VIETNAM

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals Working with Foreign-born Clients
**GEOGRAPHIC LOCATION**

- Vietnam is located in Southeastern Asia.
- The capital is Hanoi.¹
- Other Major Cities: Cam Rahn, Can Tho, Da Nang, Haphong, Hong Gai, Ho Chi Minh City (formerly Saigon), Hue, Lao Cai, Long Xuyen, Nha Trang, Vinh, Quy Nhan
- The country is bordered to the north by China, to the West by Laos and Cambodia to the southwest. The eastern and southern parts of the country are bordered by the Gulf of Thailand, the Gulf of Tonkin, and the South China Sea.¹
- There are 58 provinces (tinh, singular and plural) and 5 municipalities (thanh pho, singular and plural) in Vietnam¹

*The government groups the various provinces into eight regions:*²

- Northwest (Tây Bắc) – borders China
- Northeast (Đông Bắc)
- Greater Ha Noi/ Red River Delta (Hà Nội Kinh-Đông Băng Sông Hồng)
- North Central Coast (Bắc Trung Bộ) – borders Laos
- South Central Coast (Nam Trung Bộ)
- Central Highlands (Tây Nguyên)
- Southeast (Đông Nam Bộ) – includes Ho Chi Minh City
- Southwest, Mekong River Delta (Tây Nam Bộ-Dong Băng Sông Cửu Long)

*Note: The information provided within is an introduction only and does not characterize all individuals from this country.*
BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):
• Official language: Vietnamese

• Other languages spoken in this country include: English (increasingly favored as a second language), French, Chinese, Khmer, and mountain area languages (Mon-Khmer and Malayo-Polynesian)

MAJOR ETHNIC GROUPS:
• Majority: Kinh (Viet) 85.7%

• Minority: Tay 1.9%, Thai 1.8%, Muong 1.5%, Khmer 1.5%, Mong 1.2% Nung 1.1%, others 5.3%

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:
• Buddhist 9.3%, Catholic 6.7%, Hoa Hao 1.5%, Cao Dai 1.1%, Protestant 0.5%, Muslim 0.1%, none 80.8% (1999 census)

LITERACY OF CITIZENS: Defined as persons age 15 years and older that can read and write.
• Total population: 93.4% Male: 95.4%

Female: 91.4% (2011 est.)
MEDICAL SYSTEM:
• Until the mid-1980s, the health care system in Vietnam was fully subsidized by the government. Today health care delivery is decentralized and disparate levels of health spending among and within provinces correlate with persistent and substantial disparities in health status indicators, morbidity, and mortality by region, income, and ethnicity.³
• Commune-level health centers (CHC) are the foundation of the primary health care system in Vietnam. These facilities provide both preventive and curative care, and are disproportionately more accessible to poorer households.³
• In Vietnam health care costs are mainly borne by households. Health insurance is a relatively recent concept in Vietnam. In practice the system does not work well, clinicians naturally favor clients willing to pay fees up front. Thus, despite having insurance, people prefer to pay fees and not use insurance cards.³
• The practice of traditional medicine remains an important part of the health care system.³

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:
• Food or waterborne diseases: bacterial diarrhea, hepatitis A, and typhoid fever¹
• Vector borne diseases: dengue fever, malaria, and Japanese encephalitis¹

NOTE: highly pathogenic H5N1 avian influenza has been identified in this country; it poses a negligible risk with extremely rare cases possible among US citizens who have close contact with birds (2013)¹

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:
• 1.85 children born/woman (2014 est.)¹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:
• According to data collected in 2011 by the U.S. Census Bureau, approximately 1,259,000 individuals originating from Vietnam reside in the United States.⁴
• 28,304 persons from Vietnam obtained legal permanent resident* status within the USA during fiscal year 2012.⁴
• In 2012, Vietnam ranked seventh in number of persons who obtained legal permanent resident status in the United States.⁵

*Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”
According to 2012 US Homeland Security Data, individuals who became legal permanent residents from this country indicated the following top 10 states as their state of residence.\(^7\)

The percentage of the total number of legal permanent resident by state:\(^7\)

1. California 34.3%
2. Texas 13.0%
3. Washington 4.8%
4. Florida 4.5%
5. Massachusetts 3.3%
6. Georgia 3.2%
7. Pennsylvania 2.9%
8. Virginia 2.9%
9. North Carolina 2.9%
10. Minnesota 1.9%

**TUBERCULOSIS EPIDEMIOLOGY**

**VIETNAM RANKS 12TH AMONG 22 HIGH BURDEN TUBERCULOSIS (TB) COUNTRIES AND 14TH AMONG 27 HIGH BURDEN MULTIDRUG-RESISTANT TB (MDR-TB) COUNTRIES IN THE WORLD.**\(^8\)

**Estimated Burden of Tuberculosis (2013):**

- **Incidence:** 144/100,000\(^9\)
- **Prevalence:** 209/100,000\(^9\)
- **Total new and relapse (2013):** 100,395\(^9\)

**Estimated Burden of HIV Infection (2013):**

- **Estimated prevalence:** 0.4%\(^{10}\)
  
  *UNAIDS estimates 230,000-280,000 Vietnamese are living with HIV*\(^{10}\)

**TB/HIV Co-infection (2013):**

- **TB patients with known HIV status:** 71,374\(^9\)
- **HIV-Positive TB patients:** 4,438\(^9\)

*Note: TB/HIV co-infection rates vary across Vietnam.*

**ESTIMATED LEVEL OF MULTI-DRUG RESISTANT TB:**

- *Multi-drug Resistance is defined as resistance to at least Isoniazid and Rifampin*
- **4% of new TB cases are multi-drug resistant (2013).*\(^9\)
- **23% of previously treated TB cases are multi-drug resistant (2013).*\(^9\)
STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

- SCC (or DOTS) TB treatment regimen/drugs available through National TB Program:
  - Approximately 98% of new cases are prescribed 2SHRE/6EH during the intensive phase.
  - Re-treatment regimen is SHRZE
  - Approximately 2% of patients receive the following “old regimens:”
    - Regimen I, standard regimen: streptomycin, pyrazinamide, isoniazid
    - Regimen II, re-treatment regimen: rifampicin, ethambutol, isoniazid

- In Vietnam, rifampin is often called by its French brand name – *Rimifon*.

*Note: The information provided is the original from 2007. Unable to find updated TB treatment information for Vietnam.*

**TB CONTROL/DOTS COVERAGE:**

- According to the World Health Organization (2007), 100% of the country’s citizens are covered by DOTS.

**TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:**

- Yes □ No □ Information Not found/Unknown

**TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:**

- Yes □ No □ Information Not found/Unknown

*Comments:* A survey conducted in 2000 found TB medication could be purchased through private pharmacies with or without a prescription. Private physicians who treat TB patients dispense TB drugs.

**TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:**

- Yes □ No □ Information Not found/Unknown

*Comments:* See comment above.

**USE OF BCG VACCINE:**

- Yes □ No

*Approximately what percent of the population is covered by the BCG vaccine:*

- 96% coverage (WHO estimates, 2009)

The BCG vaccine is administered at birth.

**Nicknames/Common Names for TB:**

- “Lung disease”
GENERAL COMMENTS:

- Often Vietnamese patients believe that the BCG vaccination will protect them from becoming infected with Mycobacterium tuberculosis.\(^\text{15}\)

- Another common belief is that everyone has the germs that cause TB in the body and TB disease develops when a person does not maintain personal hygiene, becomes malnourished, or loses strength.\(^\text{15}\)

- Some Vietnamese believe that TB is a silent disease that cannot be detected early; others believe the diagnosis is a “death penalty” and TB is incurable.\(^\text{16}\)

Traditionally, the Vietnamese believe in four types of TB. \(\text{Note: This belief is less common among younger persons or individuals from urban areas within Vietnam.}\)\(^\text{17,34}\)

- \textit{Lao truyen} or hereditary TB is passed across generations through the blood.\(^\text{17}\)

- \textit{Lao luc} or physical TB is caused by hard work, poverty, men are more affected.\(^\text{17}\)

- \textit{Lao tam} or mental TB is caused by excessive worrying or unhappiness, women are more affected.\(^\text{17}\)

- \textit{Lao phoi} is considered to be the most dangerous form of TB. It is caused by TB germs, transmitted through the respiratory system, men are more affected.\(^\text{17}\)

\(\text{Note: Only Lao phoi or lung TB is thought to be contagious.}\)\(^\text{17}\)

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**Common Misperceptions Related to TB Etiology/Cause**

- Overwork\(^\text{15,18}\)
- Excessive stress\(^\text{15}\)
- Unsanitary neighborhood\(^\text{15,18}\)
- Alcohol and cigarettes\(^\text{15}\)
- Polluted or dusty environments (water or air)\(^\text{15,19-21}\)
- Heredity/passed through generations of families\(^\text{15}\)
- Exposing the chest to cold\(^\text{15}\)
- Supernatural causes\(^\text{15}\)
- Humidity/wind/changes in seasons\(^\text{20}\)
- Malnutrition\(^\text{15}\)
- Poor hygiene\(^\text{15}\)
- Sharing utensils or food\(^\text{19}\)
- Lack of sleep/fatigue\(^\text{18}\)
- God’s decision\(^\text{21}\)

\(\text{Due to the high prevalence of TB in Vietnam, some people believe that everyone in the country has the TB germ.}\)\(^\text{15}\)

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**COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:**

- Sharing utensils or food\(^\text{15}\)
- Polluted or dusty environments (water and/or air)\(^\text{15,19,20}\)
- Hereditary\(^\text{15}\)
- Hard work and not enough rest\(^\text{18}\)
- Alcohol and cigarettes\(^\text{15}\)
- Supernatural\(^\text{19}\)
MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:
• X-rays kill blood cells and cause patients to become tired or turn the skin yellow.\textsuperscript{15}
• Many Vietnamese patients are reluctant to have their blood drawn due to a common belief that the body has a finite amount of blood, and the withdrawal of blood causes an irreversible decrease in the body’s supply.\textsuperscript{15}

CURES/TREATMENTS THAT MAY BE USED:
• Changing or cleaning the living environment in order to avoid areas with mold or mildew.\textsuperscript{15}
• A change in the climate, such as living near the ocean.\textsuperscript{15}
• Improving personal nutrition or hygiene.\textsuperscript{15}
• Many Vietnamese believe that Western Medicine is needed to cure TB\textsuperscript{15, 18}

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:
• Using herbs and acupuncture.\textsuperscript{20,34}
• Some Vietnamese consider injectable medication as more potent than oral medications and may request injections or intravenous medications.\textsuperscript{33}
• If they experience medication side effects, rather than complain Vietnamese patients will often stop taking medication or decide the healthcare professional providing care is not good.\textsuperscript{33}
• Some Vietnamese believe that Western medicines are too strong and the dosages prescribed are excessive for Asians. As a result, some Vietnamese patients routinely decrease medication dosages on their own by cutting pills in half or taking only a portion of a treatment regimen.\textsuperscript{33}
• Western TB medications are needed only if a person is suffering from physical TB (\textit{Lao luc}). \textsuperscript{26}

USE OF TRADITIONAL HEALERS:
\textit{References to traditional healers were not found in the literature.}

\textbf{Stigma and Stigmatizing Practices Surrounding TB in this Country}

• Concerns regarding the contagiousness of TB patients may lead to the social isolation of both TB patients and their families.\textsuperscript{15}
  – TB patients may be made to eat and sleep separate from others and may only be permitted to have limited contact with family members.
• Among the Vietnamese, TB may be seen as a “dirty” disease and TB patients may be viewed as “someone you look down upon.”\textsuperscript{19}
• TB patients may fear consequences (i.e. losing the respect of others, not having friends, losing a job, deportation) if they admit to having TB symptoms or a diagnosis of TB.\textsuperscript{15, 19}
IMPORTANT TUBERCULOSIS EDUCATION POINTS:

• Three main points to discuss with the patient are the need for the right medication, adequate amounts of medication, and regular adherence.21

• Explain that medication is prescribed based upon the weight of a patient to ensure each patient receives the correct dose. Also explain the dangers associated with decreasing doses of TB medications and that smaller doses of TB medications can still cause the same side effects but without the benefits of the medication.21

• Emphasize that patients undergoing treatment for TB need to have good nutrition, rather than restrictions in their diet/foods.21

• Vietnamese people are very stoic and may try not to show pain. They may try not to disclose their feelings to medical professionals because they do not want to lose face or honor. Doctors should look for changes in facial expressions, physical movements, blood pressure, and or pulse. These physical cues may help them to identify if the patient is in pain.22

• Due to language barriers Vietnamese patients may ask their healthcare professional a lot of questions.22

• Vietnamese may not express disagreement, in an effort to avoid confrontation or to avoid seeming disrespectful. It is important that the medical provider does not assume that nodding or responding “yes” to questions means that the patient agrees or understands. It may mean that a patient is showing respect to the speaker.23

• Medical providers should ask open-ended questions that call for more than a “yes” or “no” answer to help ensure that the patient understands.23

• Have patients repeat everything back in their own words to confirm they understand the diagnosis.23

• Be sure to clarify the difference between TB and LTBI. Explain that a person with LTBI does not need to be isolated and cannot spread TB disease.23

• Explain doctor-patient confidentiality to your patient. Be sure to emphasize that what is discussed between the patient and the provider is private.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS

• High Risk Populations
  - Female sex workers: 3.2%24 and their clients.25
  - Injecting Drug Users: 18.4%24, 25
  - Men who have sex with men with HIV: 16.7%24, 25
• The number of infections due to heterosexual transmission is on the rise.\textsuperscript{26}
• Areas in Vietnam with high numbers of reported HIV infections or prevalence levels:\textsuperscript{26}
  - Ho Chi Minh City\textsuperscript{26}
  - Hai Phong\textsuperscript{26}
  - Quang Ninh\textsuperscript{26}
  - Can Tho\textsuperscript{26}
• HIV-related deaths (2009): 14,000\textsuperscript{24}
• Number of people who are estimated to need antiretroviral therapy (2009): 111,000\textsuperscript{24}
• Pregnant women, with HIV, who have received antiretroviral for preventing transmission from mother to child (2009) 29-70\%\textsuperscript{24}
• Mother to child transmission rate is estimated to be 30-40\%\textsuperscript{26}
• The first case of HIV in Vietnam was reported in 1990.\textsuperscript{27}
• The first case of AIDS was identified in Vietnam in 1993.\textsuperscript{27}
• Young people are often embarrassed by condom purchase and use. Young men believe that the use of a condom implies that they suspect that their female partner is sexually promiscuous.\textsuperscript{26}
• There are few public health services available to HIV-infected youth to provide care and testing.\textsuperscript{26}
• Drug use and the sexual behaviors of a woman’s husband are their greatest risk for HIV/AIDS.\textsuperscript{26}
• Most Vietnamese women contract HIV through their husband, who is their only sexual partner throughout their lifetime.\textsuperscript{26}
• Some children who are born HIV positive are abandoned by their parent(s) and left in the hospitals. This number is believed to be increasing.\textsuperscript{26}
• Vietnam relies heavily on foreign funding to support their HIV health initiatives.\textsuperscript{28}

\textbf{COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE}
• Morally, socially, and economically harmful behaviors.\textsuperscript{27}
• HIV is caused by intravenous drug users (IDUs) (referred to as “scags”) and prostitutes (referred to as “bar girl,” “cave,” “serving girl,” “guest catcher,” “nightwalker”).\textsuperscript{27}
  – “Indulging in play,” “acting like a vagabond” or living in a “snobbish” way are euphemisms for prostitution or drug use.\textsuperscript{27}

\textbf{COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION}
• HIV is not killed in boiling water and can live in the environment outside the body for seven days. The virus can be transmitted “easily” through the use of commonly shared household items (towels, combs, toilet basins, toothbrushes).\textsuperscript{27}
• If a person is lightly scratched/grazed/scraped with objects (i.e. razors, nail trimmers, scissors) that had previously been in contact with any amount of blood.²⁷
• Close physical contact or touching a person (hugging, holding hands, massage) who is HIV infected.²⁷
• HIV is transmitted by casual contact in ways similar to transmission of other viral or bacterial infections (including: airborne, waterborne, vector borne).²⁷
• HIV is in sweat and can be transmitted through sweat.²⁷
• Sharing drinking water.²⁷
• Cuts that result from removing a tooth.²⁷
• Hair cut, washing hair.²⁷
• Mosquito bites.²⁷
• HIV-infected blood can be transmitted by food to the stomach and can remain viable even when food is cooked.²⁷
• HIV can be transmitted through the air. When a person with AIDS dies, the microbes “fly” from his or her body; a toxic gas rises from the body of someone who has just died of AIDS. Smoke rising from the cremation of a person with AIDS can transmit HIV to people standing nearby.²⁷

**TRADITIONAL MEDICAL PRACTICES/CURES TREATMENTS THAT MAY BE USED:**

*To alleviate symptoms caused by HIV/AIDS, the following procedures may be used:*

• Dermabrasive procedures (pinching* or pulling the skin, rubbing the skin with the edge of a coin or spoon (cao gio)) may be used. The underlying aim of these procedures is to restore the hot/cold balance of the body.¹⁵
• Cupping and coining: popular ways to draw illness out of the body.²⁹
  - Coining: “Literally meaning “rubbing out the wind,” this practice is used to restore balance by releasing the excess force (wind) from the body. Ointments or mentholated oils are rubbed across the skin (usually the back, chest, or shoulders) with the edge of a coin. The firm strokes bring blood under the skin and result in mild dermabrasion. This technique is used to treat colds, sore throats, flu, sinusitis, and similar ailments.”²⁹, ³⁰
  - Cupping (giac hoi or hut hoi): involves pressing small, heated glasses against the skin to draw unwanted hot energy through the skin into the cup. This technique leaves red marks similar to large bruises.¹⁵, ²⁹, ³⁰
• Moxibustion* – superficial burns made by placing combustible material on the skin or burning incense.¹⁵
• Acupuncture¹⁵
• Massage²¹
• Herbs²¹
STIGMA AND STIGMATIZING PRACTICES:

- Fear and misperceptions about HIV transmission.  

- Family members believe that HIV is transmitted through casual contact, so HIV positive family members are discriminated within the home.  

- In Vietnam, a “social evils” public health campaign depicted death and disease to try to scare people into avoiding high risk behaviors (illegal drug use, prostitution). This public health campaign labeled HIV positive people as bad people because they were associated with the high risk behaviors. 

- Some HIV Vietnamese people have reported being discriminated in healthcare offices. They have reported being ignored, stared at disapprovingly, and treated unfriendly. Some HIV patients have even reported being verbally abused. 

- HIV positive women have reported being discriminated at the obstetrics/gynecology offices where they are only allowed to be examined in a room marked for HIV patients. 

- Some HIV patients reported social isolation from family and friends. 

- Some HIV patients report being isolated from their families. Their relatives avoid physical contact, sharing meals, sharing the same kitchen utensils or a bathroom. 

- Injecting drug users are most heavily stigmatized because people associate them as being thieves, liars, and having mental health problems. 

- Men who have sex are also heavily stigmatized due to their sexuality and their HIV infection. 

- It has been reported that relatives of someone infected with HIV/AIDS have been turned away from schools and health facilities. 

IMPORTANT HIV EDUCATION POINTS:

- Emphasize that HIV is not a social disease, nor is the disease restricted to men who have sex with men. 

- Provide specific examples when describing HIV transmission (particularly transmission through the direct exchange of blood or body fluids, and oral sex). In Vietnam the media often provides frightening, inaccurate or incomplete explanations of transmission with exposure to blood and body fluids. 

Note: Rather than challenge prevailing fears, misapprehensions, and stereotypes that fuel and exacerbate HIV-related stigma, the government-run media in Vietnam, have at times, reinforced misperceptions. 

Subsequently, almost all Vietnamese people who receive an HIV diagnosis experience, at some point, feelings of self-hatred, guilt, and shame that may be expressed as depression and despair and may lead them to withdraw from family and social life to await death. (Multiple visits for education may be necessary with clients from this country in order to address these feelings). 

Recently the Vietnamese media has made an effort to encourage the provision of care and support to people living with HIV and AIDS and their families.
CULTURAL COURTESIES TO OBSERVE:

• It is common practice for Vietnamese people to greet one another by bowing or joining hands. In larger cities, shaking hands has been adopted by men. Women do not shake hands with men or with other women.\(^{15, 22}\)

• Many will smile easily and often, regardless of the underlying emotion, so a smile cannot automatically be interpreted as happiness or agreement.\(^{15}\)

• Speaking in a loud tone with excessive hand gestures is considered rude, particularly if the person speaking is a woman.\(^{22}\)

• Many Vietnamese people have also adopted western names.\(^{22}\)

• Vietnamese people prefer to be addressed using their title e.g. Dr., Mr. or Mrs.\(^{22}\)

Is there a need to match client and provider by Gender?

- Yes  □ No  □ Information Not found/Unknown

Comments:\(^{29}\)

• Female patients may prefer to be matched with a female provider during physical examinations.\(^{29}\)
  – Health care providers, especially male clinicians, should avoid touching female clients unless absolutely necessary and only in the presence of a female friend or relative.\(^{29}\)
  – Prior to making any type of physical contact, providers should explain what they are going to do and seek permission from the patient.\(^{29}\)
  – It is also disrespectful to touch a person’s head, which is considered a sacred part of the body. Only elders are allowed to touch the head of a child.\(^{20, 29}\)
  – Before the start of a clinical examination, tell the patient of your plans and ask to make physical contact.\(^{29}\)
  – Ask female patients if they would prefer to have a female family member or friend present during an examination or consultation.\(^{29}\)

FAMILY

• Vietnamese patients will often not make health-related decisions by themselves. Instead, medical decisions are made by the eldest family member, husbands or based upon advice from family members, neighbors, or friends. Thus, it is helpful to assess who else will help the patient make a decision regarding care and treatment by asking “Is there someone else you need to talk with before you decide to do this?” or “Is there someone you would like to have join us, while we speak about this?”\(^{16}\)
CULTURAL VALUES:
• Healthcare staff should avoid sitting or standing at a level more elevated than an older person.\textsuperscript{32}

• Vietnamese rarely use touch when communicating, especially with elders, the opposite sex, and/or those of higher social status.\textsuperscript{29}

• The head is regarded as a sacred body part; therefore, it is disrespectful to touch a person's head. It is only appropriate for elders to touch the head of a child.\textsuperscript{29}

• Winking (especially at the opposite sex), using your index finger to direct someone, putting your hands in your pocket or on your hips while talking, patting a person’s back, and/or pointing to a person while in conversation may be considered inappropriate and offensive to Vietnamese people.\textsuperscript{29}

NAMES:
• Instead of the Western order of names (first, middle, last) the Vietnamese tend to list their family name first, then their middle name, their first or given name is usually stated last.\textsuperscript{32}

COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL):
• When communicating, sparing a person’s feelings is often considered more important than the truth. In an effort to avoid confrontation or disrespect, many Vietnamese will not verbalize disagreement. Instead they may avoid answering a question. Thus, a smile should not always be interpreted as happiness or agreement. A laugh is not necessarily a sign of ridicule but instead may indicate a patients’ nervousness.\textsuperscript{32}

• Patients from Vietnam may avoid making eye contact with healthcare professionals as a sign of respect. Thus, a lack of eye contact should not necessarily be interpreted as a sign of embarrassment, disagreement or a lack of interest in what is being said.\textsuperscript{32}

• Summoning a person towards you with a hand or finger in the upright position is considered extremely derogatory (to some patients, this is how an inferior person or an animal is summoned). To summon a person, the only appropriate hand signal is to move the entire hand towards the body with the fingers pointing downward or to the side.\textsuperscript{15, 32}
DIET AND NUTRITION

- Some Vietnamese consider illness the consequence of an imbalance within a person’s body of cold (dark, female) and hot (light, male) forces. Illnesses, foods, medications, and herbs are classified as hot or cold. In order to maintain good health, a person must balance the two forces.6

- Cold foods include the following:29
tea, water, rice, flour, potatoes, most fruits, vegetables, fish, duck, and plants that grow in water.

- Hot foods include the following:29
fish sauce, eggs, spices, peppers, onions, sweets, coffee, ice, and most meats.

- Western medicine is considered hot29

- Traditional herbs are considered cold29

- When ill Vietnamese patients may prefer to eat rice porridge sweetened with sugar.32

- Popular foods: The Vietnamese diet is based largely of rice, rice noodles, in beef or chicken soups, vegetables, chicken and pork. Characteristic flavors are sweet (sugar), spicy (sereno peppers), and a variety of mints.15,32

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH):

BROCHURES AND FACT SHEETS

General disease information

- Tuberculosis-Get the Facts-Vietnamese

- Tuberculosis - the facts in Vietnamese / Benh lao: Nhung dieu can biet

- TB Contact Investigations / Dieu Tra Trang Tiep Xuc Voi Benh Lao

- What is Tuberculosis? / TB la gi?

- Active TB Disease / Benh Lao Khoi Phat

Diagnostics

- Tuberculosis (TB) Blood Test (IGRA) / Xet Nghiemi Lao (TB) qua Mau (IGRA)
  http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/igra.html
• What Is Tuberculosis? Should I Be Tested? / Binh Lao La Binh Chua Tri Duoc? Toi co phai di thu xem co bi binh hay khong?
  http://www.sftbc.org/#!resources

Treatment
• Directly observed therapy (DOT) program:
  http://www2.sdcounty.ca.gov/hhsa/documents/TB-476vDOT.pdf
• Tuberculosis treatment in Vietnamese- English / Dieu tri benh Lao phoi:
• DOT Agreement: Vietnamese / Lieu phap Giam sat Truc tiep (DOT)
• Medication Information: Vietnamese / Thong tin ve thuoc
• Various materials available a the Minnesota Department of Health
  http://www2.sdcounty.ca.gov/hhsa/documents/TB-476vDOT.pdf

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH):

• What is HIV? / Nhung su viec can ban ve HIV/AIDS

*Please note that this resource list is not all inclusive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org
REFERENCES


21. Dr. Mai Hoang Anh Director Health Service HIV/AIDS and TB Center. Personal communication. 2007.


Staff–to-Staff Tips and Insights

Do you have experience working with clients who were born in this country?

Share your insights with your colleagues.

http://sntc.medicine.ufl.edu/

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