Childbirth customs in Vietnamese traditions

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**ABSTRACT**

**OBJECTIVE** To examine and understand how differences in the cultural backgrounds of Canadian physicians and their Vietnamese patients can affect the quality and efficacy of prenatal and postnatal treatment.

**QUALITY OF EVIDENCE** The information in this paper is based on a review of the literature, supplemented by interviews with members of the Vietnamese community in Edmonton, Alta. The literature was searched with MEDLINE (1966 to present), HEALTHSTAR (1975 to present), EMBASE (1988 to present), and Social Sciences Abstracts (1984 to present). Emphasis was placed on articles and other texts that dealt with Vietnamese customs surrounding childbirth, but information on health and health care customs was also considered. Interviews focused on the accuracy of information obtained from the research and the correlation of those data with personal experiences of Vietnamese community members.

**MAIN MESSAGE** Information in the texts used to research this paper suggests that traditional Vietnamese beliefs and practices surrounding birth are very different from the biomedical view of the Canadian medical system. The experiences and beliefs of the members of the Vietnamese community support this finding. Such cultural differences could contribute to misunderstandings between physicians and patients and could affect the quality and efficacy of health care provided.

**CONCLUSIONS** A sensitive and open approach to the patient’s belief system and open and frank communication are necessary to ensure effective prenatal and postnatal treatment for recent Vietnamese immigrants and refugees. Education and awareness of cultural differences are necessary for physicians to provide the best and most effective health care possible.

**RÉSUMÉ**

**OBJECTIF** Examiner et comprendre comment les différences au chapitre des antécédents culturels des médecins canadiens et de leurs patientes vietnamienes peuvent nuire à la qualité et à l'efficacité des traitements prénatals et post-partum.

**QUALITÉ DES DONNÉES** L’information contenue dans le présent ouvrage est tirée d’une analyse d’articles scientifiques, combinée à des entrevues auprès de membres de la communauté vietnamienne à Edmonton, en Alberta. Les ouvrages scientifiques ont été recueillis à la suite d’une recherche dans MEDLINE (de 1966 à aujourd’hui), HEALTHSTAR (de 1975 à aujourd’hui), EMBASE (de 1988 à aujourd’hui) et dans Social Science Abstracts (de 1984 à aujourd’hui). Nous nous sommes concentrés sur les articles et les textes qui portaient sur les coutumes vietnamiennes entourant la naissance, mais l’information relative aux coutumes concernant la santé et les soins de santé a aussi été prise en compte. Les entrevues se penchaient plus précisément sur l’exactitude de l’information recueillie dans la recherche et sur la corrélation entre ces données et l’expérience personnelle des membres de la collectivité vietnamienne.

**MESSAGE PRINCIPAL** Les renseignements tirés des textes qui ont servi à la recherche pour la présente communication laissent entendre que les convictions et les pratiques traditionnelles vietnamiennes entourant la naissance sont très différentes de la vision biomédicale du régime médical canadien. Les expériences et les croyances des membres de la communauté vietnamienne ont corroboré cette conclusion. De telles distinctions culturelles pourraient contribuer à des malentendus entre les médecins et les patientes, et pourraient nuire à la qualité et à l'efficacité des soins de santé dispensés.

**CONCLUSIONS** Une approche empreinte de sensibilité et de réceptivité envers le système de croyances des patients ainsi qu’une communication ouverte et franche sont nécessaires pour assurer des traitements prénatals et post-partum efficaces aux nouvelles immigrantes ou réfugiées vietnamiennes. Il s’impose d’éduer les médecins et de les sensibiliser aux différences culturelles afin qu’ils offrent les meilleurs soins de santé possibles et les plus efficaces.

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The increasing diversity of Canadian society poses a practical challenge to Canadian health practitioners. Not all the ethnic groups living in Canada share the Canadian model of health, illness, and health care.

Different explanatory models of health care can cause misunderstandings and missed information between health practitioners and patients, reducing the efficacy of treatment. The cultural context of childbirth influences the attitudes, values, and interpretations of each woman and gives her a basis for her own perception of the meaning of childbirth. Without an understanding of cultural backgrounds, physicians can easily miss important information. This article investigates the customs surrounding childbirth in Vietnamese communities and discusses the implications of these beliefs and practices for provision of effective health care.

The 1991 Canadian census estimated that there were 84,005 people of Vietnamese origin in Canada; most have settled in Quebec, Ontario, Alberta, and British Columbia. The census also estimated that there were 113,595 immigrants who declared Vietnam their country of origin. The discrepancy between these numbers is due to ethnic diversity within Vietnam.

Many Vietnamese immigrants and refugees are of childbearing age, and their first sustained contact with the Canadian health care system will be through pregnancy and childbirth. Because practices surrounding childbirth in most ethnic and religious groups are not restricted to the actual moment of birth, related topics of conception and fertility, contraception and abortion, pregnancy, and the postpartum period will be discussed in addition to the birth event itself. A discussion of these issues will provide some considerations for health professionals caring for Vietnamese women.

Quality of evidence
Information in this paper is based on a review of the literature, supplemented by interviews with members of the Vietnamese community in Edmonton, Alta. The literature was found through a search of MEDLINE (1966 to present), HEALTHSTAR (1975 to present), EMBASE (1988 to present), and Social Sciences Abstracts (1984 to present). Texts specific to Vietnamese were preferred over those with the more general subject heading of Asians. Emphasis was placed on articles and other texts that dealt with the customs surrounding childbirth, but information regarding health and health care customs was also considered.

There were few directly relevant texts, and those emphasized the necessity of cultural education and greater understanding. Unpublished written information outlining research done by Changing Together, a centre for immigrant women in Edmonton, was also considered. Members of the Vietnamese community in Edmonton were recruited for the interviews through Changing Together. The semistructured interviews were focused on testing the accuracy of information from the literature and integrating and correlating the personal experiences of Vietnamese community members.

Traditional beliefs
Customs described in this paper are traditional beliefs and provide a background for health professionals seeking to understand the reactions and behaviours of some Vietnamese patients. While not all of these customs are common in modern Vietnamese society, many influence the beliefs of Vietnamese living in Canada.

During the stressful period following immigration, a conservative effect has been observed, wherein traditional beliefs and practices are intensified to compensate for loss of cultural identity in Canada. The extent to which a patient is influenced by traditional beliefs also depends on whether she is living with or in close contact with elderly family members. Elders are highly revered, and in seeking to pass on their traditional knowledge sometimes give advice contravening that of health care professionals. Younger patients will most often follow the advice of health care professionals, however, especially if the reasoning behind the advice is carefully explained.

In Vietnamese communities, procreation is highly regarded. The Confucian concept of marriage being valued over celibacy is particularly strong. The birth of a child of either sex is warmly welcomed; however, sons are especially desired, as they are necessary to carry out and continue the rituals to the ancestors. Signs of pregnancy are welcomed, and a woman will bring attention to her pregnancy by wearing clothes that emphasize her changing figure.
Vietnamese medical practices have been strongly influenced by Chinese culture.\textsuperscript{8,9} Explanations of illness are based on the principles of universal balance and harmony of the equal and opposite forces of yin and yang. Yin is the female principle and is associated with cold, the breath, the right side, and even numbers, while yang is the male principle and is associated with heat, the blood, the left side, and odd numbers. Different foods and behaviours are believed to affect the balance of these forces in the body and therefore to affect the pregnant woman and her child.\textsuperscript{8,10} Vietnamese people, particularly in rural areas, believe that spirits and deities affect daily life.\textsuperscript{7,11} Chinese herbal medicine has had a great influence on Vietnamese views of health. The effect of these beliefs will be discussed in this paper as they apply to various aspects of birth.

**Conception and infertility**

The traditional Vietnamese interpretation of conception, particularly found in rural areas, is the union of the male and female principles in the mother’s uterus. The male principle is represented by the sperm, which is seen as the father’s “radical breath.” The female principle is the mother’s “blood” or “vital liquid,” which is seen as the essence of the menses and is stored in the uterus as vesicles, which can be impregnated by the male sperm.\textsuperscript{7}

Vietnamese traditional medicine recognizes that infertility can occur in either the husband or wife. For example, male infertility could be caused by hermaphroditism, sexually transmitted diseases, or spermatorrhea. Female causes of infertility are far more numerous. The behaviour of a woman can prevent her from conceiving, particularly if she is jealous.
Jealousy is said to affect the liver, which regulates all the other organs, including the uterus. A “temperamental” woman subject to flushing, sweating, and nightmares has an excess of the thermal (male) principle and an inadequate amount of the female principle and therefore cannot conceive. Other recognized causes of female infertility are tuberculosis, deficiency of “blood” or “breath,” a “cold” or “fatty” uterus hindering insemination, or irregular menstruation.

Traditional treatments for infertility often involve placating spirits or deities and taking traditional herbal medicines. Thus, a health care provider in a conventional biomedical system should be aware of perceived causes of conception and infertility and be aware that traditional remedies can be used in conjunction with biomedical treatment. Sensitive physicians can elicit this information.

Contraception and abortion
Because of the importance of fertility and procreation in Vietnamese tradition, there is little traditional knowledge of contraceptive practices. In addition, the current government in Vietnam does not actively support contraception and family planning education. While Vietnamese women arriving in Canada might wish to practise contraception, they generally know little about it and are uncomfortable asking. It is imperative for health care practitioners to explain all available contraceptive techniques to pregnant or sexually active Vietnamese women and their partners to permit informed decisions about family planning.

Often, refugees and those who speak little English know little or nothing about the existence and availability of family planning and women’s support centres. If women are uncomfortable discussing such matters with their physicians, it could be difficult for them to find the information and support they need in planning their families, during pregnancy, and after birth.

A program to contact the most marginalized Vietnamese pregnant women and new mothers has been developed by the Multicultural Community Health Development Project at the Woodcroft Public Health Centre. In Edmonton, Woodcroft Public Health Centre provides prenatal and postnatal health services through a Vietnamese-speaking public health nurse. Activities in this program include providing such resources as milk coupons and perinatal and prenatal information and education, as well as social support.

Because of the Buddhist influence on Vietnamese beliefs, a fetus is considered to be alive from the moment of conception. Therefore, abortion is considered murder and is not condoned. However, if a Vietnamese woman has made the difficult decision to seek an abortion, her traditional beliefs should not be brought into question by health care practitioners. The influence of traditional beliefs on Vietnamese patients should be addressed when the caregiver discusses the possible termination of pregnancy, particularly if a pregnancy threatens the well-being of the patient.

Pregnancy
In Vietnamese society, particularly in rural areas, there is no formal prenatal care. However, there are many rules regarding diet, behaviour, and hygiene that are thought to ensure an easy pregnancy and delivery and a healthy baby.

Overeating is strongly discouraged, as this is believed to cause the fetus to grow too large and subsequently complicate delivery. Eating “hot” foods, such as alcohol, coffee, unripe fruit, red meat, spicy soups, garlic, ginger, and red peppers, or “cold” foods, such as ice cream, ice water, bananas, oranges, and gelatins, is discouraged, as these foods can disturb the woman’s body balance. “Safe” foods include poultry, fish, pork, most ripe fruits and vegetables, plain rice, fresh chicken eggs, and ginseng.

Various herbal tonics are also used to ensure the health of mother and fetus and to facilitate delivery. Vietnamese mothers in Canada, especially refugees, might be more likely to follow traditional diets during a large life change such as pregnancy. Following these cultural traditions can serve as a strategy for dealing with the physiological and psychological changes brought about by pregnancy and birth. A study carried out in Australia found that following the traditional Vietnamese diet did not affect birth weight.

In Vietnamese tradition, a pregnant woman is physically active right up to the time of labour and sometimes well into the late stages of labour. Pregnant women are discouraged from sitting or lying down for extended periods, as this could allow the fetus to become too large. Lifting the arms above the head is also discouraged to prevent premature delivery. Sexual relations during pregnancy are thought to cause respiratory illness, or mental or physical deformation in the child.

There are several concerns for Canadian health care professionals regarding care for Vietnamese women during pregnancy. The first is the issue of language. If mothers are unable to communicate...
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**Key points**

- Recent Vietnamese immigration to Canada has resulted in higher concentrations of women from this country in their childbearing years who are interacting with Canadian family physicians.
- In Vietnamese communities, procreation is highly regarded, and infertility is viewed culturally as a serious problem.
- Contraception is not discussed openly in Vietnam, so family physicians should be aware that Vietnamese women new to Canada could be unfamiliar with available options.
- Many cultural beliefs surround labour and delivery and should be actively discussed with Vietnamese women and their families.

Effectively in English or French, then an appropriate interpreter must be provided. Vietnamese women might be uncomfortable discussing intimate matters with a man and might prefer a female interpreter. Family members may be used if necessary, but patients might be reluctant to reveal all necessary information in the presence of certain family members.

Cultural health brokers and interpretative services are being developed in several Canadian cities. In Edmonton, the Multicultural Community Health Developers provide cultural brokering support to women, families, and practitioners. The option of a female health care practitioner should be offered. Women who come from areas where giving personal information to local authorities is dangerous could be reluctant to divulge any historical medical information.

Vietnamese women required to wear a loose-fitting hospital gown can be humiliated, as the area between the waist and the knees is seldom exposed, particularly to a man other than the woman’s husband. The woman should be allowed to cover herself with a sheet and be asked to move from one part of the hospital or clinic to another as little as possible.

Invasive diagnostic tests, particularly drawing blood, could cause concern for Vietnamese women. They might not understand that the body continually replaces lost blood or might suspect that the blood is being sold.

The goal of many of these women is to be a “good” patient, as they have been taught to obey authority figures. Therefore, a smile and nod might indicate only that they hear, but not that they understand or will follow the advice of health care professionals. Generally, a careful explanation is all that is needed to ensure patient compliance, even if biomedical advice contradicts traditional beliefs.

**Birth**

In Vietnamese culture the father is traditionally not allowed in the birthing room. He and other male relatives congregate in an adjoining room to monitor the progress of the labour. The North American practice of allowing only fathers into the delivery room can obviously cause distress for both the woman and her husband. The couple should be given the choice of a female relative or companion to assist in the delivery room if the husband prefers to remain outside. As childbirth is considered a women’s event, a female health care practitioner is preferred for the mental and physical comfort of the woman during birth.

The sex of the child is of great interest to both those in the birthing room and those outside. The baby’s first cry is proof that the baby has a soul. The exact hour, day, and year of the baby’s birth are noted for astrological predictions of the future.

It is important to inform all women about their options during labour with regard to episiotomies, cesarean sections, and methods for dealing with pain. This is especially crucial when dealing with women for whom communication and language are issues. A clear explanation of the long-term or side effects of certain procedures and the options available to the mother requires patience on the part of the physician but will improve the quality and efficacy of the treatment and the mother’s birth experience.

**Postpartum care**

During and after the birth, the Vietnamese woman’s body is considered to be “open” to the elements. She might request cotton balls to place in her ears to prevent the winds from blowing through her head. After the birth of the baby, she is considered to be in a “cold” state, and every effort is made to warm her up. She is given spicy foods to eat and drink, especially ginger and black pepper. Because few fruits and raw vegetables are eaten, dietary restrictions can compound the constipation experienced by women who receive analgesics during birth.

In rural and very traditional Vietnamese communities, a charcoal fire in a small clay stove is lit under the new mother’s bed. This is called “roasting the mother,” and it is possible that raising the body temperature this way helps to kill some infectious organisms in the absence of antibiotics. If the mother...
wishes, Canadian health care practitioners can assist this tradition by providing heated covers for the mother as long as she is in the hospital.7,8,10

Traditionally, Vietnamese women breastfeed their babies and will indicate their intention of doing so to Canadian health care practitioners. Both the mother and baby are thought to benefit from the “hot” foods eaten by the mother. As malnutrition is common in Vietnam, infant fatness is a sign of good health, particularly to older generations, and all efforts are made to overfeed the child. This is in direct contradiction to present popular theories of childraising in Canada and might meet with some resistance from Canadian health care practitioners. An understanding of the reason for this behaviour can aid in smoothing patient-practitioner relations.10

After a birth in Vietnam, a local nurse will come regularly to clean the newborn’s navel and the mother’s genital area to promote healing. An herbal alcohol solution will be used for this, as water is not used to wash the mother or baby after birth. Traditional practices require that the new mother have a sponge bath, but not a shower or a bath.13 The mother will not wash her hair until she again becomes an active member of the household, which could be up to a month after the birth. It is important for health care practitioners to encourage the mother to wash both herself and the baby, particularly if she is a recent immigrant from a rural area in Vietnam or is influenced by elderly family members.

Conclusion
Traditional customs and practices surrounding childbirth in Vietnamese communities are very different from those in the Canadian health care system. While many of these traditions will be most common in rural areas in Vietnam, they are likely to affect recent immigrants or those in close contact with elderly relatives. It is important that physicians be sensitive to the beliefs of patients and flexible and receptive in discussing treatment. For many Vietnamese women, a pregnancy necessitates the first contact with the Canadian health care system. Understanding and open communication are vital in making this process pleasant and helpful for patients.

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