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Knowledge and Behaviour of Ethnic Minorities on Reproductive Health



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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-retroviral drugs
BCC	Behaviour Change and Communication
CHC	Commune Health Center
CP6	Country Programme Six
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
IUD	Intra-uterine device
MOH	Ministry of Health
NGO	Non-Governmental Organization
Pop/RH	Population/Reproductive Health
PC	Population Collaborator(s)
RH	Reproductive Health
SP	Service provider
TBA	Traditional Birth Attendant
WHO	World Health Organization
VHW	Village Health Worker(s)

Preface

In December 2005, the Government of the Socialist Republic of Viet Nam and the United Nations Population Fund (UNFPA) completed the Sixth Country Programme (CP6). To mark the end of 5 years of collaboration (2001-2005), UNFPA undertook a series of studies to draw lessons learned and best practices from the programme's implementation.

This research report is prepared by a social anthropologist, Dr. Graham Fordham. The report documents changing patterns of reproductive health knowledge and behaviour of the ethnic minority community in mountainous provinces. It is the outcome of a short qualitative research project conducted in Ha Noi, and Ha Giang provinces of North Viet Nam between late October 2006 and early January 2007.

Critically, the report based on qualitative research, aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible. Key issues discussed in the report include family planning, safe motherhood, HIV/AIDS, gender rights and equality, domestic violence, and the conduct of media in BCC activities. The report contains valuable lessons for future application of reproductive health programmes by government, NGOs, United Nations agencies and other concerned stakeholders.

I would like to thank Dr. Fordham for his considerable efforts in completing this report. I would like to thank Dr. Duong Van Dat of UNFPA Viet Nam for his coordination in preparing and publishing lessons learned and best practices from UNFPA's country programmes. It is UNFPA's wish that the lessons learned and experiences gained from CP6 will be of use to policy makers, programme managers, health professionals and donors in designing and implementing reproductive health programmes aligned with the Millennium Development Goals (MDG) and the commitments made at the International Conference on Population and Development (ICPD) in Viet Nam.

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Executive summary

Overview

This report discusses lessons learned and best practice from the implementation of UNFPA's Sixth Country Programme (2001-2005). It is the outcome of a short qualitative research project conducted between late October 2006 and early January 2007 in Hanoi and in the Hoa Binh and Ha Giang provinces of North Viet Nam. Data from this project, coupled with data contained in existing UNFPA/MOH programme reports and evaluations plus data from broad range of scholarly publications, have been used to make an analysis of the conduct and outcomes of CP6 and to identify lessons learned and best practices.

It is emphasized that as a great deal of evaluation work has already been conducted in relation to the Sixth Country Programme, this report has specifically aimed not to replicate these works, but to cover areas that have not yet been addressed or have been addressed only superficially. Critically, it aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible and that have real practical application in the implementation of Seventh Country Programme and other future programmes at both the national and provincial level.

Family Planning

- All clients (men, women and adolescents) generally demonstrated increased knowledge of contraceptive methods during the CP6 project period. However, significant provincial discrepancies exist, with clients in mountainous and remote provinces demonstrating much lower levels of knowledge than in less remote provinces, and women and girls a better knowledge of contraceptive methods than men or adolescent boys
- Understandings about how clients pursue their reproductive goals would be enhanced if the appropriate data to enable the plotting of clients' "career paths" of contraception is collected
- Unplanned pregnancy amongst teenaged girls should not be viewed as being due solely to a lack of knowledge about contraceptives. Often the root cause is lack of knowledge and experience with relationships. Although they know about contraception, young lovers allow a pregnancy to occur as they expect their relationship will lead to marriage, however, their relationship unexpectedly terminates
- It is suggested that future BCC programming directed to youth should focus not solely on contraception, but that they should also address relationship issues. Such programming should draw on life skills materials which have been disseminated by WHO. These have been widely used in the Southeast Asia region and could be easily adapted to suit the local context

- FP activities amongst ethnic minority groups will only achieve optimum effectiveness if they address cultural barriers such as preference for large families and dislike of condoms due to beliefs about masculinity

Safe Motherhood

- Safe motherhood programmes conducted among the majority Kinh population, show a substantial increase in the proportion of women having three or more pregnancy checkups and giving birth in public health facilities. However, the benefits of these programmes do not extend to members of ethnic minority groups. As a result, in some ethnic minority areas, fully equipped RH facilities are under-utilised and trained providers, under-employed
- When Hmong or other minorities refuse to take advantage of prenatal care or to utilize public delivery facilities, it is emphasized that this is not due to a commonly believed reluctance to allow intervention by males, or to any form of blanket rejection of the RH facilities. Rather it relates to a combination of complex rituals surrounding births that are more easily performed at home, in concert with practical issues such as a reluctance to travel long distance during the last stage of pregnancy
- In order to remove barriers and extend prenatal care to Hmong women or other minorities, and in order to facilitate an accommodation between the safe delivery births offered at CHCs and the barriers that are currently preventing these taking place, in addition to talking with women, efforts should be directed to dialogue with ethnic minority leaders, elders and villagers in general

HIV/AIDS

- Over the period of CP6 levels of knowledge about HIV/AIDS in respect to HIV transmission routes, prevention strategies, and issues of recognition of persons infected with HIV have increased. However, despite this, most persons, health providers and clients alike, do not really view HIV/AIDS as having much relevance to their own life - instead it is viewed as a disease of others - mainly drug addicts and prostitutes
- In respect to the design and conduct of future HIV control BCC activities, research is needed so that we can understand to what extent people believe HIV/AIDS to be a qualitatively different from the STIs with which they are already familiar

Rights, Gender Equality and Domestic Violence

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