CULTURAL BELIEFS AND TRADITIONAL RITUALS ABOUT CHILD BIRTH PRACTICES IN LAO PDR

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ACRONYMS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ARROW	Asian-Pacific Resource and Research Centre for Women
BBC	Beyond Beijing Committee
CAM	Constituent Assembly Member
EDP	External Development Partner
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
GON	Government of Nepal
ICPD	International Conference on Population and Development
IDI	In-depth Interview
IEC	Information Education Communication
INGOs	International Government Organizations
IoM	Institute of Medicine
KAP	Knowledge Attitude and Practice
NGO	Non Government Organization
NRs	Nepalese Rupees
OPD	Out Patient Department
PNC	Post Natal Care
POP	Pelvic Organ Prolapse
PPP	Public Private Partnership
RH	Reproductive Health
SMNF	Safe Motherhood Network Federation
TBA	Trained Birth Assistant
TUTH	Tribhuvan University Teaching Hospital
UNFPA	United Nation Population Fund
UPA	Uterine Prolapse Alliance
UP	Uterine Prolapse
UVP	Uterovaginal Prolapse

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1.0 INTRODUCTION

Lao PDR is a low income country with the total population of 5.6 million. The reproductive health status of women and girls, especially ethnic groups who live in the remote areas remains poor. Lao PDR had one of the highest maternal mortality rates in the world (405/100,000 live birth) according to the Lao Reproductive Health Survey, 2005 (National Statistic Centre, 2007). The total fertility rate was 4.07 children per woman aged 15-49 years old during the period of 1-36 months before the survey. In rural areas, women and adolescent girls have shorter interval between births, many young women have a higher fertility rate compared to those living in the urban areas (National Statistic Centre, 2007). According to MDGs, Lao PDR should strive to affect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. Lao PDR with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births (POA, 8. 21).

Maternal and perinatal mortality and morbidity levels are key indicators of public health in each country (Urassa et al., 1995; World Health Organization, 2000). The Safe Motherhood program in Laos was initiated in 1998 in order to reduce maternal mortality and morbidity. Maternal mortality is still high in low income countries (Starrs and Interagency Group for Safe Motherhood, IAGSM, 1998) and lack of access to maternity services is a main contributing factor (Nasah et al., 1994). The problems within the high maternal problems were due to poor health services, including poor human and financial resources; inadequate maternal health services; low awareness on reproductive health, safe motherhood and modern contraceptive methods

The National Reproductive Health Survey in 2005 showed that there was a low coverage (28.5 %) of antenatal care (ANC) in which about 15.7% obtained ANC from doctors, 8.7% from a nurse, 4.3% from midwife, and 1.6% from health worker. Only 0.8% received ANC from traditional birth attendants. Among children born in the last 5 years, approximately 85 % of births occurred at home. Whereas of the 12.8% of birth took place at a health facility, 1.8% were delivered at the central hospitals, 5.1% at provincial hospitals, 4.8% at district hospitals and less

than 1% at health centers and 0.3% at private clinics. Women living in the urban areas were more likely to deliver at health facility comparison to women living in the rural areas (51.2% versus 2.1%) The reasons for delivering babies at home are because more than 75% of mothers felt there was no need to go to a health facility, 34% because of the distance, and 5-6% because of the health care costs (National Statistical Centre, 2007).

In the Reproductive Health Survey (2007) most deliveries were assisted by relatives or family members (63.4%) and traditional birth attendants (12.1%). Health personnel assisted only 18% of births - 8% by doctors, 3% by nurses, 3% by midwives and 4% by others health workers (National Statistical Centre, 2007). In urban areas, medical doctors delivered 63.2% of births compared to 15.3% in rural areas with roads and 5.3% in rural areas without roads. The question to ask is why many women deliver at home and the answer might be related to socio-economical and cultural factors. Mothers generally have a social support person to assist them during delivery and during the postpartum period. Three main delay factors which cause maternal mortality such as the delay of decision among pregnant women, the delay of transportation and delay of treatment had been identified. In Laos, the delay of decision and transportation are still major factors (MOH, 2002).

It is crucial to identify the underlying causes of MMR since 85% of births occur at home and not with trained birth personnel, it is important to find out the attitudes and practices that influence pregnant women to think that it is unnecessary to come to health centers and hospitals for ANC, delivery and postnatal care (PNC). Moreover, the traditional, cultural and social context of Lao women from the rural tribes regarding this delay is still not clearly explained. In accordance with the previous information about the high proportion of home delivery and traditional child birth practices in Laos, a further study using qualitative methods should be conducted, in order to gain better understanding about the socio-cultural and gender perspectives regarding cultural childbirth practices and the influence of women relatives in rural areas. This information would help us understand the reason behind these traditional practices which could be incorporated into the health intervention programs in order to reduce the high IMR and MMR within the country.

2.0 OBJECTIVES

2.1 Objectives

1. To gain a better understanding about the socio-cultural background of Lao ethnic women on issues pertaining to home delivery and traditional child birth practices.
2. To explore the gender perspectives influencing home delivery and traditional child birth practices.
3. To explain the reasons for giving birth at home and carrying out traditional child birth practices among Lao rural women.

2.1.1. Indicators for Outcome Measures

- What are the socio-cultural beliefs and practices on child births that the women and their relatives hold onto? (The indicators to explore cultural meanings and beliefs and practices around pregnancy, childbirth and postpartum held onto by the women and their relatives (husband, mother-in-laws); and birth attendants (traditional birth attendants and trained persons).
- What are the gender aspects of child birth practices in Laos? The indicators for power relations on: i) the difference between the women's decision making on child delivery and postpartum practices from their husbands or male relative and older female relatives, ii) the sexual health and rights of women with regards to gender, to explore women's experiences on unwanted sexual intercourse during birth practices.