

HEALTHCARE FOR MOTHERS AND CHILDREN OF ETHNIC MINORITY IN YEN BAI PROVINCE

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1. Rationale

Yen Bai is one of poor provinces in the northern mountains, with the poor household rate of 29% [9]. The healthcare for mothers and children in Yen Bai province was carried out relatively well. Specifically, basic health indicators have reached the average of the country. However, in remote areas, where mainly ethnic minorities such as Tay, Thai, Mong, Dao...inhabit, the indicators are still low. Ethnic minority people in Yen Bai province make up a large proportion of the population, Tay people centralize in Luc Yen district, Black Thai people centralize in Muong Lo field, Nghia Lo town, Mong people concentrate in Mu Kang Chai district and Red Dao people gather in Van Yen...

1. Rationale

Ethnic minority people mainly grow crops and plant trees in forests. The economic, cultural and social life of ethnic minorities in Yen Bai province has slowly developed. There remain many backward customs that affect the community health, especially the healthcare for mothers and children [2], [5], [7], [8], [9].

***Objectives:**

- 1) Evaluating the healthcare for mothers and children of Tay, Thai, Mong, Dao people in Yen Bai province in 2011.
- 2) Describing some customs that affect the the healthcare for mothers and children of Tay, Thai, Mong, Dao communities in Yen Bai province.

2. Objects and research methodology

2.1. *Objects:* Tay, Thai, Mong, Dao mothers having children under 5 years old and households in research locations (ethnic minority mothers are native and live in the research locations for 3 generations or more).

2.2. *Location:* Tay people in Lam Thuong commune, Muong Lai commune, Luc Yen district, Thai people in Nghia An and Hanh Son commune, Nghia Lo town, Mong people in Che Cu Nha and Mo De commune, Mu Kan Chai district, Dao people in Xuan Tam and Mo Vang commune, Van Yen district, Yen Bai province.

2. Objects and research methodology

2.3. Research methodology

2.3.1. *Research design*: Descriptive research, cross-sectional research, qualitative and quantitative research.

2.3.2. *Sample selection method for households with children under 5 years*

**Sample size of mothers*

- Apply the epidemiology formula to cross-sectional survey with $p = 0.5$ – the rate of ethnic minority mothers having adequate pregnancy check in the survey of Tran Thi Trung Chien and indicator [1]; d is estimated to be 0.05, the result calculated is 384, round number is 400, survey on 100 mothers of each ethnic group

2. Objects and research methodology

* *Sample selection Techniques:*

- Intentionally choosing Lam Thuong and Muong Lai commune, Luc Yen district for the survey because the percentage of Tay people here is the highest in the district (100%), choosing Nghia An and Hanh Son commune, Nghia Lo town for the survey because the percentage of Thai people here is the highest in the district (>90%), selecting Che Cu Nha and Mo De commune, Mu Kan Chai province for the survey because the percentage of Mong people here is high (100%), selecting Xuan Tam and Mo Vang commune, Van yen district as the percentage of Dao people is the highest in the district (approximately 90%).

- In each commune, randomly sampling 50 mothers having children under five, selecting randomly basing on sample distance.

2. Objects and research methodology

2.3.3. *Sample size for qualitative research*

- In each commune, conduct in-depth interview with 01 health worker, 01 community leader, 2 village patriarches, 2 heads of family/heads of a clan.

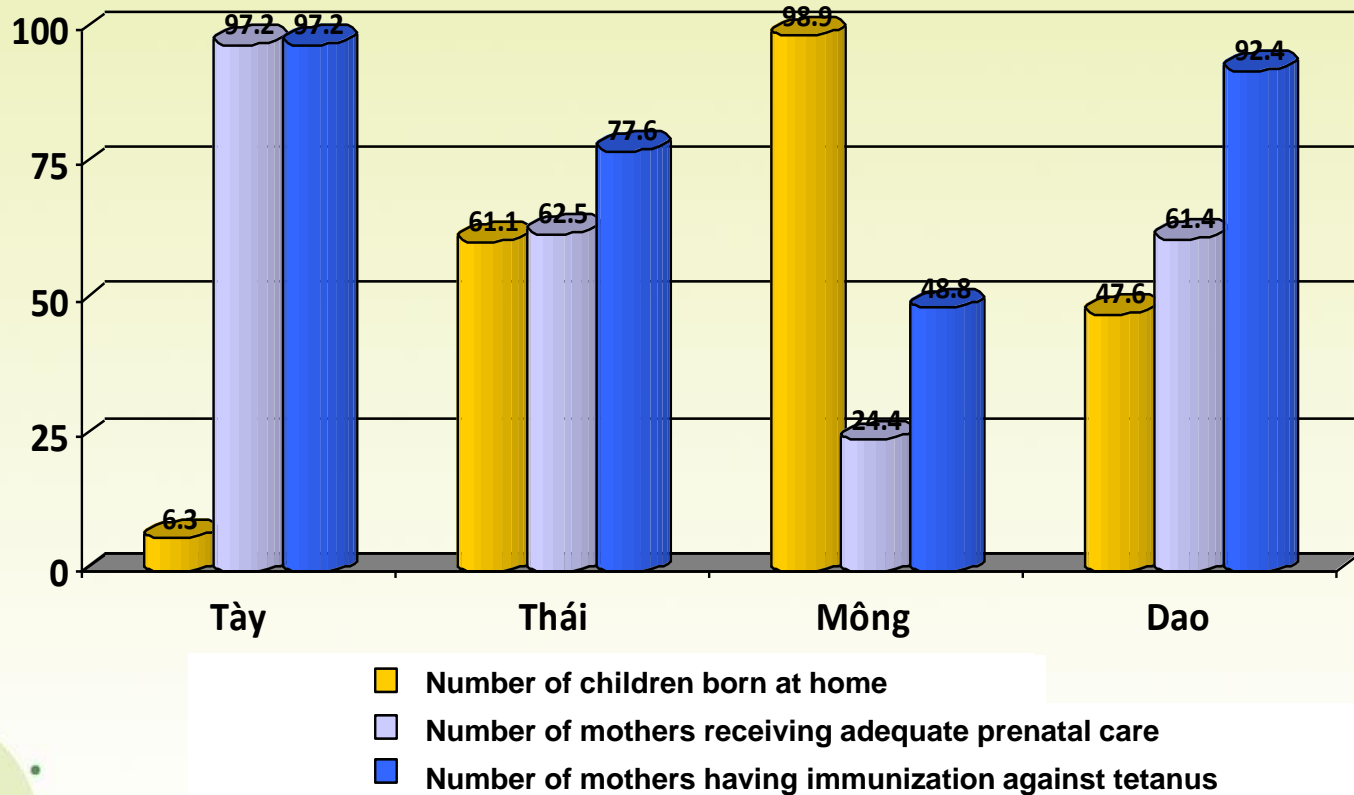
- Group discussion: 2 discussions with 10 people each: 1 group representing the healthcare and community leadership, 1 group representing ethnic minority mothers raising small children

2.3.4. *Research indicators*: Indicators of mother healthcare before, during and after childbirth; Indicators of child healthcare such as breastfeeding, immunization, malnutrition.

2.3.5. *Data collection method*: Directly interview mothers having children under 5 years old with designed questionnaire, weigh children under 5 to evaluate nutritional condition. Conduct in-depth interview and group discussion with related object group.

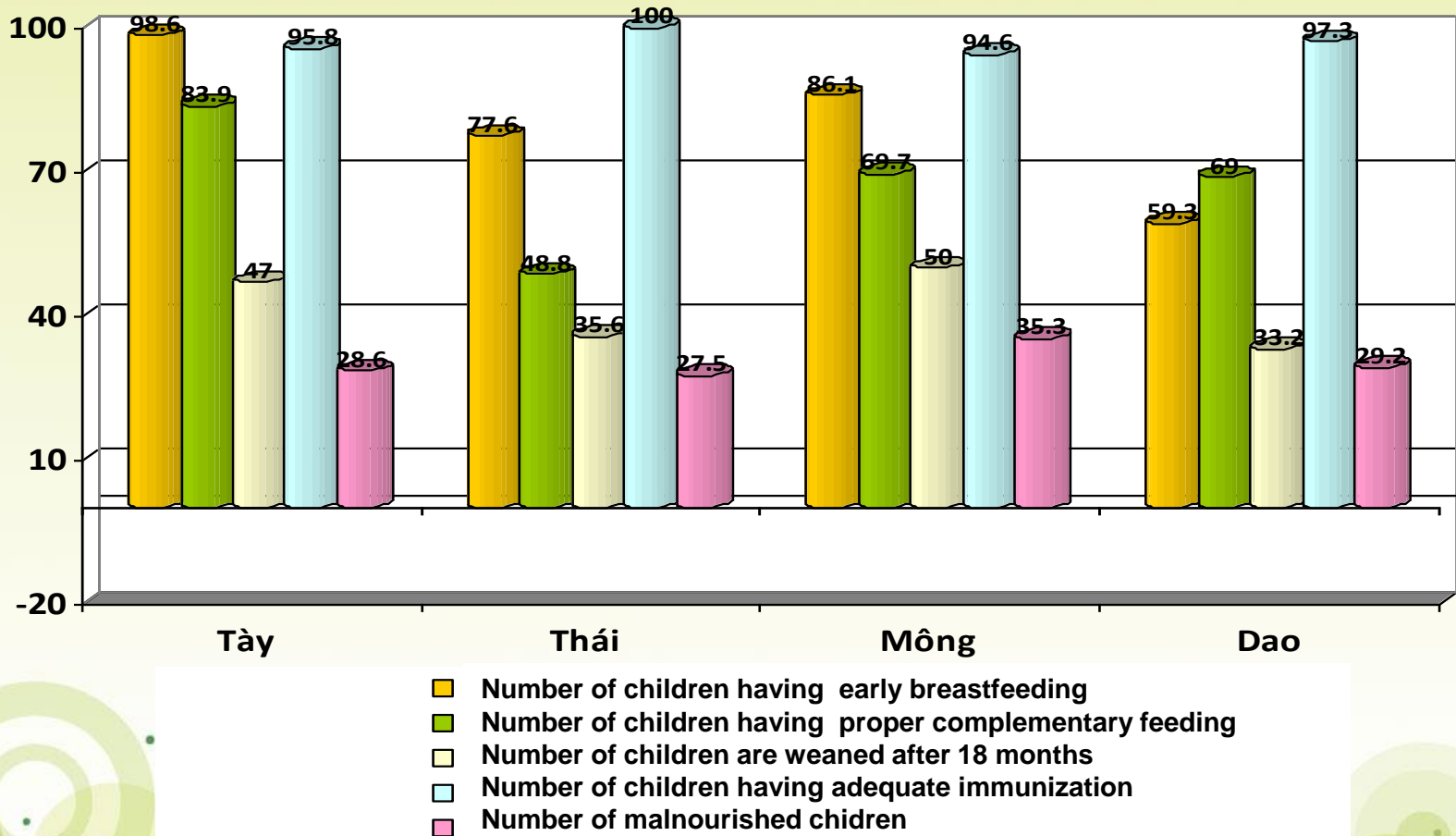
2.3.5. *Data processing method*: Using EPIINFO 6.04 software

3. Research results and discussion



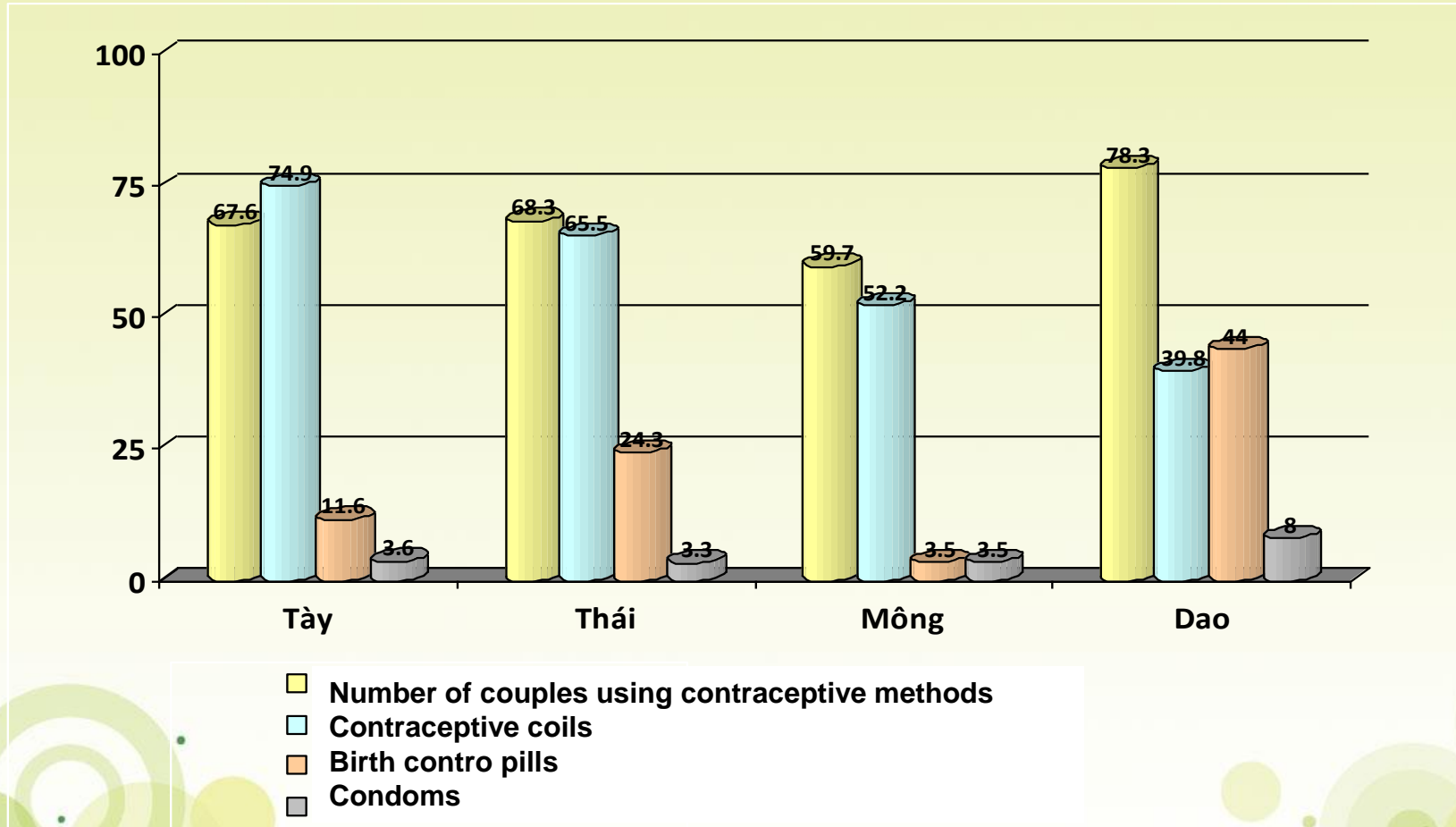
Graph 3.1: The situation of healthcare for ethnic minority mothers

3. Research results and discussion



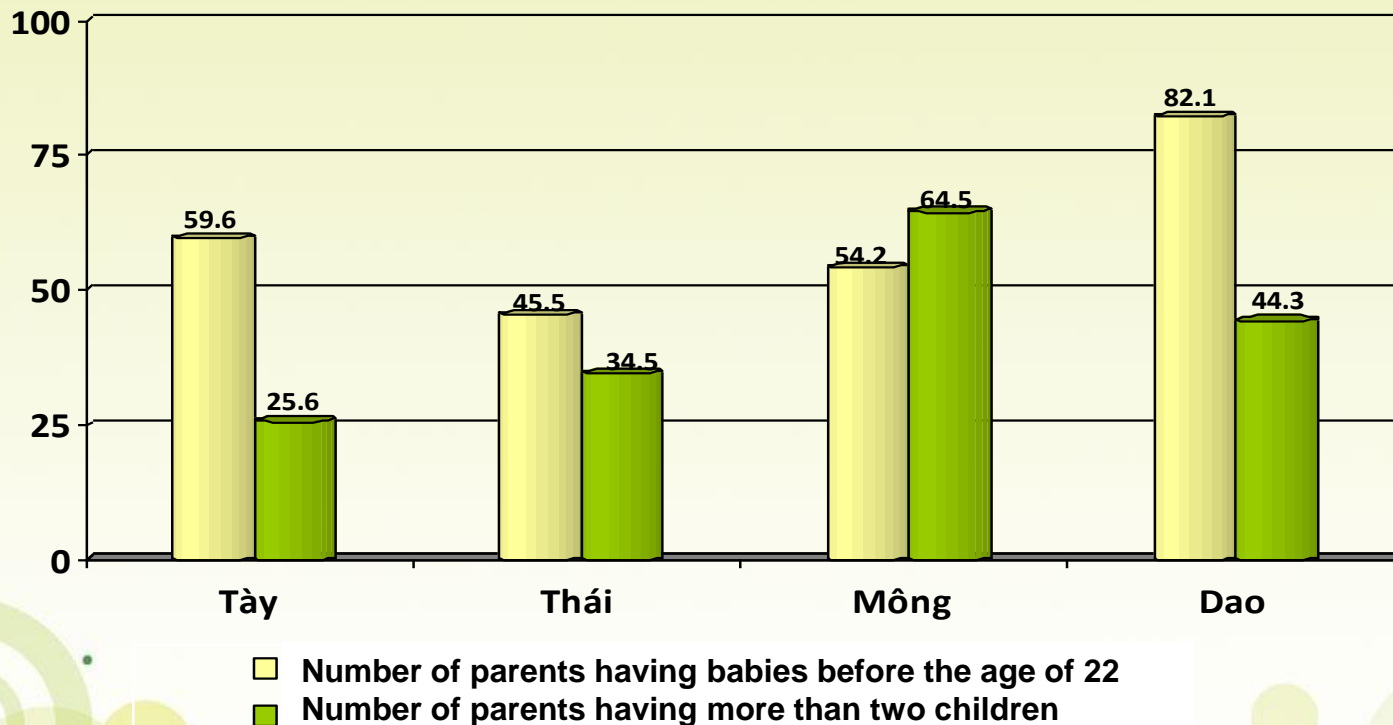
Graph 3.2: The situation of healthcare for ethnic minority children

3. Research results and discussion



Graph 3.3. The situation of using contraceptive methods among ethnic minority married couples

3. Research results and discussion



Graph 3.4. The situation of implementing Family Planning Program

3. Research results and discussion

3.2. Some customs affect the healthcare of ethnic minority mothers and children

**Tay people:* Now, most Tay mothers in Luc Yen give birth at local medical clinics. Mothers have one or two month postpartum rest and have a diet with lots of chicken and pork, but no fish and few vegetables...

“Women after childbirth are taken care more carefully. They can rest at home for about one month without doing anything and they have a nutritious diet with sticky rice, chicken, pork. They have to avoid eating fish and can eat green vegetables after 10 days. But they can eat only sauropus androgynus (rau ngot) because they’re afraid that it’s difficult for the baby’s umbilical cord to fall off...”
(According to Hoang thi H, village 7 – Luc Yen).

“During confinement time, mothers have to avoid many kinds of food and eat fresh and clean food. When going out, they have to carry a knife cover to fight evil spirits” (A mother in Ban Muoi village).

“After childbirth, women have to rest at home for about two months. They go to work after childbirth time. They are not allowed to eat fish. They have to stay in a sealed chamber, avoid winds...” (Thang Thi C, village11).

3. Research results and discussion

**Thai people:* In general, there are few backward customs in the healthcare of mothers and children in Nghia Lo town because of frequent communication about Family Health. The most popular backward custom is giving birth at home. Midwives assisting women in childbirth often don't use clean delivery kits. Many women after giving birth have a diet without necessary nutrients or have to go to work after a short time...

“Giving birth at home, late breastfeeding, early complementary feeding and early weaning... (Luong Van H – Village head, Hanh Son village)

“Women after childbirth have to be on a diet. Newly born babies should avoid seeing strangers. Buffalo meat and banana flowers aren't allowed to be brought into the house. Women after childbirth have to go to work early (one month)...” (Hoang Van Q – Village patriarch –Nghia An commune).

“Thai women get married at early age, so they are not educated; some households even make ceremonial offerings when a baby is born...(Ha Van L - Village patriarch, Nghia An commune).

3. Research results and discussion

**Mong people:*

- The healthcare of mothers and children: Mong pregnant women have to work hard and their main diet is rice and chilli salt. When they are pregnant, they are often shy and involuntary to go for a prenatal check-up. They often give birth at home near the stove, and sit during the childbirth time. Only their husband, mother or midwives assist the women during the childbirth time. It's Mong's tradition to not go to medical clinics. After 3-5 days of childbirth, women can go to work as usual with the child on their backs. There is no special diet after giving birth. After giving birth, women eat a small children boiled with *Artemisia vulgaris* (ngai cuu) and opium. Children don't wear pants when they are small. In winter, they use the heating system to keep warm and have no warm clothes, hat, scarf, or shoes. Mong children are breastfed for 18-24 months or longer, sometimes 2 children are breastfed at the same time. Children above 6 months old are fed with crushed rice.

- Marriages: Mong people often get married at an early age, previously 14-15 year-old men get married with 18-19 year-old women. Mong people can get married with each other as long as they have different last names. Therefore, marriages within a family bloodline are popular. Specifically, cousins with different last name can get married with each other...

3. Research results and discussion

According to Ms. Sung Thi M – Population and Family Planning Center: *“Mong people often get married at an early age (Mong women usually get married at the age of 14-18). Mong people can get married with those who have different last names. Therefore, marriages within family bloodline are very popular, cousin marriages is a typical example”*.

According to Mr. Th – Leader of district health center: *“Because they want to have many children, they often have babies continuously, and they won’t use any contraceptive methods unless they are forced to do. However, after having contraceptive coils fitted, many women go to other medical clinics to remove them because the coils cause pain and they cannot work...”*

And according to Ms. Giang Thi M – Chairman of commune women association: *“Mong women are reluctant to go for a prenatal check-up or give birth at a medical clinic ...because they don’t want to be seen by other people...”*

3. Research results and discussion

**Dao people:*

- Custom of giving birth: Red Dao women are often shy, so they don't go for prenatal check-up. Most Dao women give birth at home with mother-in-law or midwife's assistance. After the childbirth, mother and baby have a bath with medical plants in one month. They often use a kind of bamboo to cut the umbilical cord and use thread to tie baby's belly-button.

3. Research results and discussion

- In terms of feeding babies: Dao people wean their babies late, the babies are often breastfed until their mothers are pregnant with the next child.

“ *In the village, women often give birth at home with family member’s assistance (mother or sister). After giving birth, women have to avoid many foods such as buffalo meat, beef, fish, horse meet and vegetables (only eat sauropus androgynus (rau ngot). Most children are vaccinated, a few families don’t have their children vaccinated in time because they are afraid that their children get hurt. In most families, children are fed with few meals and weaned early when they are 13-16 months old. When children have got diarrhea, they aren’t allowed to eat fish and fat*” (Mr. A - Khe Chung 3 village- Xuan Tam commune)

“*Some women are cared. They don’t have work hard when they are pregnant or raising small children. Pregnant women have periodic health check-up. Children are cared by families and communities. Besides, there remain some bad customs. For example, women who are pregnant or feeding babies aren’t allowed to eat many kinds of food.*” (Triệu Tồn Nh - Trưởng thôn Khe Lép 2 - Xuân Tâm)

- “*Mother and child’s health aren’t paid attention to. Pregnant women still have to work very hard until the time they give birth, they are main labors in families. Children often go barefoot, don’t wear enough clothes in cold weather, which leads to pneumonia and because they often drink rainwater, they are vulnerable to diarrhea*” (Ban Ton Ch – Village leader - Khe Chung 1 - Xuan Tam commune)

3. Research results and discussion

- In terms of birth giving and family planning:

“ Women understand that each couple should have only one to two children. They should give birth to the next child after 3-5 years. Most women understand that having many children will lead to a hard life. However, many families want to have many children or try to give birth to a son” (Ly Duc Th – Village patriarch Gian Giau 1 - Gold Mine)

“Most women give birth at home with the assistance of family members (mother). After giving birth, mothers and babies have to take a bath with medical plants, and then rest and breast feed the babies (about 3-6 hours). They often use knives, bamboo to cut umbilical cord and thread to tie belly-button. Babies’ diapers are often parents’ old clothes”.

(Trieu Van A – Village head, Khe Chung 3 village - Xuan Tam commune)

The research results above in Yen Bai also match with the research on the relation between customs and health of Tay people – Lang Son, Thai people – Son La, Mong people – Ha Giang [3], [4].

CONCLUSION

1) The situation of the healthcare for ethnic minority mothers and children in Yen Bai province is:

-The healthcare for mothers: The rate of giving birth at home is relatively high (53,5%), Mong people – Mu Kang Chai have the highest rate (98,9%). The rate of giving birth at home with health workers' assistance is low (23%), Mong people have the lowest rate (0,5%). The rate of giving birth with midwives' assistance is quite high (32,8%). The rate of giving birth with other people's assistance is also high (44,3%), Mong people have the highest rate (98,4%). The rate of ethnic minority mothers having adequate prenatal check-up is low (31,1%). The rate of ethnic minority mothers having tetanus injection is relatively high (79%).

- The healthcare for children: The rate of infants being breastfed early is high (80,4%). The rate of children having proper complementary feeding is pretty high (67,9%), highest is among Tay people (83,9%), lowest is among Thai people(48,8%). The rate of children being weaned correctly (>18 months) is low (67,9%). The rate of children being vaccinated is high (96,9%). The rate of malnutrition among children under 5 years old in ethnic minorities in Yen Bai province is relatively high (30,2%), Mong people have the highest rate (35,3%).

- The percentage of ethnic minority couples using contraceptive methods is high (68,5%), Dao people have the highest percentage (78,3%), coils fitting is the most popular method of ethnic minority people (58,1%), second popular method is using birth control pills(20,9%), using condoms only accounts for 4,6%.

-The implementation of Population and Family Planning program: The average menstruation age of ethnic minority girls is about 15; average age to get married is 19,5; age to have first baby is 20,7. The rate of ethnic minority mothers giving birth at early ages (<22) is pretty high (60,4%), Dao people have the highest rate(82,1%). The rate of ethnic minority mothers having many children (>2 children) is high (42,2%), Mong people have the highest rate (64,5%).

CONCLUSION

2) Some customs affect the healthcare for mothers and children such as:

- Tay people – Luc Yen: Most mothers give birth at local medical clinics. In 1 or two months. Mothers have one or two month postpartum rest and have a diet with lots of chicken and pork, but no fish and few vegetables...

- Thai people: There are few backward customs of mother and child healthcare in Nghia Lo commune. The most popular custom is giving birth at home. Midwives assisting women in childbirth often don't use clean delivery kits. Many women after giving birth have a diet without necessary nutrients or have to go to work...

- Mong people: During pregnant time, Mong mothers in Mu Cang Chai have to work very hard, the diet is rice and chilli salt. They don't go for prenatal check-up. Women often give birth at home, near the stove. They sit to give birth with the assistance of their husband, mother or midwives. Mong babies are breastfed in a long time from 18 to 24 months or longer, even two children are breastfed at the same time. When children are over 6 months old, they are not fed with complementary foods. When children can eat food, they are fed with crushed rice. In terms of marriage, marriages within family bloodline are very popular, specifically cousin marriages are relatively common.

- Dao people: Red Dao women are often shy, so they don't go for prenatal check-up. Most Dao women give birth at home with mother-in-law or midwife's assistance. After the childbirth, mother and baby have a bath with medical plants in one month. They often use a kind of bamboo to cut the umbilical cord and use thread to tie baby's belly-button. Dao women often wean their babies late, usually until they are pregnant with the next child.

RECOMMENDATIONS

1) Enhancing communication and better organizing mother and child healthcare programs, especially the malnutrition prevention program.

2) Enhancing communication to help ethnic minority people abandon backward customs which are not good for mothers and children's health