Pressure to bear: gender, fertility and prevention of mother to child transmission of HIV in Vietnam
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SUMMARY

Vietnamese cultural notions concerning motherhood are a double-edged sword that can both circumscribe and empower HIV+ women in their ability to make choices at different moments in their lives and in relation to the state-provided PMTCT program. The HIV epidemic in Vietnam is still concentrated among male IDUs, which reflects a specific vulnerability of men to HIV in Vietnam in the context of Đổi mới. Men are at risk because of masculine roles and norms about risk-taking behaviour and because of structural changes in their environment such as working conditions in new profitable industries and the increasing availability of drugs and commercial sex. Currently the epidemic is spreading to women and their children due to women’s reproductive role and their identities as wives and mothers. Young women are under pressure to get married and have (male) children within the first year of marriage, leaving them with limited options to protect their bodies during heterosexual contact.

While women are at risk of contracting HIV when trying for a child, being a mother also provides women with status and power in the family. It can be seen that the dual effects of HIV as a disease and the new reproductive medical technologies which are available both reinforce gendered inequities and provide opportunities for women to resist and transform traditional gender roles. Women are not passive victims in an ever-expanding HIV epidemic, but once they are aware of their HIV status they can be seen to take direct action to change and improve their lot. The action-research reported in the thesis followed HIV+ women and their families over a period of time, during a wide variety of occasions. In addition to weekly program observations hard economic, social and medical data were collected at a minimum of 6-month intervals. This method allowed for a detailed examination of the process of (dis)empowerment of these women as individuals and as a group.

Most women in this study in Hanoi learned about their HIV status during HIV testing when they were pregnant, because testing is mandatory before a hospital delivery, but others learned about their disease because their husband or child became ill with AIDS. Women who had recently discovered their HIV status felt powerless, stigmatised and isolated. The testing methods, counselling practices in the hospitals and the notification system contributed to their vulnerable status and perceived lack of coping options. Because of the stigma related to HIV, health staff and patients feel uncomfortable discussing issues specific to HIV testing, which makes it attractive for health workers at routine testing sites to shift the responsibility for informing the women from the hospitals to district and commune health staff through a formalised notification system.

The women who were detected positively at ANC expressed regret that HIV tests are offered late in pregnancy, because they had no real choice about the continuation of their pregnancy, felt ill-prepared and were unconfident about their ability to raise their child well, given their HIV-status. However, although women felt stigmatised and vulnerable during and shortly after being
tested for HIV, knowing their status provided them with the opportunity to join a support group and made them eligible for treatment to prevent transmission of HIV to their unborn children.

Although both ARV prophylaxis to prevent transmission and ART became increasingly available during the study, few of the HIV+ women consulted during this study who knew their status reported trying to have a child. Those who did were almost all married to the lineage holder and reported being pressured by the family to have a (male) child, indeed, most of these women delivered a male child. Health workers understand this complex mix of pressure on and desire amongst women to have male offspring as they live in the same Confucian patrilinear and patrilocal environment. Even if health staff and patients agree about the medical risks of women contracting HIV from HIV+ partners in their attempt to bear children, and both ideally wish to avoid increasing the numbers of HIV+ children and orphans, they also know that the social and economic realities of many women may force them to take such risks.

Most of the women in this study were literate but lower-class women without formal employment. Although these women all worked in the household and often also in family businesses, they had little independent economic power in the household of their in-laws where they lived. Among the total members entitled to micro-finance support, only a small number of women took out loans which were offered through a support group, and only after their health had stabilised. The micro-credit provided to these women contributed to empowerment in five dimensions at the household level, especially economic empowerment, socio-cultural empowerment, and psychological empowerment. Although women reported some health empowerment related to their HIV status, this did not extend to their sexuality and fertility. Micro-credit offered to women who had no control over the capital and no support from their families did not help these women but rather burdened them with an additional responsibility.

Study findings suggest that practical and strategic needs are better conceived of as a continuum rather than hierarchical and separate. While ART is an immediate practical need for all PLWHIV, as HIV+ mothers self-help group members had, and continue to have, both urgent practical needs and long-term strategic needs. Moreover, critical thinking skills and increased access to resources may be interlinked. Having access to services, in particular medicines, gave women greater confidence in themselves and their relationship with the authorities.

Once their immediate needs were taken care of, members had the space to reflect about other issues, such as domestic violence and the needs of other people affected by HIV/AIDS such as caretakers. Whether or not HIV+ women mobilised into groups will be able to effect the kinds of cultural and policy changes that could really ameliorate their HIV-related care and support tasks, in addition to their other (unrecognised) household work, however, depends on their willingness to appear in public and challenge some of the assumptions of Vietnamese motherhood.
The actual experiences and opportunities for HIV+ AIDS widows to set up a new life for themselves in a patrilinear and patrilocal setting highlighted the dual aspects of HIV and PMTCT. Although some options, such as living with their eldest son, are not available to young HIV+ widows, women nonetheless identified new opportunities because of their HIV+ status, by joining support groups for PLWHIV, where they often sought and found new intimate relationships with men, for example. The situation of the many widows was not stable. However those widows who were able to return to live with their own family were released from some of the burdens of living with their mother-in-law and, in some cases, catering to the many needs of male HIV+ IDUs in these families.

Self-help groups are critical in the transformative process of change in the lives of individual women after HIV detection. Most women whom we met for the first time when they joined the group felt devastated and reported social stigma and isolation. However, through their membership of these groups, women’s interpretation of their experiences, including their perceptions of stigmatisation changed. Over time they realised that they might have been too quick in judging others behaviour, including that of other group members and of state authorities. In the group, under the umbrella of the state, women learned to negotiate with state authorities to get access to services they needed. This also helped the authorities, who learned how to provide better care and support to HIV+ women and their families, hence allowing both providers and recipients to gain confidence and a sense of pride in their collaboration and mutual accomplishments.