

RESEARCH RECHERCHE

Childbearing Cambodian refugee women

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. Such an infant was considered undesirable since vernix is believed to be sperm and prenatal sexual activity was not sanctioned. Postpartum medicines were used to return the body to its normal "warm" state since the delivery results in the body becoming "cool". The medicines were obtained in local markets or were ordered from relatives in Thailand and Cambodia.

It was the women 19 to 21 years of age and just beginning to childbear who provided the most technical information regarding birth control techniques. Of the three groups, this one emphasized the use of Western over traditional practices, though some of these young women did participate in traditional practices commenced at puberty.

The women who had delivered in Southeast Asia and were continuing to childbear, used traditional and Western practices. Thus they would use medicine from the physician and herbal medicines simultaneously. Ranging in age from 27 to 43 years, these women had been in Canada as little as eight months or as long as nine years. This group believed that in order for conception to occur, both the man and woman needed to be in a cool state. They understood the least about birth control and tubal ligation was popular among them: eight of the 12 informants had had one. They referred to this procedure as "the cut". Only two of the eight who had had the operation knew that two tubes were cut. Two thought one was cut and the remaining five had no idea what the operation entailed.

It was the women who were no longer fertile who were most acquainted with the traditional Cambodian system. Ranging in age from 48 to 62 years, they had been in Canada from 13 months to seven years. Being elders, they had an important role in helping younger women learn about childbearing and childrearing. However they expressed frustration that their knowledge could not be of assistance in Canada. One of the women was married to the *crou khmer*, and both she and another woman had undergone a special ceremony to prevent pregnancy. This ceremony included having an area of the abdomen near the umbilicus burnt with an incense stick. The interview with the *crou khmer* clarified that

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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 avail-

able 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, audio-visual 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.

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