

Hang Kia commune is only 20 miles away from our home base at the District Hospital in Mai Chau, Vietnam, but to get there was like being in a 4-hour jeep commercial.

There are two distinct phases to the trip to Hang Kia, located in a mountainous region in the northwest of Vietnam known as the Tonkin Alps – both are scary and nerve racking. The first is navigating the “highway” of this region, a narrow road that winds up and around the mountains. The road is clogged with small trucks, miniature buses filled to exploding with locals and motorbikes weighed down with all manner of small commerce, including bamboo cages filled with live piglets, chickens, sometimes dogs which are a delicacy here or huge piles of produce lashed to the back of the bikes that make it so you can’t even see the bike or the driver from behind. Sometimes you will see 5 or 6 people sharing a small motorbike, including small children and occasionally infants. To make matters more complicated, the road is under constant construction and several times we waited for 30 minutes to an hour as debris was cleared that had fallen from men hacking away at the rock next to the road to widen it. You might wonder how vehicles traveling in both directions can manage on this largely unpaved one lane road. I couldn’t figure it out myself. They seem to have an amazing capacity to accommodate. Horns beep constantly, but it is not as in the U.S., ‘get out of my way you nitwit’. Instead it seemed to me more like ‘hey, I’m over here and I’m going to squeeze past you’ or ‘Okay, we’re going in different directions, so you wait, I’ll go through and then you can go’.

The second phase begins when one turns off the “highway” onto the road that leads only to Hang Kia. There is not much traffic on this road, but when we did run into a vehicle going the other way, it was terribly difficult to try and find a way to pass each other. This road is literally carved out of rock and sometimes the incline is just shy of vertical. I had thought the closeness to the edge and the sheer drops were scary on the highway, but I reached a whole new appreciation of this as we got closer and closer to Hang Kia.

We were going to Hang Kia to interview mothers and health workers to assess the effectiveness of a Doctors of the World (DOW) intervention to improve maternal and child health for ethnic minorities in this remote region in northern Vietnam. Hang Kia is home to one of the most isolated and introverted ethnic minorities in Vietnam, the Hmong. They have strong cultural traditions and are known to be very resistant to change. One of their traditions is to give birth at home, with family members as birthing attendants. This tradition is in direct opposition to the official national policy that children should be delivered in hospitals or clinics, attended by medical professionals. Not surprisingly, the Hmong have some of the highest rates of infant mortality in the country. Recognizing that they were unlikely to be successful at convincing Hmong women to deliver their babies elsewhere than in their homes, DOW had trained Hmong women volunteers as birth attendants and equipped them with clean delivery kits to give to pregnant women before they delivered. Among other things, the clean delivery kit contains a sterilized scalpel to use to cut the umbilical cord. Mostly, Hmong women cut the umbilical cord with a machete normally used for farm work or a knife used at home

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for food preparation. These tools are often rusty and the notion of sterilization does not really exist here. There is no water source other than rainfall in Hang Kia and water is guarded preciously. As you might imagine, tetanus is a serious problem for newborns here as well. Along with the clean delivery kit, DOW trained the women volunteers and health workers in the commune to communicate important maternal and child health messages to Hmong women, such as the importance of receiving appropriate antenatal care.

When we finally arrived, we were all feeling sick and not much like getting to work, which was good because time operates at a different speed in Hang Kia. It was around 10 am when we arrived and we were told we could begin our interviews after lunch, but that for now, we should relax. The Commune Health Station (CHS), which was our home base for the 2 days we would spend here, sits smack in the middle of a valley surrounded by rings of mountain chains fanning out 360 degrees, as far as the eye can see. It is breathtakingly beautiful. There is one dirt road that cuts through the valley and the CHS sits on this road, across from the schoolhouse. Since there was nothing to do for several hours, I decided to explore a bit. I quickly discovered a one-room post office and that the schoolhouse complex has three buildings and that was it. I wasn't sure what to do next, but happily, just then school let out for lunch and I was charmed with the sight of 50 some little kids, most dressed in traditional Hmong clothing, racing around, delighted to be free of school, as little kids are everywhere. They all completely ignored me, except for the one little girl in the attached picture.

She stood still for just enough time to get a picture and then went skipping off to join her friends. The Hmong women make these skirts, mostly by hand. They dye the fabric themselves, then embellish it with intricate needlework and patchwork before pleating it to make full skirts. I was told it can take up to a year to make one of the skirts, depending on how much free time the woman has, as they do this on top of their daily responsibilities. They also make aprons and jackets to complement the skirts and similar jackets and hats for the men.



Later, while everyone was napping after lunch (they all nap after lunch here, a habit which kills me because if I do it too I have trouble sleeping at night, but in the field there was absolutely NOTHING to do while everyone else was sleeping) I ran across this little boy (see attached picture). He characterizes the Hmong personality to me. He did not totally ignore me, but he was not overly interested in me and he clearly had no desire to get to know me better. I don't know where he came from or whether he was waiting for someone from his family at the CHS, but he sat on the tile in front of the exam rooms for about an hour, systematically devouring a bunch of giant pieces of taffy looking stuff given to him by some man who may have been his father, but I couldn't tell, as the man never spoke to the kid or even looked at him much. As you can see, he was a dirty little guy, but very healthy looking, with a tough look on his face. He is wearing some Hmong 'good luck' necklaces



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made of aluminum. I winked at him. I smiled at him. I took his picture and offered to show it to him. I never got any reaction out of him. The Hmong people are pretty private. The adults look quite ferocious most of the time, although they are all startlingly small. I would see what appeared to be a girl coming up the road and when she would get closer, I would realize it was a grown woman.

Eventually, everyone woke up and we got to work. I set off to visit mothers' homes with Dr. Phuong, our professional medical interviewer dedicated to interviews with mothers. We had two translators with us. Quang, who translates from Vietnamese to English and the Vice Chair of the local Women's Union to translate from Hmong to Vietnamese. We had trouble in one of the other communes with the ethnic Thai translator helping the mothers when they couldn't answer a question (also high up in the local Women's Union and with a desire for her commune to perform well) and we were a bit wary of encountering the same situation, but the original translator who was to be used had given birth four days ago and so would be one of our subjects instead of an unbiased assistant. We should not have worried. None of the women could have cared less about how they performed on our survey. They were very nice with us and we learned that the clean delivery kits were being used, but they did very poorly on our questions to test their knowledge. These women are not at all ignorant, although many of them have no education. They simply seem to have chosen what they felt was important from the DOW intervention and then tuned out the rest. For example, almost all of them used the clean delivery kit. In fact, since they are such skilled seamstresses, I was told that they do a better job of sewing up the end of the umbilical cord than do professionals. However, much of the other stuff they were taught they just didn't care about. When we visited the woman who was to have been our translator, I learned an interesting lesson in who makes decisions in a Hmong household. This woman spoke Vietnamese perfectly and was the only Hmong woman we met with higher than a third grade education. She had just given birth four days earlier, and although she had wanted to deliver the baby at the CHS, her husband had not allowed her to do so. So, in traditional Hmong fashion, she gave birth on the dirt floor of her home (happily, she did use the clean delivery kit and everything went fine).

Cultural norms are hard to change. One way that DOW has attempted to influence cultural norms in Hang Kia is by training the local health workers (who are mostly Hmong) to reach people in their community. Also, the health workers can lead by example with their own families, and hopefully others will be convinced to follow suit. Most of the health workers in Hang Kia are men. We conducted six health worker interviews and I sat in on three of them, all men. The clinical knowledge of the men was poor, but the wives of two of them had recently given birth and the other one's wife would give birth soon. I asked them whether their wives had gone to the CHS at least three times for appropriate antenatal care and they all indicated that they had. I then asked where the births took place, or would take place. One baby was born at home using a clean delivery kit, one was born at the CHS and I was promised that the one coming up would occur at the CHS.

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As I said, cultural norms are hard to change but the clean delivery kits have obviously been an effective first step and who knows, maybe the behavior of the health workers will rub off on the rest of the community.