

CICRED'S SEMINAR

**Reproductive health in coastal population  
(Viet Nam)**

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#### **Summary**

*Vietnam has a large number of its people working and living exclusively in coastal waters or large waterways. Very little is known about this 'floating' population other than the fact that they belong to the poorest and most neglected segments of the society. The studies aims to improve existing understandings of this vulnerable population and to identify appropriate mechanisms to involve them in designing and implementing services geared towards alleviating their poverty. Two representative 'water communities' – one in coastal waters and the other in large waterways – are selected for comparative purpose. Improved access to quality services in education and reproductive health care for women in these two 'water communities' is the specific objective of this pilot studies. Lessons and experiences from the project will be essential for designing further interventions against poverty in these two communities and will be useful for assisting many other 'water communities' in Vietnam and throughout the developing world to achieve empowering and sustainable growth.*

*Reproductive health of women: Beside a number of diseases similar to those among children such as bronchitis, influenza, diarrhea, the women have other diseases such as redder sore eye, dental carries, headache, neuralgia, hyposthenea. Concerning reproductive health, the women are having these common diseases (see Table 4)*

*In Thang Loi commune, the lady cadre in charge of population work said "More boat-living women have the disease due to hygiene conditions in the boat is not good, short of clean water, space in the boat is narrow, without cleanser, life is not convenient".*

*About 70% of the women here get gynecological diseases of whom women from boat-living families have higher rate due to their inferior conditions of hygiene. They have just a small jar of water for use in several days "*

*On the basis of health care worker group discussion at Thang Loi Commune, there are some causes of women's breast cancer "In addition, there is cervical cancer, u vu disease (a kind of breast cancer) because of habit of wearing clothes unsuitably as well as shortage of clean water. In 2000, there were 7 u vu contracted - people, in 2001 there were 14 people. It is possible to increase the number in next years because of wearing tight bra"*

*The research's results also showed that the women in floating people areas contract gynecological diseases at higher level than the women without living in floating people areas. Because it is short of clean water as well as living environment is polluted higher level.*

*Care for reproductive health for boat-living women differs from place to place. In Thuan An township, in 2001 the station made 760 examination for pregnant women of whom 129 came for examination three times, accounting for 35%. Total number of deliveries was 340, of which 160 were made in the station, accounting for 45%. Perhaps, because of the quality and manner of healthcare service provided by medical institution have led to way the boat-living people seek assistance of private medicine as comments of a hamlet medical worker " When falling ill they go to private doctors for examination and treatment and buy medicament from them. In emergency case they call for ambulance to bring them to the hospital by passing the commune medical station" . It is worthy to note that very few boat-living women applying contraceptive methods, "only about 20% set coil. They want more labour force, like to have many children..." Model of healthcare for people: Through the assessment, we observed there have been 3 models/forms of healthcare that boat-living people applied:*

*First: Medical service applied in community (hamlet/commune), this form of service is performed mainly by commune/ hamlet medical workers, but can only responds to light and common cases of illness such as cold, flu, headache, eyesore*

*Second, outside community service: district or provincial medical center, hospital for serious diseases.*

*Third, Treatment based on experiences: For cases that families do not have money for treatment in medical center, or due to belief, conditions of travelling in the sea, people take self-help treatment basing on experiences in using leaves or sea products...*

*The unmet needs of coastal population for healthcare :Although medical service in Van Don and Phu Vang districts have made numerous efforts and recorded encouraging achievement in provision of healthcare to local people. However through interviews with commune medical workers, we observed that they are encountering lots of difficulties in responding to the needs for healthcare of people island communes: short of medicament, facilities for examination and treatment, poor professional qualification, geographical peculiarities, occupation of fishing people and financial difficulties as people often coming to commune medical station for examination and treatment on credit for both medicament and accommodation.*

*Comment and solution: To improve the healthcare for all people in general and for reproductive healthcare of the women in particular, we suggest following points to be taken seriously:*

*First, to provide more material facilities for the commune medical stations, focussing on providing necessary medical equipment suitable to capacity of the commune medical workers and suitable to conditions of the infrastructures in the localities.*

*Second, To provide further professional training for medical workers of the hamlets, communes. Beside improvement of professional standard, medical workers of the hamlets and communes should also need education to promote their sense for rule of conduct and responsibility .*

*Third, in training medical workers we should have gender view: priority should be given for training female doctors to attain high professional qualification to provide better care for the health of women.*

*Forth, It is necessary to improve awareness of people on population and quality of population. Special attention be paid to carry out propaganda to raise awareness of people on protection of reproductive health, including protection of reproductive health of the juveniles.*

*Fifth, to carry out propaganda, education to improve the sense for health protection, eating clean food, keeping clean and healthy environment, when falling ill or having disease to go to the doctor in medical services, not to cure disease by worshipping or praying for.*

## **Introduction**

Vietnam is a country having long coast line, 3260 kilometer, with more than 3000 big and small islands lying adjacent to the coast line. Generally, coastal areas are districts, towns or cities with coastal line running through. Presently, Vietnam has 14 towns, cities and 91 districts (out of total 61 provinces and 600 districts, towns) lying in coastal areas including such large island districts as Cam Pha, Van Don (Quang Ninh), Cat Hai (Hai Phong), Ly Son (Binh Dinh), Con Dao (Ba Ria-Vung Tau), Phu Quoc (Kien Giang).

Population in coastal areas is about 19 million (compared with 76.3 million in the whole country), of whom population in coastal urban areas occupy 15%, population in islands occupy 0.68%.

Moreover, these ‘water communities’ are poorly represented in national statistics and hence national agenda (see, for example, Vietnam Living Standards Survey 1997 – 1998<sup>1</sup> and “Attacking Poverty.”<sup>2</sup>) A national figure of the size of this population is nowhere available in existing statistics. Information crucial for a poverty alleviation program – such as informal and power structures within the communities (on the basis of gender, income etc.), relationships with in-land communities, structural barriers keeping this population in poverty, and activities initiated by these communities to overcome these barriers – are sorely missed in existing literature.

This project came from the very voice, aspiration of the people through a long process of study, from 1995 when CGFED was carrying out a research in remote, far away areas where people have a hard life. It was in these places local people and local cadres had told us problems related to education, healthcare of boat-living people (people living on boat floating on water).

Two representative ‘water communities’ – one in coastal waters and the other in large waterways – are selected for comparative purpose. Improved access to quality services in education and reproductive health care for women in these two ‘water communities’ is the specific objective of this pilot project. Lessons and experiences from the project will be essential for designing further interventions against poverty in these two communities and will be useful for assisting many other ‘water communities’ in Vietnam and throughout the developing world to achieve empowering and sustainable growth

## **1. Research designing**

### **1.1. Information collection methodologies**

This project will carry out repeated PRA activities in combination with appropriate intervention measures with a view to improving the basic services. PRA activities consist of participation of local service providers and families of boat-living population. This will help us to understand further the activities on the waters and to promote the relationship between service providers and this portion of population. The project relies heavily on two basic principles: vital success for the project and sustainability for all poverty eradication programmes. First of all to empower poor people and create their influence in their own process of development is the key link. Secondly, it is of paramount importance to build up a working relationship between, on one hand service providers and local leaders and on the other hand the beneficiaries. It is therefore PRA activities should be carried out repeatedly to learn and to create power in combination with appropriate forms of intervention with a view to improving basic services that constitutes basic part of this project.

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<sup>1</sup> General Statistical Office, 2000. Vietnam Living Standards Survey 1997 – 1998.

<sup>2</sup> World Bank, 2000. Vietnam: Attacking Poverty. Vietnam Development Report 2000 - Joint Report of the Government of Vietnam – Donor – NGO Poverty Working Group.

To provide responds to problems formulated for the research, research team have discussed and developed some evaluation tools such as the guides for group discussion, semi-structure interviews, observation, drawing up schedules for harvest season/diseases. These tools have been readjusted following every field trip ensuring compatibility with reality in each locality. Information has been collected from various sources and different groups: group of poor women, group of women having small children, group of men being heads of the households, groups of students, of commune, district leaders, group of medical workers of the hamlets, of the communes and of the districts... Information has also been collected through several observation and information repeatedly happened to target groups.

### **1.2. Research samples**

In this assessment, basing on experiences of researchers, research samples had been designed from the very beginning to facilitate organizational work and distribution of the sizes of samples to be made in project areas. With 15 group discussions and 214 semi-structure interviews, a total of 442 people in target groups belonging to different ages, social grouping, occupation, living standards and gender, participated (see Appendix 1: number of people participated in PRA survey)

### **1.3. Analysis**

Note taking and in some cases sound recording, made at group discussions and in semi-structure interviews had been collected and utilized in the process of making analysis. Information has been analyzed in different angles, in different cases, different field trips, in different subjects, in different research venues and some data connected to peculiarities of demography such as ages, gender, cultural levels and living standards of the target groups.

### **1.4. Areas for implementing PRA**

To do PRA well, CGFED had carried out PRA training in one week for project workers, including 10 cadres from 2 districts Van Don and Phu Vang and 10 cadres of CGFED. After the training these two research teams carried out PRA in the two districts, each research team comprised of 10 cadres of local leaders and CGFED who had undergone training in PRA. In each of these districts, 3 communes were selected for the survey basing on following criteria:

- Preliminary information related to the life of boat-living population that the project had obtained
- Consultation made with agencies and leaders of the communes, districts
- Compatibility with criteria of the project: area with large concentration of boat-living population (people living in boats wandering on the waters).

On basis of that selection, research teams had carried out PRA activities in 6 communes of Van Don and Phu Vang districts. The 6 communes were:

**Three communes in Van Don** districts (Quang Ninh) : Thang Loi, Ngoc Vung and Quan Lan commune

**Three communes in Phu Vang** district (Thua Thien-Hue) : Phu Xuan, Phu An communes and Thuan An township.

PRA were carried out in one week from February 22 to March 1<sup>st</sup> of 2002 , with surveys made alternatively and successively in 6 above communes.

This report is but only outlines of the life of boat-living people evaluated through defined PRA. During the process of making the surveys to identify problems we conducted discussions with district leaders to work out planning for main activities of the project.

## **2. General background of research venues**

Following are general background of 6 communes belonging to 2 selected districts for PRA:

### **2.1. Demographic characters**

All 6 communes under the survey are not having big population. In Van Don district, two communes, Thang Loi and Ngoc Vung have a population of less than 1000, but population in Quan Lan commune is three times bigger than the population in other two communes. This is not the same in Phu Vang, all the communes there have population of over 7000 or over 8000 as in Phu Xuan and Phu An, population in one of these communes is bigger than population in all three communes in Van Don put together, not to speak of the population of 18,482 persons in Thuan An township. This shows the differences in population density in two localities: island communes are large in acreage of land but with thin density of population, whereas the communes in delta are crowded in population and narrow in land.

About the family households in the communes under survey, the island communes in Van Don have smaller number of households than those in Phu Vang, the differences is 6-7 times either between communes having least number of households (as Ngoc Vung compared with Phu An) or between communes having most number of households (such as Quan Lan compared with Thuan An), the less number of family households is the outcome of differences in population of island communes much smaller than population in delta communes. It is worthy to note that family households are mainly consisting of 2-3 generations living together, very few households consist of 4-5 generations living under the same roof/in the same boat. For island communes in Van Don when grown up children have their own family and often build their house near the parent house, thus creating group of households having family relationship. This is also to be found among boat-living communities in Phu Xuan and Phu An communes. During recent years, more and more young newly-wed couples are having tendency to separate from their parents to make their own family households although they may have to borrow loans to buy a second hand boat or to apply for land to build new house, and therefore there are more and more nuclear families.

The average rate of natural increase of population in the communes under survey was 1.6% to 1.7% (only in Ngoc Vung commune the rate was 2.6%), not much higher than the rate of population increase of the provinces in the North. However marriage and having baby at early age are often found in the communes under survey, also in these communes, middle age couples having 6-8 children or even 10 children are rather common, or even having 15 children as the case of a couple in Phu An commune.

Women in the age group of from 15 to 49 years old in these communes usually occupy 25-28% of population of whom 60-65% are married. Average age to get marriage among boys and girls is approximately 20 as estimated by local commune cadres, but there are still cases of under-age marriage against prescribed provisions of the Law on Marriage and Family.

### **2.2. Communicational system.**

The communes all have public loud speaker system in the commune or hamlet. A small system would comprise of 3-5 loud speakers in the hamlets such as in Thang Loi, Ngoc Vung, a bigger system would have up to "35 speakers covering all 11 hamlets" as stated by cultural-information cadre in Thuan An township. However for households living on the boats who often go out to sea 7-10 days or longer, the efficiency of provision of information on loud speaker system is not high, for them information is passing from person to person. In each commune, there is a cultural-post office (Phu Xuan commune has two) where people come not only for making phone calls to other localities or to people in foreign countries, but also for reading newspapers, books, magazines free of charges.

Radio is common means for getting information, no matters if it is only a small radio set bought for 50-100,000 VND for boat-living people. In the island communes in Van Don, not many families are having TV sets, only about 15-20%. Telephones are only in the households of local leaders. Only in Quan Lan people have more means of tele-communication and audio-visual. But for communes in Phu Vang, the situation is better, quite a number of households are having TV. Households in Thuan An have 2465 TV sets, in Phu Xuan 751 TV sets. The rate of people having telephones is also higher than the rate in Van Don, for example in Thuan An 913 telephones (average of 2.6 telephones per 100 people); Phu Xuan have 40 telephones, meanwhile no households in Thang Loi commune have telephone, except the cultural-post office.

### **2.3. Economic life**

First notice is that in all 6 communes, none of them have one pure economy, this reflects common structure of the economy in the whole country and it also shows the interlocking and diversification in occupational operation of people in one community. In a village, a commune. main economic activities are for agriculture, fishery, handicraft and forestry. A striking feature is that occupational operations in island communes are mainly linked with fishery (catching and raising marine products), for other trade operation such as forestry, handicraft and services are not strong points in island communes, service activities such as goods and passengers transport are only in Quan Lan. On the contrary, agricultural production occupies major proportion in the communes in Phu Vang district as boat-living population there do not occupy large proportion, for example in Phu Xuan commune, the number of fishing households is 264 accounting for 16% and the number of population accounting for 20% (1574/7712). The number of households living on the boats are mainly in 2 hamlets: Le Binh (43 households with 233 people) and Thuy Dien (20 households with 95 people) with fish catching as main occupational activities. These accounts for 4.5% of the households and 4.5% of population of the whole commune. However the number of farming households also engaging in aquaculture is rather large, just 117 hectare out of 3020 ha of natural surface under aqua-culture in Phu Xuan reflects this. In farming hamlets in Phu Xuan, people also have side jobs of making leaves hats, brick work, carpentry.

For boat people in both districts who have houses on land would get additional income from animal husbandry or services beside the main income from fishery, but for boat people who have no houses on land would have only one source of income from catching or culture of marine products.

Average income per head in island communes, according to data provided by commune leaders, is 120,000 VND/month.<sup>3</sup> Proportion of poor households in island communes is about 20-25%, this figure in Phu Xuan and Phu An is about 25-30%, but in Thuan An township it is only 5%. We should also note that this is the assessment made by commune leaders basing on criteria issued by Ministry of Labour-war Invalid and Social Affairs, but in the process of group discussion or semi-structure interviews, we found that the conception of poor and rich among population based on their own criteria (see Table 1).

The above criteria for classification made by boat-living people bases not mainly on the income but rather criteria seen as causes leading to poverty. These criteria are very varied and not basing only on average income level. This shows not only differences in the conception on the rich and the poor between social policy makers and people in community, but also suggests solutions to eradicate poverty for boat-living people.

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<sup>3</sup> 1 USD = 15,000 VND.

There are differences of income between people engaging in farming and people engaging in fishery, according to the assessment made by people in Phu Xuan the income of households living in the houses on the land is 350 kg of rice per head/ year, and the income of a boat-living household is 250 kg of rice per head/year; the difference is 30-35%. However there are also different opinions on living standards of people engaging in farming and living standards of people engaging in fishery. While Secretary of the Party committee in An Phu commune said living standards of boat-living people is higher than living standard of people engaging in farming, with his comment: *“The number of poor households in Dinh Cu hamlet is smaller than average rate of the whole commune (25% compared with 30%). Living standard of people in Dinh Cu hamlet is better than living standard of people in 2 neighbouring hamlets . As they return home in the morning they get the money, but for people engaging in farming cannot get that. In Truong Nam hamlet, beside farming, people also do side job of making hats, but getting only enough to feed their mouth. People in Dinh Cu have more money, getting better food”* , the secretary and member of the people’s committee of Phu An commune had quite opposite comment: *“Average income per head in Phu An commune is 465,000 d/year. Compare with average income in the whole commune, the average income of boat-living people is much lower”*. Assessment of research team also give a comment that in general, living standard of boat-living people is lower than living standard of population in the whole commune.

### **3. Reproductive Health in Coastal Population**

#### **3.1. Medical service system and medical operation**

Like in other parts of the country, medical service system in districts and communes in both project districts comprises of three forms: medical station, hamlet medicine and private medicine. Among them medical station plays main role in management and care for the health of the people in the commune. Hamlet medicine support commune medicine in propaganda , and provision of primary health care for the people and first aid, and private medicine is a form of service to provide health care which is now developing rather strongly in some communes.

Before 1986 when the regime of central planning and state subsidy, the state system for medical service, at the commune level was the medical station and medical service of production team in the agricultural cooperative (later replaced by the network of hamlet medicine) got 100% state subsidy for equipment, medicines, personnel training, budget for operation and the people did not have to pay for medical examination and treatment. After 1986, the medical service no longer get 100% of state subsidy, and therefore people getting treatment in commune medical station have to pay for part of the cost of medical treatment and all the expenses of medicament, medical tools. Ever-since the country enters renovation period (from 1986), private medicine and private drug stores began to take shape. This is purely a form of healthcare service that the people have to pay all the cost of the service to be agreed upon by two sides

#### *Operation of medical station*

All 6 communes under survey have medical stations (often called commune infirmary) built at the center of the communes. The communes in Phu Vang all have spacious two storey-building medical stations with budget resources from the support of domestic and international organizations, such as Phu An commune medical station financed by Asia-Pacific Army Command; while Phu Xuan commune medical station was built with support from Tien Giang province after the typhoon and flood in 1999. The medical stations of the island communes in Van Don have also been built solidly with one storey, especially Ngoc Vung commune medical station is in combined military-civilian form with civilian medical workers working side by

side with military medical workers comprising of one doctor, 2 medics<sup>2</sup>. The stations all have necessary functioning rooms: obstetrics, in-patient room, consultation room, injection room. Pursuant to regulation of Ministry of Health, commune medical stations are entitled to run antenatal examination and vaccination against tetanus, delivery, gynaecology examination, provision of counseling and devices for birth control (condoms, pills...) and assistance to district hospital workers to set coil, menses regulating .

Concerning personnel for commune medical station: in Phu Vang all three communes have doctors serving as heads of medical stations, but among three island communes only Quan Lan has doctors (two doctors). Usually, each commune medical station has 4-5 medical workers, including the head of station taking general responsibility, the rest, each is responsible for different healthcare programmes in the commune besides daily work of medical examination and treatment.(see Table 2)

The people's committee of the commune provides budget for administrative management of the station and campaigning for primary healthcare and other government programmes carried out through three forms: through mass media, propaganda campaigns and direct counseling.

#### *Hamlet medicine*

Personnel staffing hamlet medicine are often those who have got training for 9 months in district medical center. They may also be retired nurses, medics, some are also holding concurrent post of committee for population work of the hamlet or commune... They are active assistants for commune medicine in propaganda and mobilization for keeping hygiene and environment, campaign for extended vaccination, measuring the weight of children...Hamlet medicine has been officially recognized as part of medicine system . Existing allowances for hamlet medicine workers is very low, each gets from 40,000d – 60,000 VND/month, provided from the budget of the district medical center. On the other hand, the healthcare services have not reached the majority of boat-living population, especially boat-living women.

#### *Private medicine*

There are no private medicine establishments in the three communes in Van Don, although there are private services in supply of medicament . In three communes of Phu Vang, there are 4 private medical establishments (3 in Thuan An and 1 in Phu Xuan). They are retired medical workers, providing medical examination and treatment and selling medicine at their home as they had been experienced doctors, medics, nurses having served long time in the branch or private midwives.

### **3.2. Model of diseases and healthcare**

*3.2.1. Model of diseases:* Through group discussion and individual interviews, we set up the following model of diseases in three island communes ( see Table 3)

As we see, in all three communes, children have all the diseases: Bronchitis, pneumonia, sore throat, influenza and diarrhea. These are also common diseases among children in mainland. In Phu Vang, we also noticed some diseases related to occupation and life environment of boat-living people such as in Van Don.

- *Reproductive health of women:* Beside a number of diseases similar to those among children such as bronchitis, influenza, diarrhea, the women have other diseases such as reddened sore eye, dental carries, headache, neuralgia, hyposthenea. Concerning reproductive health, the women are having these common diseases (see Table 4)

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<sup>2</sup> From 1991, combined form of military-civilian medical stations for island areas, proposed by military medical service have been carried out in all island lines in Vietnamese territorial waters. Especially in the North-East island chains, the military-civilian model in the form of infirmary has been popularly built that can display all the potentials of the civilian and military medical services creating combine strength in terms of both personnel and materials (Nguyen Van Thuong, 2002)

Commenting on the state of health and causes of diseases of the women in Quan Lan , chairperson of the commune Women union said

*“Many women in the commune are having gynecological diseases, examination was made for 150 women of whom 60% caught gynecological diseases on account of labour environment, as women are digging sand for sea leech<sup>4</sup> from morning to evening having no time for cleaning themselves in the day. Only when they feel too much pain then they go for examination, when the disease has not exacerbated the women would not go to the doctor.*

*Many women suffer hyposthenia, headache because they go for sea leeches under hot sun, up to more than 30 degree. Each has only one piece of bread or a bowl of soups and go to work, digging about 3 cubic meter of soil a day, and at lunch time have only a bowl of maize and they become malnourished. Getting only about 30,000 VND a day for hard labour work, eating mainly vegetable, the women try to save the money to feed the children and to send them to school, sometime the husband has no work to do, the majority of the women have to work to feed also husbands, up to 60% of women in the commune are main supporters of the families. Their husbands stay home keeping animals or fetching some snails, shell for food. The women work much harder than their husbands”*

It seems women have to shoulder heavy burden no matter wherever they are, and whatever job they do, to take care of their husbands, children. Like all the women in the communes in Van Don , women in the communes in Phu Vang undertake lots of work related to production and family affairs, it is even harder for women having baby. Looking at the distribution of labour in the family – outlined by the women who have small baby – in group discussion, we can imagine how hard are the boat-living women having small baby (please see appendix 4: work in day of boat-living women having small baby).

In Thang Loi commune, the lady cadre in charge of population work said *“More boat-living women have the disease due to hygiene conditions in the boat is not good, short of clean water, space in the boat is narrow, without cleanser, life is not convenient”*.

Head of Thang Loi commune medical station, medic Vu Xuan Den commented on women disease: *“Gynecological diseases are quite common, especially the fungi, vaginal infection. We learnt about the diseases through regular examination for gynecological disease or discovered by the women themselves and came to the station. About 70% of the women here get gynecological diseases of whom women from boat-living families have higher rate due to their inferior conditions of hygiene. They have just a small jar of water for use in several days “*

On the basis of health care worker group discussion at Thang Loi Commune, there are some causes of women’s breast cancer *“In addition, there is cervical cancer, u vu disease (a kind of breast cancer) because of habit of wearing clothes unsuitably as well as shortage of clean water. In 2000, there were 7 u vu contracted - people, in 2001 there were 14 people. It is possible to increase the number in next years because of wearing tight bra”*

Health care worker group discussion at Quan Lan Commune also showed some causes of women’s gynecological diseases, such as *“without good hygiene”* or *“Because of going to catch fish during a long period without replacing tampon, it certainly leads to gynecological diseases”*

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<sup>4</sup> Catching sea leech should have sharp eyes and quick hands for interception as the fish is hiding 20-30cm deep, when the fish hear the noise of men or animals they run deep to underground leaving no traces on the ground. Catching tool is a spade with a steel edge, sharp and thin for quick digging, having 1.6 to 2 meter long wooden handle with a steel hook on the upper end. The leech is kept in a boombou basket (Nguyen Quang Vinh, 2002: 40)

The research's results also showed that the women in floating people areas contract gynecological diseases at higher level than the women without living in floating people areas. Because it is short of clean water as well as living environment is polluted higher level.

Care for reproductive health for boat-living women differs from place to place. In Thuan An township, according to report of Dr. Pham Huu Tai , in 2001 the station made 760 examination for pregnant women of whom 129 came for examination three times, accounting for 35%. Total number of deliveries was 340, of which 160 were made in the station, accounting for 45%. And according to Mr. Tran Van Viet , on care for the health of boat-living women *"Every year, the commune (medical station) lunched 3-4 campaigns of taking health care of boat-living people, providing vaccination, health check for the mothers, pregnant women, oral vaccination and propaganda on family planning"*. Ways to carry out the campaign was to grasp the lines of the medical station, then carry out propaganda campaign and mobilization, for boat-living families we inform every family; on the shore we spread information over loud speaker system; We gathered people into groups for medical workers to provide examination and care. *"Those who are unable to come ashore we went to their boats to make examination and treatment and other medical activities"* (Interview No 3).

Boat-living people in Thuan An township gave us different comments. Mrs. Pham Thi Hanh , 34 years old, having 7 children, told us *"I and my children all went to the station for medical examination (examination for serious illness, for gynecological diseases, for children). Sometimes we went to hospital in Hue, we have no midwife in boat village. We never saw anyone going to the boats for medical examination. For family planning, we only heard women from families on the shore calling to the meetings"* (Interview No 10).

In the group of men being heads of the households, when speaking on subject of health care, they also told us *"The women went to the station or to private doctor. We often saw the women bringing their children to the station for medical examination and treatment, they have to go by boat to the shore, medical workers do not go to the boats"* (Interview No. 11)

Mrs. Ngo Thi Nho (43 years old, having 5 children, education level grade 2) said boat-living women pay little care for their health during pregnancy and delivery period *"Never go for antenatal examination, keep on working, eating as normal, giving birth in the boat, assisted by village midwife. Most women get midwife to assist delivery, costing about 60,000d a case, have complete confidence in the midwife"* (Interview No. 13). Discussion at women group in Le Binh boat hamlet, on the subject of the health of children and women also confirmed that delivery in the boat with assistance of midwife is common practice *"Giving birth to baby in the boat, who have money would go to medical station" or "midwife on the shore in the village, or assisted by sisters"* (Interview No. 24)

Perhaps, because of the quality and manner of healthcare service provided by medical institution have led to way the boat-living people seek assistance of private medicine as comments of a hamlet medical worker *"When falling ill they go to private doctors for examination and treatment and buy medicament from them. In emergency case they call for ambulance to bring them to the hospital by passing the commune medical station"* (Interview No. 3). It is worthy to note that very few boat-living women applying contraceptive methods, *"only about 20% set coil. They want more labour force, like to have many children..."* One factor keeping this population in poverty is their lack of access to services appropriately tailored to their circumstances. A typical family, living in a boat house that shelters about 10 people representing 2 to 3 generations, has very little contact with land-locked facilities where basic services are housed. Consequently, access to basic services are much poorer than the national level: while the national

contraceptive prevalence was 53% in 1988, this figure was 8% in one of the two communities<sup>4</sup>; a 1998 survey<sup>5</sup> in five coastal provinces reported 50% and 80% illiteracy rates among men and women respectively, a stark contrast to the national figure of 90% literacy rate. Vulnerability to environmental changes and extremes also plays a significant role in keeping these families in poverty<sup>6</sup>. Without application of contraceptive methods, boat women often have many children and at short intervals. Reasons for having many children is due to the conception of the value of the son, as Mrs. Nguyen Thi Gai said *“Here people prefer boys, they say girls are like wild ducks, they will fly away, trying to have boy that some families have 7-8 daughters, became angry to throw away the meat, a father returning home and asked his children whether their mother gave birth to a boy or a girl, the respond was the girl. He became angry and threw away the meat he bought home”*.

Problems related to reproductive health of boat women are also due to limited awareness of the women as Mrs. Nguyen Thi Gai, 40 years old, having 4 children, in hamlet 1 of Thang Loi commune expressed:

*“I got married when I was 22 years old, had the first child when I was 23. I had abortion 3-4 times and miscarriage also several times. I never had still birth. The doctor told me that too much abortions and miscarriage are very harmful and persuaded me to carry out sterilization. I did not apply any contraceptive methods before the sterilization, and because pulling net is very heavy I did not want setting the coil. Moreover, the commune encourages that those who apply sterilization will get allowance of 200,000 VND so I went for that to get the money.*

*I do not know what is gynecological disease. I never went for prenatal examination; when getting pregnancy I did not know until my belly swung up and only then I went for abortion. Before when I gave birth I managed the delivery myself at the side of the river to save several hundred thousand dong for delivery fees. When having pregnancy I did not take rest, the first pregnancy, I climbed up the hill for farming work and unluckily I had a miscarriage. Once I gave birth to a baby, the next day I already went to work, another time after giving birth to the baby, I rested just a while and went to work immediately, otherwise who should do the work for me to get money to feed my children, I even had to work when I was ill, I had no time for rest. Now people are very happy when they give birth to baby. Before we had to work immediately the next day after giving birth to the baby. I managed myself for the delivery with assistance of my sister in law, only for the last child that I went to the medical station for delivery”*.

Not only floating people but also health care workers at hamlet health care station and village health care station are short of reproductive health knowledge. That leads to obstetric catastrophes of women in child - bearing age:

*“There has just had an obstetric catastrophe. Because the wife was delivered prematurely, furthermore she delivered at home. After catching firewood, she had a pain in belly and then foetus suddenly went out. When I came, the foetus had passed away. We are living at here, in spite of giving birth to a child in the afternoon, but women still find Sai Sung (a kind of seafood) in the morning. Although we are health care workers, we still follow this principle. Because the elderly advice us that, the more heavily you work, the easier you give a birth to a child.*

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<sup>4</sup> “Improving information on population and family planning for people living in boats.” Project proposal prepared by the Thua Thien – Hue branch of VINAFFA (Vietnam Association for Family Planning), 1993.

<sup>5</sup> “The roles of male household heads in families living in coastal areas in the current period of transitional economy.” Report submitted to DANIDA by the Center of Sociology, Ho Chi Minh National Institute of Political Sciences, 1998. See also “Bringing words and lessons off shore.” *Sunday Youth*, vol 6-2001, February 18, 2001 for the situation in Quang Ninh province.

<sup>6</sup> Adger, Neil. 1999. “Social Vulnerability to Climate Change and Extremes in Coastal Vietnam.” *World Development*, 27(2): 249-269.

(Mrs. Nguyen Thi Lien, 31 years old, health care worker at Son Hao hamlet, Quan Lan commune, Van Don district, Quang Ninh province)

The limited awareness due to educational levels of coastal people, in all the 6 communes had completed compulsory education for primary school., but in communities of boat-living population, the number of adults who are illiterate or become illiterate again, tends to be increased. Through our input survey for the activities of wiping out illiteracy with REFLECT method (*Regenerated Freirean Literacy through Empowering Community Techniques*) carried out in two boat hamlets Le Binh and Thuy Dien of Phu Xuan commune (5/2002), we counted 151 people aged between 15 and 35 participated in anti-illiteracy classes. Among those 151 people, 96 were illiterate and 53 people who had been to school but skipped school when they were from grade 1 to grade 3, for a long time and became illiterate again. Among those 151 people 86 were women. And in Van Don, recent survey made by the education department (6/2002) shows in 3 communes under survey 102 people aged between 15-35 were illiterate.

We noted gender of medical workers is also a hindrance in provision of reproductive health care for boat-living women. As commented by Mr. Vu Xuan Den, head of Thang Loi medical station (47 years old serving as medic in military medicine from 1978 to 1981, and after demobilization, he returned home and serves as head of the commune medical station from 1989): *“Many women came to the medical station but did not know how to tell or were shire to talk to male doctor. After giving birth in the medical station that I assisted in delivery, when I met them anywhere, they looked down for shame”*.

### 3.2.2. Model of healthcare for people

Through the assessment, we observed there have been 3 models/forms of healthcare that boat-living people applied:

*First*: Medical service applied in community (hamlet/commune), this form of service is performed mainly by commune/ hamlet medical workers, but can only responds to light and common cases of illness such as cold, flu, headache, eyesore

*Second*, outside community service: district or provincial medical center, hospital for serious diseases.

For island communes, in serious cases of illness or diseases the patients must be brought to Van Don district hospital or to (Cam Pha town) polyclinic hospital but with rather expensive cost, first to hire means of transport, particularly in emergency case, the family has to hire a motor boat to bring the patient to district hospital, costing normally about 500,000 d/ship, if taking a ticket in passenger boat the cost is only 17,000 VND (passenger ship from the island to district/city is running only one trip each day starting at 6-7 o'clock in the morning) .

*Third*, Treatment based on experiences: For cases that families do not have money for treatment in medical center, or due to belief, conditions of travelling in the sea, people take self-help treatment basing on experiences in using leaves or sea products... with popular formulas. *“People do take care of their children, when their children are ill, they bring them to the doctor for examination and treatment. They buy medicament and herbs for treatment. In general when they are ill or have disease, they try to find way for treatment. When people are ill they go to medical station, if it is a light illness they buy medicine and bring home to take , depending on seriousness of the illness to decide treatment at home or in the medical station . Very few people apply worship for treatment, but most people go to medical station. Some people go to worship to relieve bad luck and some people combine both worshipping and going to doctor. Some bring the patient to Hon Gai, or Uong Bi when having serious illness. Popular formula of medicament: cook guava leaves to cure diarrhea, crush mugwort leaves to put on forefront to cure headache*

,houத்துය්නියා for reducing fever, crush and mix with boiled water and filtered” (cadre for population work, Thang Loi commune)

In Van Don people often have popular formula of medicament for treatment while in the communes under survey in Phu Vang little evidence were found on this subject.

### 3.2.3. *The unmet needs of coastal population for healthcare*

Although medical service in Van Don and Phu Vang districts have made numerous efforts and recorded encouraging achievement in provision of healthcare to local people. However through interviews with commune medical workers, we observed that they are encountering lots of difficulties in responding to the needs for healthcare of people island communes: short of medicament, facilities for examination and treatment, poor professional qualification, geographical peculiarities, occupation of fishing people and financial difficulties as people often coming to commune medical station for examination and treatment on credit for both medicament and accommodation.

Meanwhile boat-living population are having very diversified needs for medical treatment and healthcare, from almost ordinary demands such as having “a rather professionally qualified” nurses in the hamlets to be able to give injection or taking care of “delivery for the women” to the desire for better professionally qualified doctors in the commune medical stations capable of providing medical examination and treatment of a number of common diseases among boat-living population with a view to reducing financial burden for boat-living people for going to upper hospitals.

#### **There are reasons for unmet needs of coastal population for health care:**

*a. The short of medicament, facilities for examination and treatment:* In all 6 communes there are things not in need and things not enough, there are equipment not in use because of lack of electric supply (autoclave), lots of medicament but not usable for model of diseases in the locality such as Benzyl Penicillin, Hypothiazid, or drugs in use but not responding the required quality because they have been produced 10-12 years now without changes such as Amocilin 250mg, Baitrim 450mg, or the penicillin 1,200,000mg, Chloralpenizol 1mg, rarely used in commune level for fear of strong doses leading to shocking... Meanwhile many essential equipment are short such as oxygen containers for the patients, tool set for gynecology examination, clean set for delivery even short of gloves for delivery.

*b. Poor professional qualification:* they have not been able to respond to requirement of hamlet medicine, such as the following case:

Mr. Tran Van Viet, hamlet medical worker in Tan Binh, Thuan An township. Viet is 42 years old, married, and has 6 children (1 son, 5 daughters, the eldest is 21 and the youngest 5 years old), finished grade 5, engaging in sea fishing, in Thuan An. He is the head of boat-living hamlet and medical worker of the hamlet. Mr. Viet told us:

*I am hamlet chief and concurrently hamlet medicine worker (collaborator, propagandist on medicine). I volunteered and was selected by the people to serve as medical worker in waiting for a permanent medical worker because those who like to take the job are not qualified for and those who are qualified for are unwilling to serve. As I have got training for, although I do not have certificate for medicine, but I took part in every meeting related to medicine. Concerning medical activities, I got good hold of the planning of commune medical station, I make propagation and inform every boat-living family. For families in houses on shore we use loud-speakers. When health check is made, we gather people into groups for medical workers of the station to make health examination. Those who are unable to go ashore we go to every boat to provide medical examination and treatment. I am not being equipped with medical kit bag, clean bag for*

*delivery, I have only scale, book, propaganda materials... I have not made practice, have no capacity to provide treatment, do not know how to take blood pressure, to make plasma transfusion, injection... For allowance, I get 40,000 VND/month, no other allowances from the people's committee nor from boat-living people.*

Besides, medical workers of the hamlets are having difficulties due to professional qualification as they themselves commented “*lack of practical capacity for treatment, they do not know how to perform a delivery. They only know how to take blood pressure, temperature, diagnose seriousness of the illness or disease to make referral for treatment in higher level*” (Interview No 11).

Attention should be given to professional standard of the hamlet medical workers with training plan to make them capable to perform better their role in coordination with commune medical station in provision of health care to people in the community. It is easy to note that although efforts have been made to take good care of the health of people in community, however the medical station still have lots of limitation on account of poor qualification and medical resources.

*c. The healthcare expenses:* Besides constant expenses that families of school children have to pay (30,000VND/pupil/year for insurance, 4,500VND/pupil/year for the Red Cross fund), average expense for healthcare (not to count in case of serious illness) of a boat-living family was about 100,000d/year. However, we found this figure is lower than reality as the cost for medicament of a doctor's prescription for pneumonia is about 400,000VND (discussion in group of medical workers in Thang Loi) we have indicated in the model of diseases, pneumonia is one of the common diseases among boat-living people and they often have not enough to pay immediately for the medicine and have to keep debt with medical station. Some semi-structure interviews show “*average expenses for medical treatment of a family is 300,000 VND/month*” (Mrs. Vu Thi Hoa, 49 years old, grade 6, poor woman in Thang Loi commune) “*the expense for other family is 100,000 VND/month*”.

Medical service, according to a number of women, is too expensive “*Only when I am ill, I go for examination as the expenses are too high. My husband had only a boil lanced and some tablets of medicine but had to pay 50-60,000VND, some times the children are ill but we do not dare to bring them to the medical station. As I had a whitlow on a finger (swelling in finger) in three months and ten days but I did not go to the medical station for treatment (Mrs.Nguyen Thi Gai, poor woman in Thang Loi commune)*

According to commune medical workers, fees for staying in the station is 2000VND/day, excluding medicament and people often buy on credit. In some commune the amount of debt rose to 2.7 million VND, not a small amount for a commune infirmary. However this comment runs counter to the idea expressed by the people, as a woman said “*The doctors here are good, serving wholeheartedly but the charges are too expensive, sometime we cannot pay immediately, and usually we have to pay after 2-3 days*” (Mrs.Nguyen Thi Gai, poor woman in Thang Loi commune)

*d. Occupation of fishing people:* In Phu Xuan “*Gynecological examination is made once a year, about 78% of the women came for examination*” (Interview No. 10). According the hamlet medical workers in Phu Xuan commune, one of the difficulties is peculiarity of boat-living people “*Because they are moving, it is hard for medical service. When a medical campaign is lurching, medical workers gather in the medical station to get briefing on the plan for implementation in the hamlets. For boat-living people, medical services provided during the campaign are being carried out a bit slower, and less effective because when we go to give them*

*oral or injection vaccination, we do not see them as they are going to work in many different places, we cannot find them to give them medicine”.*

*e. The competition in provision of medical services between private medicine and commune medical stations:* The study shows there are competition in provision of medical services between private medicine and commune medical stations, especially in the field of reproductive health care. This is reflected in different assessment of the quality of service and price of healthcare service.

*“When having serious stomachache we go to the medical station for examination and buy medicine. Medicine are sufficient and prices are cheaper, but mostly not curing the illness. For serious cases we go to big hospital (Hue) (discussion in group of men being heads of the households of boat village Tan Binh in Thuan An township).*

According to comment by Ms. Pham Thi Hanh, medics, responsible for obstetrics of Phu Xuan commune medical station, there is a private tocology having a delivery room with two patient beds, although the prices for delivery here is more expensive than in the commune medical station. Charges for normal delivery is 200,000-220,000VND, for difficult case is 400,000-500,000VND while the fees for delivery in commune medical station is 70,000VND for women having baby the first time, and 50,000d-55,000 VND/child counting from second times, including medicament. But few people go to commune medical station for delivery, with average of 3-4 out of 10 cases going to commune medical station. However in some semi-structure interviews boat-living people said there are almost no differences of charges for delivery

However we can support this view: ***There are differences of the interest and care for the future mothers performed by medical workers at the commune medical station and private medicine,*** such as the comment by physician Hanh that madam Khiet (private midwife) *“Upon learning that a women is having pregnancy, she came to inquire about, and bought gifts to visit boat-living women having pregnancy, she even came to the house for delivery”.* Nothing similar can be observed among medical workers of the commune medical stations. Besides, psychological feeling that cheap prices for healthcare service are not always good, because “sometimes people do not like the cheap for fear of fraud. For example charges of transfusion of a bottle of plasma protein by the private is 120,000d plus 20,000 d if transfusion is made at home of the patient. The transfusion at the commune medical station cost only 80-85,000 VND/bottle”.

*This may constitutes a challenge for public medical service in the process of provision of healthcare service to people in community in the market economy.*

#### **4. Comment and solution**

It is necessary to repeat that all the communes under the survey have commune medical stations with sufficient personnel staffing the station and hamlet medicine; and they have made efforts to provide healthcare to local people. However, on account of limited quality of medical workers and facilities for the examination and treatment, the commune medical institutions in the communes could only provide *“examination and treatment of common diseases such as light cases of respiratory infection, influenza, diarrhea, light accidents, some infections, gynecological diseases and services for family planning”.*

Attention should be drawn to the fact that not proper care has been taken for reproductive health of the women in the communes. Beside regular campaigns for medical examination sponsored by the Committee for Population and district medical center (such campaigns are not highly effective with regard to boat-living population as they are scattering for fishing everywhere), not much care has been taken for examination, check of fetus, pre and post natal care and the examination and treatment for the women, including propaganda on care for reproductive health.

To improve the healthcare for all people in general and for reproductive healthcare of the women in particular, we suggest following points to be taken seriously:

*First*, to provide more material facilities for the commune medical stations, focussing on providing necessary medical equipment suitable to capacity of the commune medical workers and suitable to conditions of the infrastructures in the localities.

*Second*, To provide further professional training for medical workers of the hamlets, communes. Beside improvement of professional standard, medical workers of the hamlets and communes should also need education to promote their sense for rule of conduct and responsibility .

*Third*, in training medical workers we should have gender view: priority should be given for training female doctors to attain high professional qualification to provide better care for the health of women. Discussion in the group of women revealed “*Sometimes the women do not dare to speak of tricky problems of the women because of shame, it would be **easier for them to speak out if the doctor is a woman***”. The following recommendation of boat-living people in Le Binh hamlet, we think, are very good suggestions for solution of health care of boat-living people in general and of the women in particular: “*To train 1-2 nurses or collaborators in charge of population-health to monitor the situation. They should have respect for boat-living people and help them stabilizing their life so that they can concentrate on their work. Here we have a hamlet collaborator, but as a man he has no ardour to serve the women, people do not understand but the collaborator only gave them the materials without explanation. It is **better to choose a woman to do the work**. Information, newspapers be provided to explain problems for boat-living people” and “*recommendation for a nurse, a medicine-case to be placed in boat hamlet*” (Interview No. 26)*

*Forth*, It is necessary to improve awareness of people on population and quality of population. Special attention be paid to carry out propaganda to raise awareness of people on protection of reproductive health, including protection of reproductive health of the juveniles.

*Fifth*, to carry out propaganda, education to improve the sense for health protection, eating clean food, keeping clean and healthy environment, when falling ill or having disease to go to the doctor in medical services, not to cure disease by worshipping or praying for.

To make positive contribution, take care of the health of people, in its activities, the project will support the provision of basic services related to healthcare of boat-living population beside the training to improve professional standard of medical workers, collaborator of population work, particularly to train them technique for rescue on river/sea and provide more facilities for medical examination and treatment and medicament to medical establishments. To do well this undertaking, on account of the terrain of the project communes, basing on the outcome of survey and consultation with local leaders, the best solution is to build a boat for each district serving as a multi-purpose polyclinic (providing medical examination and treatment, counseling and propaganda on healthcare, population and family planning). The advantage of the boat is that it can move to different places to provide medical examination and treatment, *for this advantage that the beneficiaries may include other than boat-living people in the communes*, such as people from other localities who are present in the territorial waters at the time the boat is providing examination and treatment in the area. Because, according to our survey, in all 6 project communes, there are fishermen from other districts, even from other provinces coming for fishing for months. For example, in the sea waters in Van Don, we may find fishing boats of people from Hung Thang (a quarter in Ha Long city) or boats from Thanh Hoa, Quang Binh provinces. . .

*We hope that, lessons and experiences from the studies will be essential for designing further interventions against poverty in these two communities and will be useful for assisting many other ‘water communities’ in Vietnam and throughout the developing world to achieve empowering and sustainable growth.*

*Hanoi, September 20, 2002.*

*Dr. Hoang Ba Thinh*

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## Appendix

**Table 1: Classification of the rich and the poor based on criteria of boat-living people**

Commune	Rich	Average	Poor	Note
Thuan An		-Good wood boat with lots of fishing nets, without motor - few children, rarely ill	- Damaged wood boat, few nets (5-10 pieces) - many children, often ill	Group discussion among men being heads of boat-living households
Phu An		- Having labour force, both husband + wife - Children are big and can support labour work	- No labour force - Widow - Small children, not able to take labour work	Group discussion among poor women
Phu Xuan	- Having fish ponds, getting profits - Getting foreign aid	- Having boat with 3-4 pairs of nets - income: 30-40,000 d/day - with side jobs, having part of capital, sufficient to eat	- short of food for 3-5 months/year - damaged boat or no boat, living on hut-on –stilts over water - have ragged nets	

**Table 2: Personnel of commune medical station**

Commune	Doctor	Medics	Nurse	Midwife	Pharmacist	Total
Thang Loi		1	2	1		4 <sup>7</sup>
Ngoc Vung		3	1			4
Quan Lan	2	2				4
Thuan An	2	3	2	1	1	9
Phu An	1	2	1	1		5
Phu Xuan	1	2			1	4

<sup>7</sup> Excluding 1 army doctor and 2 army medics for combined model of "combined military-civilian medical station"

**Table 3: Model of diseases among boat-living people in 3 island communes in Van Don district**

Commune	Bronchitis	Pneumonia	Sore throat respiratory infection	Influenza	Diarrhea	Redden eye-sore	Dental carries	Hyposthen ia	Head- ache neuralgia
Thang Loi	A B C	A		A B C	A B C	B C	C		
Quan Lan	A C		A	A C	A			B C	B
Ngoc Vung		A C	A B C	B C	A C	B	A B C	B	B

Note: A: Child                      B: Women                      C: Others

**Table 4: Gynecological infection diseases**

Commune	Adnexitis	Vaginitis	Vaginal fungi	Vaginal mucus
Thang Loi	x	x	x	x
Ngoc Vung	x	x	x	
Quan Lan	x	x	x	
Thuan An township	x	x	x	
Phu An	x	x	x	
Phu Xuan	x	x	x	

### Index 1: Objects of PRA Survey

Commune	Group Discussion				Semi - Structure Interview								Sum
	Women in poverty	women having little children	Men	Pupil	Health Worker	Commune leader	Woman	Man	Elderly people	Teacher	Pupil	Parents of Pupil	
Thang Loi	9	10	11	10	6	8	11	2	2	1	2	2	74
Ngoc Vung	10	10	11	10	6	8	9	4	2	2	3	3	78
Quan Lan	8	10	10	4	4	9	9	2	3	3	2	1	65
Thuan An Town	7	11	10	-	4	8	4	2	-	6	5	2	59
Phu An	12	6	7	7	3	8	3	2	8	5	6	4	71
Phu Xuan	8	19	6	-	3	11	6	4	5	4	8	6	80
<b>Sum</b>	54	66	55	31	26	52	42	16	20	21	26	18	427

Semi - Structure Interview for district leader: Van Don: 7; Phu Vang: 8

**Index 2: A working day of floating women having little children (5 years old)**  
**Le Binh Hamlet - Phu Xuan Commune**

<b>Women and Little Children</b>	<b>Time Schedule</b>	<b>Men</b>
Working by machine boat and monthly ferry boat * Spread the fishing net/ Xeo (a kind of fishing nets)/ Te (a kind of fishing net)... - Bring the children with them in catching fish (one or two children). - The older children keep the younger children. - Paternal Grandparents take part the childcare.  Difficulty: - Children affected by wind, sun - illness - to health care station - keep medicine. - Without organization of keeping and teaching the children (private and cooperative) - Having semi - boarding school (Lunch price: 2000 VND)	7pm       12 h	Similar to the wife Spread the fishing net
Distance for catching fish: from 1 to 7 km of rowboat Come back home	5am	
Go to market - Selling - Cooking   Having breakfast	6 am  7 am 8 am 9 am	Husband look after the children Repair fishing net
Go to sleep	10 h - 11 h	Go to sleep
	12h	Seafood catch: Land shrimp, Ca mon (a kind of fish), crap...
Repair fishing net, and other fishing catch equipment  Cooking - dinner	13 h  14 h 15 h	In comparison with previous time, the output of fish is at low level, because there are more and more people who use the "te" (kind of fishing catch" to catch fish. High income: Electrical "Te".
Go to work	16h - 18h	

Go to work in daylight - Sleeping in night  
Go to work in night - Sleeping in daylight  
10 hours: 30.000 VND

*Date: 26 February, 2002*  
*Women group: Hanh/ Huong/ Lan/ Mai*  
*Nho/ Huong/ Diep/ Tua/ Hoa*  
*Research Group: Binh, Khanh, Hang*