



Aufnahme: Niki Hong-Ngoc Thi Pham 2004

One of the most favorite past-times for young couples in Hanoi: The borders of West Lake

Vietnam's urban sex culture: Is it fueling the HIV/AIDS epidemic?

Niki Hong-Ngoc Thi Pham

Vietnamese culture is deep-rooted with Confucian ideals of female chastity before marriage. “*Eating rice before the bell,*” as the Vietnamese call sex before marriage, was virtually nonexistent and prohibited. It was reserved only for marriage and family. However, it is clear that times have changed since the infiltration of foreigners during the French colonialism and American War and especially since the *Doi Moi* (renovation) era. In a very short span of time, Vietnam experienced an influx of Western modernization: rising social and economic development and a major inflow of mass communication are among a few of the changes. With nearly one-third of its population between 10 and 24 years old (CHUNG 2001), Vietnam's youth experienced the most impact of globalization, including changes in fundamental attitudes and behavior (see, for example, NHAN and HANG 1996; Belanger and HONG 1998 and 1999). Young people are no longer confined

to strict cultural traditions passed down from their parents and now have more opportunity to explore new concepts of relationships and sex. As a result, premarital sex is said to be increasing based on the high rate of abortion (20% of all abortions in unmarried women, HA 2004) and HIV/AIDS infection (79.3%

Behaviour	Yes	No
Abstinence	24	76
Masturbation	7	93
Oral sex	6	94
Anal sex	4	96
Sex with correct condom use	82	18
Sex with only 1 partner	67	33
Don't know	7	93
Other method	3	97

Table 1. Percentage of students defining which behavior is considered safe sex

were under 30 years of age, 59.4% were 20-29, The Labourer, 2004) among young people in Vietnam (HONG 1998, HOANG, et al. 2002, MENSCH, et al. 2003). Although the current available data are mainly indirect evidence of increasing premarital sexual activity, it is plausible to presume that premarital sex is occur-

ring and thus poses a potential risk of increasing unsafe sex practices, which leads to increasing rates of HIV/AIDS infection as well as sexually transmitted infections (STIs) and unplanned pregnancies. Presently, the HIV/AIDS epidemic in Vietnam is still prevalent in vulnerable populations, mainly injecting drug users (64.7%, CHUNG 2001). However, evidence show the current trend of the epidemic is an increased tendency of to spread the general population such as youth, women, and through sexual transmission (CHUNG 2001). For this reason, the need to prevent the HIV/AIDS epidemic from penetrating the general population concerns the sexual health attitudes of youth and promoting safe sex practices early on.

Influence of cultural values

Vietnamese youth face conflicting messages between culturally unsanctioned premarital sex and the social impact of globalization and the HIV/AIDS epi-

Source of information	Yes	No
Parents	29	71
Doctor(s)	12	88
Friends/peers	54	46
Books, magazines, and/or newspapers	89	11
Internet	37	63
Television/Radio	66	34
Information/counseling hotlines	6	94
Secondary school	27	63
University	19	81
Other source	9	91
No source/information	4	96

Table 2. Percentage of students reporting their source of information about sex

dem. This raises concern in developing appropriately responsive adolescent reproductive health and HIV/AIDS prevention programs. Youth today are under social pressure brought by economic changes after *Doi Moi* whilst still bound by traditional regulations (HOANG 2002). This gap between Vietnamese cultural values and the modern values of *Doi Moi* create confusion and vulnerability in developing healthy attitudes and practicing safe sex in sexual relationships. The question is: how strong is the influence of traditional Vietnamese culture and values on urban youth and how does it affect them today living in an open and rapidly changing economy as they make choices in their sexual relationships? To attempt to understand if and how the Vietnamese culture influence young people's sexual lives, a research project sponsored by the U.S. Fulbright Scholarship Program was conducted from 2003-2004 to assess the knowledge, attitudes, and practices of urban Vietnamese youth concerning safe sex and HIV/AIDS. The objective of the research is to try to identify cultural and social values youth have today that may be fueling the HIV/AIDS epidemic among urban youth via unsafe sex practices.

Research design

A questionnaire was developed in collaboration with the Center for Women's Studies at Vietnam National University, Hanoi. It was distributed in September 2003 to 400 students at Vietnam National University and its partner colleges. Students ranged from first year to fourth year (17-26 years) in University, but over half of the students surveyed were 21-22 years. They were ques-

tioned about premarital sex, relationships, family, safe sex and contraceptive methods, and HIV/AIDS. University students in Hanoi were selected both for their higher education level and urban environment. Sensitivity and privacy issues were considered in the distribution and collection

of questionnaires to collect the most possible accurate data. Students were allowed and encouraged to answer the questionnaires at home or in private and to return the questionnaires in a sealed envelope in an enclosed container or to the teacher or researcher. Questionnaires were anonymous and voluntary.

Level of knowledge	
Have complete knowledge	11
Have knowledge but not enough	62
Have little knowledge	24
Don't have any knowledge	3

Table 3. Percentage of students self-evaluating their level of knowledge about sexual health/safe sex

Attitudes of urban youth

An important indicator of changing attitudes of sexuality is the definition of premarital sex. The Vietnamese often refer to "having sexual relations" as "*quan he tinh duc*," which can range anywhere from holding hands to intercourse. The Vietnamese prefer to use the respectable and gentler phrase, "*quan he tinh duc*" versus a more direct term that means intercourse, "*giao hop*" because it is still taboo to talk openly about sex. To evaluate how youth currently define "*quan he tinh duc*," students were asked, "what is considered sex?" Between 14-22% of students perceive groping, kissing, and hugging as "having sexual relations." Most interestingly, 18% answered that intercourse does not constitute "having sexual relations." This means young people are beginning to be more comfortable with using direct terms of sexual intercourse instead of the traditional roundabout terms implying sexual intercourse.

When asked about acceptable behaviors before marriage, 79% of students surveyed feel that sexual

intercourse is not acceptable before marriage. Other behaviors including holding hands, groping, kissing, and hugging are acceptable before marriage by the majority of the students (77%-98%). From a gender appropriate perspective, 38% of students think it is "bad" for females to have premarital sex and 24% for males to have premarital sex. In addition, 72% of students feel that Vietnamese tradition and culture influence premarital sex attitudes and practices in a "restrictive" manner and 80% of students say their parents would strongly disapprove if they knew they had premarital sex. Based on these results, young people are beginning to be less judgmental and accepting of premarital sex, but Vietnamese culture still appears to have a strong influence on their attitudes about premarital sex. It is still generally perceived that premarital sex is inappropriate and there is a double standard for females.

Knowledge level about HIV/AIDS

A major determinant of assessing risk of HIV infection is level of knowledge of HIV transmission and prevention. When asked how HIV is transmitted, 94% of students correctly answered that it is transmitted through blood, semen, and vaginal fluids. However, only 49% of students knew that HIV cannot be transmitted through saliva, urine, tears, or sweat. In terms of knowing the benefits of condom use, results showed that 78% and 70% of students know that condoms are used to prevent HIV/STI transmission and unplanned pregnancies, respectively. Table 1 shows the knowledge level concerning which behaviors they perceive are safe or not. According to the students surveyed, the majority of students know correct condom use is a safe sex method. In summary, students do know basic modes of HIV transmis-

Level of concern	
Concerned	35
A little concerned	48
Not concerned	3
Don't know	14

Table 4. Percentage of students expressing their level of concern for preventing HIV/STIs if they would have sex

sion and prevention methods but it is not yet comprehensive. One of the possible reasons for this is that 89% of the students reported their source of information about sex were from books, magazines, and/or newspapers (Table 2). This shows their source of information is providing basic knowledge about sex and sexual health issues, but it may not be complete or clear. Thus, this may cause misunderstanding or misinformation about sexual health issues, most importantly about safe sex practices. Students were also asked to self-evaluate their level of knowledge about sexual health. Most students felt they don't have enough, little, or no knowledge and only 11% felt they had complete knowledge (Table 3). Although the majority of students felt they didn't have enough knowledge about sexual health issues, very few of them expressed they were concerned about the issue. Table 4 shows only 35% of students were concerned about preventing HIV/STIs if they were to have sex. In addition, only 52% of the students feel that condoms should be carried when intending to have sexual intercourse. This indicates that knowledge of condom use does not guarantee actual condom use. However, 15% responded that males (9% for females) should carry condoms with them at all times. This can be interpreted as an influence of Western education about always carrying a condom to be safe and

a step away from the cultural and social stigma of carrying a condom.

Premarital sex and safe sex

It is difficult to be certain that young people are having more premarital sex, but this is not the underlying concern. The issue is if they are having premarital sex, it is critical they are practicing safe sex. Students were asked about their current relationship status at the time of the research. Almost half (45%) of the students responded they never had a boyfriend/girlfriend before and 20% reported they did but not at the present time. When asked if they have ever had sexual intercourse, only 5% reported they had (Table 5). The age range reported having

Status of premarital sexual activity	
Yes	6
No	92
Don't know	2

Table 5. Percentage of students report having had premarital sexual intercourse

premarital sex for the first time was 14 - 25 years, but the majority were between 19-22 years. Of those reported having had sexual intercourse, 62% reported condom use. Table 6 shows the distribution of contraceptive methods used by students who reported having had premarital sexual intercourse. Among the younger population, it is common to use natural methods of contraception, such as withdrawal, rhythm, or no method at all. In comparison to other coun-

tries, Thailand's reported condom use is less than 30% and Japan's is less than 60% among young people (SCHUETTLER 2003). It seems to be that Vietnam's youth are fairly comparable in condom use, if not better than some of its Asian counterparts.

What is fueling the HIV/AIDS epidemic?

In a country where HIV prevalence is mainly among injecting drug users but clearly spreading through heterosexual transmission (mainly in the South) to the younger population, the concern for understanding what is fueling the increasing infection rates is critical (CHUNG 2001). The data presented here suggest that young people are still strongly influenced by cultural values and social stigma, therefore still not commonly practicing premarital sex. Although the data is not fully representative of all youth in Vietnam, it is important to note that 82% of the students came from the rural areas and moved to the city to study (which is similar to the distribution of the population). This may explain the bias for the study sample to still possess strong cultural values. However, a strong rural background balanced with a taste of urban culture and higher education may possibly better represent a mixture of extreme rural versus urban youth as well as more representative of the migration trend of Vietnamese youth. In addition,



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Romantic Times for Young Vietnamese, Quay at Saigon River, Ho Chi Minh City



Aufnahme: Niki Hong-Ngoc Thi Pham 2004

A change from the motorbikes to the swanboats on West Lake, Hanoi

one can speculate that rural youth may be more culturally influenced and less educated, thus less inclined to practice safe sex if they have premarital sex. Other research report that Vietnam's youth are not engaging in premarital sex earlier or significantly more than other Southeast Asian countries (MENSCH, et al 2003). Parents still disapprove of premarital sex and the double standard still exists. At the same time, more and more younger people are starting to feel that having

Contraceptive method	Yes	No
Oral contraceptive pills	14	86
Condom	62	38
Intrauterine device (IUD)	-	100
Sterilization	-	100
Withdrawal	14	86
Menstrual rhythm	14	86
No method	29	71

Table 6. Percentage of students using contraceptive methods who report having had premarital sexual intercourse

sex before marriage is normal (see also HOANG, et al 2002, HONG and NGA 1997, BELANGER and HONG 1996). The results also suggest younger people have a basic level of knowledge about HIV/AIDS transmission risk and safe sex methods. Practice of condom use is higher than natural methods and condom social acceptance appears higher. If attitude is still strongly traditional and integrated with a relatively high level of knowledge and practice of safe sex, then what are other factors or barriers that are still causing rising HIV infections among

young people? One of the possible explanations may be the uncontrollable flood of mass media communication in Vietnam around HIV/AIDS issues and "social evils." Too much information or inaccurate information may be overwhelming and leading to increasing misinformation, confusion, and stigmatism. Young people may feel invincible against the epidemic and think it only happens to those who inject drugs or buy or sell sex. Young people feel condoms show a lack of trust and girls need to give "everything" to prove their love (EFROYMSON, et al.). Condom social marketing may also be failing in its effectiveness and message. Recently, Vietnam banned television and radio from airing advertisements for condoms and other products at dinner-time, saying they were unsuitable to "Vietnamese psychology and traditional customs" (SCHUETTLER 2003). What appears to be fueling the epidemic is a combination of existing cultural and gender influences, modern social pressure around sexuality, increasing mass media communication, stigmatisation of the HIV/AIDS epidemic, and a rapidly changing society. Consequently, all these factors together weave a complex barrier for youth to have strong healthy sexual attitudes and practices. Although HIV prevalence among youth in Vietnam is still relatively

low compare to Thailand, Myanmar, and Cambodia (CHUNG 2001), it is apparent that more comprehensive education and a general social acceptance about premarital sex is needed for youth. This would allow for Vietnam's sex culture to be more open to understand all the various cultural, social, and economic issues that are necessary in promoting healthy sexual attitudes and safe sexual practices.

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