

Postpartum Health of Ethnic H'mong Women



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ABSTRACT: Regardless of the country, locality, or region in which they live, women are generally regarded as the more submissive gender in society. There are critical phases in a woman's life, including pregnancy, childbirth, and the postpartum period. Women of the H'Mong ethnic group also experience these stages, but due to their residence in remote and challenging areas with traditional practices, postpartum healthcare often lacks essential resources and may pose life-threatening risks. In the following article, the research team highlights the importance of addressing postpartum health for H'Mong women, provides an overview of postpartum health, examines the current state of postpartum healthcare for H'Mong women, identifies existing limitations, and proposes solutions to enhance postpartum care for this ethnic minority.

KEYWORDS: healthcare, women, postpartum, H'mong ethnic minority, Vietnam

1. THE RATIONALE OF THE STUDY

Women are bestowed with the sacred role of pregnancy and childbirth. After giving birth, a mother's body begins recovering from pregnancy, so resting and scientific management of daily activities are crucial for optimal health.

In the postpartum period, mothers experience various physiological changes at different stages. On the first day after delivery, new mothers may feel fatigued, experience abdominal and perineal pain, and face challenges in self-care. Notably, a safety mass or clot may appear within the first two hours postpartum. Subsequent hours may present symptoms such as (i) vaginal contractions; (ii) physiological placental site congestion; (iii) increased vaginal bleeding; (iv) colostrum secretion; and (v) postpartum chills.

Like all other aspects of life, a woman's body undergoes significant changes in the weeks and even months following childbirth. The postpartum period is a crucial phase during which a woman's body begins to recover and return to its pre-pregnancy state. Therefore, it is essential to be prepared to address both physical and psychological changes during this period.

Women may encounter various postpartum health issues, some of which can be serious and present with specific symptoms (Vinmec.com, 2024).

Currently, the rate of access to healthcare services among ethnic minority women is notably low. In the Northern mountainous provinces, the rate of home births among ethnic minority women is very high, accounting for approximately 40-60% of all births, whereas the majority of Kinh women and those living in the plains deliver in medical facilities.

Protecting, caring for, and improving the health of the general population, particularly the health of ethnic minority mothers, has always been a top priority for Vietnam. Due to their geographical location in mountainous and remote areas with significant socio-economic challenges, ensuring that all ethnic minority women have equitable access to quality healthcare services during pregnancy and childbirth presents a considerable challenge for the Vietnamese government (hvd.edu.vn, 2022).

Traditional H'Mong practices involve family members and spouses assisting with childbirth, which has led to a high incidence of obstetric complications, including breech births, umbilical cord prolapse, and postpartum cervical dystocia. However, the introduction of the village midwife program and support from commune health stations has improved awareness of obstetric risks among women of childbearing age. According to statistics from 2023, while home births still occur, 82% of H'Mong women now receive intervention and support from midwives and local healthcare services during childbirth. Difficult deliveries and prolonged labor cases are referred to district medical centers for further assistance (soyte.yenbai.gov.vn, 2024).

Postpartum health is a critical concern for women, encompassing not only physical well-being but also mental health. Therefore, further research is essential to provide recommendations aimed at changing the perceptions of both women and their families, with a particular focus on H'Mong women.

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2. METHODOLOGY

For the research, the authors utilized two methods: desk research and sociological investigation. The desk research involved reviewing published materials on media platforms to examine existing studies on postpartum women’s health and care, including general aspects, characteristics, and roles.

In the sociological investigation, the authors developed a survey questionnaire to collect information from various stakeholders: women, their families and communities, and healthcare professionals in regions with H’Mong populations.

The survey questionnaire was designed to include the following key topics and questions:

1. The appropriate age for women to give birth.
2. Factors influencing the pregnancy and childbirth process.
3. The postpartum period and its stages.
4. Health issues that women may encounter after childbirth.
5. Psychological issues that women may face postpartum.
6. The importance of postpartum healthcare.
7. Essential conditions for providing postpartum care.
8. Medical services that are available for postpartum women.
9. Funding sources for postpartum healthcare at local medical facilities.
10. What support is needed for private healthcare facilities established in ethnic minority regions?

The data collection method employed by the research team utilized a convenience sampling approach. The survey questionnaire was created on Google Drive and was administered via the following link:

<https://docs.google.com/forms/d/e/1FAIpQLSdQ94nGO5nUPo40MJh7C-B3Shz7ziSh0i0Jq1fpGIAZ1Gprw/closedform> -

Survey questionnaire for women

- https://docs.google.com/forms/d/e/1FAIpQLScMR7CPxIxt3-JU_qoiexendBFoS7U_0vziDtkR5vp6ykorUg/closedform -

Survey questionnaire for families and communities

- https://docs.google.com/forms/d/e/1FAIpQLSdF-vDZkapHpV6-CBvx_csfw8ypE4W8zaRn4UdaB4g5ArteTg/closedform -

Survey questionnaire for healthcare professionals

The survey questionnaires were distributed to the target respondents through social media platforms such as Facebook, Zalo, and email, within areas inhabited by the H’Mong ethnic group. Each question provided multiple-choice answers for respondents to select from (either a single answer, multiple answers, or a rating on a 5-point scale).

Data processing method: The research team collected survey data (111 valid responses from women, 39 valid responses from healthcare professionals, and 80 valid responses from families and communities). The data was then compiled using Excel software, which facilitated analysis and provided evidence for the research problem.

3. OVERVIEW OF WOMEN’S POSTPARTUM HEALTH

3.1. *Overview of postpartum period of women*

In the optimal age range for pregnancy, women are ideally prepared with adequate knowledge, physical health, reproductive capability, mental well-being, financial stability, and readiness for motherhood. Although these characteristics can vary among individuals, surveys consistently indicate that the ideal age range for pregnancy is between 20 and 35 years.

During this period, a woman’s body is fully developed to undertake the role of motherhood. Women aged 20 to 35 are considered to be in the best age range for pregnancy because it reduces the risks and complications commonly associated with pregnancy, such as ectopic pregnancy, preeclampsia, stillbirth, and the threat of miscarriage. Additionally, ovary quality is generally better during this age range, increasing the likelihood of conceiving twins or multiple pregnancies.

According to the research team’s survey results, there is a general awareness of this optimal age range. While women themselves often consider the age range of 18-35 years as ideal for childbirth, families, communities, and healthcare professionals tend to believe that the best age range for pregnancy is from 18 to 30 years.

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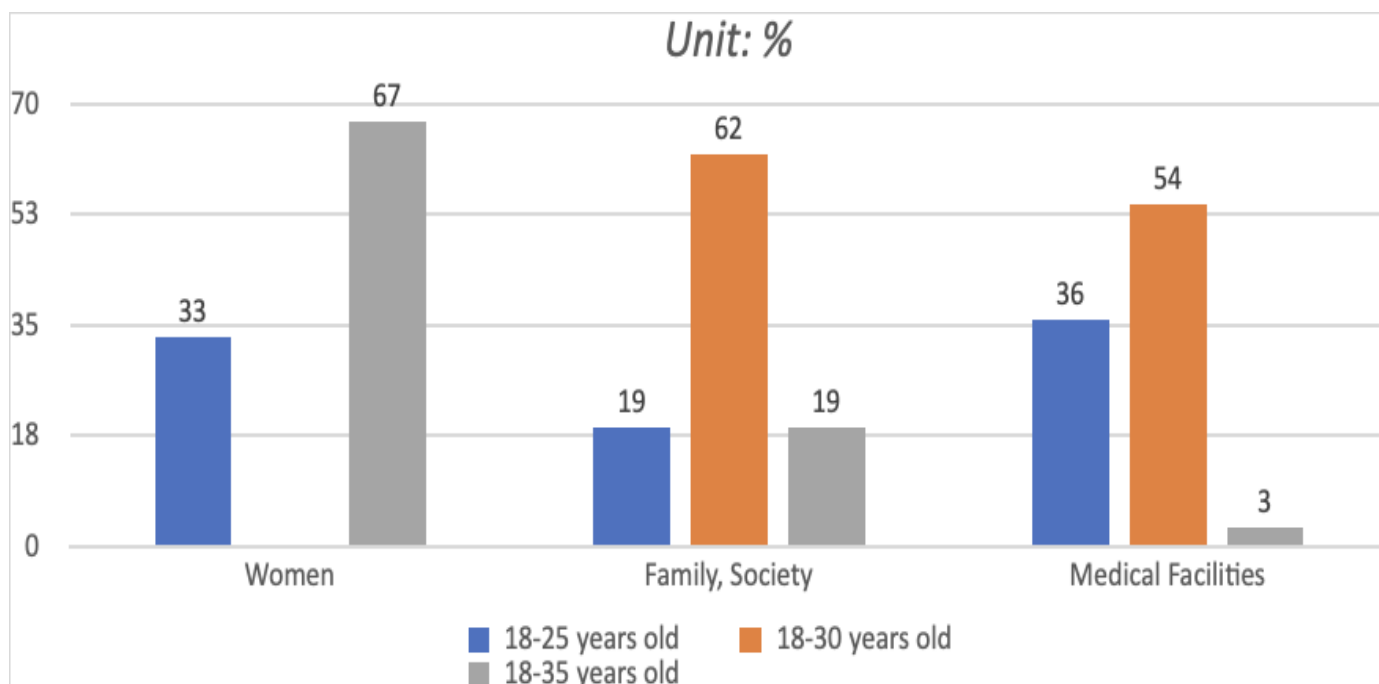


Chart 1. Survey on the appropriate age for childbirth for women

Source: Survey result

The end of a successful pregnancy is childbirth. The days and weeks following delivery, known as the postpartum period, are a critical time for both the mother and the newborn. The postpartum period lasts for 42 days or 6 weeks.

However, not everyone is able to define the postpartum period accurately. According to survey results, women themselves most accurately identify the postpartum period as lasting from 2 to 6 weeks (67% of responses), while families, communities, and even healthcare professionals tend to consider the postpartum period to be 6 months. Understanding the correct duration of the postpartum period helps individuals provide better care for women after childbirth. This period is also crucial for the mother's recovery after pregnancy and childbirth and for the development of the emotional bond between mother and child.

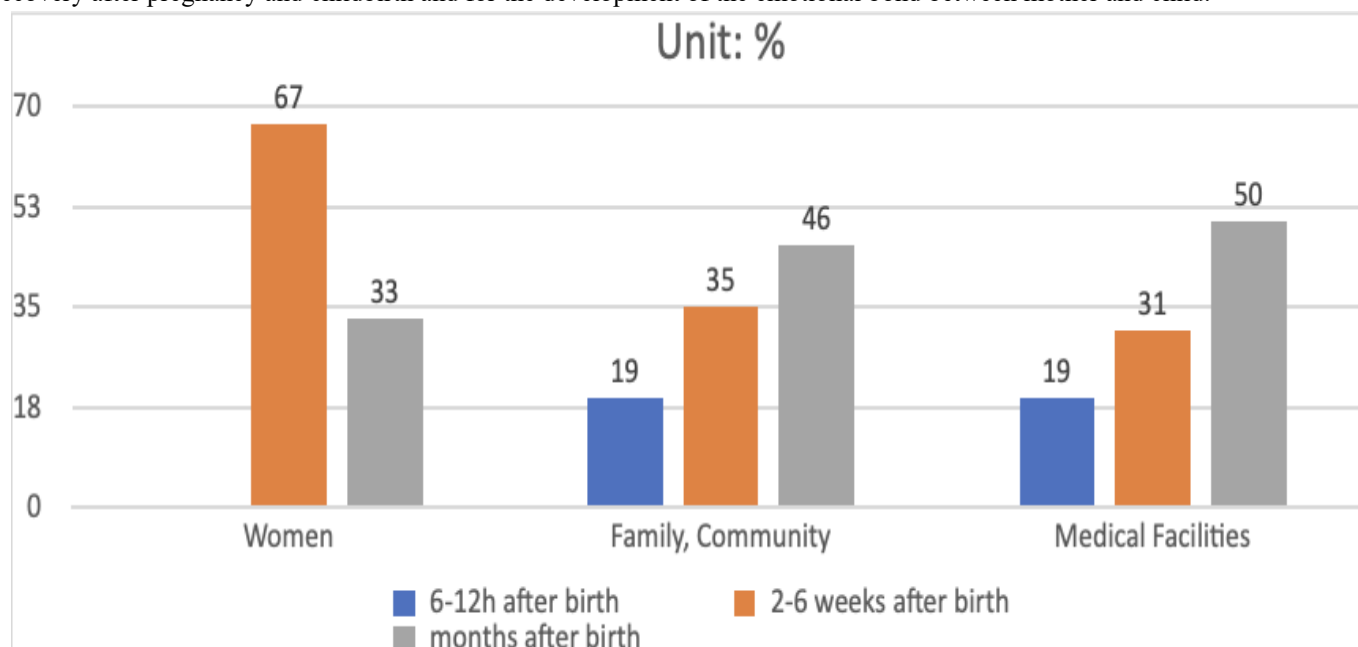


Chart 2. Survey results on the duration of the postpartum period for women

Source: Survey result

3.2. Characteristics of postpartum health in women

Childbirth is a challenging and arduous experience that women must endure on their own, and it demands significant physical effort. After giving birth, women often face a range of issues such as pain and fatigue. However, there are also unique benefits that only postpartum women can experience.

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Health characteristics of postpartum women:

- *Postpartum women may experience increased intelligence:* Research in the United States suggests that the gray matter in a woman's brain grows for weeks and months after childbirth. It is believed that hormonal changes associated with the development of a fetus in the womb contribute to similar changes in the mother's brain. Conversely, the expansion of the brain's "drive" regions in mothers has been linked to enhanced nurturing behaviors, which support the baby's survival and healthy physical and emotional development, starting from the prenatal stage.

However, some argue that postpartum women may experience memory impairment, which is often attributed to sleep deprivation. Nevertheless, neuroscientists at Yale University have conducted brain scans of 19 new mothers and observed a noticeable, albeit small, increase in gray matter (information-storage cells) within approximately 3-4 weeks after childbirth. The areas showing the most growth include regions related to motivation, decision-making, judgment, emotional processing, and feelings of satisfaction—all of which are crucial in the mother-child relationship.

The strongest brain growth occurs in new mothers, as reported in the journal *Behavioral Neuroscience*. It remains unclear whether these changes are primarily due to the hormonal effects of estrogen and oxytocin during labor or if they result from the caregiving and nurturing process.

- *Postpartum women experience increased immune function:* After giving birth, a woman's immune response to tumors can improve for up to 10 years. This enhancement is attributed to the timely and active protection provided by progesterone, a hormone that stimulates and regulates many bodily functions.

- *Postpartum women also manage stress more effectively:* Recent studies have shown that women who give birth experience less stress compared to those who have not given birth. This is due to the increased secretion of oxytocin during and after childbirth, which helps combat depression and effectively reduces stress hormones. Moreover, spending time playing with their baby acts as a "tonic" for mothers, helping them overcome fatigue and improve their overall mood.

- *The onset of menopause is delayed:* During the nine months of pregnancy and the initial period of breastfeeding, a woman's body temporarily halts ovulation. Typically, menstruation resumes about six months postpartum, meaning that menopause occurs later for women who have given birth compared to those who have not.

- *Postpartum women often experience heightened olfactory sensitivity:* After childbirth, women may find their sense of smell becomes more acute.

- *However, postpartum women often face challenges:* Their bodies may still be weak and not fully recovered, leading to difficulties in daily activities. Additionally, a lack of rest and support can contribute to nervous exhaustion and physical fatigue.

- *Postpartum women may also experience changes in body shape:* Excessive eating and reduced physical activity during pregnancy and breastfeeding can lead to significant weight gain. This continued lack of exercise may result in overweight or obesity, with body shape not returning to its pre-pregnancy state.

- *Postpartum women often develop stretch marks:* Weight gain during pregnancy leads to the appearance of numerous stretch marks on the body. These marks become more pronounced after childbirth. However, there is no method that can completely eliminate these ivory-colored stretch marks.

- *Postpartum women face challenges in their relationship with their husband:* The fatigue from childbirth, the demands of caring for a newborn, worries about the baby's health, and self-consciousness about changes in body shape can lead to decreased intimacy with their partner. This reluctance can contribute to marital strain and, in some cases, may even lead to family breakdowns. (carewithlove.com.vn, 2024)

The surveyed H'Mong women reported experiencing various issues postpartum:

In terms of health: They may encounter complications such as postpartum hemorrhage, puerperal infections, lochia, postpartum preeclampsia, and urinary tract infections.

In terms of mental and emotional well-being: They may experience symptoms such as excessive crying and feelings of sadness, postpartum depression, and postpartum psychiatric disorders.

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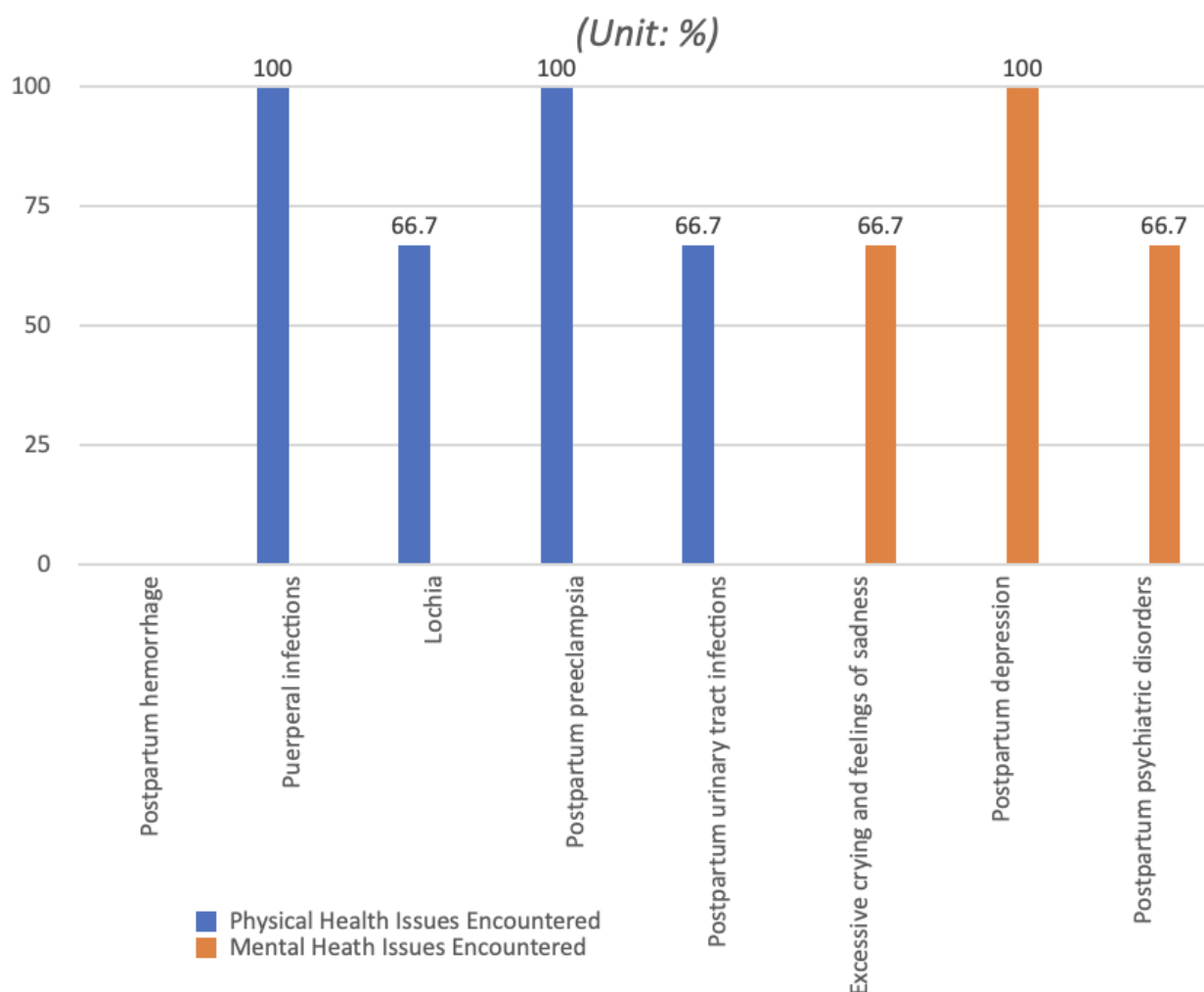


Chart 3. Summary of the survey on the health and psychological issues encountered by H’Mong women in postpartum period

Source: Survey Result

Among the health issues faced by postpartum H’Mong women, the most common are puerperal infections, such as infections of the perineum and vulva, and postpartum preeclampsia (as reported by 100% of the survey participants). In contrast, postpartum depression, with varying degrees of severity, represents the most significant psychological challenge for H’Mong women after childbirth.

Therefore, it is crucial to provide comprehensive care for postpartum women, involving not only the women themselves but also healthcare professionals, family members, and the community.

3.3. The importance of postpartum healthcare

- Postpartum health recovery care

After childbirth, mothers need proper health and nutritional care. During the postpartum period (42 days, equivalent to 6 weeks after birth), mothers should rest, engage in light physical activity, follow a balanced diet (including all four food groups: carbohydrates, proteins, fats, and vitamins and minerals), drink plenty of water, and take iron and vitamin A supplements as directed by healthcare professionals.

As the postpartum period ends, if the mother resumes sexual activity, both she and her partner need to use appropriate contraception to prevent unintended pregnancies. The husband and family need to support the new mother by providing emotional encouragement, reducing her workload, and assisting her in recovering her health and ensuring adequate milk production for breastfeeding.

On the first day after childbirth, the mother is often fatigued and at high risk of complications. Therefore, she requires special care. It is important to ensure that the mother rests in a quiet environment to recuperate. Gentle abdominal massage may be performed to promote uterine contraction and help prevent bleeding. During this initial period, thorough hygiene of the genital area is essential, including changing sanitary pads and monitoring for any signs of complications. If any concerning symptoms arise, it is crucial to immediately notify healthcare professionals or take the mother to a medical facility.

- Care to ensure the health of both mother and baby

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Proper postpartum care involves several critical steps to ensure the well-being of both mother and baby. Immediately after birth, the mother should be assisted in placing the baby skin-to-skin with her within the first 90 minutes and initiating breastfeeding within the first hour. After delivery, the mother needs adequate rest and sleep to support her recovery.

Breastfeeding the baby within the first hour helps stimulate uterine contractions, reducing the risk of bleeding and promoting early milk production. Additionally, early breastfeeding keeps the baby warm, preventing hypothermia, and provides colostrum, which reduces the risk of upper respiratory infections in the future. Breastfeeding also strengthens the maternal bond. The mother should be monitored at a healthcare facility for at least 24 hours following delivery.

- Care to mitigate postpartum complications

During the postpartum period, it is crucial to monitor for signs of serious complications, including: increasing bleeding or blood clots; fever; persistent abdominal pain or foul-smelling discharge from the vagina; swelling of the face, legs, or arms, blurred vision, or severe headaches; fainting or seizures.

Postpartum mothers and their families need to be vigilant for emotional disturbances such as insomnia, anxiety, fatigue, and depression. These may indicate postpartum depression. If such symptoms occur, the mother needs to communicate with her spouse and family members and seek advice from healthcare professionals.

Both the mother and her relatives should closely observe for any dangerous signs in the postpartum period. If any concerning symptoms arise, immediate consultation with a healthcare provider or a visit to a medical facility is necessary. (Source:suckhoedoisong.vn, 2023)

According to the survey, 100% of the women surveyed recognized the critical importance of postpartum care, rating it as extremely significant (level 5). Among these, women identified several essential conditions needed for effective postpartum health care:

- Nutritional regimen
- Sports regimen
- Rest and recovery
- Exercise regimen
- Living environment
- Personal hygiene
- Healthcare conditions at local and central facilities
- Emotional support from family
- Care from relatives

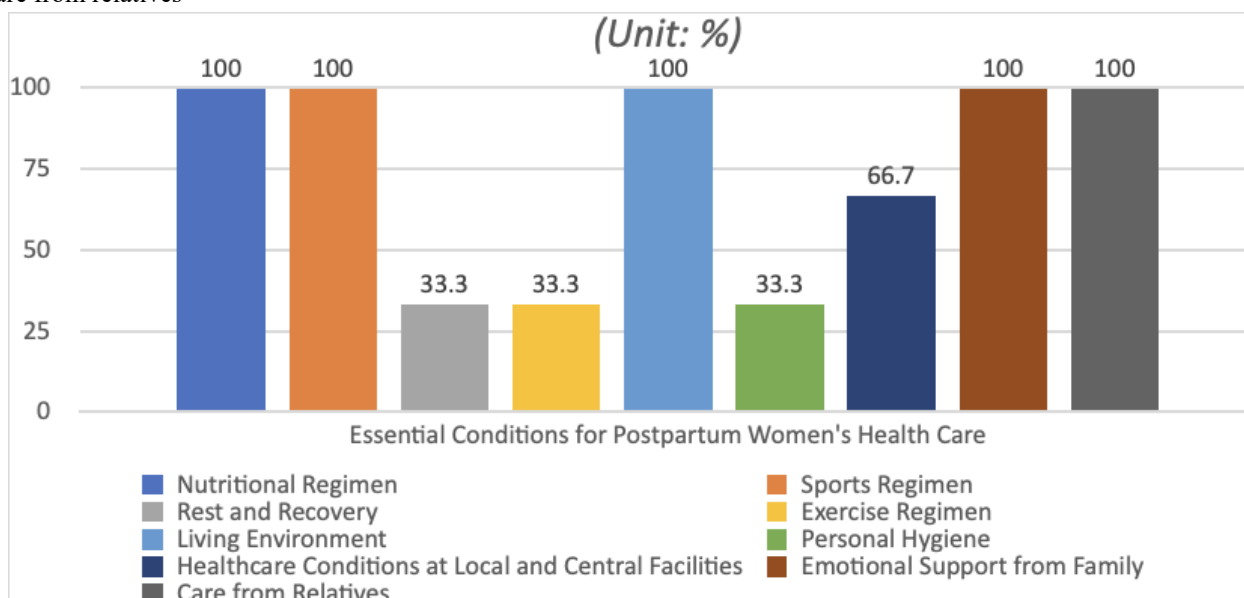


Chart 4. Summary of survey on essential healthcare conditions for postpartum H’Mong women

Source: Survey Result

When asked about the essential healthcare conditions they require postpartum, 100% of the surveyed H’Mong women indicated that they need a complete and appropriate nutritional regimen, sufficient rest, personal hygiene care, emotional support from family, and care from relatives. The strong demand for these essential conditions underscores the importance of providing comprehensive postpartum care for H’Mong women.

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4. CURRENT SITUATION OF POSTPARTUM HEALTHCARE FOR H'MONG WOMEN

4.1. Overview of the health situation of the H'Mong ethnic group

Globally, there are approximately seven million H'Mong people, living scattered across Thailand, Laos, China, the United States, and other countries. In Vietnam, around 800,000 H'Mong people reside in all three regions—North, Central, and South—accounting for about 1% of the national population. Historically, the H'Mong's culture, traditions, and customs have been passed down orally from generation to generation, as they did not have a written script of their own until the early 1950s when Western missionaries arrived in Southeast Asia to preach Christianity to the H'Mong.

In Vietnam, the H'Mong (also known as the Mèo) are categorized into five primary groups based on women's clothing, language, and customs: White Mèo (also known as H'Mong Đâu in the Mèo language), Flower Mèo (H'Mong Lênh), Black Mèo (H'Mong Đu), Blue Mèo (H'Mong Sứ), and Red Mèo (H'Mong Pe). Among these groups, the White Mèo are the most numerous. The H'Mong writing system is based on the Latin alphabet and was developed in 1956.

H'Mong religion is influenced by Confucianism and Taoism, two ancient Chinese philosophies that have existed for thousands of years. These religions impact H'Mong culture by imposing strict duties and responsibilities on women while limiting their personal rights, including reproductive health rights.

The H'Mong believe in deities, magic, and sorcery. They think that illnesses can result from various causes, with each internal organ possessing a spirit. The absence of any one spirit can lead to sickness and disease. Illness may also arise from an imbalance between a person's physical state and their environment, or from an internal imbalance within the body. Diseases might be seen as symptoms of deeper issues, such as violating taboos or prohibitions. The severity of an illness depends on the "spirits" associated with it: they might be nearby, distant, or caused by malevolent entities. Multiple deaths could indicate that local spirits are unhappy with human encroachment on their territory.

The H'Mong uses a variety of methods for disease prevention and treatment, including medicinal herbs, animal-based medicines, mineral treatments, magical practices, dietary restrictions, and combinations of these approaches. Generally, for treating children's illnesses, the H'Mong first relies on magical practices. If these methods are ineffective, they then turn to medicinal treatments. Religious practices play a significant role. Medicinal plants are commonly used to address infertility, menstrual disorders, obstetric complications, and to provide nutritional support post-birth (vietnam.unfpa.org, 2008).

In some regions with significant H'Mong populations, such as Lao Cai, the healthcare situation is as follows:

Healthcare network: As of now, Lao Cai Province has 7.95 doctors per 10,000 people. Every commune and ward has a healthcare station with a general practitioner, and 34 out of 164 healthcare stations have a doctor. Additionally, 95.6% of villages have healthcare personnel, which largely meets the local needs for medical care. There are 145 H'Mong healthcare workers out of a total of 3,928 healthcare staff, making up 3.7% of the workforce. In 45 villages, 100% have a village healthcare worker and population collaborator, with 23 out of 45 villages also having a traditional midwife.

However, there is a shortage of both the quantity and quality of healthcare professionals, particularly among the H'Mong ethnic group. For instance, the number of H'Mong doctors has increased to 17, up from 3 in 2004; the number of nurses, medical technicians, and other healthcare workers has risen to 128, an increase of 58. Despite these improvements, H'Mong healthcare professionals still make up only 3.7% of the total healthcare workforce of 3,928.

In 32 communes where over 90% of the population is H'Mong, there are 7 doctors, including only 1 H'Mong doctor. Current policies aimed at attracting and retaining medical staff in healthcare stations in H'Mong ethnic minority areas have not been fully effective in ensuring that staff are motivated and remain in their positions.

Population and Family: The work on population, family, and child care is given significant attention. Every village has a population collaborator, which enhances population communication efforts and implements various measures to reduce the birth rate. The average household size among the H'Mong people in the province is 5.48 members per household. In communes with over 90% H'Mong population, the average household size is 5.7 members. Some communes have higher average household sizes, such as Lao Chai (Sa Pa) with 6.27 members per household, and Sàng Ma Sáo (Bat Xat) with 6.19 members per household. Conversely, communes with lower average household sizes include Sín Chéng (Si Ma Cai), which has 708 households with a total population of 3,769, resulting in an average of 5.32 members per household (skhcn.laocai.gov.vn, 2015).

4.2. Current status of postpartum health care for H'mong women in various localities

Regarding health care: Every year, 100% of the H'Mong people in difficult areas receive free health insurance. Over 50% of H'Mong women who give birth receive medical support. More than 95% of children in the eligible age group are fully vaccinated, and those who are ill are taken to medical facilities for examination and treatment. Superstitions and outdated customs related to illness have been largely eradicated.

Surveys of healthcare workers in areas with H'Mong women indicate that 75% rated the importance of postpartum health care for H'Mong women at the highest level (level 5), signifying that it is considered very important, while only 2% considered it unimportant. This demonstrates that localities with H'Mong women have recognized the significance of postpartum health care.

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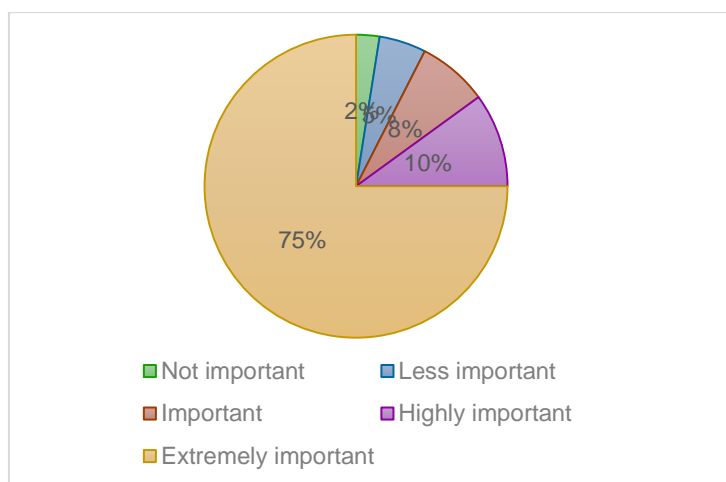


Chart 5. Survey results on healthcare workers’ views regarding the importance of postpartum care for H’Mong women
Source: Survey Result

Currently, local healthcare facilities provide a range of medical services for postpartum H’Mong women, including:

- Care for the genital area
- Pain relief support with medication
- Pelvic floor steam therapy
- Massage
- Abdominal fat reduction
- Breastfeeding support and milk duct clearance
- Abdominal ultrasound
- Home care services
- Wound care for cesarean sections
- Other services

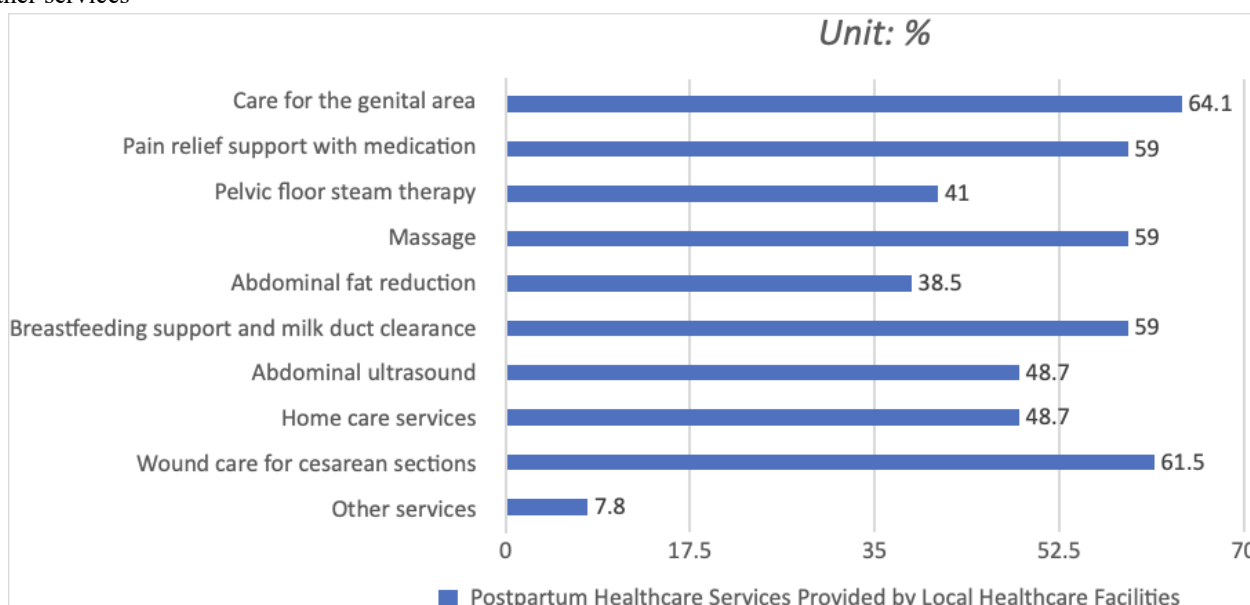


Chart 6. Results of the survey on postpartum healthcare services provided by local healthcare facilities
Source: Survey Result

According to the survey, local healthcare facilities have been providing essential medical services for postpartum women. The most commonly provided service is genital care, which accounts for 64.1% of the offerings. This is followed by wound care services at 61.5%. Three services are provided at an equal rate: pain relief through medication, massage, and milk duct clearing, each at 59%. However, a crucial service for restoring body shape after childbirth, such as abdominal fat reduction, has not received adequate attention.

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The survey of healthcare workers indicates that facilities serving the H’Mong ethnic group are still lacking in resources. About 46% of respondents feel that the conditions are inadequate, while only 10% believe the facilities are sufficient.

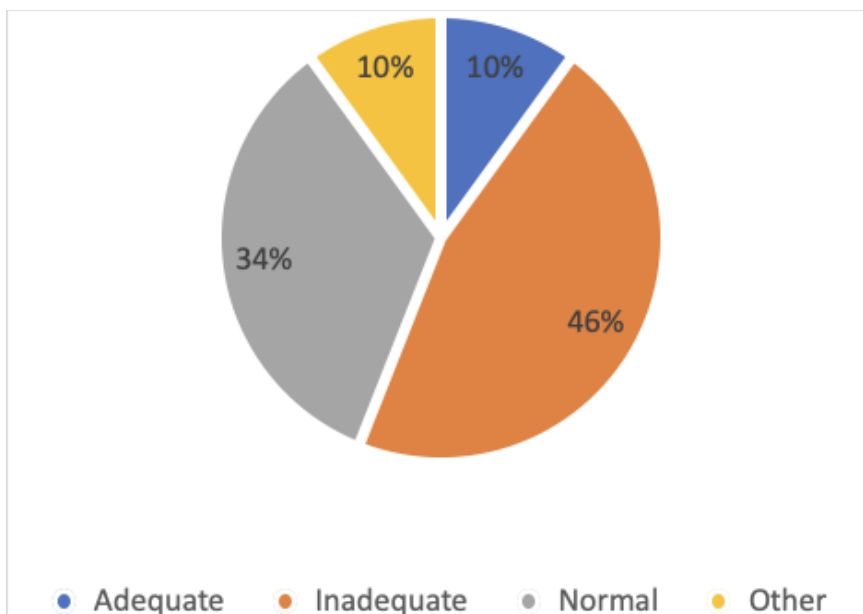


Chart 7. Survey results on conditions at healthcare facilities serving the H’Mong ethnic group
Source: Survey Result

To ensure optimal conditions for providing healthcare services in general and specifically for postpartum H’Mong women, adequate funding is essential. According to the survey, 53.7% of respondents believe that the primary source of funding for postpartum healthcare services at local healthcare facilities comes from state budgets. This is followed by local funding and other sources. It is also important to mobilize all available resources to ensure significant investment in local healthcare facilities, thereby guaranteeing the necessary infrastructure and equipment.

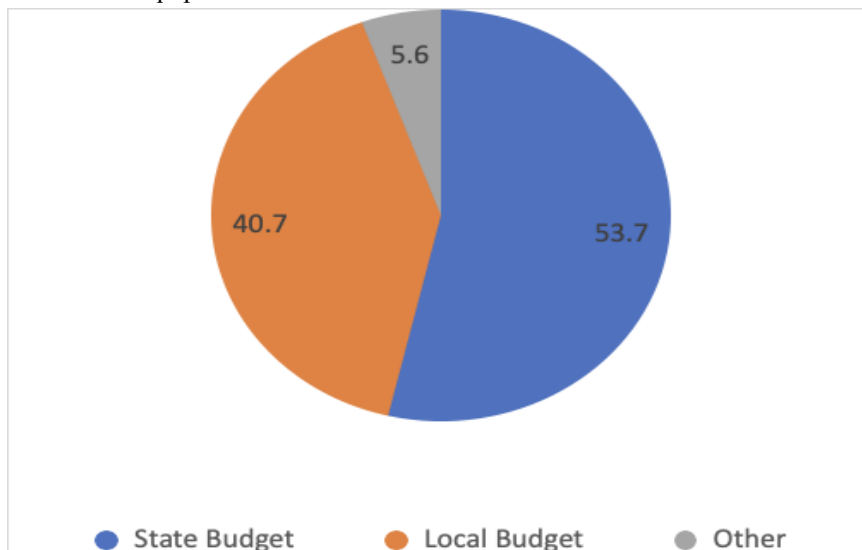


Chart 8. Funding sources for postnatal health care at local health facilities
Source: Survey Result

According to the National Target Program for Economic and Social Development in Ethnic Minority and Mountainous Areas for the period 2021-2030, Phase I (from 2021 to 2025) aims to improve the physical and mental health, stature, and life expectancy of ethnic minorities. The program seeks to enhance primary healthcare services to ensure that ethnic minorities have access to modern healthcare services and to continue controlling and working towards the elimination of diseases in these areas.

The program includes the following specific activities for building and developing primary healthcare in ethnic minority areas:

- Investing in infrastructure and procuring essential equipment for district health centers.

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- Training healthcare personnel for poor and near-poor districts in difficult regions.
- Supporting technical transfer to commune health stations.
- Providing family medicine training for commune health station staff.
- Supporting allowances for village midwives.
- Supporting vaccination points outside health stations. (Source: dangcongsan.vn, 2023)

These policies and measures by the government have a significant impact on local healthcare in general and on the pregnancy and childbirth processes of H’Mong women in particular. According to surveys of women, families, and healthcare workers, H’Mong women feel that the government’s regulations on pregnancy and childbirth have a substantial impact on their experiences (100% of responses). In contrast, healthcare workers evaluate the impact of regulations from both their working agencies and the government as being of equal importance (66.7% of responses).

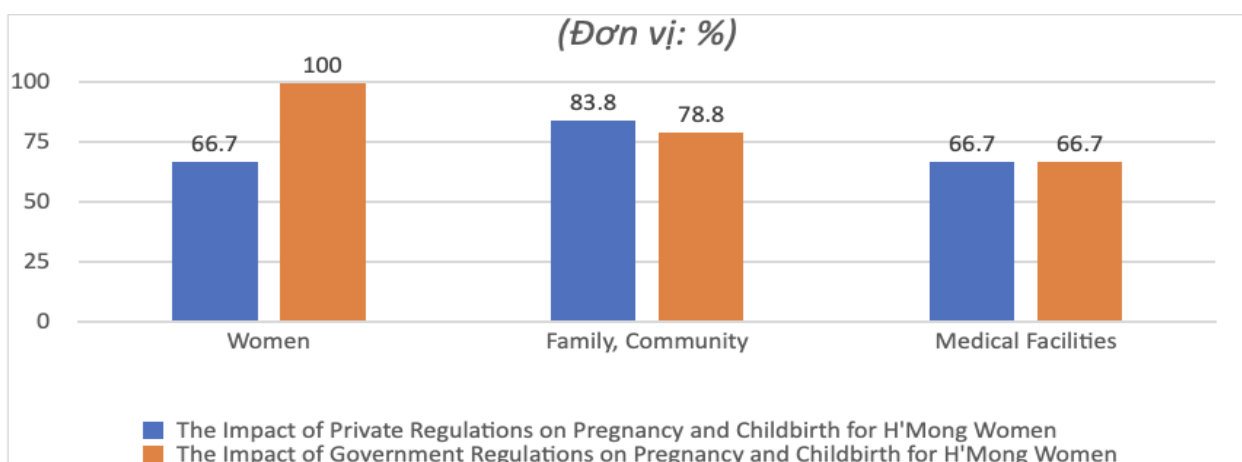


Chart 9. Survey results assessing the impact of management policies on the pregnancy and childbirth processes of H’Mong women (unit: %)

Source: Survey Result

In various regions, the development of services has led to the emergence of private healthcare providers offering postpartum care for H’Mong women. Given that this field is directly related to health and human life, it requires substantial oversight and investment. According to survey results, healthcare facilities in ethnic minority areas need significant support, particularly in financial and credit assistance (79.5%). Following this, support for basic and essential infrastructure (74.4%) and communication efforts to encourage local people to use the services provided by private providers (48.7%) are also crucial.

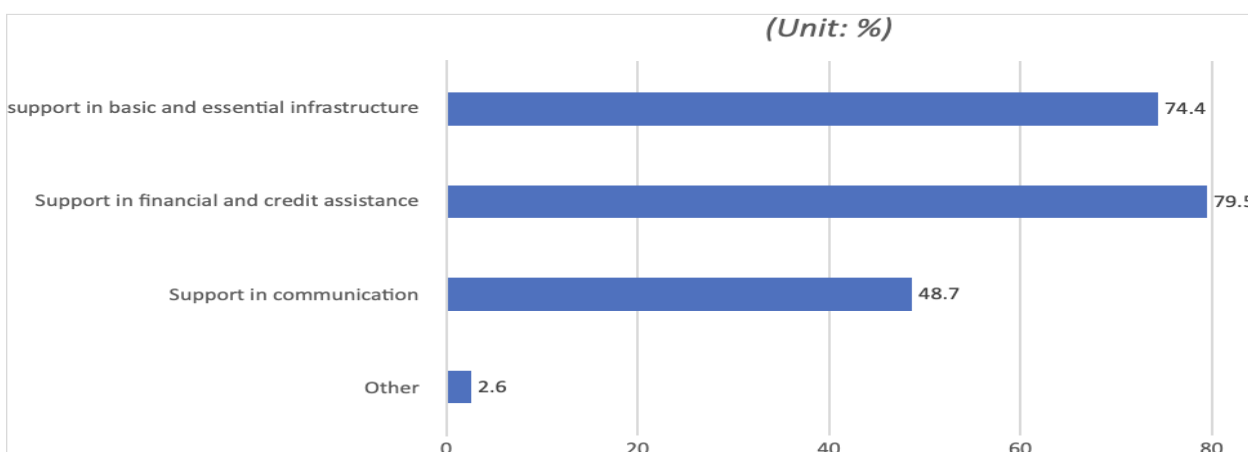


Chart 10. Survey results on support for healthcare facilities in ethnic minority areas

Source: Survey Result

4.3. Current situation of postpartum healthcare for H’mong women in families

The family remains the primary place where women live and feel safe, and it is also the main setting for the care of women during pregnancy and after childbirth.

According to the survey results, both families and the community consider postpartum healthcare for women to be of utmost importance, with 86.3% of respondents emphasizing its critical significance.

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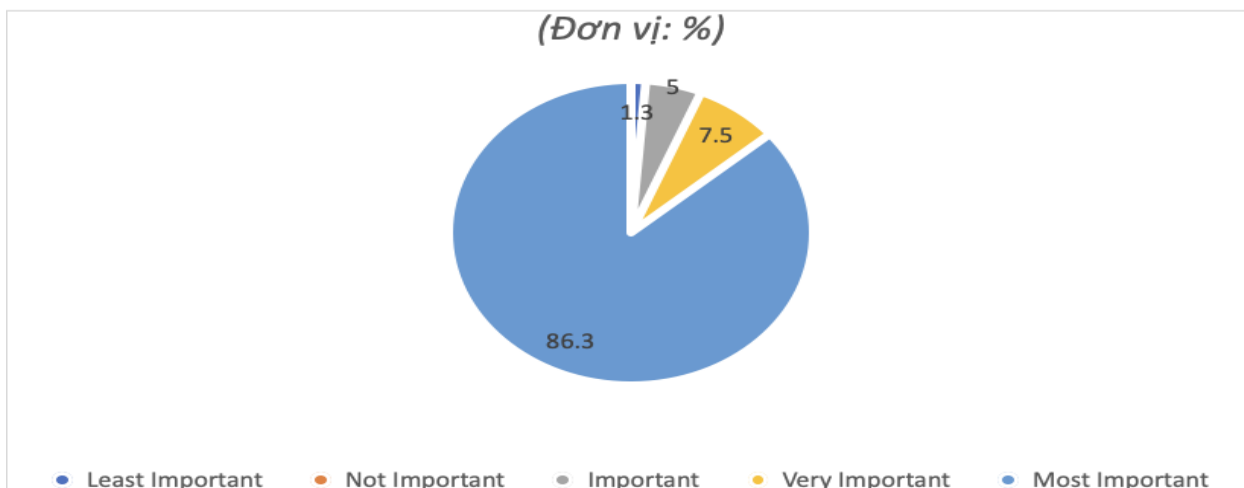


Chart 11. Survey results on the importance of postpartum healthcare for women

Source: Survey Result

For the families of the H’Mong women surveyed, there is an awareness of several factors that impact the process of pregnancy and childbirth, including:

- Factors related to the woman
- Factors related to the fetus
- Family situation
- Geographic location
- Healthcare conditions
- Policies of the managing authorities

According to the survey results:

The marital status and financial condition of the family significantly impact the pregnancy and childbirth process, with survey responses indicating that these factors are critically important, with ratings above 70%.

Among the factors related to the woman, physical health is considered the most significant influence on the pregnancy and childbirth process, with 93.8% of respondents identifying it as crucial. Age is also seen as a major factor affecting this process, with 92.5% of responses acknowledging its importance.

Additionally, the survey indicated that if the family lives near a healthcare facility with good physical conditions and a well-trained medical staff, it would also ensure better management of pregnancy, childbirth, and postpartum care for the woman.

For the families of H’Mong women, the survey results show that the most preferred postpartum healthcare services are those that provide wound care and breast milk duct clearing, with 73.8% of respondents selecting these services. Following these, the most requested service is perineal care, with 71.3% of respondents choosing it. Among these services, those focused on aesthetic improvements, such as abdominal fat reduction, are the least chosen, with only 42.5% opting for it.

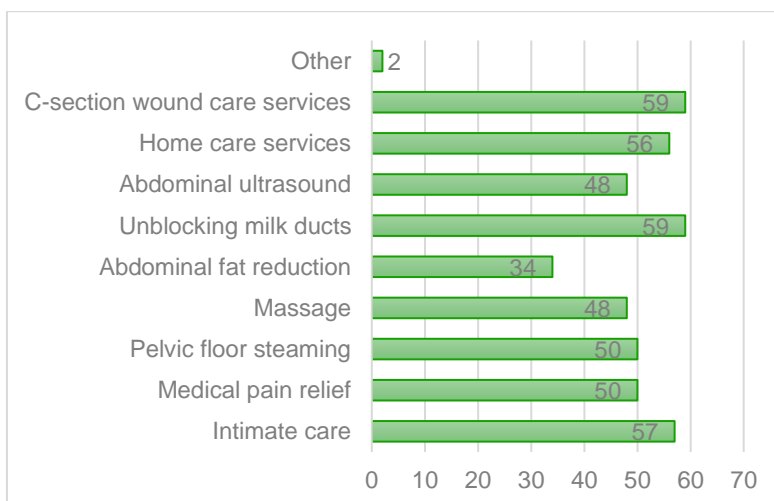


Chart 12. Survey results on H’Mong families’ choices for postpartum healthcare services

Source: Survey Result

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Thus, postpartum health for women in general, and H’Mong women in particular, exhibits distinct characteristics and is influenced by many factors. Both the women themselves, as well as their families and healthcare providers, recognize the importance of postpartum care because women may encounter health and psychological issues during this period. In practice, healthcare facilities do offer postpartum services, with funding primarily sourced from the state budget. Alongside government facilities, there are also supports for private healthcare units established in H’Mong ethnic areas. Overall, in some regions, the actual healthcare services for H’Mong women are still not modern, suitable, or satisfactory to meet the needs of the women and their families.

5. RECOMMENDATIONS TO ENHANCE POSTPARTUM CARE FOR H’MONG WOMEN

First: For H’Mong women

- *Increase awareness:* H’Mong women should be well-informed about the optimal timing for conception and the necessary postpartum period to ensure proper preparation and rest.

- *Minimize external influences:* It is crucial to minimize external factors that may affect postpartum health, such as geographical location. Women should proactively choose the best healthcare services and facilities to ensure their own and their baby’s health and safety.

- *Understand health and psychological issues:* Women should thoroughly research potential health and psychological issues they might encounter and actively seek treatment if any symptoms or conditions arise. If local healthcare facilities cannot provide adequate treatment, they should request referrals to higher-level facilities to avoid endangering their lives.

- *Prepare financially:* Ensure adequate financial resources for expenses during pregnancy, childbirth, and postpartum recovery. H’Mong women often face significant limitations in this regard, so proper financial planning is essential.

Second: For ethnic H’mong families and community

- Each family must recognize the importance of being a strong support system and providing the best possible conditions for H’Mong women during pregnancy, childbirth, and postpartum. They need to understand that this period of care is crucial for the woman’s health.

- It is essential to eliminate outdated local customs related to postpartum health care for H’Mong women to ensure they receive modern and safe medical services.

- Families should choose medical services that not only support the recovery of the woman’s health but also help restore her aesthetic appearance.

- Families also need to allocate a budget to adequately care for postpartum health. There should be a shift away from traditional home births and folk remedies for mothers and babies, as these practices can lead to unpredictable consequences.

Third: For local authorities

- Strengthen cooperation among health agencies, women’s associations, local police, military personnel, and village leaders in disseminating and educating the community about the care of pregnant and postpartum women. Additionally, ensure timely responses to situations that pose health risks to H’Mong women.

- Utilize allocated budget effectively to build, renovate, and equip healthcare facilities with modern medical equipment. This will help provide comprehensive health care services for the general population and specifically support H’Mong women in prenatal and postpartum care, as well as in treating health issues.

- Enhance monitoring and supervision activities to ensure the quality of medical services in villages or local healthcare facilities where H’Mong people reside.

- Permit and support private healthcare facilities to invest in and provide maternal and child care services in these local areas. Providing support in terms of infrastructure and communication from local authorities to private healthcare providers investing in these challenging areas is crucial.

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