, and by doing so add to the means by which others who use

such diets as a complementary therapy for NCDs may benefit and increase their communication and negotiation skills with their family members.

Literature Review

Previous studies found that vegetarians manage their communication with their family members through impression management strategies like justifiable meat-eating and making excuses (Jabs et al., 2000), verbal and behavioral tactics for demonstrating their enjoyable lifestyle behaviors (Walter, 2013), having a plan and minimizing others' discomfort such as tailored disclosure, stretching the truth, and having excuses for eating meat (Romo & Donovan-Kicken, 2012), and face-saving strategies such as avoiding confrontation, waiting for an appropriate time, focusing on health benefits, and leading by example (Greenebaum, 2012). However, we found that although these remain distinct possibilities, for this manuscript, the literature would have to delve into the cultural practices of Myanmar, as well as the use of vegetarianism/veganism as a complementary therapy for the management of NCDs to give an added cultural dimension to the manuscript.

Cultural Practices and Food in Myanmar

Myanmar is a country that has Buddhism as its dominant religious practice (Bischoff, 1995). As such, Buddhism greatly influences the choices and lifestyles of the people of Myanmar. One of Buddha's teachings is to have compassion towards all living things, both human beings and animals. Because of this teaching, one of the main characteristics of Myanmar culture is showing compassion to those who are in trouble and suffering, and those who are weak and dependent. Myanmar children are thus lovingly cared for, and the elderly are accorded great respect. This compassion is extended to all living beings. For example, as Myanmar is an agricultural country, the farmer and his oxen have to plow the field with great labor. This has forged a bond between the beast and the man and instilled a sense of gratitude towards the faithful oxen. Most of the farmers, if not all, thus, regard their oxen as their benefactors and, out of gratitude and compassion, will not eat its meat. Compassion is then an important part of the Myanmar valuation system, for it is based on respect for all forms of life (Aung & Ohbuchio, 2009).

In Myanmar's past, vegetarianism was practiced by religious practitioners of Hinduism, Judaism, Christianity, Taoism, Confucianism, and Buddhism (Hiep & Mahathanadull, 2019). However, each religion has different ways of practicing vegetarianism as a form of religious observance. This is different from those who practice vegetarianism as a means to have a healthy life without a disease (Hiep & Mahathanadull, 2019). However, the religious background of Myanmar's past has become steeped in present-day cultural practices where the consumption of food is concerned, especially in terms of how vegetarianism/veganism is practiced. In Myanmar's cultural practice, vegetarianism can vary from avoiding the consumption of four-legged animal products (*Chay-lay-chaung-thar*) to only consuming land animal products (*Kone-thar*), to consuming only fishery products (*Yay-thar*), to observing a fruitarian diet (*Mee-luke*). Under Buddha's teaching of practicing a life that does not take the lives of animals, the people try to abstain from eating meat, meaning there is no killing of animals (*Myin-thar*), hearing their screams of pain as they are killed (*Kyar-thar*), and being doubtful of killing them (*Than-tha-ya-thar*). Most Buddhists in Myanmar try to practice vegetarianism/veganism by abstaining from eating meat during the Buddhist Lenten period to follow the nine principles of Buddhism's teachings (Schissler et al., 2017).

Ordinarily, on the dining table of the typical Myanmar home, there is a bowl of fish-paste sauce (*Nga-pi-yay*) as a staple food, a plate of mixed fresh vegetables to dip in the fish-paste sauce (*Toet-sa-yar*), and a plate of fried vegetables. These dishes are found in the homes of both rich and low-income families. Younger family members put a token morsel of rice and curry in the dish of senior members as a sign of respect. These are the basic cultural food practice and basic manners during meals in Myanmar (Chit, 1995).

The above indicates that in Myanmar, vegetarianism is slanted more towards cultural expectations of meeting religious beliefs and of respect for seniority and the weak. Vegetarianism, as a practice, does not include a health aspect nor the suggestion that vegetarianism is used as a means of managing illness. The following section of the literature then mentions the use of vegetarianism/veganism as a complementary therapy with health benefits and then connects both cultural practice, health, and the use of the theoretical underpinning of this manuscript.

Use of Vegetarianism/Veganism as a Complementary Therapy for the Management of NCDs

Complementary therapies like acupuncture, massage, herbs, and nutrition (vegetarianism/veganism) have now become a common complementary therapy for NCD management (Morris et al., 2000; Sulvian, 2011). Appropriately planned vegetarian diets are healthy and nutritionally adequate and a vegetarian diet has been claimed to provide health benefits in the prevention and treatment of certain diseases associated with obesity, such as cancer, cardiovascular disease, and diabetes (Naik et al., 2013).

Although there are many benefits given by the vegetarian/vegan diet, some vegetarians/vegans can face barriers that prevent them from choosing this diet. Living with misunderstanding and stereotyping by non-vegetarian family members makes vegetarians/vegans fail to adhere to the use of vegetarianism/veganism as a complementary therapy for the management of NCDs (Edwards, 2013). Therefore, the problem is that vegetarians/vegans, who wish to use vegetarianism as a complementary therapy for NCDs, face oppositions from family members within the perspective of social interaction. This continued opposition may deter the use of vegetarianism as a complementary therapy that may have negative effects on the management of NCDs. Therefore, it is an interesting question to ask how communicated opposition to the use of vegetarianism as a complementary therapy for NCDs may be better managed so that it may bring therapeutic benefits to people who have been diagnosed with NCDs. The manuscript utilizes the theoretical underpinning of CAT to follow scientific rigor, and more regarding this is explained in the section below.

Communication Accommodation Theory (CAT)

As explained above, it is clear that the practice of vegetarianism/veganism is difficult within the family context. In this study, CAT, as proposed by Giles et al. (1973) and Giles et al. (1991), was used to conceptualize both the subjective and objective nature of communication and focused on both interpersonal and intergroup aspects, not only individual motivation, knowledge, and skill factors but power and macro contextual factors (Gallois et al., 1995). CAT provides a socio-psychological framework to understand how vegetarians/vegans communicate with their non-vegetarian family members to manage

their diet for NCDs treatment. It describes a different communication strategy that the interactants may use to accommodate their communication behaviors. These are an approximation, interpretability, emotional expression, strategies, discourse management, and interpersonal control (Soliz and Giles, 2014).

Little is known about how vegetarians practicing this diet for NCDs management communicate with the non-vegetarians in the family context. This research will aim to understand the ways of communication and negotiation between vegetarians/vegans and non-vegetarians, and it will provide a more in-depth understanding of the different communication and negotiation styles between them than in the existing literature on the subject. It can help current and also potential users of vegetarianism and veganism as a complementary therapy for NCD management to get a better understanding of what they might experience if and when they adopt vegetarianism/veganism as a complementary therapy for NCD management. Taken together, the research results in this manuscript can support both vegetarians/vegans and their non-vegetarian family members to gain the most productive approaches to discuss the use of vegetarianism/veganism as a complementary therapy for the management of NCDs.

The aim of this manuscript, therefore, is to understand how vegetarians/vegans communicate and negotiate with their non-vegetarian family members on their use of vegetarianism/veganism as a complementary therapy for NCDs in the Myanmar family context. To fulfill this aim, the manuscript has its objectives the description and analysis of communication and negotiation using CAT as the theoretical underpinning of the communication and negotiation of users of vegetarianism/veganism as a complementary therapy for NCD management and their non-vegetarian/vegan family members; and how do the users of vegetarianism/veganism as a complementary therapy for NCD management negotiate the maintenance of this choice within the family context.

Methods

Recruitment Process

The definition of vegetarianism varies from one person to the next (Maurer & Sobal, 1995). Added

to this, the marginal and individualized nature of vegetarianism signals to us that it would be feasible to adopt both a purposive and snowball sampling technique to acquire an adequate number of vegetarians to interview (Beardsworth & Keil, 1992). Therefore, the research sets the following inclusion/exclusion criteria for the research: For the vegetarians/vegans, the people who are above 18 years old, living in Yangon city, and intended to practice this diet for treating NCDs (i.e., hypertension, diabetes, and cancer) were included. However, those who live alone practice vegetarianism/veganism for reasons other than NCD management and have already quit this diet were not included. For the non-vegetarians, the spouse, children, or parents, including step-parents living in the same place were included by requesting the vegetarians to invite them. Extended or “informal” family members were excluded. These inclusion and exclusion criteria were strictly adhered to.

Next, the research was advertised to recruit respondents who met the set criteria of the research in social media groups and pages (Facebook™). Flyers advertising the research and soliciting for respondents were also distributed at vegetarian restaurants in Yangon, and getting information from the antecedently-met respondents for potential respondents was also solicited. At the end of the recruitment period, a total of 22 participants comprising 11 each of vegetarians/vegans who use vegetarianism/veganism as a complementary therapy to manage their NCDs and their non-vegetarian family members were enrolled in the research. The point of data saturation was used to determine the number of respondents.

Data Collection and Analysis

Data was collected using a semi-structured interview guideline. Each respondent was contacted for a viable date/time/venue for the individual interview. Once these had been set, the respondent was met and rapport was built utilizing familiarity with the subject of vegetarianism and other commonalities. Once rapport had been achieved, and the respondent had signed the consent form to be involved in the data collection, a pseudonym was assigned to them to protect their identities (vegetarians/vegans were given the letter “R” followed by a numeral to form their pseudonyms, whereas family members were assigned the letter “F” followed by a numeral to form their pseudonyms). Each interview took between an

hour to 75 minutes, and where necessary, follow-up questions were asked via email or through social media messaging. All interviews were audio-recorded and then transcribed. These transcriptions were then placed within a content analysis matrix for analysis.

Data were analyzed using an ongoing process of note-taking and reflective thought, as well as the use of the aforementioned content analysis matrix. This content analysis matrix allowed for the analysis of the latent and manifest meanings of the communication between the users of vegetarianism/veganism as a complementary therapy for the management of NCDs and their family members. For each latent and manifest meaning in terms of the negotiation and communication between a practitioner of vegetarianism/veganism as a complementary therapy for NCD management and their family members were color-coded and analyzed for communication management and strategies using CAT as a theoretical lens. The template of the content analysis matrix is presented in Tables 1 and 2.

Table 1

Coding and Developing Categories of Condensed Meaning Units (Erlingsson & Brysiewicz, 2017)

Meaning units (Condensation)
– We have some financial problems in my family. My mom blamed me that I was doing shit. (My mom blamed by for financial problem)

Table 2

How Text Can be Divided Into Meaning Units and Condensed Meaning Units (Condensations are in parenthesis) (Erlingsson & Brysiewicz, 2017)

Condensed meaning units	Codes	Categories
– My mom blamed by for financial problem	Blaming	Emotional expression

Ethical Considerations

Prior to data collection, ethical approval was obtained from the Institutional Review Board of the Faculty of Social Sciences and Humanities of Mahidol University. For respondents who met the

inclusion criteria, informed consent was obtained. As previously mentioned, all respondents were assigned a pseudonym to protect their privacy. We used an audio recorder to record the interviews with the respondents after permission was received from the individual respondent. All files were stored within an encrypted laptop and are due for deletion and shredding within the next six months in accordance with the ethical approval given to this study.

Results

General Characteristics of Respondents

The general characteristics of all respondents are listed in Table 3. In total, 22 respondents from 11 families met the inclusion criteria and agreed to be interviewed for the research.

Table 3
Participants' Characteristics

Characteristic	Number
Total number of families	11
Vegetarians/vegans	Male - 5, Female - 6
Non-vegetarian family members	Male - 3, Female - 8
Hypertension	5
Cancer	6
Vegan	9
Ovo-vegetarian	1
Pesco-vegetarian	1
Duration of disease occurrence	4 months – 28 years
Duration of vegetarian/vegan practice	3 months – 27 years

The data collected through the interviews are analyzed based on the objectives of this study, which are based on the use of CAT as a theoretical underpinning. The results of this study indicate that the respondents used five out of six strategies of CAT, which are approximation, interpretability, emotional expression, face-relation, and interpersonal control strategies. Discourse management strategy was not used in their communication and negotiation to use vegetarianism/veganism as a complementary therapy for NCDs. For quick reference, approximation strategy

is related to changes in verbal or non-verbal behavior to become more or less like the other in order to reduce or accentuate the social distance between two interacting people (Jones et al., 2007). Interpretability strategy could be the adaptation of behaviors to be understandable to others during a social interaction process (Giles et al., 1991). Emotional expression strategy is showing the response according to the emotional or relational needs of the other person (Williams et al., 1990). Face-related strategy means an attempt that takes into account a person's need to be liked (positive face) or independent (negative face) by others (Jones et al., 2007). The interpersonal control strategy is in regard to the roles that interactants can enact in an interaction (Jones et al., 2007). These results are in general and more details of these findings are presented in the following sections.

For the purposes of presenting the findings, the five strategies were grouped into two categories. The first is the category of negotiating behaviors where communication and negotiation skills were used to traverse the maze of communication between the respondents who used vegetarianism/veganism as a complementary therapy to manage their NCDs and their family members who eat a meat-based diet to positive effect. The second category of findings is of inhibiting behaviors, meaning the behaviors in the communication and negotiation between those respondents who used vegetarianism/veganism as a complementary therapy to manage their NCDs and their family members who eat a meat-based diet did not elicit positive communication or negotiation.

Negotiating Behaviors

In this section, the responses from the respondents detailed how the vegetarians and their non-vegetarian family members facilitated and negotiated their behaviors with each other to attain smooth interaction between them. Respondents were influenced by religious influences to reduce the social distance between the users of vegetarianism/veganism as a complementary therapy for NCDs. All the Christian respondents in this research answered that their Adventist Christian beliefs influenced their use of vegetarianism/veganism as a complementary therapy as these religious beliefs promote vegetarianism. Additionally, these religious beliefs made the vegetarians/vegans negotiate with the non-vegetarian family members for the acceptance of their vegetarian

practice as an approximation strategy. The following interview excerpts are examples of this strategy:

Non-vegetarians usually see vegetarians as people who create problems. It makes the vegetarians embarrassed. For me, my family members do not think like that because of religious teachings about the vegetarian diet. They always think that is good for their health. We (the family members) can negotiate with each other in this way. (R3)

It is like striking two birds by one stone. We sympathize with the animals, and it can also support our good health. Moreover, it is good from a religious point of view. If the family members understood it as doing good deeds, then our relationship would be less problematic. (R5)

Cultural influences also aided in the approximation strategy used to negotiate interaction between the two sets of respondents. As the people in Myanmar like to eat *Nga-pi* (fish paste), a meal of this condiment with rice is considered satisfactory, but for those who are using vegetarianism/veganism as a complementary therapy for the management of NCDs, the exclusion of *Nga-pi* is difficult, and this difficulty is compounded by family members feeling like this is a means for the vegetarian/vegan to distance themselves from their family. Therefore, the negotiation has to be more along the lines of a compromise between what the two sets of respondents deem acceptable in the family context. The following interview excerpt is an example of this:

*They (family members) knew the benefits and risks of meat-eating but could not avoid it totally. They are still eating this. Being Karen ethnic people, they could not abstain from eating *Nga-Pi-Yay* (Fish-paste sauce) and change to be a vegetarian. When I became a vegetarian, they compromised by eating less meat with the exception of chicken and fish. (R6)*

In some cases, the use of approximation strategy happened over a period of time. This aided in the process of reducing the distance between the two sets of respondents as time allowed for them to realize the value of the vegetarian/vegan diet in promoting the health of the vegetarians/vegans who were using the

diet as a complementary therapy for the management of NCDs. It also allowed for the acceptance of dietary choice and its benefits. The following two interview excerpts attest to this:

I think there was some improvement in his health. He looks better because of his diet. So, I will try to eat more vegetables. Now, I eat only fish and beef mainly, not pork. If I could try to cut off all the meat, it would be better for my health. (FM1)

During the transition period, I explained to them about vegetarianism, but they could not avoid eating their habitual food. Later, they gradually accepted it by self-learning the benefits of the vegetarian diet. For me, I do not want to force them to change. So, I took the time to accept it. (R4)

The way of interpreting symbolic meanings of vegetarian/vegan diet can influence the communication interaction between two interactants. During negotiation about vegetarianism, if a vegetarian/vegan conveys a health message for the meanings of a vegetarian diet as healthy food to a non-vegetarian family member, it can change the acceptance of this diet by the family member. The following interview excerpt is an example of this interpretability strategy:

I would like to tell everyone the benefits of being vegetarians for health reasons and make them try to accept these concepts. I also explain the diet to them from the religious points of view because they have already been taught it in religious teachings. (R1)

When the vegetarians/vegans explained the unhealthy consequences of consuming meat to their family members, they utilized an interpretability strategy to gain acceptance of their dietary choice by focusing on communicating the desire for the health of their family. The following interview excerpt is an example of this:

If I tried to explain to them about the bad consequences of meat-eating, they thought about it and finally accepted my idea. That is because I wanted them to be free from diseases (R1)

Some vegetarian respondents mentioned that they usually check the situation of the understanding of the non-vegetarian family members of the explanation given to them of the use of vegetarianism as a complementary therapy. The vegetarians/vegans tried to be patient by taking the time to wait for the proper situation as their interpretability strategy. This way of checking the understanding was shared as follows:

When I encourage them, they smile but never promise to do (change the dietary habit) like that. In my mind, I need to take time, and they will be at a proper period (point in time when negotiation could happen). (R1)

When the vegetarian/vegan respondent wanted the non-vegetarian family member to stop eating meat, they tried to express their emotion by appreciating the desire of the family member to change their diet to a vegetarian diet. They use appreciation as an emotional expression strategy as follows:

I do not restrict my family members' dietary practices. But, I sometimes told them that I would appreciate them more if they wanted to stop eating meat. (R2)

When vegetarians cannot practice their diets for various reasons, the non-vegetarian family members reassure them to get them motivated as an emotional expression strategy. The following interview excerpt is an example of this:

She didn't think she couldn't do it any longer. So, I reassured her not to worry, and I shared my knowledge on the vegetarian practices of other people. I knew that religious persons who practiced vegetarianism are also in good health and have longer lives. (FM9)

For vegetarians who wanted the family members to change their diets to the vegetarian diet, the behavior of pretending to express sympathy to eat only a vegetarian diet can support the vegetarian to practice well to be a strategic way of emotional expression. The following interview excerpt is an example of this:

When we pretend not to eat meat in front of her, it really supports her vegetarian practice,

I believe. We never tell her to cook meat for us. (FM3)

When the vegetarian/vegans do not want to impose on the non-vegetarian family members to cook food for them, they try to cook for themselves or sometimes go outside for their meals. They did not want to be a burden to the family by adding extra things to the daily cooking practice. These behaviors mean they try to be independent of others and not show their negative facial expressions as a face-related strategy. It can be explained by the interview excerpt as follows:

If the family does not want to cook for me, I will do it by myself. I will try to control my desire. (R5)

I have my children who do not like a vegetarian diet, and they usually make vegetable dishes become leftovers. So, I usually told my wife not to prepare too many dishes for me. Sometimes, I eat outside in tea shops or buy ready-made vegetarian foods. (R2)

To build a good familial relationship, the family members do not try to criticize each other on their food choices. The following interview excerpt is an example of a face-related strategy.

It will not be difficult to maintain a good relationship. We do not criticize each other regarding our food choices. (FM6)

The respondents used an accommodative interpersonal control strategy by treating others as equal, downplaying, or neglecting role differences during interaction with each other. They try to downplay their role differences by controlling interpersonal communication. The following interview excerpts are an example of this:

I will continue my life in the current ways... If the family members could understand this (vegetarian) practice like I am doing good deeds, our relationship would be less problematic. (R5)

I do not have any idea to live on a vegetable diet only. I cannot live on a vegetarian diet. But, I do not mind my Mom's practice. I am satisfied if she is okay with this diet. (FM11)

Inhibiting Behaviors

The second category of findings describes the ways that respondents communicate and enact their lifestyle choice as inhibiting behaviors. These behaviors negatively influenced the quality of interactions. For example, the non-vegetarian family member who seemed focused on health concerns due to vegetarian practice would not negotiate on this point, which led to a tense situation in the daily family practice.

In some cases, there can be a refusal of the concept of vegetarian/vegan practice by a non-vegetarian family member after being persuaded to change from a meat diet to a vegetarian diet because the non-vegetarian family members do not believe that vegetarian practice is fit for them. In the same way, for the vegetarians who strongly believe in the vegetarian/vegan diet, the persuasion of the non-vegetarian family member to stop following this diet could be refused by them. The following interviews are an example of the approximation strategy:

I told the others the benefits of being vegetarian for health reasons, but they do not want to accept what I have said. They replied that I was too strong in my beliefs of religious teachings. As for me, I could understand that I have changed positively after changing my diet. (R4)

I had tried to stop his eating (vegetarian) practice. But, he always refused. I am concerned about his health condition. It was not because of the extra work of cooking his vegetarian dishes. (FM5)

When the vegetarian/vegans persuaded the family members to try to practice a vegetarian diet for the sake of health, the family members responded by grumbling and displayed unsatisfied behavior for cooking food that they disliked. These manners of showing such dislike can decrease the quality of the family relationship during the negotiation process. The following interview excerpt is an example of this emotional expression strategy:

Although I am not so sensitive, they feel discomfort about that (persuasion to change diet). When I let them eat less amounts of meat, they looked unhappy and not satisfied with the food they were eating (vegetarian food). (R1)

Sometimes, the health concern of being vegetarians and the family's financial problems led to an unpleasant situation in the family relationship in terms of vegetarian practice. In such a situation, a non-vegetarian family member could try to prohibit practicing a vegetarian diet. The following interview excerpt attests to the way that how the emotional expression strategy is used by the respondent in the study:

We had some financial problems in my family. So my Mom blamed me that I was doing something nonsensical with the vegetarian diet I was following. (R5)

Some vegetarians/vegans want to impose on the non-vegetarian family members' lifestyle behaviors by not negotiating or making drastic changes to routines on purpose as they strongly believed in this diet and would like others to be healthier. One of the respondents shared how he imposed this lifestyle change on his family by using the face-related strategy:

I made my family change their sleeping time. My daughter usually refuses to go to bed early. But, I had turned off the light and kept her phone force her into the practice of sleeping early. Sometimes, I forced my family members not only in terms of their eating habits but also their sleeping time. (R1)

This show of force on the part of the vegetarians to change the lifestyle behaviors of the non-vegetarian family members made the non-vegetarian family members respond by seeing them as problem makers and voicing their complaints about their desire to change their dietary practice. The following interview excerpt indicates the use of this kind of interpersonal control strategy:

As I have changed, my wife also has changed her dietary habits. She only eats vegetables for dinner instead of heavy meat-eating. But my children want to complain about my urge to change my diet to them, then they looked at me as a problem maker. (R1)

Discussion

The aim of this study was to study the communication and negotiation of vegetarians and vegans who use their diets as a complementary therapy for NCDs with their families who do not follow such a diet within the context of the family in Myanmar. The results of the study found that the use of CAT in the communication and negotiation of the respondents emphasized the use of different strategies. This suggests that the vegetarians/vegans and their non-vegetarian family members use these different strategies to take care of the personal ideas held, the behaviors, and the needs of the other family members. This is done not only to meet personal needs but to maintain harmony in the familial relationship—meaning that above all else, the family was paramount, and care was taken especially to circumnavigate potential disharmony due to the use of vegetarianism/veganism as a complementary therapy for NCDs. Previous studies also emphasized the awareness of other family members' needs as important to create/maintain a good family relationship (Koffman et al., 2012; de Lima Santos & Marcon, 2014), and in the context of this study, it would be suggested that a good family relationship also has a bearing on the successful adoption and maintenance of the use of vegetarianism/veganism as a complementary therapy for health.

Strategies that work in the adoption and maintenance of vegetarianism/veganism as a complementary therapy for NCDs are explaining enough about the vegetarian practice to other family members, giving social and moral support, giving priority to others' needs, and making no big deal of their food choice. Strategies that do not work are forcing a change in diet, blaming each other, and critiquing other diets. These behaviors are greatly influenced by their cultural food practice, religious belief, and educational background. This indicates that these strategies have both successes and failures, a common thing in communication and also indicates that the use of CAT in such a context is not always a surefire way of gaining acceptance or compliance to the use of vegetarianism/veganism as a complementary therapy for the management of NCDs. However, the findings are indicative that CAT that is modified based on culturally relevant beliefs/elements may be more successful than a CAT that does not take into consideration cultural nuances.

Respondents in this study reported that when the meanings perceived of the vegetarian/vegan and meat diets are made aware to and are understandable by other family members, their negotiating process becomes smoother. The previous studies also highlighted that those kinds of family members' communication were determined by sharing the meanings of these diets (Allen et al., 2000). This then is indicative of the possibility that not only are the negotiation strategies important, but also the way in which these strategies are used within the Myanmar context. This, in turn, suggests that in addition to the present CAT strategies where cultural nuances are taken into consideration, it is also the communication and negotiation skills of individuals who use these strategies that make the use of the strategies successful. This is indicative of a need to grow communication and negotiation capabilities among the sub-population of people who use vegetarianism and veganism as complementary therapy for NCDs as well as their non-vegetarian/non-vegan family members.

The practice of vegetarianism/veganism is not easy in terms of how to properly buy and prepare the vegetarian diet to be well-balanced or healthy. These can constitute barriers to the practice of vegetarianism/veganism for vegetarians/vegans. Effective communication and negotiation behaviors of vegetarians/vegans are essential to adjust the other family members' difficulties and to reduce the family's concerns about their health of practicing the vegetarian/vegan diet. Many people in this and other studies did not report a negative experience (Greenebaum, 2012; Jabs et al., 2000; Romo & Donovan-Kicken, 2012; Walter, 2013). This suggests that the adoption of a diet is not always straightforward but is a complicated process that takes into consideration not only the diet but also the other components of the diet, such as food purchases and preparation. In terms of CAT, the negotiation strategies can and should be expanded to all facets of the adoption of a vegetarian diet as a complementary therapy for NCD management and not just the actual consumption of food. The recommendation that could be raised from this is for those who wish to adopt such a diet for health purposes need to be well prepared for all facets of their change in lifestyle, and comprehensive thought should be given to the process and execution of the adoption of this diet.

The results have practical implications for familial practice. The negotiating styles of their communication

and negotiation behaviors are important in maintaining the use of vegetarian/vegan diet practicing as a complementary therapy for NCDs. At the start of the dietary change, the key messages and desires of each other should be explained to get a mutual understanding. It may also be helpful to address communication strategies and deal with the information about dietary choices. This study deals with how a person interacts with the family members over selecting a vegetarian/vegan diet as a complementary therapy to manage chronic disease they suffered. This is of value to not only those who wish to adopt such a diet but also to public health officials who wish to promote such a diet for health purposes. As the family is the nucleus of most societies in the Asian region, relevant stakeholders could assist in the education and learning of these negotiation strategies.

Theoretically, the results of this study indicate that successful communication and negotiation regarding dietary choices can help gain social support within the family context. The social support of non-vegetarian family members is valuable to the vegetarians/vegans to practice a vegetarian/vegan diet properly (Paxman, 2016). The social support resulting from negotiation can be a construct that is a key to communicating with non-vegetarian family members during the management of NCDs using a vegetarian/vegan diet. This finding holds particular importance for the non-vegetarian family members who might not think their help can make a profound difference to their family members who are using vegetarianism/veganism as a complementary therapy in NCD management. It is also important to the scholars of communication and other social sciences by highlighting the necessity of cultural context, social support, and good communication practices within the family context in adherence to other complementary or alternative therapies that include vegetarianism/veganism.

Taken together, the findings of this study cannot only be limited within the vegetarian/vegan context, but the information provided can be used for a wider health management context. In a broader sense, the research findings of this study could make new contributions and theoretical suggestions (as per our earlier statement on the addition of the cultural dimension to CAT) for investigating similar disease management of gout, gastrointestinal diseases, and kidney diseases in the family contexts.

However, there are some limitations to the research. Based on the strict and specific criteria for the participants who are practicing the vegetarian/vegans using the vegetarian/vegan diet as a complementary therapy for NCDs (hypertension, cancer, and diabetes only), the sample size of vegetarian/vegan participants practicing only for health purposes is relatively small compared with those for general purposes. Moreover, the participants' social demographic data like religion, relationship with family members, types of diseases, and types of vegetarian/vegan diet cannot be the used in establishing the connection between vegetarianism/veganism and social interactions. These limitations imply that the scope of applicability to society may be limited. Therefore, larger studies and stratified studies may be undertaken in the future to add to the body of knowledge on this subject and also provide a more detailed glimpse into how different groupings of people would use the strategies of CAT in negotiating the use of vegetarianism or veganism as a complementary therapy for NCD management. This would allow interested stakeholders/parties to assist, educate, and promote this form of complementary therapy for diseases.

Conclusion

This research was conducted to investigate NCD management among the people who used vegetarianism/veganism as a complementary therapy to treat NCDs within the family setting in Myanmar with CAT as the theoretical underpinning. It has been found that different strategies of CAT are used dependent upon the situation that the respondents found themselves in vis-à-vis their dietary choices. Although the vegetarian/vegan diet is a non-traditional practice within the Myanmar family context, communication and negotiation allow the vegetarians/vegans, who utilize the diet as a complementary therapy to manage NCDs, to navigate the intricate terrain of this subject with non-vegetarian family members easily. Future research could focus on ethnographic participant observations

among appropriate respondents to generate a powerful addition to this social phenomenon, as well as focus on how different demographics of people would successfully use CAT for effectively navigating of the use of vegetarianism as a complementary therapy for NCD management.

Declaration of ownership:

This report is our original work.

Conflict of interest:

None.

Ethical clearance:

The study was approved by the institution.

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