

ORIGINAL ARTICLE

Cultural Based Care for Hmong Pregnant Women and Postpartum Mothers in Northern Thailand: Qualitative Study

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ABSTRACT

Objective: This qualitative research was to explore the cultural care for Hmong pregnant women and mothers in postpartum period in Northern of Thailand in order to better understand the past operations in relation to the culture, knowledge which derived from the social and ethnic cultural contexts of the Hmong community in Northern Thailand

Methods: This was a qualitative study using participatory observation, in-depth interview, group discussion techniques. The data was analyze using content analysis. Key informants were recruited based on specific criteria.

Results: The findings revealed that there were 7 Hmong pregnant women, 15 postpartum mothers, 20 caregivers for pregnant women and postpartum mothers. There were three main themes found in the research: 1) Premarital life: marriage is very important for Hmong women; and it is even more important than having education for women. 2) Pregnancy period: pregnancy is considered a normal period for a woman. and 3) Postpartum period: this is the period when Hmong women have a debilitating physical conditions from childbirth. A woman's physical body must be rehabilitated with herbal medicine and certain healthy food during the postpartum period.

Conclusion: The findings showed important issues for the development of a cultural based care model among pregnant woman and postpartum mothers that is consistent with the social and cultural contexts of Hmong ethnicity. Empowering Hmong women in term of caring for herself and encouraging husbands, family members, community volunteers and local government organization to design the joint care for Hmong pregnant women.

Keywords: Qualitative Research, Cultural Based Care, Hmong Pregnant Women, Postpartum Mothers.

INTRODUCTION

There are many ethnic minorities living in northern areas of Thailand. It consists of various hill tribes such as Karen, Hmong, Lisu, Lahu, Akha or Mien with a total population of 1,461,221 people. There are approximately 207,044 Hmong people, 264 villages, 44,276 households, located in Kamphaeng Phet, Chiang Mai, Chiang Rai, Mae Hong Son, Lampang, Phayao, Sukhothai, Tak, Nan, Phrae, Phitsanulok, Phetchabun provinces[1]. Majority of these ethnic minorities live in remote, rural areas with diverse lifestyles, traditions and beliefs, and using differences language. With the geographical locations, it is difficult for ethnic people to access to health service; especially among pregnant women to access to antenatal and child birth health care service.

According to the assessment maternal and child health showed that there are several health problems found among Hmong mothers including a delay in antenatal care, preterm labor, infants with birth weight, and complications during pregnancy. The most common health problems found among Hmong mothers is anemia and high blood pressure associated with pregnancy, postpartum hemorrhage, infection and depression [2].

According to the above information, health status among pregnant women and postpartum mothers of Hmong ethnicity are at risk. Moreover, factors affecting these women's health also included living conditions, poverty, delayed in healthcare access and certain cultural issues such as way of life, beliefs and traditional practices. Hmong ethnicity give importance to having many children in family. For a women being able to produce many children, this adds a sense of importance for women and makes them feel stronger sense of belonging within their

clan. Having many children is considered an increase the social status and power of the clan leaders. Hmong's main occupation is farming which requires an extensive human labor; therefore, having many children reflects man power for farming, cultivation and harvesting [3].

In term of beliefs and traditions about pregnancy and childbirth, Hmong people believe that pregnancy is caused by reincarnation of their ghost ancestors. Women pregnancy is considered as a part of life. A woman has to get married to gain respect and social status, moreover, she should produce many children for her husband and his family. If she has a son to inherit husband's family surname, she will be loved and cared among husband family members. If a woman is unable to have a son, her husband may have a decision to have a second or third wives until he obtain a son. Hmong women have to work in the field until they are close to deliver a child. Pregnancy is considered normal for Hmong women. They believe that working hard during pregnancy is normal and it helps delivering easier. The living conditions among Hmong women are mainly determined by their husbands. Women have no self-power against their husbands and all the decision making power belong to men, especially in term of antenatal care and childbearing. In addition, during the postpartum period, the mother-in-law takes care of a daughter in-law in term of dietary plan.

In term of antenatal care and delayed factors for Hmong pregnant women and postpartum mothers, there are several issues including gender bias, prejudice against ethnic groups reflected through inappropriate practices and rotation of health personnel positions due to difficulty in commuting; and lack of knowledge toward cultural practice among ethnic groups. Hmong women are raised to be

humble, gentle, un-arguing; therefore, they have no power to make a decision or argue in any matter. This custom has passed on from generation to generation until it becomes a beliefs, surrendered, and no questions against men. Male health personnel may have limited knowledge toward the sensitivity issues and traditional practice, this may prevent young mothers to access health care service properly. This problem affect physical, mental, social, emotional and spiritual well-being among Hmong pregnant women and postpartum mothers.

The search for new knowledge to address these maternal and child health problems requires a care system that is relevant to the issues of Hmong pregnant women and postpartum mothers, socio-cultural context, and traditional and custom practice. Based on literature review related to cultural care of pregnant women and postpartum mothers among ethnic minority groups, relevant empirical evidence showed quantitative research, survey study on herbal use, beliefs and healthcare, and quasi-experimental research on the use of Thai wisdom program for postpartum mother's care [4-5]. Qualitative studies were conducted among ethnic groups applying local wisdom to care for pregnant women and infants in Phu Thai tribe in Nakhon Phanom Province [6]. Several studies showed "Holistic and Blended Care" that combines modern care with the use of local wisdom [7-8]. However, there has been no research relevant to cultural care among Hmong pregnant women and postpartum mothers.

MATERIAL AND METHODS

The qualitative research for this study employed the following data collection methodologies: observation, in-depth interviews, secondary data, and focus group discussion. The objective of this research was to explore the cultural care for Hmong pregnant women and mothers in postpartum period in Northern of Thailand in order to better understand the past operations in relation to the culture, knowledge which derived from the social and ethnic cultural contexts of the Hmong community in Northern Thailand.

The study was conducted in a community in Mae Hong Son Province, northern Thailand. The subject area was located in a remote location. Additionally, the majority of the population lacks land ownership, resulting in a lack of stability in life and property. Agricultural production and price is also uncertain, which results in insufficient income and further impoverishes the majority of the population.

The research instruments included the following: 1) the researchers, who were the primary research instrument, prepared themselves by learning concepts and relevant theories of qualitative research, and receiving training in a field study with the advisor, 2) observation form, and 3) semi-structured in-depth interviews and group discussions. The last instrument employed was field recording tools, including a notebook and a recorder. The researcher developed the interview guidelines based on the objectives of the study. The researcher verified and analyzed the obtained information with her supervisor in order to reduce any potential bias. Moreover, the researcher checked the information using triangulation and verifying it with the respondents. The researcher also consulted subject experts to confirm her research results.

The informants were divided into 42 informants, representing two groups of people. The first group consisted of key informants who provided in-depth knowledge regarding care for pregnant and postpartum women. These consisted of 1) pregnant women 2) one-year postpartum women 3) families with pregnant and postpartum women. A second group was 20 general informants who could provide information about care for pregnant and postpartum women. Access to the key informants was facilitated through those with knowledge of the community such as volunteers and community leaders, by using purposive sampling techniques. A snowball technique was used to select the general informants, where the first informant introduced the people who were likely to have experience in providing care for families with pregnant and postpartum women in Hmong ethnic group.

The researchers entered the subject area to meet the local people in Hmong ethnic group to establish a friendly rapport. In this study, the researchers used a variety of data collection methods, including 1) observation of community activities, such as meetings of the sub district administrative organization, and Hmong festivals, 2) in-depth interviews with 22 key informants, lasting approximately 60 minutes each, 3) group discussions with 20 general informants who could provide information about care for pregnant and postpartum women, lasting approximately 60-90 min, and 4) a review of documents.

Ethical Considerations: The research was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research (HE592118). The researchers provided the study's information to the informant in detail. Then, the informant signed the form and provided consent to the researcher before collecting the data by observing, interviewing, and discussing with the group. The researchers also requested permission to record the tape in the interview without disclosing the informant's information and presenting the findings as an overview of the academic data. The researchers were committed to the following research ethics: 1) respect for person 2) risk and benefit and 3) justice.

RESULTS

The researcher collected the data along with the data analysis. The researcher stopped collecting the data once it was saturated 42 key informants

Cultural Based Care the practice of Hmong traditions concerning pregnant women and postpartum mothers identified in three main themes:

1 Premarital life

"For Hmong women, marriage is very important. I was taught from my parents that when I grow up, I have to get married and have a new family. I cannot live with my family forever. I do not want to get married. I want to study and have a good job so that I would be able to take care of my parents. My mother told me that life of Hmong woman without marriage is not acceptable in society. I must be married and have sons to inherit family lineage"

(Key Informant 22, Postpartum Mother).

Having married is more important than having education. A woman, when married, she becomes her husband's property and belong to husband's family. Men's family need a daughter-in-law/son-in-law who is

hardworking and earns a living. Poverty or appearance are less important than being diligence. Some case, husband's family wants a daughter-in-law who live far away from husband's place. This is because if the couple are having argument, a wife cannot travel easily; furthermore, there are no friends or relatives who provoke the couple to have quarrel. Most of the wedding ceremonies are associated with the couple decisions.

"When I studied, I met my boyfriend and we've been together for 3-4 months. He took me to his house and I was not willing at all to go with him. But according to Hmong tradition, I can't go back to my study because I have to help his family work in the farm and do housework and to take care of my husband's parents"

(Key Informant 16, Postpartum Mother)

Hmong society allows a man to have more than one wife. In this research, it revealed that there were four families that a man had three wives in the same household. There was one family in which the first wife has no sons. So the husband asked for another wife and received a son. As for the other two families, the first wife already had a son. However, if a husband wanted to have a second wife, a wife had no voice to stop him.

"In our village there are 4 families in which the husband has a mistress. They live in the same house with all four wives. Hmong women have no right to say anything or forbid a husband from having many wives. Even if you don't like it or suffer about his behaviors, you have to accept it"

(Key Informant 48, Hmong Village Health Volunteer).

2 Pregnancy period

Pregnancy is a normal period for a woman. Husband and his family determine the number of children in the family and a woman must have a son to inherit family surname. Hmong ethnic women believe that pregnancy is caused by the ghost spirits of their ancestors. Pregnancy is a normal way of life in the family. A married woman must have a son to carry on family lineage. If a woman can bear many children especially sons, they would be loved and cared from the husband's family.

"When I was pregnant, I was 44 years old, my fifth pregnancy. I didn't think I was going to get pregnant anymore. My husband he wanted a son more. I had health problem such as diabetes associated with pregnancy, postpartum hemorrhage and I was sent to Chiang Mai hospital by helicopter. I was in ICU for 3 nights"

(Key Informant 10, Postpartum Mother)

With the culture of the Hmong ethnic group, they believe that pregnancy is normal for women and women are able to work hard until close to giving birth. A wife has to help husband and his family work in the cabbage or rice fields, so they continue to work normally. Even if it's hard work, she will do it.

"We are Hmong people, when we are pregnant we have to go to work as usual. At the 4th pregnancy, I have 3 children, the eldest is 10 years old, the second is 7 years old, and the third is 4 years old. During pregnancy, I have to work in the farm all the time. Pregnancy is normal and we believe that having hard work will make it easier to give birth 2 days before delivery... At 8 months (34 weeks), my baby was born prematurely. The baby weighed 2,200 grams and was not breathing well. Therefore, he had to

stay in the nursery for a week, then he could return home. His health became good after 3-4 months of age. I have to go to the hospital often..."

(Key Informant 19, Postpartum Mother)

3 Postpartum period

This is a period when a women's physical body is in a debilitating conditions from childbirth. A woman body must be rehabilitated with herbal medicine and specific healthy food. This is also a period when a postpartum woman must strictly adhere to the beliefs and practices among Hmong ethnicity.

After a women gave birth a child, her body lost a lot of blood and water. Losing a lot of fluid from childbirth weaken the body and she needs to rest. Therefore postpartum mothers have to stay home for a month, not going out or going to work. The mother's body after giving birth must be nourished, restored and cared. According to Hmong's tradition, dietary behaviors, and keeping body warm all the time should be practice among postpartum mothers in order to restore their health conditions. If not practice well, this will cause the body to be imbalanced, leading to lifelong illness.

"After giving birth, I must stay one month at home doing nothing. During the month to keep the body warm, I had to wear thick clothes, put on a hat, put on socks. I could shower and wash my hair, but I needed to use warm water. I only had boiled Chicken, boiled eggs with salt and put some ginger for my meal. My mother-in-law would take care of the food for me. I could do other housework a month later after giving birth. I could still go to work but I could not light heavy thing and I would bring a child along when I went to work. Sometimes a mother-in-law helped taking care of my children"

(Key Informant 12, Postpartum Mother)

DISCUSSION

Marriage is very important for Hmong women. Once a woman is married, she cannot obtain higher education; and she has to help her husband and his family work in the field. After the marriage, a women's life belongs to her husband and her family. Research findings reflects the Hmong society that they adheres to traditions, connection to the kinship system, and women's behaviors are controlled in all dimensions [9]. Hmong ethnicity upholds the same custom practices and continuously practice until now. The social status among Hmong, men have more power than women; and women are the property of men Therefore, an unmarried woman are not respected or accepted [10-12].

A pregnancy period is considered normal period for Hmong women. Husband and his family determine the number of children in the family and a woman must have a son to inherit family surname. Pregnancy and giving birth are a normal way of life among women; therefore, Hmong women still work hard as usual; as a result, antenatal care among Hmong women would be delayed beyond the first trimester [13]. The value of having a son is to inherit the family clan. A woman who is able to bare multiple pregnancies will be accepted and respected in society; however, this may affect their health and her unborn child [14-15].

After giving birth, a woman body must be rehabilitated with herbal medicine and specific healthy food and certain

custom practice. Failure to do so may lead a woman to have chronic illnesses in the future [16]. A woman must strictly adhere to the beliefs and practices of Hmong ethnicity. Hmong women after giving birth, they would eat certain food to warm their bodies such as boiled chicken, eggs, broth, hot water and rice to restore strength and vitality; and to perform various rituals to protect the mothers and children to be safe. Hmong believes having performed rituals practice would help their children to have good health and well physical development [17].

CONCLUSION

Nurses, families and communities should play important roles in providing care that is consistent with society, culture, and way of life and customs practice of the Hmong ethnic group. Nurses should design nursing care in term of lifestyle, customs, cultures and needs of pregnant women and postpartum mothers among Hmong ethnicity. Empowering pregnant women and postpartum mothers to have roles, rights and knowledge in caring their own health and children by working together with husband and his family members. Educational institutions should develop courses to support capacity building, providing expertise nurses who have skills in cultural sensitivity in caring for pregnant women and mothers after giving birth of the Hmong ethnicity. Local government should play a vital role in supporting potential development and capacity learning for pregnant women after giving birth and their families members and those who are involved in care.

Acknowledgement: The authors would like to express their sincere gratitude to all informants who participated in the research and advisor for providing help and support for this study.

REFERENCE

1. Division of Self-Build Estates and Highland Social Development. Community House on Highland cover 20 province in Thailand in 2019. Department of Social Development and Welfare Accessed 30 March 2019. <https://hhdclampang.anamai.moph.go.th:8080/hhdcdashboard/frontend/web/ethnics>.
2. Maehongson Provincial Public Health Office [Internet]. Mahongson ; c2017 . Summary of government audit results in 2017. Accessed 30 March 2019. <https://opdc.moph.go.th/uploads/evaluation/59>.
3. Chanta S. Gender Roles in Reproductive Health: Case Study of Hmong in Chiang Rai. Bangkok: The Institute for Population and Social Research Mahidol University Thailand. 2002.
4. Tanglakmankhong K, Thongphao P, Srisuwan J, and Phuwongkrai O. The Study of Local Wisdom of Maternal and Child Care Using Community Classroom and Research Based Learning. J Prapokklao Hosp Clin Med Educat Center. 2016; 33(4): 288-299. <https://he02.tci-thaijo.org/index.php/ppkjournal/article/view/73828/59574>. [In Thai]
5. Jamjan L, Khantarakwong S, Hongthong S, Jampates N. [Internet]. Thai traditional medicine for mother and post-natal child in the community of the central region. Accessed 10 June 2019. <http://research.culture.go.th/medias/ct163.pdf>.
6. Eamkusolkiet R. Cultural cares for infants of The Phuthai's family in Nakhonphanom province. Journal of Boromarajonani College of Nursing, Bangkok. 2018; 34(2): 74-85. <https://he01.tci-thaijo.org/index.php/bcnbangkok/article/download/150864/110458/> [In Thai]
7. Mahawan K. Indigenous Medicine Among Hmongs : A Case Study of The Doi Aung Khang Royal Development Centre, Fang District, Chiang Mai Province Chiang Mai Province Accessed 10 May 2019. <https://madlab.cpe.ku.ac.th/ThailandResearch>.
8. Coast, E, Jones E, Portela A, Lattof S.R. Maternity Care Services and Culture: A Systematic Global Mapping of Interventions. PLoS one.2014;9(9): 10-20. <https://doi.org/10.1371/journal.pone.0108130>.
9. Chanta S. Consumer culture and traditional medicine of Hmong: Social and culture capital of biodiversity and sustainable development. Chiang Mai Mingmoung Printing. 2006.
10. Symonds P. Calling in the Soul; gender and the cycle of life in a Hmong village. Seattle and London: \ the University of Washington Press. 2004.
11. Tapp N. The State of Hmong Studies. In Tapp N, and Michaud J, editors. Hmong/Miao in Asia. Bangkok: Prinnting House. 2004. p. 60-95.
12. Chirawatkul S, Rungreangkulkij S, Sawanchareon K, Watananukooliat S. Ethnic Traditions: Women's Well-being in Four Ethnic Groups in Northern Thailand. Journal of Nursing Science & Health. 2011; 34(2): 80-91. <https://he01.tci-thaijo.org/index.php/nah/article/view/763>. [In English]
13. Bengiamin M, Chang X, and Capitaman J.A. [Internet]. Understanding Traditional Hmong Health and Prenatal Care Beliefs, Practices, Utilization and Needs. Accessed 18 June 2020. <https://chhs.fresnostate.edu/cvhp/documents/hmong-report.pdf>.
14. Sunta S. Gender Roles in Reproductive Health: Case Study of Hmong in Chiang Rai. Bangkok: The Institute for Population and Social Research Mahidol University Thailand. 2002.
15. Rice P. Hmong Women and Reproduction. London: Begin&Garvey Westport, Connecticut, London Printing. 2000.
16. Pattarakaeaha Y. Food Belief and Post-Partum Practice of Hmong Women. [thesis]. Chiang Mai: Chiang Mai University; 2008.
17. Jambunathan J. Hmong Cultural Practices and Beliefs : The Postpartum Period. Clinical Nursing research. 1995; 4(3): 335-345. <https://doi.org/10.1177/105477389500400309>. (2/02/2008)