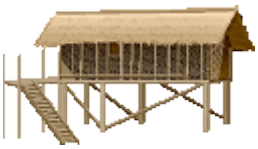
Vietnamese Culture



BACKGROUND INFORMATION

Vietnam has a complex culture comprising ethnic Vietnamese, Chinese (mostly Cantonese), Khmer, Hmong and a number of other minority groups. Colonialism, like in most other Southeast Asian countries, wrought its destruction and left its mark first by the Portuguese, then by the Dutch, the English and most significantly by the French. Under French rule the Vietnamese lost their script which was converted to the Roman alphabet (the writing style is known as 'quoc ngu') and they found themselves second-class citizens.

In an attempt to take control of Vietnam from the French (and Japanese) Ho Chi Minh established the Vietminh in the North in 1942. Political battles between North and South ensued, involving China, Japan, Britain and France. In an attempt to end the conflict the Geneva accord of 1954 divided the country by the 17th parallel into North and South. The North became backed by Soviet aid and the South by US aid and military intervention, and a long and devastating war saw the US retreating in 1973 after a cease-fire. Shortly thereafter the communists took control of the country, already ravaged by the horrors and violations of the war.

The first wave of refugees fled to the US in 1975. Most were urban professionals associated with US interests in the South and were assisted by US social agencies to resettle. The second wave, escaping the rising repression and human rights abuses of the communist regime, left during the late 1970's to the mid 1980's and included a higher number of less educated people who suffered severe hardships in the exodus. Many of those who survived the perilous boat journeys spent years in refugee camps before being resettled. Many from the North went to Thailand, Indonesia, Hong Kong, Malaysia and China, and from there to the US, or to other countries of resettlement. The third wave, continuing into the 1990's, left through UNHCR assistance programmes based on their status as political prisoners (from 're-education' camps in Vietnam) and through family re-unification schemes. Many continued to escape in boats. New Zealand has been a country of resettlement since 1976, with the majority arriving between 1979 – 1980. A small number have entered New Zealand since then as migrants, students or to join their families.

Many Vietnamese have been severely challenged in their resettlement in New Zealand by unresolved war- and post-war trauma, culture shock, economic dependence, low English proficiency, poor pre-migration education, and difficulty in accessing healthcare facilities. Second generation Vietnamese still carry some of the unhealed wounds of their parents. It is hoped that an understanding of this culture and the legacy of its immigrants will facilitate better access to healthcare and culturally appropriate service.

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COMMUNICATION

Greetings

Hello	*Xin Chao* (pronounced 'Sin Chow')
Goodbye	*Tam Biet* (pronounced 'Tam be it')

Main language

Vietnamese (*kinh*) is the official language with 3 main dialects, and is generally understood by most Vietnamese. It is a monotonic and complex language hybridized from Mon-Khmer, Thai and Chinese. Some Vietnamese may speak French and some, English. In addition there are 53 ethnicities all with their own dialects.

Specific gestures and interaction

- Use title and **first names** (e.g. Mr. Mark)
- "*Thua"* (meaning 'please') is sometimes placed before the first name as a sign of respect (this would be most appropriate with the older generations)
- NB Direct **eye contact** is acceptable and in fact, expected (if no eye contact is made, Vietnamese tend to ask themselves 'what is s/he hiding?')
- Vietnamese smile and laugh easily, regardless of **underlying emotion**, so a smile is not necessarily indicative of happiness
- Vietnamese may not take **appointment times** literally

TRADITIONAL FAMILY VALUES

- There are often as many as 4 generations under one roof. The immediate family (*nha*) includes nuclear family plus husband's parents and grown sons' spouses and children. The extended family (*ho*) include family members of the same name and relatives who lives close by
- Individuals are oriented towards the good of the whole family and mutual dependence is valued over independence

HEALTH CARE BELIEFS AND PRACTICES

Factors seen to influence health:
The diagnosis of illness is frequently understood from three different perspectives. Vietnamese may often understand their illness as an interaction of these. One of the implications is that treatments from all three models may be combined by the client and this needs investigation by the practitioner.

- The first could be considered **supernatural or spiritual**, where illness can be brought on by a curse or sorcery, or non-observance of a religious ethic. Traditional medical practitioners, amulets and other forms of spiritual protection, and religious practices may be employed in the treating of the illness. Buddhist principles of acceptance of fate and the understanding that life involves suffering will often influence clients to endure pain and illness and seeking help can be delayed.

- Secondly, an obstruction of '*chi*' (the life energy) or **imbalance** of the opposing vital forces "*Am*" and "*Duong*" (similar to the concepts *yin* and *yang*, respectively in China) can cause illness.
- The **Western** concept of disease causation is generally accepted although for many there is a distrust of western practices (i.e. multiple techniques for diagnosis and intervention) by more rural dwellers. Some (e.g. the H'mong), believe that minor illness is organic whereas more serious illness has a supernatural/spiritual cause.

Traditional treatment and health practices

Balance can be restored by a number of means, including dietary changes to compensate for the excess of "winds" or imbalance in "hot" or "cold" states, western medicines and injections, and traditional medicines. These practices and medications include:

- ***Coining*** (*cao gio*)
- ***Cupping*** (*gia*)
- ***Pinching*** (*bat gio*)
- ***Steaming*** (*xong*)
- ***Balming***
- ***Acupuncture***
- ***Acupressure or Massage***
- ***Moxibustion*** (used mostly by the Mien, mountain dwelling cultures)
- ***Herbal and Natural remedies***
- ***Magico-religious talismans*** in the form of amulets for protection

(See Chapter 2, Introduction to Asian Cultures, 'Traditional treatments/practices' pg 6, for additional information on some of the above practices).

Important factors for Health Practitioners to know when treating Vietnamese clients:

1. People from rural areas who have had less exposure to western health care are more likely to distrust the system and only present when traditional methods have failed. It is important to check with clients about interventions already used.
2. The expectation of immediate symptom relief and cure is likely to be a goal when entering the western health system. **When a medication is not prescribed initially, the patient is likely to seek care elsewhere.** In addition to the myriad of traditional healers and other traditional medicines and practices available to resettled Vietnamese, Western pharmaceuticals, especially vitamins and even antibiotics, are obtainable, either through specialized "injectionists," or from relatives in other countries such as France where some of these medicines are available without prescriptions. When medication is not an appropriate intervention, treatment plans will need careful explanation by the practitioner.
3. It is reported in American literature that **Vietnamese frequently discontinue medicines after their symptoms disappear; similarly, if symptoms are not perceived, it is believed that there is no illness.** Hence preventive, long-term medications like anti-hypertensives must be prescribed with culturally-sensitive education. It is quite common for Vietnamese patients to amass large quantities of half-used prescription drugs, even antibiotics, many of which are shared with friends and even make their way back to family in Vietnam.
4. It is often considered that Western pharmaceuticals are developed for westerners whom they believe have a different physiological constitution. Often dosages are

seen as too strong for the more slightly built Vietnamese, so self-adjustment and discontinuation of dosages is not uncommon.

5. Some Vietnamese resist invasive procedures which they believe are potentially harmful to the spirit. Less educated people often do not realize that more blood can be produced by the body and think venapuncture will weaken them. These issues will need to be clearly explained if treatment compliance is required.
6. Some traditional techniques (e.g. coining, cupping, moxibustion, pinching) may leaves marks on the body and providers need to investigate these before assuming abuse.
7. Vietnamese traditionally do not have a concept of 'mental illness' as distinct from somatic illness. Mental illness is seen as a spiritually based illness and often presents somatically.
8. When doing HOME VISITS:
    - Give a clear introduction of roles and purpose of visit
    - Check whether it is appropriate to remove shoes before entering the home (notice whether there is a collection of shoes at the front door)
    - If food or drink is offered, it is acceptable to decline politely even though the offer may be made a few times

Diet and Nutrition

It is reported that many adults are lactose intolerant as they do not consume much milk. Traditional diet is mostly rice, fish and vegetables, plus pork and chicken when available. Fasting may be used when someone is sick with only hot water or thin rice gruel consumed.

For some Vietnamese the diet is guided by the hot/cold foods of the Chinese medicine system, and this will likely be followed when the person is unwell. It is believed that some foods have medicinal value. Vietnamese clients will likely expect a dietary element to be part of treatment.

Stigmas

Mental health is seen as a stigma with the result that family members suffering from mental health symptoms may be hidden from the public (in New Zealand by the family, but back home they are often abandoned in hospitals). Alternatively these clients are likely to present with somatic symptoms.

Death and dying

- Beliefs and practice about death are strongly influenced by the Buddhist attitude of equanimity. Dying with mindfulness and awareness is highly valued
- Pain and other symptoms are often endured with stoicism. This is a critical issue in caring for Vietnamese. It is necessary to ask very directly and specifically about each symptom. Clients may elect for a greater degree of alertness over complete pain control or being in a highly sedated state
- Dying at home allows significantly greater cultural/community support than a hospital death and ceremonies and visitations are very helpful to the family
- The family will likely want to be present for the member's last days. If the client is hospitalized and is Buddhist, they should be told directly that a monk will be welcomed by the institution. The presence of a monk is helpful to the client and the family

HEALTH RISKS AND CONCERNS

According to Metha's (2012) report on health needs for Asian people living in the Auckland region, the following were noted as significant [1]:

- Stroke
- Overall Cardiovascular (CVD) hospitalizations
- Diabetes (including during pregnancy)
- Child oral health
- Child asthma
- Cervical screening coverage
- Cataract extractions
- Terminations of pregnancy

In addition, Unexmundi, August 2014 lists the following as major infectious diseases for Vietnam:

- Hepatitis A and E
- Typhoid fever
- Malaria
- Dengue Fever
- Yellow Fever
- Japanese Encephalitis
- African Trypanosomiasis
- Cutaneous Leishmaniasis
- Plague
- Crimean-Congo hemorrhagic fever
- Rift Valley fever
- Chikungunya
- Leptospirosis
- Schistosomiasis
- Lassa fever
- Meningococcal meningitis
- Rabies

[1] The Metha 2012 report refers to three ethnic groups stratified in the Auckland region: Chinese, Indian, 'Other Asian' (includes Southeast Asian). Ethnicities include Korean, Afghani, Sri Lankan, Sinhalese, Bangladeshi, Nepalese, Pakistani, Tibetan, Eurasian, Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Laotian, Malay, Thai, Other Asians and Southeast Asians not elsewhere classified (NEC) or further defined (NFD)
Unless otherwise specified, the term 'Asian' used in this CALD resource refers to Asians in general and does not imply a specific ethnicity or stratified group.

WOMEN'S HEALTH

According to Metha's (2012) report on health needs for Asian people living in the Auckland region:

- Asian women have lower total fertility rates (TFR) in the Auckland region as compared with European/Other ethnicities
- All Asian groups had lower rates of live births than their European/Other counterparts
- Teenage deliveries occurred at significantly lower rates among the Asian groups as compared to European/Other teenagers
- Asian women have more complications in live deliveries because of diabetes compared with European/other ethnicities
- Asian women had lower rates of hospitalizations due to sexually transmitted diseases than European/other ethnicities (but across all ethnic groups studied, women had a much higher hospitalization rates compared to men)

Traditional health care needs and practices:

- Acceptance and knowledge of family planning will depend on the ethnic origins of families. The contraceptive pill is not accepted by some as it is believed to be a 'hot' medicine which may cause handicaps in babies. IUD's and rhythm method is more commonly used in Vietnam. However, people more recently migrated, and from urban regions are likely to be familiar with contraception since the introduction of strong government policy and 'two children families'
- It is reported that resettled women in US seek conventional prenatal care when pregnant. However pregnancy in an unmarried woman is considered dishonourable to the family and so it is hidden or abortions may be sort
- Husbands are not usually present at deliveries
- Women whose beliefs are based on Chinese medicine (more often the lowland peasant groups) may refuse to bathe, drink juices or water, or wash their heads post partum so as not to create imbalances in the body, particularly considering the loss of blood that occurs during delivery
- Women are considered to be weak and vulnerable after delivery and rest and quiet is preferred, ideally for up to a month
- Women will usually breastfeed for the first 6 – 12 months
- Women are reported to have higher rates of cervical cancer than for the rest of the population in Australia, and it is also noted that they suffer disproportionately from fractures

YOUTH HEALTH

Adolescent Health

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:

    - Alcohol consumption is less prevalent amongst Asian students as compared to NZ European students
    - Almost all Asian youth reported good health
    - Most Asian youth reported positive relationships and friendships

- Most Asian youth reported positive family, home and school environments
- 40% of Asian youth identified spiritual beliefs as important in their lives
- 75% of Asian students do not meet current national guidelines on fruit and vegetable intake
- 91% of Asian students do not meet current national guidelines on having one or more hours of physical activity daily
- Mental health is of concern amongst all Asian students, particularly depression amongst secondary student population

- In addition, adolescents who migrate without family may encounter the following difficulties:

  - Loneliness
  - Homesickness
  - Communication challenges
  - Prejudice from others
  - Finance challenges
  - Academic performance pressures from family back home
  - Cultural shock

- Others who live with migrated family can face:

  - Status challenges in the family with role-reversals
  - Family conflict over values as the younger ones acculturate
  - Health risks due to changes in diet and lifestyle
  - Engaging in unsafe sex (it is reported by local community members that even if sex education is offered, some students may not attend as they do not want to be seen to be attending such gatherings, particularly as word may get back to the parents. Health practitioners may find it a useful opportunity when consulting with Vietnamese adolescents to provide them with the needed information)
  - Barriers to healthcare because of lack of knowledge of the NZ health system, as well as associated costs and transport difficulties

Child Health

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:

  - There are no significant differences in mortality rates of Asian babies compared to European/Other children
  - There were no significant differences in potentially avoidable hospitalizations (PAH) as compared to other children studied
  - The main 3 causes of PAH amongst all Asian children studied were ENT infections, dental conditions or asthma
  - The rate of low birth weights were similar amongst 'Other Asian' babies and their European/Other counterparts
  - Asian children had similar or higher rates of being fully immunized at two and five years of age as compared with European/Other children studied
  - A lower proportion of Asian five-year olds had caries-free teeth compared to the other ethnic groups studied

Traditional issues in child and youth health

- Filial obedience and respect of elders is very important
- Corporal punishment is common in Vietnam and parents are often not aware that this is unacceptable in New Zealand, nor how to manage their children when this form of discipline is prohibited. Guidance by the health practitioner may be needed, or AN appropriate referral
- Children of survivors of torture and trauma may often display social withdrawal, chronic fears, depression and dependence

SPECIAL EVENTS

'Tet' is the Vietnamese New Year. It is celebrated on the first day of the first month on the lunar calendar, usually between 19 January and 20 February. The celebration traditionally lasts 3 days. It is an important cultural celebration and much expense is put into the event. It represents new beginnings and different religions have contributed various rituals to the celebrations. Most clients would prefer not to be hospitalized or to have diagnostic tests during this time as being with family is highly valued.

SPIRITUAL PRACTICES

- **Buddhism** – this is practiced by most Vietnamese. Both Hinaya (south) and Mahayana (north) forms are practiced
- **Confucianism**
- **Taoism**
- **Catholicism**
- Various forms of **Shamanism**
- **Cao Daism**
  This is a religion practiced only in Vietnam, largely in the Mekong Delta (about 2 million adherents) and is a synthesis of Buddhism, Christianity, Taoism, Confucianism and Islam. It was founded in Southern Vietnam in the 1920's and was at that time a religion and a nationalist movement. The number of practitioners within the movement are continually growing

(See Chapter 2, Introduction to Asian Cultures, pgs 12-16 for more information related to religions and spiritual practices).

REFERENCES AND RESOURCES

1. Allotey, P., Manderson, L., Nikles, J., Reidpath,D., Sauvarin, J. Vietnamese: A Health Guide for Professionals. Australian Centre for International and Tropical Health and Nutrition, University of Queensland. Retrieved June 2006 at: http://qhin.health.qld.health.qld.gov.au. Link no longer current.

2. Chao, P.C. (1996). Voices of the South Asian Communities - Mien. On-line. (downloaded July 2006). Available at: http://ethnomed.org/culture/vietnamese

3. Kemp, C., Rasbridge, L. (2004). Refugee and Immigrant Health. A handbook for Health Professionals. Cambridge: University Press.

4. LaBorde, P. 1996. Vietnamese Cultural Profile. On-line. (downloaded July 2006). EthnoMed, University of Washington, Seattle, WA. Available at: http://ethnomed.org/culture/vietnamese

5. Lim, S. (2004). Cultural Perspectives in Asian Patient Care (*handout*). Asian Support services. Waitemata District Health Board.

6. Mehta S. Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

7. Rasanathan, K. *et al* (2006). A health profile of Asian New Zealanders who attend secondary school: findings from Youth2000. Auckland: The University of Auckland. Available at: www.youth2000.ac.nz, www.asianhealth.govt.nz, www.arphs.govt.nz

8. Rasbridge, L.A. Vietnamese. Retrieved July 2006 from: http://www3.baylor.edu/~Charles_Kemp/vietnamese_health.htm Link no longer currently at February 2015.

9. Trung Tran. 'Vietnamese', Te Ara - the Encyclopedia of New Zealand. On-line. Retrieved August 2006. Available February 2015 at: http://www.teara.govt.nz/en/refugees

Additional Resources

1. The http://ethnomed.org/ site has patient education materials in Vietnamese on various types of cancer, and on diabetes and exercise

2. The http://spiral.tufts.edu website has Patient Information by language with many resources in Vietnamese

3. RAS NZ (Refugees As Survivors New Zealand) can provide assistance to mental health practitioners on clinical issues related to refugee and cultural needs, and contacts for community leaders/facilitators. They can be contacted at +64 9 270 0870.

4. ARCC can provide information on resettlement issues and contacts for community leaders. Contact +64 9 629 3505.

5. Refugee Services can be contacted on +64 9 621 0013 for assistance with refugee issues.

6. The http://www.ecald.com website has patient information by language and information about Asian health and social services.