

1993

## Health care beliefs of elderly Vietnamese refugees

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HEALTH CARE BELIEFS OF ELDERLY  
VIETNAMESE REFUGEES

by

Gayle Watson.

A thesis submitted in partial fulfilment of the  
requirements for the award of

Bachelor of Nursing (Honours)

School of Nursing, Edith Cowan University.

Date of Submission: June 29, 1993.

## USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

## ABSTRACT

Since 1975, a large number of Vietnamese refugees have settled in Australia. They can be recognised as a distinct cultural group within our society. However, little research has focused upon the health practices and beliefs of these people. This is a study of elderly Vietnamese refugees who have previously been identified as maintaining a great adherence to traditional values and behaviours. The aim of the research is to describe the health practices and beliefs of elderly Vietnamese refugees. As a mini ethno-nursing study, this research sought qualitative data, guided by the Health Belief Model adapted to accommodate cultural perspectives. With the assistance of a Vietnamese interpreter, five elderly Vietnamese people were interviewed in their own homes. Individuals were questioned about personal beliefs in maintaining health, the causes of illness and health care practices. The concepts of thematic and pattern analysis were used to analyse the data, by observing similar ideas and experiences expressed by the participants.

Actual results contrasted with those of previous studies and created a different view of these elderly people. While still using traditional home remedies to treat simple ailment, they are happily using, accepting and understanding western health care services. They also displayed a preference for them, above other traditional

methods. Health was an important component of every day life. Beliefs about the maintenance of health related to eating a diet high in vegetables, regular daily exercise and a positive attitude toward life. Variation from these practices was described as increasing the potential for illness.

These results reinforce the need for health care workers to assess each Vietnamese client individually, and identify the client's perception of health and illness. This promotes the need for health care workers to recognise and understand traditional Vietnamese home remedies, thus enabling them to become more culturally sensitive and informed when interacting with elderly Vietnamese clients.

DECLARATION

"I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text."

Signed.....

/  
Date..... June 29, 1993 .....

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I wish to thank my supervisor Nancy Hudson-Rodd for assistance and encouragement during the course of this study; Amanda Blackmore for her guidance and help. I also wish to acknowledge the support and assistance of my mother for her hours of proof reading and help in times of computer crisis.



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## CHAPTER ONE

### BACKGROUND

At the end of the Vietnam war in 1975, refugees from South Vietnam fled to the sanctity of western countries such as Canada, USA, France and Australia. Australia is described by Reid and Trompf (1990) as accepting more Vietnamese per capita of population than any other country. By 1986, 83 000 Vietnamese refugees had arrived in Australia with 5 911 of them living in Western Australia. This is a dramatic increase from the 1976 census figures which describe the Vietnamese people as being only a very small percentage of the total immigrant arrivals.

Upon settling in Australia the refugees brought with them cultural beliefs and behaviours that were quite distinct from those of the Australian community. With time, they have achieved differing levels of cultural adaptation. However, even with these changes, the Vietnamese people still suffer a degree of social isolation and alienation.

Culture is a complex factor within people's lives. It involves customs, values, beliefs and behaviours learnt and taught by a group of people and transmitted through several generations. Each cultural group within any society share their own distinct beliefs and patterns that unifies them as a group. However, culture is a dynamic process. The influences of societal, political and economic development do cause some change within a culture over time.

Health is described by Tripp-Reimer and Affifi (1989) as being culturally patterned. When health care providers and their clients come from different cultures, health care values will differ. As health care providers, nurses come into close contact with the Vietnamese people but often have little or no understanding of their cultural beliefs. Nurses, working from a framework of biomedicine, may believe that health behaviours and beliefs of the Vietnamese people are strange or wrong. Kanitsaki (1988) describes how this creates an environment which disadvantages and disempowers the Vietnamese people when they do not meet the expected actions, behaviours, and standards of the dominant Australian culture. This can be avoided by nurses gaining an understanding of the health care behaviours and beliefs of the Vietnamese people in their new environment.

As discussed by Boyle and Andrews (1989), client care needs to match the client's perception of personal health problems and treatment goals. This appears to be even more relevant with elderly clients from all cultural backgrounds who these authors describe as having greater reliance upon family, and the use of traditional medicine. Within Western Australia, Knowles (1985) identifies elderly Vietnamese refugees as adhering to the use of traditional healing practices. Yet, scant attention has been given to gaining an understanding of the health practices and beliefs of elderly Vietnamese refugees in Australia.

### RESEARCH QUESTIONS

- 1) What do elderly Vietnamese refugees living in Perth understand as being important in maintaining health?
- 2) What do elderly Vietnamese refugees living in Perth understand as the cause of illness and disease?
- 3) What relevant health care practices do they use?

## CHAPTER TWO

### REVIEW OF LITERATURE

Discussion about health problems of Vietnamese refugees first began to appear in the literature during the early 1980's, mainly from the United States of America. At this time, several researchers identified Vietnamese refugees as having difficulty adapting to the western culture. Stress and confusion, created by the Vietnamese lack of familiarity with things such as toilets, bathtubs and electrical appliances, is described by Orque, Bloch & Monrroy (1983); Rocereto (1981); and Santopeitro & Lynch (1980). However, broad differences between American and Vietnamese forms of non-verbal communication, respect and other social behaviours appeared to create greater levels of stress for the Vietnamese refugees (Santopeitro and Lynch, 1980; Santopeitro, 1981).

The traditional influences of religion and cultural background in creating health beliefs and behaviours are briefly recognised by Dobbins, Lynch, Fischer and Santopeitro (1981); Orque et al (1983); Rocereto (1981); and Stauffer (1991). These researchers describe Buddhism, Taoism, supernatural spirits, Chinese medicine and the breaking of ethical codes as determining the cause of illness, and the prescribed treatment. However, even with this academic recognition of Vietnamese beliefs, the focus of research remained on the provision of western health care, and in helping people adapt to biomedical beliefs. It did not concentrate upon gaining a deeper understanding of



Vietnamese perspectives on health and illness and adapting western health care to their needs.

Australian research (Lewins and Ly, 1985; Senate Standing Committee on Foreign Affairs and Defence, 1976; and The Department of Immigration and Ethnic Affairs, 1984) has identified the difficulties of Vietnamese refugees adapting to life in Australia. Recognised problems centred upon Vietnamese cultural habits, attitudes and behaviours that were perceived as strange to most Australians, and not on understanding Vietnamese cultural health beliefs.

Facer (1985), and Hassan, Healy, McKenna & Hearst (1985) recognise some change occurring amongst younger Vietnamese who were adapting more quickly than older people to the Australian environment and customs. Facer (1985) described the refugees as maintaining varying degrees of cultural heritage. Problems that still exist in the settlement process remained similar to those identified in the government reports.

Flaskerud and Soldevilla (1986), in a study on the use of mental health clinics in the USA by Phillipino and Vietnamese clients, recognised that the Vietnamese maintained beliefs of indigenous disease theories and practices. This is evidenced by beliefs in supernatural spirits and gods. These findings of Vietnamese maintenance of traditional healing beliefs were supported by other researchers (Calhoun 1986; Dobbins, Lynch, Fischer & Santopeitro, 1981; Labun, 1988; Orque et al, 1983; Rocereto, 1981; Stauffer, 1991). It was these health beliefs that guided Vietnamese people away from following of health

professionals at mental health clinics, and was termed 'non-compliance' by western health workers. However, Falskerud and Soldevilla (1986) do suggest the use of therapies that emphasise and support Vietnamese cultural values.

Hautman (1987) observed self-care responses to respiratory illness of 30 Vietnamese refugees living in Texas. Subjects were interviewed to establish their understanding of the cause, and the treatment used. The identified treatment was initially outside western health systems, with the Vietnamese people using traditional remedies such as coin rubbing, steaming pots and non prescription medicines (see Appendix One for definitions). Such care actions have been identified by other researchers (Calhoun, 1986; Labun, 1988; Orque et al, 1983; Rocereto, 1981; Stauffer, 1991). Hautman (1987) recognised the strong influence of culture in the Vietnamese treatment and evaluation of illness. This aids in the retention of traditional healing practices within western society.

In the only identifiable research about Vietnamese refugees in Western Australia, Knowles (1985), observed settlement patterns of 200 refugees arriving over a five year time frame. Her findings on settlement patterns of these people were similar to those of other Australian researchers who also observed problems experienced by Vietnamese refugees arriving in Australia. (Department of Immigration and Ethnic Affairs, 1984; Hassan et al, 1985; Lewins and Ly, 1985) Knowles observed the eating of traditional Vietnamese foods and maintaining the traditional religions of Buddhism and Ancestor worship as being

important to the maintenance of cultural identity. Although it was not the main focus of her study, she identified the Vietnamese refugees as maintaining traditional healing practices such as seeking guidance from folk healers and following the concepts of am (yin) and duong (yang) (see Appendix One). However, only older Vietnamese refugees are described as using these forms of healing.

Calhoun (1986) in Texas, and Labun (1988) in Canada specifically explored Vietnamese health practices and beliefs. Both studies observed the health beliefs of Vietnamese women of childbearing age. The findings used western health services, and followed traditional health beliefs. Traditional herbal and folk remedies were preferred to western medicine, with western medicine becoming more accepted when stronger treatment appeared necessary. Labun (1988) interviewed five women living in urban areas to specifically describe their combination of, or simultaneous use of western and traditional health techniques. Calhoun (1986) does not define her sample size, and only alludes to the use of interview as her research method. She observed that Vietnamese women still maintained traditional beliefs about the cause of illness resulting from an imbalance between am (yin) and duong (yang), evil spirits or punishment for sins.

Analysis of the relevant literature reveals that few studies have considered the views of Vietnamese people or of the Vietnamese community, and their health beliefs or ways of coping with illness. Research has focused on the need for Vietnamese people to adapt or change, and not the

dominant culture's misunderstanding and insensitivity to Vietnamese refugees. Health workers inability to recognise, accept or adapt to Vietnamese tradition is often overlooked. The Vietnamese refugees, when settled in western countries, maintain a preference for adherence to tradition. The tendency of elderly Vietnamese refugees to maintain traditional health practices, as identified by Knowles (1985), suggests the need to further explore and recognise the health beliefs of elderly Vietnamese refugees living in a new environment. This study will continue the work of Knowles by focusing on these health beliefs of Perth residents.

## CHAPTER THREE

### CONCEPTUAL FRAMEWORK

Leininger's (1986) concepts of cultural recognition have been related to the Health Belief Model in devising a conceptual framework for this research. Leininger's theory of nursing presents a philosophy that promotes cultural recognition and avoidance of ethnocentrism. The Health Belief Model (Mikhail, 1981) explains health related behaviour and individual decision making. However, in identifying individual perceptions and actions toward disease, this model is based upon biomedical ideals and is not culturally sensitive to the beliefs, or health systems of other cultures. The sensitivity of Leininger's model toward peoples' diverse cultural lifeways and different forms of healing has been combined with the Health Belief Model's framework to create a culturally specific model of health beliefs and actions.

Various factors that influence perception, recognition and understanding of illness, disease and health maintenance are termed influencing factors (Figure 1). Influencing factors can subjectively influence an individual's or a group's perception and reaction to disease and illness. These are similar to factors described by Leininger (1985a), as creating personal and cultural values, and patterns of living or thinking.

Eventual choice in health care action may also be

influenced by the modifying factors of psychological readiness, perceived benefit, perceived cost, and accessibility and availability of a service. As shown in Figure 1, they may not only combine with, but can also be influential upon perception, recognition and understanding in making health care decisions. In differing instances, one modifying factor may be more specific to a situation, or be chosen to be ignored by the individual in the process of decision making.

Health care actions or illness care, as shown in Figure 1, are not defined, as the choices remain open. Forms and manifestations of caring for and treating illness are recognised as the types of healers and health systems that exist within a culture, or are chosen by the individual. Experiences from different health care actions may in turn affect the influencing factors of this model as they relate to personal experiences, people interaction and prior contacts.

Another component of the model is the level of desire to adapt. This desire is created individually through personal experiences such as acceptance or non-acceptance of the group by the community. The desire to adapt is a significant element because it can work independently of the influencing factors in changing perception, recognition and understanding. It may also become an overwhelming influence in the choice of health care actions, as the desire to adapt overcomes culturally preferred choices. However, this is a

two way influence. Each individual's perception, recognition and understanding, and the available health care actions may alter the level of desire for adaption.

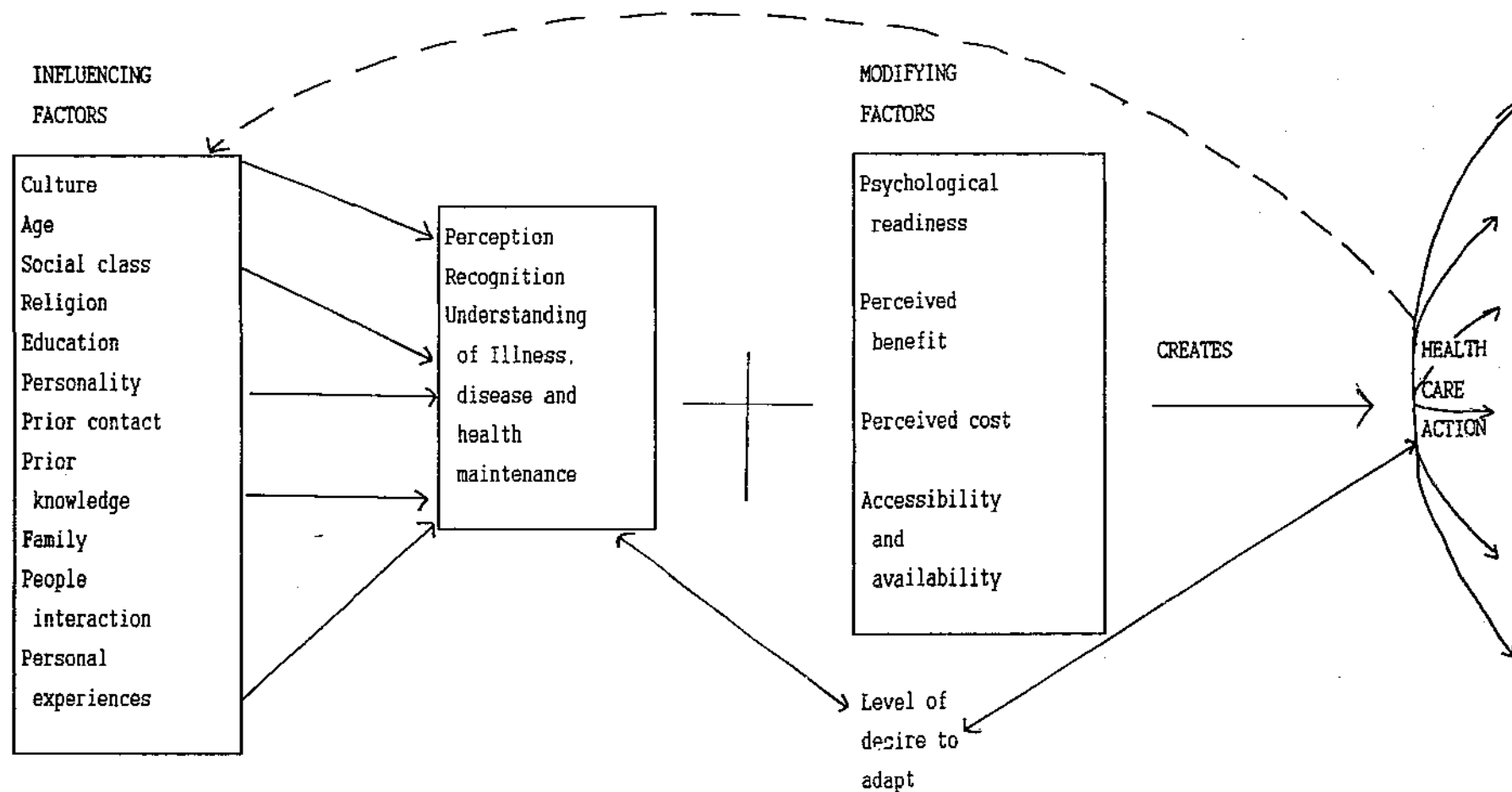


Figure 1: CULTURAL HEALTH CARE ACTION MODEL  
 (Adapted from Health Belief Model and Leiniger's Sunrise Model)



## CHAPTER FOUR

### RESEARCH METHODOLOGY

#### Design

This qualitative study follows the concepts of a mini ethno-nursing study. Qualitative studies emphasize the dynamic, holistic and individual aspects of human experience (Pollit and Hungler, 1991). An ethno-nursing method can be used to concentrate upon aspects of human care when limited knowledge about the phenomena exists (Leininger, 1985b). This method also enables documentation of the viewpoints, beliefs and practices of the people under study . This promotes the understanding of a nursing knowledge that has an emic or personal focus which is in contrast to nursing knowledge based on an etic or external view of a phenomenon.

Due to the structural and time constraints of an Honours thesis, this study cannot meet the full requirements of a true ethno-nursing method. However, based on the precepts of ethno-nursing, this study sought descriptive knowledge of Vietnamese people concerning their health care actions and beliefs. Recognition and documentation was from an emic perspective.

### Setting

The study was conducted in the homes of elderly Vietnamese people who live in the Perth metropolitan area. All those interviewed lived in the inner northern urban or inner northern suburbs of Perth. Participants were able to choose where they would prefer the interview conducted and all gave preference to their own homes. This environment allowed participants a more familiar and informal setting.

Data were collected between November 1992 and January 20, 1993.

### Interpreter

Hue is a middle aged Vietnamese woman who trained as a nurse in Vietnam, and is married to an Australian born doctor. This gave her a background in western health beliefs, but she also used some traditional Vietnamese remedies such as coin rubbing and steaming pots. Hue is fluent in both Vietnamese and English. Now employed as an interpreter, she spends most of her time translating for Vietnamese clients in health care situations. Her background and experience were important to this study as they enabled her to understand the health care orientation of the research and to make suggestions for changes, based upon her experience. Hue is also actively engaged in voluntary work with the Vietnamese Community in Western Australia Inc (V.C.W.A. Inc.). She is known to several of

the participants, which helped to reduce problems of status or class. Problems can occur when using an interpreter who is of a different status than that of the people being interviewed. Gordon, Matousek and Lang, (1980) and Santopietro (1981), have identified problems in communicating with Vietnamese people, when interpreters who are from upper class Vietnamese backgrounds talk down to people from lower class backgrounds.

#### Sample Population

The sample consisted of five Vietnamese refugees who were all over 60 years of age, and lived in Perth. Within the sample group there were three males and two females, four were married, and one person was a widow. Further criteria met by all participants were that they:(a) had settled in Australia after 1975 to ensure their refugee status; and (b) have been in Australia no less than six months to ensure that they had some interaction with the new community.

All Vietnamese people immigrating to Australia since 1975 have been classified within this study as refugees. This includes those people who entered with official refugee status or with assistance from the Commonwealth Government Family Reunion Scheme.

The elderly population was chosen for this study because of these peoples' increased likelihood of adhering

to traditional beliefs and practices. Personal discussion with Vietnamese people and social workers working with Vietnamese people supported this assumption, based upon their personal and professional experiences in Perth. Research in Perth, by Knowles (1985), also reported that older Vietnamese refugees living in Perth had a greater tendency to retain traditional values and activities.

### Sampling Method

A contact list was obtained from the V.C.W.A. Inc. This organisation is staffed by Vietnamese people, some on a voluntary basis with others on a paid income, and is run by a community board of directors. The organisation also receives some funding from the state government. The organisation provides information to all Vietnamese people, especially when they first arrive in Western Australia, about welfare services. These welfare issues cover a wide range of topics, including housing, English language classes, employment and government social security schemes. All members of the Vietnamese community are classified as members and the organisation actively communicates with the Vietnamese people through a monthly newsletter. Occasional social outings and activities for different groups such as youth or the elderly are also organised.

The provided contact list was a random list of 70 names, given in no specific order, of members over 60 years of age. 30 names were chosen at random from the list and a

letter written in both Vietnamese and English was sent to them by the researcher (see Appendix Four). This letter explained the purpose of the study, introduced both the researcher and interpreter, and invited the people to participate. When no responses were received, the 40 people remaining on the list were also sent letters. From this, three people agreed to participate. One further response was also received, but this response was when data collection had been completed. The three respondents were contacted by Hue (interpreter) via telephone, with the researcher also present, to arrange an interview. At this time, one person chose not to participate.

A further three participants were found with assistance from Hue, and elderly people she knew in the Vietnamese community. Two of these people later withdrew. They did not actually cancel the interview, but were found to have suddenly moved house overnight, with the rest of their family. Another two participants were found by Hue to replace them.

### Instrument

Questions used during the interview process are listed in appendix two, and were based upon those suggested by Rosenbaum, (1991) in her cultural assessment guide and those used by Labun (1988) in her research concerning Vietnamese women (see Appendix Three). The tools are similar and both authors based their tools on Leininger's (1986) research.

Questions used in this research are those pertinent to health behaviours and beliefs, and have been chosen with reference to the Health Belief Model. In reference to the conceptual framework of this study, the questions sought to explore elderly Vietnamese people's perception, recognition and understanding of disease, illness and health maintenance, as well as the related health care actions.

The questions provided a guide-line for the interview, but not a rigid order to be strictly followed. Included were open-ended questions to encourage participants to express themselves with descriptive responses and elicit more informative data.

A small pilot study was conducted with the Vietnamese interpreter, plus five associates of the researcher that included both Vietnamese and non-Vietnamese people. This was to test the validity and reliability of the tool. These people were asked the questions to determine their understanding of what was being asked, and what the questions meant to them. Their answers were appropriate to the meaning of each question.

## Procedure

Before actual data collection, the interviewer met with the interpreter on two separate occasions. Each session was of at least two hours duration. Apart from aiming to develop a working relationship of communication and trust, the sessions also involved outlining the research goals and discussion about the research questions.

Potential participants were sent letters inviting them to take part in the study. Respondents were contacted by telephone, to arrange an interview time. Hue spoke to each person, with the researcher also present. All arranged interviews were conducted in each person's home, at their request. These interviews lasted an average of 60 minutes, and each session was recorded on a small tape recorder with consent of the participants.

Questions were based upon those in the interview guide, but were rarely asked in the order outlined. Demographic questions such as age and place of birth were asked toward the end of the interview, when a greater level of trust had been established. Discussion often side-tracked during the course of interview, creating opportunities for description of the participants' background or telling of experiences to support their statements. Open discussion at the end of each interview always revealed a great deal of information. Often statements would clarify or reinforce answers given during the interview. Expansion of some data also occurred,

with the revealing of new information.

### Ethical Considerations

All participants received a letter (see Appendix Four) outlining the research. In this letter people were asked to sign an informed consent, agreeing to be interviewed. The use of a small tape recorder to record the interview, and the assistance of a Vietnamese interpreter were also described. Participants were able to ask any questions prior to the actual interview, in order to establish informed consent. It was made clear that they retained the right to withdraw from the study at any time, and were at liberty to refuse to answer any questions without fear or reprisal. Participants were also told they could contact the interviewer at any time, and were given a contact telephone number.

Confidentiality was maintained throughout the study. All participants were initially identified by a number that did not relate to the order of interview. In writing up the report, each person has been identified by a hypothetical name to enable easier reading, understanding and discussion. All tape recordings, notes and transcripts have been stored in a locked cupboard. Consent forms and contact lists are kept in a separate and safe area. All tape recordings, transcripts and notes from the interviews will be destroyed after 12 months.



## CHAPTER FIVE

### CASE STUDIES

The data are initially presented as case studies. Using this narrative and descriptive style of presentation enables preservation of the "flavour and nuances of the cultural scene. It allows expression of the world of meaning" (Munhall and Oiler, 1986, p158). Data will then be grouped and presented according to emergent themes in the next chapter.

The people who participated in this study will be identified by a fictitious Vietnamese Christian name. As all participants are married, a Mr or Mrs has also been used to introduce them and help differentiate between males and females. This is also an accepted way of addressing Vietnamese people. The written description of each individual is not according to the actual order of the interviews to help maintain the anonymity of participants.

#### Mr Lien

Lien, a 65 year old married man with 8 children, lives in the northern inner city area of Perth, and has been in Western Australia for 35 months. Five of his children also live Perth, and the remaining three are still in Vietnam. Lien is a fit and well looking man. His teeth have dark brown stains, and are quite worn.

Lien's home was bought for him by his son. He lives

there with his wife, and some other relatives. The interview was conducted in the kitchen area of this home with Lien, Hue (interpreter) and the interviewer present. Lien's wife spent most of the time in her bedroom having been introduced at the beginning of the interview, and then leaving. She did come in and out of the kitchen on two occasions to serve and check on refreshments. Toward the end of the interview, she also sat down at the table and briefly listened in. Other family members were socialising in the lounge area, with the door closed.

As with all the interviews, this one was conducted in an informal manner. Lien displayed some initial apprehension but quickly relaxed. He did not appear afraid to answer questions, and appeared to be open.

The interview was conducted in a mixture of Vietnamese and English. Questions were asked in English, with Lien sometimes requiring Vietnamese clarification. Simple answers were given in English, more complicated responses were in Vietnamese, and translated into English by Hue. Lien, who was attending English language classes, described the ability to read English easily and to understand people who spoke English clearly. He found speaking the language difficult, describing the words as, "not going right. The tongue is too stiff." At the end of the interview Lien was eager to talk openly, in order to practise his English.

Lien was born in North Vietnam, but did not specify if he lived in a rural or urban area. He lived in North

Vietnam for approximately 26 years, when he then moved to South Vietnam. The time of this move coincided with the ending of French rule, and the creation of Communist rule in North Vietnam. Lien then lived in South Vietnam for a further 36 years. He and his wife were sponsored by their children under the Family Reunion Scheme to move to Perth, Western Australia in 1989. They have lived in Perth ever since.

Lien was literate in Vietnamese, although he had achieved only Year three primary school, formal education. He spent several years in military service, and then ran his own business for 25 years. With the end of the war and change in government in 1975, Lien was forced to change his livelihood to a rural occupation. He moved to a non specified rural area, and became a nurseryman involved with plant propagation.<sup>1</sup> He also had some brief experience as a mechanic.

Although he is 65 years old, Lien does not want to retire and is actively looking for employment. Lien is willing to work at any occupation, but believes no-one will employ him because of his age. To overcome this he will often lower his age when applying for work. He feels employers also worry about his potential for sustaining injury from accidents. To reduce his boredom, Lien gardens, works around the house, goes out, and regularly attends

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<sup>1</sup> Lien's house in Perth was surrounded by beautiful gardens, with many varieties of flowers, shrubs and potted plants.

English classes.

When questioned what being healthy means, Lien stated that since living in Australia he has never been sick. He described the need to eat regular meals and exercise. "I eat not too much. two meals a day." He also stated that there was no need for "special food, but more vegetables with less meat and fish. Plus exercise every morning." The type of exercise did not have to be anything specific. Lien's morning routine included walking to the nearby church, a distance of approximately three kilometres.

An extension of Lien's approach to exercise could also be seen in his maintenance of an active lifestyle. He described a desire to be working and tried to improve his chances for employment by giving a younger age. To prevent boredom he did gardening or worked around the house during the day. To balance out this healthy daily routine, Lien also described the necessity for "enough" sleep.

When identifying the cause of illness, Lien stated, "Because I'm not sick, so I don't know." He explained that he had been healthy since living in Australia. However, when he resided in Vietnam he suffered from arthritis, the cause of which he attributed to the ingesting of a specific food. "In Vietnam, we have a fish that lives in the mud and an eel that lives in the mud and I don't eat because it makes all the joints ache...because I got arthritis some food doesn't suit me. Bamboo shoot, like pickles, doesn't

suit me. It makes my arthritis flare up."<sup>2</sup> Some of this food is available in Australia, but Lien is now able to avoid eating it.

Generally, Lien described lifestyle habits that precipitate illness. These were lack of a regular daily routine, no consistent exercise, not enough sleep and the drinking of any alcohol.

Lien described his belief in a Christian God, which was a belief he had maintained in Vietnam. This belief involved daily prayers and attending church regularly. Lien identified God as having a deciding influence upon his health. "I believe in God. I do things because I believe God will reward me. It's up to God, and I pray every day." Later in the interview Lien also identified God as deciding what would happen for him, and if he would be alive each day.

When Lien lived in Vietnam he used several traditional healing practices and home remedies. These he readily described as follows:

a) A tonic for arthritis was made with an indigenous and poisonous snake found in Vietnam. The snake was soaked in rice wine for three months, and the juice strained off. This juice was then taken as needed.

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<sup>2</sup> Further definition by Lien described these as acidic foods. Personal communication with a naturopath revealed information which supports this viewpoint. Acidic foods were described as causing a build up of uric acid, which can then lead to arthritic pain

b) A Chinese Herbalist would diagnose illness and prescribe herbs for treatment following assessment of the clients pulse. "In Vietnam, I have a lot of Chinese medicine. I go see them, you take home herb to make a tonic."

c) A steaming pot was commonly used to treat a cold. Herbs were placed in the special pot along with hot water to produce steam. The steam was inhaled under a sheet, and also used to generate a profuse sweat. After this, aspirin was usually taken.

When explaining the use of these treatments, Lien described the high costs of western doctors and medicines in Vietnam in comparison with cheaper traditional healers. This prompted him to use traditional remedies. In Australia he has only used the steaming pot for the treatment of colds.

When questioned specifically about his course of action for treating illness since living in Australia, Lien responded that he rarely became sick. If it became necessary he would consult his local general practitioner (western doctor) and take any medicine he was prescribed.

To reinforce this attitude, Lien described how his wife now suffers from cardiac problems, and they follow western biomedical approaches in her treatment. He displayed a great trust in these western approaches when describing the medical treatment of one of his relatives. "My in-law, she's 83-90. She couldn't walk, only crawl. But she can walk now...they put new caps on her knees. Now she can

walk."

Lien described his own interactions with western health services as very small. However, he was thoroughly assessed by the community health nurse upon his arrival in Australia. This included routine immunisation, tablets for malaria and parasites, and chest x-rays. Lien depicted his immunisation as lasting "...until the year 2000, and then have another one."

When describing the care of others, Lien outlined his actions in caring for his wife. The type of care centred around following doctors orders. "Whatever food she craves, I provide it. I also remind her to take the medication."

In discussing the care of the elderly, Lien identified his children and grandchildren as having the responsibility to care for him and his wife. He stated that, "In Australia, when people are old they go to the home. In my country, when people grow old the children and grandchildren look after them."

As Lien had previously described, his son had bought the home he lived in as somewhere for him and his wife to live. The children had also sponsored their parents' immigration to Australia. From this information, it appears that Lien's son and daughter-in-law were meeting their family responsibilities.

Lien did observe himself as growing old, but he did not consider himself to be truly elderly. When asked about his

own thoughts on growing old, he stated, "Today I'm alive but I don't know tomorrow. Because God gives this to me...he will decide. So I just know each day."

Mrs Mai

Mai is a 65 year old woman. She is married with four children, and lives with her husband in their own home in the northern suburbs of Perth. All of the children have left home. Mai is a healthy, active woman who looks much younger than her stated age.

The interview was conducted in the lounge room of Mai's home. Her husband was also present during the interview. He did communicate with her once during the interview when she was hesitant about giving specific demographic information. He otherwise remained a silent observer. The room contained many pictures of the children and grandchildren. Mai was eager to name each child and describe their achievements. Upon entering the house it was also noticed that shoes were lined up outside the front door.

Prior to the commencement of the interview, Mai spent a short while conversing in Vietnamese with Hue (the interpreter). They were friends, and used the opportunity to catch up with each others' news. Although Mai shared this friendship with Hue, she was apprehensive about the interview. She willingly answered most questions, but was defensive about those relating to demographic information. This was especially apparent when identifying her places of



residence in Vietnam.

Mai spoke French as a second language, and although quite fluent in this, her English was limited. She understood simple questions that were spoken clearly, and could answer only in simple phrases in English. The majority of the interview was therefore conducted with questions and responses being translated by Hue. At the end of the formal interview session Mai asked questions about the research, and how it would be used. She spent a small amount of time asking a few other questions of the interviewer. She then started to again chat openly in Vietnamese with Hue. Meanwhile, the interviewer talked with Mai's husband, who wanted to practise his English.

Mai was born in 1927 in South Vietnam, in a small rural town called Mei To. She lived here until 1960 when she moved to the larger urban areas of South Vietnam. Mai suffered some confiscation of her personal finances and property at the end of the Vietnam war in 1975. She did not give a specific year, but sometime after 1984 she left Vietnam with her family as a boat person. She then spent time in an Indonesian refugee camp. Mai was able to come to Perth after her husband had arrived here in 1987 and found work. He had arrived in Perth with the eldest son, and Mai followed two years later with the remaining children.

Mai had been living in Perth for three and a half years. Since being here she has spent her time as a housewife. Mai achieved year 10 high school in Vietnam. She described her

occupation there as a public servant.

When questioned about what being healthy means, Mai described part of her daily routine. This was to wake up early each morning, and then spend time gardening. Around ten am she would come inside to listen to music, or write letters. She stated, "I like to keep moving, not sit around." Previous to a current knee problem, Mai had exercised each day. Along with an active lifestyle, routine exercise was something Mai had developed in childhood. With her family, she had exercised regularly and played sports such as tennis or swimming.

Further exploration of her ideas about keeping healthy displayed her beliefs about dietary habits. Mai stated that people should have a "good diet, not too much fat, sugar or ice-cream." In describing her own diet, Mai said she ate more Vietnamese than Australian food. This consisted of vegetable or noodle soups and vegetable stir fries. The only meat she ate was chicken.

Mai also developed a conscientious approach to controlling her weight. She did not give a reason why, but when she was young, Mai weighed herself often, and would increase her levels of exercise when she perceived herself as overweight. Her normal diet consisted of "regular meals with no picking between meals." Even now, Mai still monitored her weight. Although she is unable to increase her exercise levels, she would reduce her dietary intake if she weighed too much.

Mai believed the potential for illness to be increased by poor dietary habits. She stated that fried food should be avoided, and only small amounts of sugar should be used. Lack of routine daily exercise was also influential.

When describing herself, Mai said that she was really quite well. However, she did describe an ongoing arthritic problem. In gesturing toward her knees, Mai stated, "cold weather and changes in the weather gives me arthritis. Hot weather gives me dizziness."

Mai attributed natural causes to illness. She distinctly stated that she did not believe in any religion or philosophy that influenced her life or health. When discussing traditional Vietnamese remedies Mai strongly said, "No! I am westernised and I don't use any kind of poison. But, other people still use it."

However, Mai did describe home remedies that she used. When discussing the treatment for a cold, she gestured to a bottle of Chinese oil. "I use this or Tiger Balm, plus panadol. Put a bit on the temples." She then demonstrated a gentle circular motion of rubbing the oil on her temples, the centre of her forehead and the bridge of her nose. Other use of this oil she further explained, "In winter the back of my neck gets swollen and hot, so (I) rub in oil and give a bit of a massage."

Mai described a preference for western healing techniques. From her own descriptions, it was the way her own family taught her and she has since taught her children.

"When young, my own family followed the western more than the traditional Vietnamese. And then, my children. They (are) just like Australians."

Mai described herself as "rarely sick. Not much of a problem." But, if she became unwell, Mai stated that she would go to a local western doctor and take the treatment prescribed. If that treatment didn't work, she would consult another doctor. In consulting western health services in Perth, Mai made reference to the medicare system. She described herself as having a health care card, which made many good services available to her. Mai's reliance on western methods is also reflected in her descriptions of caring for others who are unwell. She described the need to "just remind them to take their medication."

Mai did not observe herself as old. Growing old to her meant "getting weaker and deaf. Lose the hearing and the eyesight." Mai's positive and active approach to life is also displayed in her statement, "Being old means you can't go to discos!"

Care of the elderly was viewed as the responsibility of the children. Although Mai and her husband did not live with their children she described the helpful actions of her youngest daughter. This mainly involved driving Mai to appointments. Mai stated, "The youngest daughter will look after me, because the other ones got their own family."

Mrs Chi

Chi is a 70 year old widow. She has ten children, with two daughters living in Perth. She takes turns living in each child's home, and within the few weeks following the interview Chi was preparing to visit family in Vietnam. Chi is a fit and active woman who looks much younger than 70. Her hair is only beginning to turn grey.

Chi chose the living room area of her older daughters' home for the interview. Several teenage grandchildren were in other areas of the house. Although you could hear them, there were no interruptions. Chi appeared calm and relaxed, and maintained a polite manner throughout the interview.

Chi spoke only a limited amount of English, although she displayed understanding of some simple questions. However, she was fluent in speaking French. The interview was therefore conducted predominantly in Vietnamese, with translation by Hue. At the end of the interview Chi was eager to chat, via the interpreter.

Born in South Vietnam, Chi did not specify where, other than describing it as an urban area. She lived there until coming to Perth in 1991. This was made possible after being sponsored by her daughter under the Family Reunion Scheme. Her daughter has lived in Perth since 1975.

Chi completed high school, and then became a school teacher. No specific training was required for her to pursue this occupation. After 1975, and at the end of the Vietnam war, Chi described herself as being "retired, and then sent to work on a farm." Since being in Australia, Chi has not been working.

Chi's descriptions about being healthy, which had been maintained in Vietnam as well as Australia, related to diet and exercise. "Have regular meals and not too much salt. Not too much fat. Go for walks." Chi herself maintained a diet high in vegetables, trying to include "a little bit of everything." Chi maintained a regular exercise pattern and went for a walk each day. She also kept herself active with gardening and housework.

Chi believed that people became sick when they did not maintain a good diet. She referred again to the intake of high amounts of fat and salt or not enough vegetables as an unhealthy diet. Discussion about health in a general sense revealed Chi's families attitude toward health in Vietnam. "In Vietnam, the family only work to save money. Don't take too much notice of their health."

When discussing food in relation to health, Chi described an illness she suffered in Vietnam. She defined this as a "tummy upset" that was caused by the food she ate. Chi outlined that since living in Perth she has not suffered from this because she was able "to eat a good diet and to

buy food that was of better quality in Australia."

Chi outlined her beliefs in a Christian God. She believed God was an important influence in helping maintain her health, although illness was not caused by punishment from God. When she became sick, Chi used prayer to ask for God's help in making her well. "In Vietnam I used to get sick so I pray to God that he would make me well." Since being in Australia there has been no need for these specific prayers, as Chi had been healthy.

Other than praying when she became sick, Chi also stated that she would consult a western doctor. "My daughter takes me to the doctor, and my daughter then gives me the treatment." Since living in Perth, Chi had used Women's Health Care House for gynaecological problems and community health services for immunisation.

Chi quite strongly answered "no" to the question of using or believing in traditional Vietnamese healing. She did however admit to the use of some traditional home remedies. She described these, "use a bit of oil, like Tiger Balm. Use for headache, and rub into the temples and front of the nose." Further conversation about home and traditional remedies revealed that Chi used a steaming pot for the treatment of colds in Australia as she had also used in Vietnam. "We use steam in a pot with herbs. Here, use whatever you've got. In Vietnam, is beautiful...there you use eucalyptus leaves or lemon grass. Put in boiling water

and smell nice. Keep away the infection. If you have a cold, it makes you feel really good." When still living in Vietnam, Chi also described having used coin rubbing to treat family members' illnesses.

Chi shared descriptions of other people's use of traditional medicine. "In Vietnam some people use Chinese medicine. We have Chinese herbalist here. Still many now, they're old and they call themselves the classic ones. They believe not much of this modern medicine. Or some believe a spirit gets into a person and they do some ceremony to get the spirit out."

When describing the action of caring for someone who is sick, Chi responded that different actions were used in Vietnam than in Australia. "In Vietnam, I use coin rubbing. Here, if someone is sick, then you go to the doctor and get treatment. No-one has really been sick yet."

Chi did not identify herself as obviously old. To her, "growing old means getting weaker. In Vietnam I used to get sick, but not here." When discussing her age, Chi actually asked the interviewer to guess what it was and how many children she had. Chi appeared healthy, and much younger than her 70 years. She was quite proud of this.

Chi stated that the children had a responsibility to care for their parents when they grow old. Chi's own children appeared to be meeting this responsibility. She



lived in her two daughters homes, in turn. They had also sponsored her for moving to Perth. Chi's daughter, who was a nurse, assisted her by driving her where she needed to go.

### Mr Thoi

Thoi is 70 years old. He and his 63 year old wife live in their daughter and son-in-law's home, in the inner northern suburbs of Perth. Thoi is a healthy looking man. He suffers from slight deafness, for which he wears a hearing aid. This was given to him by a friend, because a new one costs too much to buy.

The interview was conducted in the lounge room area of Thoi's home. His wife was not present, but was in the bedroom which had a closed adjoining door. Thoi's daughter was also home. She was introduced briefly to the interviewer and Hue (interpreter) at the beginning of the interview. She returned again during the interview to check on refreshments she had served.

The interview was conducted informally, and Thoi appeared to relax quickly. He did avoid giving precise answers to some questions that related to demographic information, such as exact dates and his places of residence in South Vietnam.

Thoi described himself as fluent in reading and writing

English. He had demonstrated this fluency by writing additional comments to those of the researcher when completing his consent to be interviewed. Thoi could also understand most English that was spoken clearly. During the interview questions were asked in English, and less than 50% required translation into Vietnamese. Most of Thoi's answers were in English. He required some assistance from Hue when he found difficulty expressing himself accurately. Although Thoi described himself as having difficulty pronouncing some English words, he was able to communicate well. He was also eager to talk and practise his English after the interview.

Thoi was born in Hanoi, North Vietnam in 1922. He lived there for 40 years, before moving to Saigon, South Vietnam. This move occurred in approximately 1962, ten years after the formation of communist rule in North Vietnam. He remained in Saigon until 1990 when he moved to Perth, following sponsorship from his daughter under the Family Reunion Scheme.

Thoi did not discuss his other children, or where they currently lived. However, general conversation implied that he has several children living in Perth.

Thoi attended school from six years of age until he was twenty. He was attending university, but left before completing a degree in order to earn money and get married. Thoi described his occupation in Vietnam as a taxation

officer. He did not mention any changes in this position occurring as a result of his changes of residence or the change in Vietnamese government in 1975. Since living in Australia, Thoi has not worked and is a pensioner. He does describe himself as becoming a little bored, while his wife spends time looking after the children.

Thoi described the need to be healthy as important. He stated, "your health is gold." He then further explained the need to work actively on maintaining health. Two important elements were, "don't go out too much late at night and don't drink to excess." Once explaining this, Thoi did then describe some of his own actions that were slightly contradictory. He explained that he drank a small amount of alcohol and that he was a smoker. In relation to smoking, he stated "smoking is not good for you, but I smoke since I was 20 years old. And now, I am healthy. I think that God gave me good health."

The correct type of diet was important to Thoi. He described the need for a high proportion of vegetables and very little meat. Meat was defined as not being very good, along with fatty foods. Thoi specified fat and milk as not good for people that are overweight. "They eat a lot of fat, makes more fattiness."

Thoi considered exercise significant in maintaining his health. He maintained a regular exercise regime by doing Tai Chi each morning with his wife.

When identifying the cause of illness, Thoi did not explain anything specific. He referred back to lifestyle and dietary practices, outlining that not living as he had earlier described would increase the potential for illness.

Thoi described himself as someone who was never sick. He made two statements about this. "For 20 years now I hardly get sick" and "So healthy, hardly get sick." Yet later in the interview Thoi described how he had, undergone a haemorrhoidectomy two years ago. He did not identify the cause of this operation as a great illness.

Although he had previously stated that God had given him good health, Thoi did not maintain any distinct religious practices or beliefs. The God he referred to was a Christian God. However he stated that belief in himself was what truly kept him healthy.

As he never became ill, Thoi asserted that he had no need to consult anyone for his illness. Yet, if anyone in his family became unwell, he would consult a local western doctor. To him, caring for others meant "following the treatment the doctor gives."

In Vietnam, Thoi had not consulted any traditional healers. The family did however use some coin rubbing for the treatment of colds. Thoi's description of this was, "Sometimes, like when you have a cold, we use coin rubbing. Here you say coin rubbing, but sometimes we use a ceramic

spoon. Dip it into some oil and that makes it easy to scratch."

Thoi's own use of western healing techniques was outlined by his description of being hospitalised for the treatment of haemorrhoids. He maintained a positive attitude toward his treatment, and made only one criticism. "I don't think the hospital very good because I had to wait for more than a year for admission. But, haemorrhoids not a serious disease." Thoi also used a hearing aid.

Thoi believed the care of the elderly remained the responsibility of the children. "If the children are good, they will look after the parents. If they not good,... I don't know. Two partners, if one sick, the other partner look after." Thoi and his wife were living in a home provided for them by their daughter and son-in-law. The daughter had also sponsored them for immigration to Australia.

Thoi's own descriptions of growing old displayed a sense of loneliness, although he did maintain an active approach to life. "Men like me grow old, grow lonely. Because the mother get more time for the family, and they forget the husband. So, the woman care for and play with the children for hours. But men, just pick up the baby for short time. They not like women. So if I can't drive, I feel lonely. I can't get out."

Mr Han

Han is 62 years old. Married with five children, he and his wife live in the inner northern suburbs of Perth. Han is a happy, fit and active looking man. He has a good physique and looks much younger than 62. His hair has some streaks of grey.

Han met with the interviewer in the lounge room area of his home. Han was barefoot, and it was noted that shoes were lined up outside his front door. Even when offering to do so, he did not request that the interviewer or interpreter remove their shoes. There were photos of children graduating from university displayed in the room. Only one photograph was of Han and his young family in Vietnam. Han explained that this photograph is the only thing he has been able to keep since the end of the Vietnam war in 1975.

Han's wife was present during the interview. She however spent most of her time conversing in Vietnamese with the interpreter. She was close friends with Hue, and used the opportunity to talk with her. Han spoke fluent English, and only required assistance from Hue on one occasion, with the clarifying of the meaning of a word. Han studied a three month English course at the Vietnamese American Association in Saigon, during the early 1960's. He described himself as speaking with an American accent and pronunciation.

At the beginning of the interview, Han stated "I'm happy to give you answers. I'm glad to have you here." He was eager to talk and was relaxed in his manner, but during the interview he was sometimes apprehensive. Han was quite defensive about defining some personal demographic details. However, he became very open in general discussion following the formal interview session. He described himself as eager to practise his English, and talked freely about some of his own personal traumas at the end of the Vietnam war.

Han was born in South Vietnam, although he would not state where. He described himself as spending his whole life there, and living in Perth for six years. Han left Vietnam on a boat after being released from a prison camp. He travelled with his wife and family to Indonesia. In 1986 he was eventually able to arrive in Perth with one of his daughters while his wife remained in the Indonesian refugee camp with the other children. They were eventually able to follow Han to Perth after approximately two years.

Han graduated from high school, and then made a career in the military, which took him to the U.S.A. three times for further military training. Han would not state what position he held in the military. At the end of the war in 1975 Han described himself as losing everything. The new government confiscated all of his property except the one photograph of his family. "After losing the war, I lost everything. Even the money in the bank we saved for my children to come here and study in Australia." Han then

defined this amount of money, which was many thousands of dollars.

Han was then imprisoned for ten years (1975 to 1985). He spent this time in a prison camp in North Vietnam. The descriptions of this camp were of harsh environmental and working conditions that caused extreme physical demands. Initially, he had been told he would only be there three months. Han's wife and children were kept in South Vietnam. He was released from prison camp when Vietnam was at war with China. Although sick at this time, Han still managed to leave Vietnam with his wife and children to enter an Indonesian Refugee Camp.

While staying there, Han was eager to gain entrance to Australia. He stated, "I told the interpreter I would work doing anything in Australia. After the labour camp, I could do anything." Three months after arriving in Australia, Han gained employment as a machine operator. He still works in this occupation.

Han found a sense of happiness in what he had achieved since living in Perth. Most of this related to family. Being here enabled them to be together, and gave them opportunities they would not have in Vietnam. He found great happiness in knowing all five children had now graduated from university. This was especially rewarding since the money he had previously saved for that purpose had been confiscated. "...and now they have graduated. It's my



dream. Any parent (would) like this."

Han described himself as always being healthy and he believed the maintaining of a positive attitude is what helped to achieve that. Two statements portray this: "All the time smile, and be happy." "The most important thing is working. You have to work. Don't stay and do nothing."

Han kept an exercise routine, that was of his own design, every morning. Exercise was something Han had been doing since he was young. "I used to swim when I was young, because we had a club. I used to go there every morning and week-end. My wife too."

Eating the correct type of food was also important. Han described his diet as high in vegetables, with a small amount of fish and chicken. He ate very little red meat. In describing the regularity of his meals, Han stated, "you have to have three or four meals a day. Not too much at one time."

Han's belief about the cause of illness related to lifestyle. He stated, "people get sick because they don't live regularly. What that means, you have to go to bed same time every day for example. Get up early and have some exercise. The most important thing is working. You have to work. Don't stay and do nothing." Han believed that by living this lifestyle, people would be fit and less likely to fall sick.

Han described maintaining belief in God as helping to keep him healthy. He described himself as believing in a Christian God, although his parents were Buddhist. Han's description of needing to believe in God did not involve any specific prayers or rituals. "Just believe. And as I said, all the time be happy."

Although he described himself as rarely becoming sick, Han stated his first action would be to consult a western doctor. His actions would be the same when caring for family members who were sick. He had maintained the same practices in Vietnam even though it had been necessary only a few times. Han affirmed that he would not consult any herbalists or traditional forms of Vietnamese medicine. When describing treatment for a cold he referred to using panadol. "I take care by myself. I buy for example Panadol and care for myself when not serious."

Han had a son who was a pharmacist. Other interactions with western health care were few. "I need only to see a doctor. I don't go to a hospital. I don't get sick." He also described his children as being well and not requiring any treatment.

Han explained that children were responsible for the care of the elderly. "Firstly, we have to look after our parents, my wife too. My children have the duty to look after us first, because they shouldn't send us to the hospital or something like that....We looked after our

parents, the children have the duty to look after us."

At the time of the interview Han lived with his wife in their own home. The youngest daughter had only recently moved from home following her graduation from university. Two sons lived in Canberra with their families, but maintained regular contact. The remaining three children lived in Perth. The family members maintained close interaction with each other. As Han and his wife were still quite independent, they had not yet become dependant on their children for total care.

When discussing the concept of growing old, Han had not given the subject a great deal of thought. His greatest reaction was a sense of longing and loneliness for his homeland. "I am over 60 now, and I don't have no idea about that. Because, I never think you know. I feel sad or something like that for my homeland." In discussion following the interview Han talked more of his desires to return to Vietnam. However, this was not yet possible. He stated that he waits for the defeat of the communist regime, so that he can return.

Following the interview, Han made some personal comments about the differences in culture between the Vietnamese and Australian people. He had earlier described himself as belonging to the young generation of Vietnamese, who were very western. He then stated, "culture, it's a way of life. Different between Australia and Vietnamese."

Then, gesturing with his hands to show a wide gap, "...east and west."

## CHAPTER SIX

### SIMILARITIES and THEMES

In recognising guide-lines suggested by Leininger (1985b) the data were analysed using the concepts of thematic and pattern analysis. The analysis is relevant to a mini ethno-nursing study, enabling documentation and description of the participants viewpoints, beliefs and practices. The actual process of recognising patterns and themes began during the interview sessions. At the completion of the interviews, the action of reviewing and scrutinising the data became more comprehensive. Data were observed for similar ideas and experiences expressed by the participants. These were then combined into meaningful patterns and grouped into common themes.

Several themes have emerged from the description of the five case studies, based upon the values, beliefs, and practices of these people have been identified. Validation in the identifying of emergent patterns and themes from the data was done with assistance from Hue. At the end of each interview, discussion between Hue and the researcher helped identify the emergence of similar and recurring patterns. At the completion of the interviews data were again scrutinised with Hue to confirm the identified themes. On a separate occasion, data were examined by nursing colleagues of the researcher to separately confirm and validate the identified themes. Although slightly repetitive of the

previously presented data, these themes will be discussed along with the sample characteristics.

### Sample Characteristics and Demographic Data

This sample group represented only a small percentage of the elderly Vietnamese population in Perth. The response rate for interviews was low. Reason for this may have been that those agreeing to be interviewed represented elderly Vietnamese people who were already westernised in their approach to health, or had not suffered any unpleasant experiences when consulting western health care services. Han identifies his generation as "young Vietnamese, and very western" while also describing cultural differences between the Vietnamese and Anglo-Saxon Australian culture. However, his own description may only refer to westernised Vietnamese people he associates with.

The ages of those within the sample group ranged from 62 to 70 years. The participants referred to this age as not old, because elderly people are recognised by the Vietnamese as those over 80 years. All participants appeared healthy, and looked young for their age.

Two of the five participants were born in North Vietnam. They did however move to South Vietnam when the North came under communist rule. The remaining three people were born in South Vietnam. This created a mixed sample. Although participants were hesitant to state this

information clearly, there was also a mixture of birth place, with some participants being born in rural areas and others in urban areas.

Period of residence in Australia varied amongst all participants, and ranged from one to six years, with a median of three years. All initially entered Australia in Perth. Three participants arrived here following sponsorship from their children under the Family Reunion Scheme. These people were those who had been here for the shortest period of time. The remaining two came under the classification of Boat People and had arrived in Australia via Asian refugee camps. They would come under the classification of second wave refugees, as they left Vietnam in the mid 1980's. However, their backgrounds do not reflect those commonly described for second wave refugees, as these refugees are usually described as having experienced minimal interaction with western culture, and have a low level of education. (see Appendix One)

A degree of apprehension during the interview was common amongst all participants. Most of this related to demographic questions, but may also have distorted other data. The amount of apprehension varied with each individual, but the way in which it resolved during the interview was common throughout. It is interesting to note that friendship between the interpreter and two of the participants did not reduce the initial degree of apprehension. This apprehension may have related to the

interviewer being a stranger to the participants or someone they believed to represent authority. All participants may be afraid to a certain extent about the use of information gained from their responses, because of their past experiences with government authorities in Vietnam.

When observing the previous occupations held by these people, significant changes occurred at the end of the Vietnamese war in 1975. Lien and Mai were forced to change their urban occupations to rural ones. Han was sent to prison camp in North Vietnam and was separated from his family for ten years.

#### Meaning of Health and Illness

A dominant theme emerged from the people's definition of health and the causes of illness. Generally the meaning of health related to the individuals diet, exercise and attitude toward life. All five participants described the need to eat good food in order to stay healthy, identifying a direct relationship between diet and health. What was referred to as a good diet was one high in vegetables. Thoi and Chi stated that very little meat should be eaten, while Mai and Han described the avoidance of red meat by eating chicken or fish. The total avoidance of fatty food, sugar, milk, and dairy products was also emphasised. Mai specifically stated that ice-cream should not be eaten. The only reason given for avoiding these types of food was their potential to cause weight gain. These foods can also be



recognised as western foods, and ones not commonly consumed in a traditional Vietnamese diet.

All participants described the importance of regular exercise. Each identified the habit of a morning exercise routine, though Mai was limited by a current knee problem. The types of exercise differed, although not all participants clearly identified their routines. Han and Mai described the development of regular sport and exercise routines when they were young. All participants, except Chi who was a widow, exercised with their spouse. The most common exercise was walking, with Thoi describing Tai Chi.

The attitude of exercise and keeping busy was generalised throughout lifestyle patterns. Lien, Chi and Mai all identified housework or gardening as good tasks that helped keep them occupied. Mai and Han both made direct statements about the need to keep active and not sit around.

Illness was described by all participants as something that would occur if the dietary, exercise or lifestyle habits they had outlined were not maintained. This portrays a belief in illness being related to physical and personal lifestyle factors. Lien's and Chi's descriptions of certain food eaten in Vietnam having the ability to cause specific illness reinforces this belief.

The only other specific cause of illness, as identified by Mai can also be classified as a physical or environmental

influence. Her description involved the natural influences of weather upon her health.

### Spirituality

Spiritual beliefs were sometimes closely involved with health beliefs, but identified separately. All participants, except Mai, implied or described belief in a Christian God. There were no differences in beliefs between males and females.

Mai stated that she did not maintain any spiritual beliefs that influenced her life. Only Lien and Chi actually described prayer as helping to keep them healthy. They both identified God as having a deciding influence upon their health, although they did not view God as potentially causing them illness. Han described a belief in God as helping to maintain health, but specific prayers or worship were not necessary. Thoi made a broad statement about God giving him good health. However, later statements revealed that he did not maintain any distinct religious practices. He described belief in himself as an important philosophy.

The healing methods and health care systems used by the participants reveal two main themes, a combination of traditional Vietnamese home remedies and western health services. Use was made of both treatment systems, with changes occurring when some participants moved to Perth, Western Australia.

## Traditional Healing and Home Remedies

There were several responses about the use of traditional healing methods. When identifying and classifying these responses they were grouped with reference to research by Hautman. (1987) This establishes two groups: (a) Traditional Vietnamese Healers and Folk Practices; and (b) Home Remedies- either traditional or family recipes. Only Lien described the use of traditional Vietnamese healing methods, although he only used these in Vietnam and not in Australia. Lien consulted Chinese folk healers to treat illness. He had also made a prescribed tonic to treat his arthritis. Chi did also make reference to these healing methods, and described how other people in Vietnam would use them.

In discussion following the formal interview session, reference was made on two occasions to other Vietnamese people who still use traditional methods. Chi described this group of elderly Vietnamese people as "Classic Vietnamese", who have minimal interaction with western medicine. They maintained very old Vietnamese beliefs, relying on traditional and Chinese healers. Another described belief related to spirits causing illness, and the need for ceremonies to remove them.

The several home remedies described included herbal steam inhalations, coin rubbing, use of Chinese oil or Tiger Balm on specific sites, and massage. All participants

except Han used either one or a mixture of these remedies. Han's home remedy, in both Vietnam and Australia, for the treatment of a cold was the taking of panadol.

### Western Health Care Services

All participants described themselves as having limited interactions with western health care. Each also stated that if they became unwell, they would consult their local western doctor. Ongoing discussion with each participant revealed that some of them had readily made use of other western health care services.

All had direct experience with the public health services upon arrival in Australia as refugees, when they underwent physical examinations and immunisation procedures. Thoi described himself as never being sick, but had undergone surgery for haemorrhoids. He was also using a second hand hearing aid given to him by a friend, for his deafness. Lien described the thorough procedures of physical assessment and immunisation when he arrived in Australia. His wife also used the public health services for an ongoing cardiac problem. Lien gave favourable reports on the treatment of his mother-in-law and how she was now able to walk after having knee replacement operations. Chi described the immunisation procedures when she arrived in Australia. She had also consulted Women's Health Care House for the treatment of gynaecological problems.

These actions can be observed as a greater degree of interaction, and not limited as the participants described. Use of western health care services revealed a mostly positive response. Thoi did give negative feedback about the waiting time for elective surgery in public hospitals. Otherwise, western health services were described as good, and a preferred form of treatment.

Three participants had children who had worked in different areas of the western health care system. Han's son was a pharmacist, Chi's daughter was a nurse and Lien's daughter worked as an anaesthetic technician.

#### Care of Others

The individual was seen as responsible in caring for themselves. This meant consulting a doctor and then following the prescribed treatment. Although all participants lived with other family members, no one individual was given the role of deciding what treatment to follow, or the responsibility of caring for those who were sick. Individuals were free to choose their own form of treatment. None of the participants specified whether any of these actions differed from those they would have followed in Vietnam.

Care of the aged however, was viewed quite differently. It was agreed by all participants that children have a responsibility in caring for their aged parents. Thoi's

statement, "If the children are good, they will look after their parents" summarises the opinion of all participants. Although still recognising their children's role in caring, Lien and Thoi also identified their own primary role of caring for their wives.

The responsibility of the children caring for their parents is one that was also maintained in Vietnam. Lien and Han both implied that the acceptable Australian action of sending elderly people to a nursing home was wrong. At the time of interview, only Han and Mai lived in a home separate from their children living in Perth. They both arrived here as refugees, with young children who have since grown up and moved away from home. All the remaining participants had arrived in Perth following sponsorship from their children. They all lived with other family members in homes provided by their children.

#### Concept of Growing Old

Although the participants' responses about aging varied, there was one common thread. These people did not consider themselves to be truly old, and had not given a great deal of thought to the subject or the implications of aging. Only the two female participants gave any descriptions of age creating weakness or declining health. The males gave mixed responses that related to loneliness, boredom and a longing for their Vietnamese homeland.

## CHAPTER SEVEN

### DISCUSSION of RESULTS

The purpose of this study was to identify the health care practices and beliefs of elderly Vietnamese people. Discussion of the data will therefore be in relation to the research questions. An emic focus is maintained, with the purpose of presenting the viewpoint of those being studied. Data will be compared to similar research or publications about the Vietnamese people.

#### Question 1: What do elderly Vietnamese Refugees living in Perth understand as being important in maintaining health?

The people observed in this study believed that the maintenance of health is an important component of everyday life. This is characterised by good dietary habits, regular exercise and a positive or active attitude. Labun (1988) gave similar descriptions of Vietnamese women believing in health as encompassing all physical, spiritual, environmental and emotional areas of daily life.

Dietary practices were a principal component in maintaining health. They were described by all participants as having a direct influence upon their health. Dietary habits are recognised by Labun (1988) as important to health. Knowles (1985) describes it as the highest factor in cultural retention for Vietnamese refugees living in

Perth. Choice of food amongst the Vietnamese had previously been described by others (Dobbins et al, 1981; Orque et al, 1983) as closely linked to Am and Duong. Findings in this current study reveal little or no connection to this traditional concept. The high intake of vegetables and avoidance of red meat however is a maintenance of traditional style eating habits (Tien-Hyatt, 1987) and is supported by Calhoun's (1986) descriptions of Vietnamese eating habits. These results contrast with a South Australian study that describes Vietnamese people as changing their meal patterns and increasing the intake of dairy products since residing in Australia (Reid and Trompf, 1990).

All participants displayed a positive attitude toward life, believing it helps an individual to survive, and overcome grief. The actions of being happy and active assisted people in keeping healthy and reducing the potential for illness. The participants' thoughts about aging, also reflected this attitude. These responses contrast with descriptions by Knowles (1985) of Vietnamese refugees in Perth. Participants in the current study had resided in Perth for a length of time equivalent to those in Knowles study, yet she describes the initial optimism and enthusiasm of the people as not lasting.

Reason for these differences may have arisen from differences in the time period when the two studies were conducted. Refugees in the current study had endured longer



periods of both Communist rule in Vietnam and the harsh conditions of refugee camps. By the time they arrived in Australia, they had the support of a larger community of Vietnamese people already living here, and over the past eight years Australian people may have developed a greater tolerance and acceptance of the Vietnamese refugees living in the community.

Each participant maintained a regular exercise program, and believed it to be an essential activity in maintaining health. These habits had been established while they were young and still living in Vietnam. No specific type of exercise was common to all participants. However, all believed in the necessity of regular exercise. Little or no reference is made within the available literature to the importance of exercise amongst the Vietnamese people.

Although suggested as common practice in other research studies (Dobbins et al, 1981; Orque et al, 1983; Rocereto, 1981; Stauffer, 1991), only two participants in this study identified religious practices as important factors in the maintenance of health. These two people described these as being secondary to other lifestyle practices. Beliefs described by Lien referred to reliance upon God for health and well being. Flaskerud & Soldevilla (1986) and Stauffer (1991), discuss the influences of spirits, or punishment by God for wrongdoing, but these spiritual influences are quite different to those described by the participants.

Question 2:What do Vietnamese Refugees living in Perth understand as the cause of illness and disease?

All those involved in this study attributed the cause of illness to natural or physical means. They described variance from their normally health promoting lifestyles, or non adherence to certain dietary practices as creating the potential for illness. These variations may be recognised as similar to ideas promoted by Australian health authorities. However, all participants described beliefs they had established and maintained while still living in Vietnam. One participant also recognised the direct influences of weather upon her health.

The initial response from all participants identified the cause of illness as improper diet. All maintained a traditional Vietnamese diet and described variations from this diet as causing illness. The foods most frequently identified as needing to be avoided tended to be western in origin. These included meat, fats, sugar, milk and other dairy products. Some foods were described as causing certain ailments. The situations described were specific to each individual involved, and can be identified as allergies or sensitivities to these foods.

Vietnamese people's beliefs about alterations in dietary practices as causing illness are usually related to am and duong (Orque et al,1983), and not in the format this study has shown. There is however, reference to Vietnamese

people suffering from lactose intolerance (Calhoun, 1986; Gordon et al, 1980; Orque et al, 1983) hence reducing their ability to drink milk.

Lack of both routine exercise and an active lifestyle were described as a second cause of poor health. These two main ideas were described not so much as the actual cause of illness, but were patterns that could lead to illness or reduce an individual's resistance to disease. Identified variations from the routine lifestyle habits included late nights, lack of sleep, and intake of alcohol. Stauffer (1991) outlines physiological reasons that limit the Vietnamese people to being able to ingest only small amounts of alcohol. Flaskerud and Soldevilla (1986) and Labun (1988) describe the Vietnamese people believing in a balance between work, play and sleep which supports findings in the present study.

Any description of a correlation between age and illness came from the females involved in the study. In a general sense, the women described weakness, deafness and declining health as being connected to old age. It is of importance to remember that the participants involved did not recognise themselves as old. Elderly people were usually perceived as those over 80.

While recognising what these people have described as causing illness and disease, it is worthy to note their own perspective of what being unwell is. At the time of

interview, all appeared well and fit, describing themselves as being healthy or never sick. However, through the course of the interview several participants described ongoing or recent ailments. Mai suffered from arthritis in her knees. Thoi stated that he had hardly been sick for 20 years, yet had undergone a haemorrhoidectomy two years previous to the interview. Thoi also used a hearing aid for his slight deafness. Lien and Chi both identified illness suffered in Vietnam that had resolved without intervention, since living in Perth.

Dobbins et al (1981) have described the Vietnamese people as taking responsibility for curing themselves without complaint. Calhoun (1986) and Gordon et al (1980) explain that Vietnamese people are stoic in nature. In light of these descriptions, the participants' responses of not complaining about or openly recognising illness can be understood as stoicism. Their actual interpretation of the term "sick", may also relate to more life threatening or debilitating illness than ailments such as a common cold.

Overall, participants maintained beliefs about illness that can be described as naturalistic. These responses differ with anticipated supernatural and metaphysical explanations. Hautman (1988) discusses similar type results, and proposes a valid rationale for this. "Metaphysical and supernatural causality, based on scholarly writings, is applied to illness by practitioners versed in the Sino-Vietnamese medical theory rather than by the person

experiencing the illness" (p234).

Question 3: What relevant health care practices do they use?

People within this study described a preference for and use of western health services. These services included community health immunisation clinics, local doctors and public hospital services. These western health approaches were combined with some home remedies that were used to treat simple ailments such as colds. Several authors have also described the Vietnamese people as combining traditional and western healing methods by using several different treatments at the same time (Calhoun, 1986; Labun, 1988; Rocereto, 1981). Participants involved in this study made a clear distinction between the two health care systems. They viewed home remedies as therapeutic for colds and flu, but other intervention was required for more serious illness.

Due to a state of good health, the participant's personal interactions with western health services were not on a frequent or routine basis. A level of trust in western health care services had been established by observing the interactions of other family members while being treated for cardiac and orthopaedic conditions. A positive view of these services was maintained, and a preference for using western medicine while still living in Vietnam was described. Only Lien described the actual use of Vietnamese healers in Vietnam. This choice appeared to be based on

economic reasons, rather than a preference for this type of care.

Labun (1988) recognises Vietnamese people as using western health services because traditional avenues such as herbalists were unavailable. However, these traditional services were described by the participants as easily available in Perth. Therefore, inaccessibility to traditional healers cannot be observed as a determining factor in the choice of health care.

The home remedies used by participants to treat minor ailments have been previously described as commonly used by the Vietnamese people. The use of Tiger Balm or camphor based oils and ointment to treat colds and headaches, as explained by Mai and Chi, is rubbed under the nose or on the forehead.(Calhoun, 1986) Coin rubbing has frequently been discussed, as being common (Calhoun, 1986; Orque et al, 1983; Rocereto, 1981). However, only Thoi described himself as still using this while living in Perth. Chi referred to using it while residing in Vietnam, but not in Australia. Steaming pots or inhalations were used by Lien, Thoi and Chi. The use of them has been described by both Hautman (1987) and Stauffer (1991).

Vietnamese women have been described as fulfilling the traditional role of caring for, or making decisions about the health of family members (Labun, 1988; Orque,1983). Such distinctly defined gender roles were not so clearly

exhibited in this current study. The only participants to identify male or female responsibilities were Chi and Thoi. Thoi referred to his wife's role in caring for the grandchildren. In Chi's discussion about health care actions, she implied her responsibility in caring for the sick.

Statements about responsibility were quite different when talking about the care of the elderly. Male participants described the need to care for their spouse. However, great emphasis was placed upon the role of children. All participants expected their children or grandchildren to care for them, and not to send them to a nursing home. The need for younger people to care for their older parents has been described as a cultural expectation (Calhoun, 1986; Chae, 1987; Labun, 1988). At the time of interview, the participants' children were observed to be meeting these responsibilities. Several had sponsored their parents for immigration to Australia, and had provided homes for them to live in. Other children assisted by driving their parents to appointments.

Although not identified by all participants involved, healing actions involved a small amount of spiritual input. This related mainly to personal prayer to a Christian God, and asking for protection or help to overcome illness. Other authors describe the actions of Shamans and specific ceremonies to ward off or cast out evil spirits (Rocereto, 1981; Stauffer, 1991). Although two participants did talk

about other Vietnamese people who did use these forms of healing, participants did not describe themselves as doing this personally, and displayed an aversion to this form of healing.

### THEORETICAL FRAMEWORK

An old Vietnamese proverb states, "Nhap giang tuy khuc; Nhap gia gu toc -Sailing on a river should depend on it's current; Living in a country, must follow it's customs" (Van Nguyen,1985, p158). Results in this research reflect change amongst the Vietnamese people. These participants display a desire to adapt to their new Australian cultural environment, while still maintaining some Vietnamese cultural practices and beliefs.

Use of the theoretical framework for this study has helped to guide the formulation of questions and elicit responses from participants that describes their health care behaviours and beliefs. In reference to Figure 1, the model also helps to outline the process of change for each individual. It assists in identifying an individual's perception, recognition and understanding of illness and health maintenance, created by the defined influencing factors.

The effect of combining these beliefs with the modifying factors then leads the individual to pursue the health care action they believe to be appropriate. An



obvious example of this is Lien's different choices of health care in Vietnam and Australia. He described cost as being a deciding influence on his choice of healing method. A second example is the participants choice of traditional home remedies to treat illness such as a cold. They believe this to be minor or not serious enough to consult a western doctor.

### LIMITATIONS

Several limitations exist within this study.

(i) Use of a tape recorder and interpreter may have interfered with the communication process. All participants displayed some initial discomfort with the use of the tape recorder, but soon forgot about it being used. The need to use an interpreter did make conversation a little disjointed at times, but did not actually interfere. Her presence helped participants to relax and break down initial barriers.

(ii) Inexperience of the interviewer in Vietnamese customs and limited levels of interaction with the people may have reduced their level of trust. In future circumstances, this could be overcome by using a series of interviews to meet the participants and help both the interviewer and participants relax. The initial meeting would involve spending time with and becoming familiar with the participants.

(iii) Although the initial letters to the participants and personal introductions stated that the interviewer did not represent the Health Department or any other form of authority, apprehension was still noted among the participants. The interviewer may still have been perceived as representing authority and created fear that incorrect responses and actual involvement in the study may effect participants future health care. The potential for such fears is reinforced by the participants descriptions of experiences in Vietnam. This fear may also have influenced the difficulties in obtaining a sample. The level of fear noted was alleviated during the course of the interview, but some people remained guarded in response to demographic questions such as specific dates and place of birth.

(iv) Bias in the results may have been created by the actual sample. Their willingness to be involved in the study may have been an indication that they were already more open and accepting of western health care systems.

(v) Vietnamese people maintain a deference for politeness to others. Such customs may have influenced their answers by trying to make the researcher happy. However, stories told by the participants and conversations following the interviews often revealed information that verified their initial responses.

## IMPLICATIONS FOR NURSING PRACTICE

This study was qualitative in nature, and sought to gain insight into the elderly Vietnamese people's beliefs about health. The small sample size represented only a small percentage of the population and age group. Focus of the study was upon a specific age group of older Vietnamese refugees. Limitations within the sample and comments made by the participants reveal that generalisation to the 60 to 70 year age group is inappropriate. Personal variations exist in beliefs about health and illness. The implications for health care reveal the need to assess the health and cultural beliefs of each Vietnamese client separately, and view each as an individual. Vietnamese people using western health care services may have different perspectives about health, than those of the health care worker. These beliefs are important to the individual. The resulting actions should not be viewed by health care workers as non-compliance, but as actions that are culturally appropriate to the individual client. .

Findings in this study indicate that the participants studied did maintain a high level of acceptance and use of western health care services. These people explained previous beliefs in western practices when still living in Vietnam. Since living in Australia, economic barriers to using western medicine have been removed and these practices can now be followed more easily. The participants do still continue to use traditional Vietnamese home remedies, and

knowledge of what these practices are enables nurses to acknowledge, understand and accept their use. Appropriate nursing care which maintains respect for these actions and previous practices that may have been used in Vietnam can be designed in collaboration with the client, thereby achieving the best possible health care for the client.

#### RECOMMENDATIONS FOR FUTURE RESEARCH

Findings in this study provide a description of the individual perceptions about health and illness. These findings are applicable only to the specific group of older people studied. Expansion of this study is recommended, to clarify and further explore the data. It is suggested that this process would include a series of a minimum three interviews to meet the participants, and facilitate a relationship of trust. Collected data can also be substantiated by discussing and verifying observations with the participants. Such a study may involve other age groups of people to identify differences or similarities between these ages or between males and females. Use of an in depth, participant observation study may also be beneficial. Interacting with the Vietnamese people by spending an extended period of time with them, and taking part in festivals, community outings and social activities may increase the potential to meet or raise questions about those people described as "classic Vietnamese".

A comparative study may also be done with another

cultural group living in Perth. This may identify similarities or differences in the type of beliefs, health care actions and interpretation of the meaning of being sick between the two groups.

Other worthwhile studies might include (a) research concentrating on specific emergent themes such as exercise, aging and care of the elderly; and (b) identifying home remedies used by the Vietnamese people in comparison with other cultural groups living in Australia.

### CONCLUSION

Elderly Vietnamese refugees living in Perth display a greater level of acceptance, understanding and use of western health care services than previously described. They combine this with the use of traditional home remedies to treat simple ailments. The cause of illness is attributed to naturalistic and not supernatural or metaphysical causes. Health is an important component of everyday life.

It may be argued that difficulties in obtaining a sample may have led to only refugees who were already westernised being interviewed. However, this does not diminish the significance of the results. Instead, it reinforces the need for health care workers to recognise and assess the health beliefs and practices of each elderly Vietnamese client separately. A generalisation about health beliefs cannot be

applied to the whole elderly Vietnamese population.

Personalised care needs to be designed with expectations that match those of both the client and health care worker.

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## APPENDIX ONE

### DEFINITION OF TERMS

Am(Yin): Means elements or things that are described as female, cold and dark.

Boat Person: An individual who fled Vietnam by boat, and then entered an Asian refugee camp.

Coin Rubbing: The action of rubbing a coin dipped in herbal oil or tiger balm in circular motions on specific skin surfaces. The coin is rubbed until bluish marks appear, and is described as "removing the wind from the body".

Alternately a ceramic spoon may be used instead of a coin.

Culture: Knowledge, beliefs, attitudes, values and socially determined patterns of behaviour. The norms of patterned ideas and behaviour relate to not only what is known, but the way reality is interpreted.

Cultural imposition: The enforcing of one culture's beliefs upon a person or group from another culture.

Duong (Yang): Opposite of am. Means male, hot and light.

Ethno-centrism: Belief that one's culture is the only correct one.

**Family Reunion Scheme (Family Sponsorship):** Australian government immigration scheme that enables refugees already living in Australia to sponsor other family members for immigration to Australia, and reunite their family.

**Health Care System:** A set of associated beliefs, practices and explanations used to treat or prevent illness.

**Health Beliefs:** Framework for understanding the nature of health and cause of illness and associated beliefs of curing.

**Health Practices:** Behaviours resulting from health beliefs.

**Refugee:** A Vietnamese person entering Australia after 1975

**1st Wave Refugee:** Initial group of refugee's who left Vietnam from 1975- 1979. The group was composed of mainly professional and business people who were from well educated urban backgrounds. They arrived mainly as family groups.

**2nd Wave Refugee:** People fleeing from Vietnam after 1979. Composed of farmers, fishermen, soldiers and people from a rural background. They were of a lower socio-economic group, with lower levels of education and had experienced only minimal exposure to western culture. Often arrived as single people and did not speak English.

**Steaming Pots:** A clay pot in which water is added to herbs. The produced steam is inhaled and used to produce profuse sweating, under a sheet.

**Vietnamese:** Person born in Vietnam and then raised within the Vietnamese culture.

**Western health care services:** Health care services such as general medical practitioners, chiropractors, homoeopathy, osteopathy, physiotherapy, psychology, hospitals, and health care clinics.

APPENDIX TWO

QUESTIONNAIRE

General information

Code of interviewee

Sex: Male\_\_\_\_\_ Female\_\_\_\_\_

Age:\_\_\_\_\_

Married\_\_\_\_\_ Single\_\_\_\_\_ Separated\_\_\_\_\_ Divorced\_\_\_\_\_

Level of Education\_\_\_\_\_

Interview Guide-lines

Where were you born, and where did you spend most of your life?

How long have you lived in Australia?

What was your occupation in Vietnam?

What is/ What has been your occupation in Australia?

What does being healthy mean?

What do you believe are important ways to keep healthy and prevent illness?

What makes people sick or unwell?

What do you think causes illness?

Can you tell me about the types of food you eat, how it is prepared, who you eat with and when your meal times are?

Do you have any special foods or medicines you take to keep you healthy?

What is not good to eat?

Do you have any daily activities to keep healthy?

Can you recall activities that were performed by you or your family to keep people healthy?

Can any daily activities make you ill?

Do you have any special prayers or forms of worship that helps to keep you healthy?

Do you believe religion or philosophies about life help to keep you healthy?

When you are sick, what do you do to make you well?

Who do you consult when you are sick?

Who decides on what treatment you will use?

What experiences have you or your family had with Vietnamese healing?

Can you tell me about special folk beliefs and practices for



illness?

Can you explain these to me?

Do you have folk healers in your culture?

Do you use any special home remedies or traditional healing practices when you are sick?

What health care services have helped you to remain well, or make you ill?

Have you ,or your family had any experiences with western medicine?

Can you describe these?

When do you believe you should consult them?

Can you share with me what care means and how care is shown in your culture?

Can you tell me about the meaning of aging?

How are older people cared for in your culture?

## APPENDIX THREE

### QUESTIONNAIRES USED BY ROSENBAUM (1991) AND LABUN (1988)

#### Rosenbaum's Tool:

##### Interview guide

###### Cultural affiliation

I am interested in learning about your cultural heritage. Can you tell me about your cultural group, [*ask the rest of this question only if appropriate*] when your people came to this country and how many generations have lived here?

###### Health care beliefs and practices

1. Can you share what care means to you and how care is shown in your culture?
2. I would like to learn what health means to you. Imagine yourself totally healthy. Tell me what it would be like for you. Tell me how you know when you are healthy. I am wondering how you believe people of your culture stay healthy.
3. Tell me what food means to you. Can you explain about the types of food you eat, how food is prepared, when your meal times are and with whom you share your meals?
4. Can you recall activities that were performed by you or your family to keep people healthy?
5. I would like to hear about your beliefs and practices regarding special life events such as birth and marriage. Can you reflect about the meaning of aging and how older people are cared for in your culture?

###### Illness beliefs and customs

1. Can you recall special folk beliefs and practices about illness?
2. Please teach me about your culture's practices regarding illness and your own folk experiences.
3. I would like to learn about your experiences with health professionals and your beliefs about when to consult with them.
4. I would like to learn about folk healers in your culture, if you have them.
5. I am wondering if you have experience with the "evil eye" or other special health worries.

###### Interpersonal relations

1. As you think about the ways that people in your culture communicate with each other, do you notice differences from the dominant culture—for example, the use of silence, how close to each other you stand, touching people, respect for people in authority, appropriate topics of conversation, and use of your body and hands? I am interested in learning about the appropriateness of sharing feelings with others.
2. I am wondering about family life. Could you identify and tell me about the members of your family? I would like to learn about women's duties, men's duties and how men and women relate to each other.
3. Please tell me about the ways men and women meet in order to get married, and who are considered acceptable to marry. I would like to learn if there are special problems that families need to deal with regarding sexuality. [*Ask the next question only if appropriate.*] Can you tell me if you notice differences regarding selection of mates or sexuality among generations of immigration?

4. Tell me about your philosophy of raising children, disciplining them and their place in the family.

###### Spiritual practices

1. Can you tell me about your religious and spiritual self? I would like to hear about your beliefs and practices.
2. As you think about your life experiences, could you share your feelings about life and death?
3. Can you tell me about your beliefs and practices related to the death of a loved one; about the funeral, the mourning customs and your beliefs about souls, spirits and the afterlife? I would like to learn about when it is appropriate for men and women to express their feelings when a loved one dies.
4. Please tell me about the duties of men and women in your religion and place of worship.

###### World view and other social structures

1. Can you teach me about how you see your life in relation to the world around you?
2. I would like to learn about what is important in life to you.
3. I am interested in learning what languages are spoken in your home and the languages that you understand and speak.
4. I would like to hear about the influence of political and legal factors [*in Canada or in other parts of the world*] in your life.
5. Can you reflect on the kinds of jobs that members of your family have, and how finances influence your way of life?
6. Could you reflect on what education means to you and your family? Please describe the kind of education you received and what education you hope your children will receive.
7. [*Ask this question only if appropriate.*] I would like to hear about the influence of technology on your way of life. Can you compare the difference in technology between your life here and in the "old country"? □

(from Canadian Nurse, 1991, p33.)

## Labun's Tool:

(This tool was received from E. Labun)

### Leininger's Cultural Health Care Assessment Tool\*

#### Purpose

This tool has been developed to obtain information from people about their cultural care and health values, beliefs and practices (including folk and professional health perceptions, cognitions and experiences). A dominant emphasis is on care behavior, nursing and health.

#### Instructions

This tool can be completed by participants; however, it is best administered by the researcher. It can be used to elicit general and specific information by reference to particular aspects, i.e., aged, adolescent, child, etc. It is a tool to be used as a guide to elicit data and does not have to be used in rigid sequence. However, try to get responses to the domains of inquiry to get an accurate health care assessment.

#### Part I. General Information

1. Name of person (or code number) of resposdee \_\_\_\_\_
2. Date completing form (day, month, year) \_\_\_\_\_
3. Sex: Check ( ) Male \_\_\_\_\_ Female \_\_\_\_\_
4. Age: \_\_\_\_\_
5. Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_
6. Languages spoken (or read) (Clarify) \_\_\_\_\_
7. Highest education attained \_\_\_\_\_
8. Current occupation \_\_\_\_\_
9. State in which you live \_\_\_\_\_

#### Part II. Getting to Know Your Cultural Background

1. Could you tell me about yourself, where you are living, and your family or group associates?

(Note: Tool was received from M. Leininger as shown.)

\*This tool has been developed and refined from the author's tool and guidelines entitled "Culturological Interview and Assessment Guidelines".

2. Where were you born and where have you spent most of your life? (Include place of birth and different places lived.)
3. Tell me about your family and your life experiences with them.
4. Since all people have a culture, could you tell me about your cultural group or whom you identify with most of the time (e.g., Mexican-Americans, German-Americans, Black-Americans, etc.)?
5. When you were growing up and today, what experiences or activities in your family were important (or valued) as healthy or "good" lifeways?
6. Describe a typical day and night in your life.

Part III. Health Care and Illness Domain

7. Tell me what you believe are important lifeways (or prevention of illness modes) to keep you healthy. (Include what has kept you and your family healthy.
8. What do you believe (or value) that makes people ill or sick, and prevents people from reaching an old age?

9. Identify some of the principal foods and/or medicines you take to keep you healthy each day? (Include foods or medicines that you feel are not good to take and why.)

10. What daily activities keep you healthy? or make you ill?

Part IV. Societal Factors Influencing Health and Illness  
States (can refer to particular age period, aged, youth, etc.)

11. Tell me how you believe religion or a philosophy of life has helped you to keep healthy? or become ill? (Give examples)

12. In what ways has education helped you to remain healthy? (Give examples)

13. In what ways do you believe politics or political factors have influenced your health? (Give examples)

14. Tell me how money or economic factors influence your health or well-being?

15. Tell me how modern technology has influenced your health? (Give examples)

16. What health care institutions (hospitals, clinics, visiting nurses associations, etc.) have helped you remain well, or become ill?

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Additional Questions Related to Health Status\*

1. Now that you've told me what health means to you, how would you describe your own health right now? How healthy do you think you are?

2. Are you satisfied with your health at this time? If not, in what ways would you like to be healthier?

What problems do you have with your health?

\*The last two questions were developed by the investigator for this study.

## APPENDIX FOUR

### CONSENT BY PARTICIPANT TO PARTICIPATE IN THE STUDY

Dear Sir/Madam,

This research project aims to establish what elderly Vietnamese refugees understand as causing illness and disease, and the relevant health care practices they use. The research will be conducted by interviewing each participant . Each interview will last no longer than 90 minutes. Information collected in this research will hopefully be of future benefit to elderly Vietnamese people living in Perth, by helping nurses and other health care workers understand your choices and preferences in health care.

Participants will remain anonymous, and participation is voluntary. Any demographic information asked in the study is simply to enable data analysis.

Your involvement in this study will not prejudice or disadvantage you when using health care services. Any questions or enquiries can be directed to G. Watson, c/o School of Nursing, Edith Cowan University, or answered during the interview.

Please read and sign the consent below. I thank you for your participation.



I \_\_\_\_\_ have read the above information and any questions I have, are answered to my satisfaction. I agree to participate in this research, understanding that I can withdraw at any time. The resulting information may be published, provided that my name is not used.

\_\_\_\_\_(sign)

## LETTER TO PARTICIPANTS

Dear

I am a student at Edith Cowan university, completing an honours degree in nursing. I am also a registered nurse working for Mount Lawley College of TAFE.

As part of my degree, I plan to conduct a research study with Vietnamese people to identify their health practices and beliefs. The collected information will hopefully benefit the Vietnamese people by teaching health care workers of your' values and beliefs. They will then be able to give Vietnamese people better nursing care.

The study is an independant university study, and all personal information remains confidential. No proper names will be used in the final report.

I invite you to participate in this study. If this is acceptable, can you pleas complete the letter of consent and attached form ( name and address) then return them to me within two weeks. I will then contact you by telephone, with the assistance of the interpreter, to arrange an interview time. The interview should only be short, and I will have the assistance of a Vietnamese interpreter.

Thankyou for your assistance,



DEPARTMENT OF IMMIGRATION, LOCAL GOVERNMENT AND ETHNIC AFFAIRS  
WEST AUSTRALIAN TRANSLATION SERVICE CENTRE

In providing this translation, no warrant is given as to the authenticity or otherwise of the presented document.

TRANSLATED FROM: ENGLISH  
REGISTRATION NO: 023109  
YEAR: 1992

Hộp thư 72  
MORLEY  
6062

Kính thưa .....

Tôi là sinh viên đang theo học năm thứ tư ngành Điều Dưỡng tại trường Đại học Edith Cowan. Tôi cũng là Y tá có đăng bộ đang làm việc cho Trường Kỹ thuật và Bồ Túc Văn Hóa Mount Lawley.

Là một phần trong chương trình học của tôi, tôi dự trù tổ chức một cuộc nghiên cứu về người Việt nam nhằm xác định được những thói quen và niềm tin về y tế của họ. Những chi tiết thu được trong cuộc nghiên cứu này hy vọng rằng sẽ giúp ích cho người Việt nam trong việc huấn luyện thêm cho những viên chức chuyên lo về sức khoẻ về những đóng góp giá trị và về niềm tin của Quý vị. Những viên chức này sau đó có thể giúp đỡ người Việt nam để chăm sóc sức khoẻ hữu hiệu hơn.

Việc nghiên cứu này không liên quan gì tới trường Đại học và tất cả chi tiết cá nhân sẽ được bảo mật. Sẽ không có bất cứ tên họ nào được ghi vào phúc trình cuối cùng cả.

Tôi xin kính mời Quý vị tham gia vào việc nghiên cứu này. Nếu Quý vị chấp thuận, xin Quý vị vui lòng điền vào Giấy Thỏa Thuận và mẫu ghi dưới đây và gửi lại cho tôi trong vòng 2 tuần lễ. Tôi sẽ liên lạc với Quý vị sau bằng điện thoại để sắp xếp buổi phỏng vấn. Buổi phỏng vấn sẽ ngắn gọn và tôi sẽ có người thông ngôn giúp tôi nói chuyện với Quý vị.

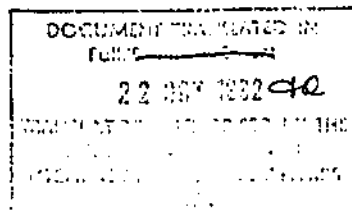
Xin cảm tạ sự giúp đỡ của Quý vị.

Gayle Watson

Tôi muốn tham gia vào việc nghiên cứu này.

TÊN :  
ĐỊA CHỈ:

ĐIỆN THOẠI:



In providing this translation, no warrant is given as to the authenticity or otherwise of the presented document.

## GIẤY THỎA THUẬN THAM GIA VÀO VIỆC NGHIÊN CỨU

Kính thưa Quý Vị,

Mục đích của chương trình nghiên cứu này là nhắm vào việc thiết lập những gì mà những người cao niên Việt nam bị nạn hiểu biết về nguyên nhân gây ra bệnh tật và đau ốm cũng như những thói quen chăm lo sức khỏe mà họ thường sử dụng. Việc nghiên cứu sẽ được thực hiện bằng cách phỏng vấn từng người tham gia. Mỗi buổi phỏng vấn sẽ không kéo dài hơn 90 phút. Những chi tiết thu được trong việc nghiên cứu này hy vọng sẽ rất hữu ích trong tương lai cho những người Việt nam cao niên hiện đang sinh sống tại Perth bằng cách giúp những người y tá và những nhân viên chuyên lo về sức khỏe hiểu được sự lựa chọn và ý thích của Quý Vị về sự chăm sóc sức khỏe.

Những chi tiết về người tham gia sẽ được giữ kín và sự tham gia hoàn toàn tự nguyện. Bất cứ những chi tiết cá nhân nào được hỏi tới trong việc nghiên cứu chỉ dùng cho mục đích phân tích dữ kiện mà thôi.

Sự tham gia của Quý Vị trong việc nghiên cứu này sẽ không gây phương hại hoặc bất lợi cho Quý Vị trong việc sử dụng các dịch vụ chăm sóc sức khỏe. Nếu Quý Vị thắc mắc hoặc nghi vấn, Quý Vị có thể hỏi Cô G. Watson, qua địa chỉ của trường Điều Dưỡng, Đại học Edith Cowan (c/o School of Nursing, Edith Cowan University) hoặc Quý Vị có thể hỏi trong buổi phỏng vấn để được trả lời ngay.

Xin Quý Vị đọc và ký tên phần thỏa thuận ghi dưới đây. Tôi xin thành thật cảm ơn sự tham gia của Quý Vị.

Tôi ..... đã đọc những chi tiết ghi trên và tôi sẽ được trả lời thỏa đáng cho bất cứ câu hỏi nào. Tôi đồng ý tham gia vào việc nghiên cứu này với sự thông hiểu rằng tôi có thể rút lui bất cứ lúc nào. Những chi tiết cuối cùng có thể được ẩn hành miễn là tên họ tôi không được đề cập tới.

.....

(ký tên)

APPENDIX FIVE

PERMISSION FOR USE OF RESEARCH TOOLS



July 27, 1992

Gayle Watson  
P. O. Box 72  
Morley 6062  
Western Australia

Dear Ms. Watson:

You have my permission to use my "Cultural Assessment Guide" for your research study of Vietnamese refugees, providing that you site its source.

I wish you much success in your studies and would be pleased to receive a copy of your research report when you have completed the study.

Sincerely,

A handwritten signature, likely of Janet N. Rosenbaum, written in dark ink.

✓ Janet N. Rosenbaum, R.N., Ph.D.  
Professor  
School of Nursing

JNR:lj

2055 Notre Dame Avenue  
Winnipeg, Manitoba Canada R3H 0J9  
(204) 632-2311 FAX: (204) 632-9661



June 5, 1992



Dear Gayle:

Thank you for your interest in my study of Vietnamese women. It is always gratifying to hear of others who find my work helpful. I have enclosed pages from my thesis which will help you to understand the background for my tool. I also feel you will need to write to Dr. Leininger (see enclosed letter) to receive permission. I am happy to grant permission provided you acknowledge your sources.

Wishing you well in your studies.

Sincerely,



Evelyn Labun MS.N, R.N.,  
Assistant to the Department Head,  
Nursing,  
Red River Community College  
Assistant Professor,  
University of Manitoba

EL/sa

Enclosures



Wayne State University  
College of Nursing

5557 Cass Avenue  
Detroit, Michigan 48202

August 3, 1992

Gayle Watson



Dear Ms. Watson:

Your letter was awaiting my return from Australia where I presented several scholarly papers on transcultural nursing and human care.

I am pleased you are using my culturalological assessment tool. I am enclosing a copy of the tool recently published in the Journal of Transcultural Nursing. I would recommend you use this tool and give proper acknowledgement of source (see on reprint). This tool also fits with my theory of Culture Care. I am enclosing a copy of the source of this book and suggest that you recommend some copies for your use. It is being well received and is a nursing theory to study explicitly cultures. It reflects much of my nearly four decades of work in developing transcultural nursing and human care. I would appreciate if you would make this work and my care books known in Perth academic and clinical settings. The Journal of Transcultural Nursing is also the major publication on research and theory in this area. I hope your libraries have a subscription in Perth.

Best wishes in your research. I enjoyed Australia and New Guinea this third time in each country.

With my caring regards,

Madeleine Leininger, R.N., C.T.N., Ph.D., L.H.D., F.A.A.N.

Professor of Nursing and Anthropology

Founder of Transcultural Nursing and Leader of Human Care Research and Theory

ML/svp

