

In this month Mekong RBM IEC Project News features contributions from Mr. Nguen Ngoc Thuy from Vietnam and Mr. Xu Jianwei from China containing interesting information about 2 ethnic groups: the Raglai and the Wa.

Vietnam Mosaic

By Nguyen Ngoc Thuy, Hanoi

Photos: Tran Manh Hung (NIMPE) & Nguyen Ngoc Thuy

The Raglai living in the South Central coast and the Central Highlands have a total population of 72,000, ranking 19th among Vietnam's 54 ethnic groups. This report from Nguyen Ngoc Thuy, Vietnam, provides an insight into this ethnic group, the role of the Hamlet Health Workers and the prospect for effective IEC through a multi-media approach.

The Raglai

Most Raglai families in the two surveyed communes of Khanh Phu and Khanh Trung are found along the asphalted road leading to a beautiful waterfall called *Giang Bay* (photo). Nowadays, they no longer live in the houses-on-stilts as in the past but in houses built directly on the ground. Like many other ethnic groups, they carry the *Gui* or back basket for transporting goods.



[Giang Bay Waterfall](#)

The Raglai speak a language that belongs to the Malayo-Polynesian language group (of the Austronesian language family). As a result of their contacts with neighbouring ethnic groups, the Raglai are bilingual or multilingual. In Khanh Vinh, it's not difficult for an average Raglai to understand the national language. The Raglai parents are having growing difficulty communicating in Raglai with their children who spend many hours at school, speaking the national language.

Breakfast and dinner are the main meals. Lunch is often brought to the fields. The main diet is a kind of soup, called *Chao Boi*. It's rice or maize cooked with meat, fish and vegetables. Most Raglai smoke chopped tobacco leaves, a popular pastime.

The Raglai cultivate forest fields and as their main livelihood. On the burnt-over land, they grow rice corns, beans, pumpkins and fruit trees. Many Raglai often go to the forests to collect forest products and stay from 3 to 10 nights in their plot huts. There, they are exposed to



An. Dirus, a mosquito species that lives in forest, according to researchers at Khanh Phu Malaria research team.



Raglai men going to forests

Most Raglai no longer wear traditional clothing. Today, men wear pants and a shirt, and women wear skirts or pants with a blouse. Most Raglai houses are simply furnished. More than half of the surveyed families have bicycles and about one third possessed a TV or radio set.

Before and after giving birth, a Raglai woman will abstain from certain foods, will avoid saying the names of certain animals and will avoid doing heavy work. The husband will build a small house on forest fringe for his wife's delivery. Gone are the days when Raglai women gave birth all alone. Today, Raglai women go to the local health post for assisted delivery.

Following the agricultural cycle, the Raglai often carry out rituals when choosing land for cultivation, when slashing and burning their fields, when sowing seeds and when harvesting their rice crop.

The Raglai have diversified musical instruments, the most famous of which is the stone xylophone, which creates unique sounds. Discovered in Khanh Son district, Khanh Hoa province this set of stones is deemed the oldest musical instrument in Vietnam.



Stone xylophone ?

A Hamlet health worker (HHW)

Every day, 34 year-old Ca Thi Bai walks to her forest field to tend her crops and her cows. She returns at about 6 p.m. to *Suoi Ca* (Fish Stream) hamlet where she also performs simple yet important tasks for nutrition, malaria and other health programmes. Bai is a Turin, (another ethnic group) but she can communicate well in Raglai.



Ms. Bai talking to locals about malaria

There is an HHW in each of Khanh Trunk's three hamlets. Working in more than 70% of all hamlets in Vietnam, these HHWs help collect statistics and detect cases of malaria, TB and other diseases; they

carry scales to families for monitoring child growth; they promote pre-natal checks and assisted delivery; they actually provide some kinds of basic health counseling without even realizing it. And they do it with all their enthusiasm. The allowance they get from the local government and various health programmes is next to nothing, (Bai gets an equivalent of 5 USD). An HHW since 2000, Bai has received short training courses from various health programmes. Besides collecting slides from malaria suspects, she is also an excellent promoter of bednet use. She does this with the help of leaflets or posters. Bai suggests that the health messages to the Raglai should deal with hygienic practices in their daily life, for instance, keeping the house and surroundings clean, sleeping in bednets, and going to the doctors when they fall ill. Bai also notes that an adequate supply of bednets must be a precondition to ensure full protection against mosquitoes.



A Raglai girl holding a bednet.

A wider role for HHWs in remote areas and promotion of IEC could save lives of ethnic migrants who live in deep forests and cannot access the health network.

The view was expressed by senior officials from the National Institute of Malaria, Parasitology and Entomology (NIMPE) in the latest issue of *Journal of Malaria and Parasitic Diseases Control* following a fact-finding mission to Dak Lak in the Central Highlands. Seven malaria deaths were reported in the first months of this year. Most of the victims were ethnic migrants.

The NIMPE officials said HHWs need more training so that they can help in case detection, first line treatment of malaria and referrals of severe cases to higher levels of care.

They also pointed the need for more posters, leaflets and other materials in the main ethnic languages of the areas to give migrants all the information needed for protection against malaria.

Mass media for IEC

The existing mass media in Khanh Phu and Khanh Trung can be improved to promote IEC for a wide range of health themes, including malaria.

Good videotapes and TV programmes seemed most attractive to the Raglai, particularly the young. This is indicated by the presence of large audiences in front of TV screens whenever there is a show.

They said that speakers on the TV “speak a little bit fast but that’s OK”. During the survey, we saw and heard a lot of radios in people’s homes

but it is still unclear how much health information Raglai people obtain from this source.



District TV & radio station

Ngo Thao (*seen standing in photo*), the district TV and Radio relay station chief said that his staff will be happy to join activities for health promotion. People in charge of the commune loudspeaker systems in both communes shared this view. They also suggested integration of malaria with other health information to make the programmes “more colorful”.

Illiteracy, which is common among the Raglai adults, is no barrier to understanding information on radio and public loudspeakers. As the Raglai language has no script, the messages will need to be verbally delivered or written in phonetics.

The loudspeakers are found along the road, covering about two thirds of the households. They are used for daily bulletins, morning and afternoon, invitations to hamlet meetings, announcements, immunizations and other events. A good combination of government funded mass media and inter-personal communication, will be a powerful tool for the prevention and treatment of malaria, which remains a potential threat to the Raglai.



Loudspeaker is part of a new life in Khanh Phu

Wa Ethnic in Ximeng, Yunnan

by Xu Jianwei, China

Photos: Xu Jianwei & Chinese websites.

The Chinese survey team worked with the Wa, an ethnic group living along the China-Myanmar border Southwest of Yunnan Province in Southern China. In the words of the Chinese, the Wa have jumped from caves into modern society. Originally, the Wa were a matriarchal society in which the mother was the head of a family. Even today, in most Wa families, women are decision-makers and socially



A Wa girl in traditional costume

more active than men. Red and black are the two favorite colors. Red and Black are considered the symbols of the Sun and the Earth respectively.

People believe that the Sun and the Land are two main factors for a happy life between sky and earth, a life enchanted by traditional singing and dancing. The Wa are very good at dancing. The most famous dance is perhaps the wood-drum dance, which is performed during festivities with a bold and flowing style.

Before the 1980s, the Wa received free health services, education and some supplies from the government. With the transition to a market economy, the Wa nowadays find it difficult to pay for health, education and, sometimes, even food. The research team have finished analyzing their field research, which was carried out in three Wa villages, namely Zhongkexiaozhai, Wengbielie and Yonggu, respectively with low, moderate and high malaria prevalence and with good, moderate and poor economic situation.

Zhongkexiaozhai is a model Wa ethnical village that has recently been set up by the local government. Here, all families are living in modern houses and more than 80% of them have color TV. According to the results of our survey, 75.7% of interviewees thought that malaria was very common in the village, but 42.5% did not know the causes of malaria; 60.3% did not have bednets. When the interviewers came to the village, they found some patients with high temperatures lying in beds but not seeking treatment. This showed a lack of awareness of the danger of malaria, despite improvements in material life. IEC and health promotion is not yet given as much attention as house and road construction.



Zhongkexiaozhai village – IEC activities are needed.

During the 27th October and 1st November 2003, all members of the country IEC project teams will be brought together to participate in a Participatory IEC Material Development Training Workshop in Yangon, Myanmar. The objectives of the training workshop are to:

- Identify appropriate messages and IEC channels based on situation analysis and field research,
- Identify appropriate IEC materials for community based intervention

- Increase knowledge of IEC country teams on participatory IEC materials development with target populations
- Strengthen capacity of IEC country team to develop and conduct IEC materials pre-testing
- Develop IEC materials development protocol to suit identified target populations for each country team
- Develop plan of action for IEC materials development

