

VIETNAMESE ETHNICITY AND BACKGROUND

The Vietnamese community does not comprise a single group. It includes ethnic Vietnamese, people of Chinese (usually Cantonese) ancestry and smaller minority groups, including Khmer and Hmong. Care should be taken to avoid the assumption that all Vietnamese people share common cultural experiences.

Communication

- Vietnamese people generally value flexibility, a readiness to compromise, and the avoidance of conflict.
- People from a Vietnamese background usually list their family name first, then their middle name, with their first (given) name listed last. Many given names are common to both men and women. Vietnamese people usually prefer to be addressed using their title (eg. Mr or Mrs).
- Vietnamese people usually avoid eye contact as a sign of respect, particularly when talking to a person of higher status or different gender.
- Vietnamese people usually bow their head to show respect.
- Smiling is a common social response, which can sometimes be difficult to interpret. In Vietnamese culture, smiling can show respect or express agreement, apology or embarrassment.

The answer 'yes' may be used to indicate that the listener is paying attention. It does not necessarily indicate agreement. It is important to obtain feedback from your client to ensure understanding, especially when they are giving consent to treatment.

- In Vietnamese culture, items are passed with both hands. Passing an item with one hand or passing an item over someone's head is impolite.
- Women usually do not shake hands with each other or with men.
- Most Vietnamese women prefer a physician of the same gender.
- Vietnamese women may wish to be assisted by family members instead of trained interpreters. Health practitioners should explain the Queensland Health policy on the use of professional interpreters early during antenatal visits, and the benefits of engaging a professional interpreter.
- Vietnamese women may place great value on a health professional's awareness of their traditional practices, and place importance on the opportunity to follow or observe these during their maternity care.

Health related beliefs and practices

- A belief in the 'hot' and 'cold' qualities of food and medicine (herbal and pharmaceutical) is widespread. 'Wind' is another quality that may also be considered important. For example, an excess of 'cold' food is believed to cause coughing and diarrhoea.
- The body is seen as operating in a delicate balance between these elements. Before seeking or complying with treatment, Vietnamese people may consider the effect the treatment will have on this balance.

Population in Australia:
159,850 people

Population in
Queensland: 13,085
people

Population in Brisbane:
11,859 people

Gender ratio: 89 males
per 100 females

Median age: 41 years

Age	%
0-14	1.9
15-24	8.1
25-44	50.3
45-64	32.5
≥ 65	7.3

The main languages
spoken in Australia are
Vietnamese and
Cantonese.

Of the 154,010
Vietnam-born people
who spoke a language
other than English at
home, 43.3 per cent
spoke English not well
or not at all.

Most Vietnam-born
people in Australia are
Buddhists and
Christian, primarily
Catholic.

Since the establishment of the communist government and declaration of the Socialist Republic of Vietnam in 1976, many Vietnamese have fled their country. Most initially settled in refugee camps in neighbouring South East Asian countries. In Australia, Vietnamese refugee resettlement occurred from 1975 to 1985, since then most migration has been family reunion.

The Vietnamese community in Queensland is well established. There are many ethno-cultural and religious community organisations throughout the state, including the Australian Vietnamese Women's Welfare Association.

- People from a Vietnamese background may use traditional methods of healing in parallel with biomedical health care. However, there is an increasing tendency for Vietnamese people to attend a doctor before visiting a traditional practitioner. If not asked, Vietnamese people may be reluctant to reveal the use of traditional remedies.

Pregnancy

- During pregnancy, some women may follow dietary restrictions to prevent difficult labour due to a large foetus. These restrictions may vary across trimesters and are in accordance with 'hot and cold' theory. The first trimester of pregnancy is considered a 'cold' state. Women are recommended to eat 'hot' foods, including ginger and black pepper and to avoid 'cold' foods, including lemon, melon, pineapple, spinach and green papaya. In the second trimester, which is considered a 'neutral' state, women may be allowed to eat these foods. In the third trimester, which is considered a 'hot' state, women may decrease the amount of food they consume and avoid taking natural supplements.
- Vietnamese women remain physically active during pregnancy, but usually avoid strenuous work.
- Women from a Khmer background may believe that oedema is a normal condition during pregnancy and may not seek medical attention. Khmer women with a high risk pregnancy should be informed about the potential risk of oedema and advised to access appropriate health care.
- Khmer women may view ante-partum bleeding as normal. They call it 'bleeding to wash the baby's face' and believe that it stops without medical intervention. It should be explained that ante-partum bleeding is a sign that something may be wrong and the woman should be instructed to attend emergency services.
- Khmer women commonly believe that sleeping during the day or waking up late may result in large foetus. Some Vietnamese and Khmer women may believe that sitting in a door frame or on a step may cause obstructive labour. Health professionals should be aware of these beliefs and ensure that, in the case of obstructive labour, women understand the reasons and do not blame themselves.
- It is often believed that sexual intercourse during pregnancy can cause foetal illness and abnormalities.
- Some women may be concerned about invasive tests during pregnancy (eg. drawing blood). Women may benefit from additional explanations regarding the ability of the body to replace lost blood.

Pregnant Vietnamese and Khmer women may regularly use traditional plant medicines and herbal tonics to maintain their own and foetal health and to stimulate labour. Concerns about the harmful effects of certain traditional medicines during pregnancy should be explained as early as possible.

Birth

- Women usually avoid excessive movement while in labour. The preferred position for a labouring woman is to lie on her side with a pillow. She may prefer drinking hot rather than cold fluids.
- In Vietnamese culture, the father is usually not allowed to be present in the labour ward. However, in Hmong culture, the father usually supports the labouring woman and may prefer to stay with her in the labour ward.
- Caesarean section is usually not preferred due to fears of blood loss or exposure to 'winds'. Health professionals should be aware of these beliefs and provide additional explanation about blood loss when discussing the labour management plan.

After birth

- Vietnamese women in Australia may follow traditional post-partum practices including strict bed rest and keeping warm to avoid potential 'colds'.
- Some women may not wish to use a pillow after birth.
- Many women will follow traditional dietary restrictions after birth such as avoiding cold drinks, green vegetables and beef. Some women may drink ginger broth. Hmong women do not usually eat hospital food after birth and may prefer home-cooked rice and chicken soup.
- Women may avoid showering and washing their hair after birth. It may be believed that the postpartum woman may be affected by 'cold' and 'wind' while showering, and this may weaken her body. A sponge bath may be an acceptable alternative. Hot baths and steam baths may be possible after the second postpartum day.
- Some women practice variations of 'mother roasting'. Traditionally, this involves lying beside or over a small stove. In Australia, women may place a portable heater close to the bed or use a hot water bottle.
- If these practices are not followed, some women may become anxious that postpartum conditions such as weakness, headache, palpitations and abdominal cramps may re-occur.

Infant care

- Vietnamese women may expect health professionals to provide advice regarding infant care.
- Infant fatness may be considered as a sign of good health.
- The 'Mongolian blue-spot' – a bluish pigmentation in the lumbo-sacral region – is common at birth among Indo-Chinese and other Asian babies, and persists until the age of 18 months to two years. Health professionals should be aware of this as it may be misinterpreted as a sign of child abuse.

Infant feeding

- Some women may not start breastfeeding until colostrum is fully expressed. They may believe that if they start breastfeeding prematurely, the infant may further deplete the mother of 'heat' and fluids. An explanation of the nutritional values of colostrum may be required.
- Almost one quarter of Vietnamese women feed their infants exclusively with formula. Health professionals should explain the benefits of breast feeding as early as possible, preferably during antenatal visits.
- Women who breastfeed their infants may start adding formula very early, believing they have insufficient breast milk.
- Of the 358 Vietnam-born women who delivered in Queensland Health facilities in 2006, at the time of discharge, 58% (207) exclusively breastfed, 20% (73) breastfed and formula fed and 22% (78) exclusively formula fed.

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