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Gender gaps, gender traps: sexual identity and vulnerability to sexually transmitted diseases among women in Vietnam

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Abstract

We conducted a qualitative study to explore the pathways by which traditional gender roles may ultimately affect Vietnamese women's interpretation of sexually transmitted disease (STD) symptoms and health-seeking strategies. Data on gender roles, perceptions of types of sexual relationships, perceptions of persons with STDs, and STD patient experiences were gathered through in-depth interviews and focus groups with 18 men and 18 women in the general population of northern Vietnam. A framework integrating Andersen's behavioral model of health services use and Zurayk's multi-layered model was used to conceptualize women's health-seeking behavior for STD symptoms. Both men and women noted clear gender differences in sexual roles and expectations. According to participants, a woman's primary roles in northern Vietnam are socially constructed as that of a wife and mother—and in these roles, she is expected to behave in a faithful and obedient manner vis à vis her husband. It emerged that men's marital and sexual roles are less clearly defined by traditional norms and are more permissive in their tolerance of premarital and extramarital sex. For women, however, these activities are socially condemned. Finally, since STDs are associated with sexual promiscuity, both men and women expressed anxiety about telling their partners about an STD; women's expressions were characterized more by fear of social and physical consequences, whereas men expressed embarrassment. Community level interventions that work towards disassociating STDs from traditional social norms may enable Vietnamese women to report possible STD symptoms and promote diagnosis and care for STDs. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Sexually transmitted diseases; Vietnam; Women; Gender norms; Health-seeking behavior

Background

Sexually transmitted diseases (STDs) are a major health problem affecting the lives of women in the developing world. Over 200 million STDs occur every year among women in developing countries (Aral, 1992) and they are the second leading cause of healthy life lost in women aged 15–45 (World Bank, 1993). Among

women, the biological and social sequelae of STDs are particularly profound. Long-term biological consequences include infertility, ectopic pregnancy, reproductive tract cancer, and adverse pregnancy outcomes (Temmerman, 1994). In addition to the associated morbidity and mortality, STDs are important cofactors for HIV transmission (Wasserheit, 1992). Studies have suggested that STD control may decrease the incidence of HIV (Grosskurth et al., 1995; Cohen, Hoffman, & Royce, 1997). On a social level, STD symptoms are often seen as “unclean” and women with STDs may be stigmatized. Furthermore, in many developing

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countries, a woman's identity is linked to her status as a mother, and infertility may be grounds for divorce (Dixon-Mueller & Wasserheit, 1991). Since early and appropriate STD treatment can shorten the duration of infectiousness and prevent transmission, improving acceptability and quality of STD services could be important components of STD and HIV control that address both the biological and social impact of these illnesses.

In resource-poor settings where diagnostic tests are prohibitively expensive, the World Health Organization (WHO) recommends syndromic-management guidelines for treating symptomatic patients at primary health-care services (WHO, 1993). Despite worldwide acknowledgement that STD control is a worthwhile target (World Bank, 1993; Over & Piot, 1996), few studies have examined the socio-cultural barriers to implementing the WHO's recommendation. In societies with traditional gender norms and relatively low status of women, STDs may be more stigmatizing and women may be less able to approach primary health care services for potential STD symptoms. Programs that encourage women to seek care for possible STD symptoms in a community must recognize the socio-cultural context of STDs.

We examined the influence of social norms on women's perceptions of STDs in Vietnam. While most cultures use social norms to guide behaviors, social norms in Vietnam are particularly powerful (Gammeltoft, 1999; Pham Van Bich, 1997; Jamieson, 1993). Confucian social formulas and moral strictures are central to the society, which stresses the cultivation of virtuous conduct. The individual is subordinated for the good of the community. Socially, this is expressed in five relationships (*ngu luan*): ruler–subject, father–son, husband–wife, elder brother–younger brother, and friend–friend (Marr, 1981). Only the friend–friend relationship held possibilities of egalitarian dynamics; the others were inherently unequal. In daily life, strong social norms guide interactions, which ultimately serve to preserve this system. Traditionally, women were subordinate to men in every stage of life: daughters to their fathers, wives to their husbands and in widowhood, to their sons. Women's identity was centered on their roles as wives and mothers.

As Marr (1981) states, "Foremost was the principle of chastity (*trinh*), not only the defense of virginity before marriage but also absolute faithfulness towards one's husband, dead or alive, and a purity of spirit that was meant to transcend worldly desires" (p. 192).

Since independence in 1945, the socialist transformation of Vietnamese society has emphasized women's equal capacity to participate in social and political life (Johansson, Nga, Huy, Dat, & Holmgren, 1998).

However, as Gammeltoft (1999) points out, while government policies have attempted to increase equality between women and men, they have simultaneously perpetuated traditional gender roles. The government considers women's traditional roles as mother and wife critical to the nation's social and political stability (Gammeltoft, 1999). Two Government slogans often promote traditional Confucian female characteristics: Chastity, hard work and proper behavior. A 1977 government leaflet stated: "The Party still appreciates the beautiful and good characteristics of women: women are hard working, industrious, creative, courageous, loyal, and altruistic" (Gammeltoft, 1999).

Most recently, the Vietnamese government has liberalized national economic policies to stimulate the national economy. Since 1988, the policies, collectively referred to as *Doi Moi*, have increased the per capita GNP and strengthened Vietnam's position as a global economic player (Chen & Hiebert, 1994). However, these gains may come at the expense of women's social, economic, and health status (Beresford, 1994; Allen, 1990; Fong, 1994). For example, the 1988 land reforms dismantled cooperatively managed farmland into family plots and shifted the power of land ownership toward men; only the male is named on the governmental "Land Use Right Certificate" and the woman's rights to land in case of widowhood or divorce have become limited (Gammeltoft, 1999). The *Doi Moi* policy also has an impact on women's daily work life, as men increasingly move into non-agricultural work and women are left with a double agricultural and domestic work load (Beresford, 1994). Although it is difficult to draw a causal link between economic reforms and women's workloads, several studies have noted that women work longer hours since the economic reforms (Allen, 1990; Beresford, 1994). Finally, the economic reforms of *Doi Moi* have resulted in a shrinking public health sector and increased reliance on private doctors to deliver health services. This has made high quality health services less accessible to the poor (Ensor & San, 1996) and may affect the health-seeking behavior of women affected by socially stigmatized infections such as STDs.

Against this contextual backdrop, gender definitions that guide normative interpretations of STDs have particular social meanings for Vietnamese women. These meanings and definitions influence the recognition of symptoms and their introduction into the clinical arena by women.

Perceived morbidity and health-seeking behavior for STDs

A woman's willingness to acknowledge an STD symptom depends, in part, on the social acceptance of STDs in her family and community (Kleinman, 1980).

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