Childbearing Cambodian Refugee Women

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The aim of this study was to discover cultural knowledge held by Cambodian refugee women regarding conception and fetal development and how this might relate to birth control use and prenatal care. Maternal-child issues are important due to the higher than average birth rate in this population.

An ethnographic research design was utilized to elicit information from the women about menstruation, conception, pregnancy, birth control and prenatal care. Information was also generated about herbal medicines and traditional treatments. Thirty women and one Crou khmer (Cambodian healer) were interviewed for the study. The women were chosen from three groups: those beginning to childbear, those who gave birth in Southeast Asia and are continuing to childbear, and those who gave birth in Southeast Asia but are no longer fertile. The demographic information collected indicated that the sample was geographically distributed. All the women, except for three, were interviewed twice through the use of a bilingual female translator. Participant observation, through work with the Cambodian population as a public health nurse with the Edmonton Board of Health and at Cambodian celebrations as an invited guest, was also used throughout the study.

The information generated by the interviews was analyzed by computer and hand coding to discover shared themes and unique beliefs. There was consensus regarding certain beliefs. All of the women agreed that the menstrual cycle was a normal aspect of being a woman. None of them, however, agreed with the standard Western belief of time of ovulation. All but two of the women had no detailed understanding of their body parts or functions. The exceptions were a woman who read her brother’s medical books and a young woman who was attending high school at the time of the interviews. Fetal development was not widely understood by the women. For example, some of the women attributed the sex of the infant to the will of God. Prenatally, the women emphasized the importance of “counting the months”. It was found, however, that this counting did not correspond with the Western way of doing so.

In general, there were a number of unique beliefs among the group. For example, birthmarks were attributed to a mark made by soot or charcoal in the individual’s previous life. Hot foods, such as pepper, were avoided during pregnancy because it was thought they could cause spontaneous abortion of the fetus. Activity restrictions included: avoiding raising one’s arm high because the cord would break, resulting in fetal death; no sexual intercourse after six months of pregnancy, and avoiding activities such as jumping, which could also cause the cord to break.

Herbal medicines were used during the menstrual period, prenatally and postnatally. During the menstrual period, medicine was used to ensure the blood flowed freely. There was also an indication that some of the women had used herbal medicine to prevent pregnancy as well as to abort the fetus. Medicines were used prenatally to ensure a fast and short labor and to prevent a baby being born with vernix. Activity restrictions included: avoiding raising one’s arm high because the cord would break, resulting in fetal death; no sexual intercourse after six months of pregnancy, and avoiding activities such as jumping, which could also cause the cord to break.

It was the women who had delivered in Southeast Asia and were continuing to childbear, used traditional and Western practices. They thus used medicine from the physician and herbal medicines simultaneously. During the menstrual period, prenatally and postnatally. During the menstrual period, medicine was used to ensure the blood flowed freely. There was also an indication that some of the women had used herbal medicine to prevent pregnancy as well as to abort the fetus. Medicines were used prenatally to ensure a fast and short labor and to prevent a baby being born with vernix. Activity restrictions included: avoiding raising one’s arm high because the cord would break, resulting in fetal death; no sexual intercourse after six months of pregnancy, and avoiding activities such as jumping, which could also cause the cord to break.

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this procedure was believed to work because the "tubes" were being destroyed and hence pregnancy was not possible. He noted that the man as well as the woman would need to undergo the procedure to ensure its success.

Several themes emerged from the data. Overhearing others' conversations, particularly those of the elders, was the most frequent way women learned about sexuality in general. Cambodian women are expected to childbear; most of the women made little or no attempt to use birth control. However, the younger women expressed desires to have fewer children than their mother and grandmothers. Related to this is the idea that conception is an uncontrollable event. This is yet another reason why birth control is not sought. Finally, it is important to maintain a balance of hot/cold in the body through diet and herbal medicines.

What can nurses draw from this? Because these women's ovulation beliefs do not match Western beliefs, there would be little reason for them to utilize what our system has to offer. The women are caught in a bind, however, since their own medicines are not available and the belief in them has dissipated. Obviously these women need adequate explanations regarding procedures such as tubal ligation. Nutrition and herbal medicine use are important considerations when discussing prenatal and postnatal diets. Family planning information should be discussed at length and should be built on traditional beliefs and knowledge. For example, the women believe that the body must be cool to conceive and the birth control pill is considered hot. This provides an opportunity to explain, in the women's own terms, the manner in which birth control is effective. Because of the importance of elders, incorporating them in care of younger Cambodian women would be ideal. Finally, audiovisual techniques should be considered because of the decreased literacy skills of some of these women.

Further studies could be undertaken to explore the Cambodian group's beliefs and practices. Certainly it would be worthwhile to investigate Cambodian men's perception of their role in creating the fetus, and their beliefs regarding conception and fetal development.

— Judith Kulig, RN, MS

L'objet de cette étude était de connaître l'état des connaissances des réfugiées cambodgiennes relatives à la conception et au développement du fœtus et de savoir si elles étaient orientées vers la contraception et les soins prénataux.

Computers and nursing: state of the art

A survey conducted in March 1987 provides a snapshot view of computer system use by nurses in Canadian health care institutions. Through each province's and territory's Department of Health, a list was obtained of hospitals and chronic care agencies where computer terminals were in place on nursing units. Of the 85 directors of nursing then sent a 50-item questionnaire, 67 responded. Questions, based on Schwiri's nursing informatics model, dealt with nursing information, the user and user context, the computer system and the goal of system use. The questions were designed for short, "yes" or "no"