



# PRIMARY HEALTH CARE FOR ETHNIC MINORITIES AT THE MEDICAL STATION OF DONG QUAN COMMUNE, LOC BINH DISTRICT, LANG SON PROVINCE

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## ABSTRACT

Primary health care is a very important part of the country's socio-economic development strategy, a fundamental factor to improve the quality of life of individuals, families and social festivals. In periods, commune, ward and township health stations (hereinafter collectively referred to as health stations) have always been identified as the foundation for performing primary health care for the people. The frontline is close to the people, bringing many benefits in terms of health management, disease prevention, early diagnosis of health problems, primary health care and appropriate referral for people when sick [1]. However, the reality shows that primary health care for ethnic minorities in mountainous areas still faces many difficulties and limitations. This article is the result of the author's research on the status of primary health care for ethnic minorities at the health station of Dong Quan commune, Loc Binh district, Lang Son province. The study was conducted to describe the current situation of primary health care for ethnic minorities in the health station and offer some solutions from the perspective of the social work sector. The data in this article are collected from primary and secondary sources.

## KEYWORDS

*Health care, primary health care, health stations, ethnic minorities.*



## 1. INTRODUCTION

Given the rapidly changing social situation in terms of disease patterns, population, socio-economic status, primary health care is the key to a comprehensive health policy. Determining the importance and significance of primary health care, over the years, Vietnam has set forth many policies and programs aimed at universal health coverage, and especially for the poor and people. ethnic minorities, people living in deep-lying, remote and extremely difficult areas. Commune/ward level health stations in Vietnam have been continuously strengthened over the years and met about 70% of people's health care needs at the grassroots level, which is the first place people can access. when sick. The mission of the health station is to provide technical services for primary health care, early detection and disease prevention, contributing to reducing morbidity and mortality rates, and preventing diseases that may occur. , equipping people with some knowledge about health care, creating conditions for people to easily access medical services. Primary health care is recognized by the World Health Organization (WHO) as the most effective and cost-effective way of care that is appropriate to the conditions of the community when participating.

Dong Quan commune, Loc Binh district, Lang Son province is a mountainous commune with difficult socio-economic conditions, home to the majority of ethnic minorities including Tay, Nung, Dao, and San Chi. Primary health care for ethnic minorities at the health station still faces many difficulties and inadequacies. Deriving from the practice of Dong Quan commune, the author has conducted research (from October 2019 to October 2020) to clarify 3 issues: Actual situation of primary health care for ethnic minorities of the medical station; Evaluate the effectiveness of this work; Discuss the role and solutions of social work to improve the efficiency of primary health care activities of the network of health stations.

## 2. RESEARCH OVERVIEW

### 2.1. Overview of the study area

Dong Quan is zone II commune, located in the southeast of Loc Binh district, Lang Son province, 15km from the district center with a total natural area of 5,717 ha; 05 ethnic groups are living together (Tay, Nung, San Chi, Kinh, Dao); There are 4,802 people and 1,097 households distributed in 14 villages, 2 of which are disadvantaged areas. The topography of Dong Quan commune is mainly in the form of alternating hills and mountains, surrounded by many large and small mountains interspersed with fields and a river. Two villages are separated by many high mountains, people find it very difficult to travel, that is Na Lau and Na Ach. The traffic network is not complete, the main road of the commune is a dirt road, not yet open to traffic. During the rainy season, many sections of the road are flooded and seriously eroded, causing obstacles to people when participating in traffic. This affects the health examination process of people at the health station. The climate here is the humid subtropical climate of the North of Vietnam, the weather is harsh, there are many Rocky Mountains, the heat and cold are very erratic, easily creating conditions for diseases to occur. The subjects most susceptible to the disease when the weather changes seasons are the elderly and young children. Therefore, primary health care for people is extremely important, towards prevention rather than cure, reducing the impact on human health. People's living standards are still low, most people do not have stable jobs, mainly agricultural production and hired work, life is difficult.

Dong Quan Commune Health Station currently has 3 clinics with a total of 6 beds for patients, 1 room for medicines, 2 working rooms for doctors and nurses. Facilities are still limited, the space is narrow, and it has not been repaired or expanded. The station has 06 staff, including 01 doctors; 03

Doctors (01 obstetrician-pediatrician, 01 general practitioners, 01 preventive physicians); 01 bachelors of midwifery; 01 staff of Population - Family Planning, village nurse in 14/14 villages.

## 2.2. Research literature review

When it comes to primary health care, there are many domestic researchers interested, but they mainly focus on some research on primary health care for the people or population groups. particularly, such as: "The current state of primary health care for offshore fishing fishermen in Lap Le commune, Thuy Nguyen district, Hai Phong city" by Bui Thi Thuy Hai, Bui Thi Ha (2006); There are also many articles on primary health care in each specific content published in specialized journals. The studies mainly focused on clarifying the definitions, concepts and recommendations on the status of primary health care for people across the country, the goals of primary and special health care work. Especially proposing solutions to support primary health care for people from the perspective of health and medical sociology, no research has been conducted from the perspective of the industry society.

Regarding health stations, our State has promulgated many policies such as consolidating and perfecting the grassroots health network, national standards for commune health in the 2001-2010 period, and a set of national criteria for primary health care. commune in the period 2011-2020 [2], [3]... these policies have made great contributions to improving the network of health stations at commune, ward and township levels. Despite such attention and improvement, people's use of services provided by health stations still has many shortcomings. Several studies on the use of health stations have been carried out, showing that the proportion of people using services at health stations is still inadequate and tends to decrease [4], [5], [6]. Some other works focus on research on the capacity of grassroots health management organizations or focus on the village health network, examining the effectiveness of activities that village health workers are carrying out.

To date, there have been no studies evaluating primary health care for ethnic minority people in Dong Quan commune, Loc Binh district, Lang Son province. It is these research directions on primary health care and health stations that are the basis for the author's research. The new point in the author's research is to focus on describing and evaluating how primary health care for ethnic minorities is implemented in the study area, thereby building social solutions. society to improve the effectiveness of this work from the perspective of the social work sector.

## 3. RESULTS AND DISCUSSION

### 3.1. Status of primary health care for ethnic minorities in Dong Quan commune, Loc Binh district, Lang Son province

#### 3.1.1. Health education

Health education for ethnic minorities of Dong Quan commune health station in recent years has been implemented with many programs aimed at all people in the community: "The health station has cooperated with The school propagates and talks directly about prevention of dengue fever and tuberculosis for junior high school students. Communication work is integrated with departments, mass organizations and village health workers to propagate to the people about the harmful effects and ways to self-prevent risks, especially dangerous diseases such as Zika virus, Dengue fever, hand - foot - mouth, chickenpox, coronavirus,..". (In-depth interview, VTS, Head of Dong Quan Commune Health Station).

However, the fact that people are still vague about the information in the health education program still exists: "I was able to listen to a propaganda session organized by health workers in my village about the harms and ways to self-prevent health risks, especially for diseases such as Dengue

fever, hand - foot - mouth. After that program, I was equipped with knowledge on how to prevent dengue, hand - foot - mouth disease, but I am still not very clear about the causes of that disease" (In-depth interview, V.V.D, male, 54 years old). This shows that the effectiveness of health education communication is not high; health stations need solutions to further improve the effectiveness of health education so that 100% of the people are equipped with knowledge about fully understanding the health issues. Content in the program.

### 3.1.2. Nutrition

With this content, Dong Quan commune health station has had many activities aimed at improving nutritional conditions and reasonable meals for people, using locally available food and food sources, helping people know how to organize reasonable meals, promote the prevention and fight against malnutrition in children.

In 2019 and the first 6 months of 2020, *"The health station has organized 7 campaigns for people to mobilize people to use locally available food and food sources. With the direct exchange combined with the use of videos and images describing the essential nutrients found in dairy foods, the program has brought practical effects, helping people know how to build muscle. Meal structure, balance the necessary nutritional components. And in my opinion, children are the most often malnourished subjects, typically in my commune, there are quite a few children who are stunted and retarded"* (In-depth interview, Dong Quan commune health worker, female, 39 years old).

Through actual research, the situation of malnourished children in the area is still high, people's awareness of the issue of ensuring nutrition for children and family members is not adequate, especially when taking care of children. care for the sick. Nearly 30% of people are not aware of the correct meal structure and nutritional conditions necessary to ensure health.

### 3.1.3. Environment - clean water

One of the important contents of primary health care is to provide clean water and ensure environmental sanitation. Dong Quan Commune Health Station has implemented programs to raise people's awareness of environmental issues, clean water, assess the environmental situation, thereby developing programs to offer solutions to overcome problems: *"The health station launched the movement "green – clean environment week" every October, clearing inter-village and inter-commune roads, dredging irrigation system"* (In-depth interview, staff Dong Quan commune health station, VTS, female, 39 years old).

However, according to people's assessment, the situation of environmental pollution from the indiscriminate grazing of livestock by households has been and is at risk of greatly affecting the domestic water source and the health of the people. citizen. The survey also shows that the percentage of people using domestic water from wells is the main (80%) and the percentage of households that do not build livestock and poultry barns or work under the stilts still accounts for a relatively high percentage (58%). Facing the above situation, the measures of the health station in the management of clean water have not been seen as well as the forms of warning people when grazing indiscriminately.

### 3.1.4. Maternal and child health - family planning

Maternal and child health care, family planning activities of the health station are always concerned and implemented. "The station has performed well in taking care of reproductive health for mothers during pregnancy and childbirth, specifically: 84% of pregnant women are examined 3

times in 3 trimesters of pregnancy. The health station provides free condoms and birth control pills to poor and near-poor households monthly and implements IUD insertion for mothers in need. With the above programs, the health of mothers and children has been ensured." (In-depth interview, staff of Dongguan Health Station, H.T.P, female, 41 years old). Thus, for maternal-child health, family planning, initially the health station has promoted reproductive health care for mothers from pregnancy to childbirth, popularized to the people some basic contraceptive methods. However, besides the achieved aspects, the percentage of ethnic minority women who choose to give birth at home is still high (40%), due to many factors. Therefore, health stations need to have effective awareness programs to help ethnic minorities' access modern medicine in childbirth and child-rearing.

### **3.1.5. Expanded Immunization**

Expanded vaccination work of Dongguan commune health station for ethnic minority children is carried out with many activities, closely following the national expanded vaccination program: "Expanded immunization is maintained regularly. On the 5th of every month. Children under 1-year-old are fully vaccinated with 7 types of vaccines, Japanese encephalitis, measles Rubella for children, tetanus vaccine for pregnant women with the second dose or more. In addition, the station also communicated directly about the benefits of expanded vaccination to the people with 6 calls with 415 listeners. A large number of people responded and took it quite seriously." (In-depth interview, staff of Dong Quan Commune Health Station, H.T.P, female, 41 years old).

Dissemination programs to disseminate knowledge of grassroots health workers on expanded immunization to the people have brought many practical effects according to the assessment of health station staff. However, the rate is unknown. The expanded immunization program is also relatively high (38%). Given this situation, local health workers need to pay more attention to improving people's understanding of vaccination programs, contributing to preventing and reversing some diseases that may occur in the community copper. Communication forms need to be innovated and invested under the culture of the community.

### **3.1.6. Local disease prevention**

In the process of implementing this activity, the health station needs to use various types of mass media to educate people about disease vectors such as harmful food, water sources, etc. knowledge to help people know how to prevent disease. The health station said that it has proposed and implemented many solutions to help ethnic minorities understand several disease prevention methods: "Epidemic prevention is monitored and monitored regularly. Our health station implements a project to prevent some common infectious and non-communicable diseases such as leprosy, tuberculosis, malaria, diabetes. Communication and counseling for pregnant women to take voluntary HIV testing and understand the importance of using iron tablets. Regular propaganda for households to use iodized salt in their daily meals. For children aged 6-36 months who are given Vitamin A (100%), the station cooperates with the school to deworm primary students twice a year, 100% of students are dewormed (In-depth interview, staff of Dongguan Health Station, V.T.S, female, 39 years old).

However, there is still the idea of worshipping and exorcising evil spirits in a part of ethnic minorities. They believe that human diseases partly depend on the gods. When someone in the house is sick or sick, they will invite the magicians and then women in the area to come back to perform the healing ceremony. Or they go to see fortune-telling, draw hexagrams when they are told by shamans



that there are bad omens in the house, then they will immediately go to see the day to choose a good day to conduct worship, prevent evil, exorcism with the concept that doing so this will prevent negative consequences for family members. This shows that the health station needs a solution to help ethnic minority people remove this thought and approach modern medicine in disease prevention and treatment.

### 3.1.7. Treatment of common illnesses and injuries

The treatment of common diseases and injuries of the health station is done quite well and meets the needs of the people: "In my opinion, the medical examination and treatment work of the medical facilities has been done quite well. Programs of medical examination and treatment for people are always carried out regularly. Every week, people come to the doctor an average of 14 times/week. There are both inpatients and outpatients, but the number of outpatients is higher. In general, the health station has met the needs of people for medical examination and treatment and is trusted by the people" (In-depth interview, health worker, V.T.S, female, 39 years old).

However, through the survey results with ethnic minorities in the area, there is still a relatively high percentage of ethnic minority people who do not choose to use this type of service but tend to other methods of disease treatment (only 28 % selection of treatment methods at health stations).

<b>Services/Methods of healing</b>	<b>Ratio (%)</b>
Worship	36%
Invite the shaman	2%
Cure diseases with folk remedies	18%
Go to the medical station	28%
Go to the hospital	10%
Buy medicine without a doctor's prescription	6%

*Source: Survey 2020*

Therefore, the treatment of diseases and common injuries of the health station should be paid more attention, to help people get an initial diagnosis of their health situation and promptly handle any unexpected injuries suspect or advise on effective treatment and referral to meet the needs of the patient.

### 3.1.8. Essential medicine

Health stations need to be fully supplied with drugs for the prevention and treatment of common diseases for people, with priority given to remote and mountainous areas with difficulties, on-site supply of essential drugs, ensuring making sure people get regular medical treatment helps them reduce costs when they have to go far away for medical care. In Dong Quan commune, "the program of providing and distributing insurance drugs is strictly managed and dispensed. The health station does not have expired drugs, poor quality drugs, and adequate and timely monthly drug inventory. Each person's health insurance card will be issued and given free medicine once a month depending on the type of disease and always meet the people's need for medicine" (In-depth interview, medical staff) economic, VTS, female, 39 years old). The situation of drug management and dispensing of grassroots health facilities is assessed as being strictly implemented, ensuring the quantity and quality required for people in the process of medical examination and treatment at medical establishments.

### 3.1.9. Health Management

Health management is an important and long-term goal of the healthcare industry. In connection with that goal, our State has created conditions for everyone to buy health insurance and distributed it to policy beneficiaries and the poor to get free health insurance cards. The issue of health insurance cards to people is highly appreciated to help people reduce costs during treatment. Dong Quan commune is a mountainous area, difficult, densely populated with ethnic minorities, they enjoy the priority policy of health insurance (92%). This is a priority that brings enormous benefits to the people.

The health management of the medical station in Dong Quan commune has been carried out with several activities that bring benefits to the people: "Regarding the use of health insurance, the station has instructions for people. On card usage procedures and benefits from card use" (In-depth interview, health worker, VTS, female, 39 years old).

Thus, the health management of the health station is always closely implemented to contribute to meeting the needs of the people.

### 3.1.10. Building and strengthening the network of medical stations

Strengthening the network of health stations is both content and a measure to improve the efficiency of primary health care. According to the staff of the Dong Quan commune health station: *"The medical equipment system at the health station has met the medical examination and treatment activities for the people. Regarding the effectiveness of primary health care, I think the most important thing is the qualifications and capacity of the medical team and doctors in performing professional techniques and the ability to transmit information to the people. When health workers have ensured these two factors, the effectiveness of primary health care will be enhanced"* (In-depth interview, staff of Dong Quan Commune Health Station, VTS, female, 39 years old).

However, the construction and strengthening of the network of health stations in Dong Quan commune still face many difficulties in terms of human resources, financial resources and other synchronous solutions to improve the quality of medical examination and treatment and treatment, social health care.

## 3.2. Several factors affecting primary health care for ethnic minorities at grassroots health care in Dong Quan commune, Loc Binh district, Lang Son province

The team of doctors and medical staff is thin (out of a total of 6 staff, only 01 doctors is left as a nurse in charge of each specialty and an additional team of village health workers to support), and With that, the capacity and professional qualifications of the medical staff at health stations are still limited.

Lack of social workers at health stations: On November 26, 2015, the Ministry of Health also issued Circular No. 43/2015/TT-BYT stipulating tasks and forms of implementation. social work in the medical field. However, up to this point, the new model of social workrooms/teams has been established and put into operation in hospitals at the provincial level and above, the network of health stations has no medical social workers while The participation of this team is extremely necessary for taking care of people's health, helping to solve community health problems. The shortage of medical social workers at health stations is a significant factor affecting the quality of primary health care for ethnic minorities.

The physical facilities of Dong Quan commune health station have been built for a long time, some tools and equipment are old and broken but have not been able to repair and add new modern equipment. The number of hospital beds is also small compared to the needs of the people for medical examination and treatment, and in some cases, they still have to lie in bed during the treatment process. The station house, the function rooms are incomplete and not according to the standard design, the fence is not closed, there is no gate and the name of the station plate.

Geographical conditions, difficult traffic, uneven population distribution, economic conditions, culture, customs and habits, language, the awareness level of the people,... are barriers. significant impact on the primary health care of the health station.

Thus, primary health care for ethnic minorities in Dong Quan commune, Loc Binh district, Lang Son province is influenced by many factors leading to low efficiency. To improve the effectiveness of this work, it is necessary to carry out synchronously many different socio-medical solutions.

#### 4. CONCLUSIONS AND RECOMMENDATIONS

Through research and evaluation, the author found that the primary health care work of Dong Quan commune health station is still limited. Being aware of the above issues, as a modern and professional science, social work will bring many methods, solutions and specific intervention models to support the improvement of human health. Effectiveness of primary health care for ethnic minorities of the health station. The proposed solutions from the perspective of social work are built on the knowledge and skills of social workers in the medical field. On that basis, the author has proposed the following oriented solution:

Health social workers collaborate with grassroots health workers to develop, strengthen and implement intensive or extensive health education programs on health issues in the community through an educational role, the role of promoting health care activities of medical social workers, with specific activities, including:

(i) Organize health education talks on each topic:

(ii) Implement health counseling education program in the community: Activities to help subjects understand their problems, provide information, discuss to help them choose solutions and make appropriate decisions. A special feature in health counseling is to help the subject choose a way to solve the problem, not to force action according to the counselor's opinion. This is an appropriate measure to help the subject understand sensitive health issues (eg reproductive health).

(iii) Health education group discussion: This is a direct health education method in small groups, including people with the same health problems or related to health problems that need to be addressed. Through the group, discussion to achieve desired health goals.

(iv) Health education communication in the household: This is a model of direct health education communication for family members at home. This form has many advantages such as: Building a good relationship with the family; Subjects are easily receptive at home, with few interference factors; At home, subjects will easily share and express opinions; Directly observing health-related factors; Can immediately solve some health-related problems; Offer family counseling.

(v) Implement the model of "Active learning" to promote disease prevention in the locality: Identify and visit typical households; Building model households; Active case learning (Instructing typical households on how to share and instructing information to other households; Organize themed active case studies in typical households); Sharing experiences and learning from each other; Monitor and evaluate support.



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