

Abstract

Recent state economic and political reforms, reinsertion into the global economy, and the expansion of international development processes have led Vietnam to increasingly participate in the contemporary global social movement against violence to women. While the Vietnamese state has recently made domestic violence a prominent concern, it has continued to emphasize a reconciliation approach to resolve the violence. An unintended effect of the reconciliation approach is the prolonging of many abused women's suffering. This approach reflects an ambivalent state stance towards women's rights and well-being. This article examines the links between a state approach to domestic violence, transnational processes, and women's physical and emotional health and suffering. Through the lens of a political economy of domestic violence and health, this article looks at the power of social institutions to inadvertently shape and extend the illness experiences of women abused by their husband, while they simultaneously attempt to reduce the violence.

Prolonging Suffering: Domestic Violence, Political Economy, and the State in Northern Vietnam

by

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Biography

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INTRODUCTION

Abused women with whom I spoke in Hanoi and in a nearby town in the former Ha Tay province often discussed the cultural expectation that Vietnamese women will sacrifice their own needs in order to meet those of their family.¹ For many women experiencing domestic violence in the suburban communities in which I conducted research, one of the profound sacrifices they made was to endure the suffering which resulted from the violence their husbands, and in some cases also their in-laws, inflicted on them. In this article, I suggest that the Vietnamese state exhibits ambivalence in its responses to wife abuse. Within the context of globalization and transnational gender equity frameworks, the state also promotes an orientation to family unity and happiness as the basis for economic development and the maintenance of a stable nation. Among the effects of the state's ambivalent stance is that the state promotes family reconciliation for women experiencing domestic violence and often prolongs their suffering.

Recent state economic and political reforms, reinsertion into the global economy, and the expansion of international development processes in Vietnam have led the Vietnamese state and recently emerging local Vietnamese non-governmental organizations (NGOs) to increasingly participate in the contemporary global social movements against violence to women. These include United Nations (UN) frameworks, the international human rights movement against violence to women, and activism and programs initiated by international NGOs. These changes have also led to an escalation of pressure being placed on the Vietnamese state by other states, international agencies, regional organizations, and global social movements to shift its policies regarding human rights and gender violence, including domestic violence (Merry 2006). International development organizations and other international institutions and networks have introduced new views in Vietnam surrounding domestic violence, including the concept that it is a violation of women's rights, and that gender violence is a human rights violation. In the context of these shifts, the Vietnamese state approved the first Law on Domestic Violence Prevention and Control in 2007, although women had been accorded equal rights with men by the state in northern Vietnam since the 1940s. These have included the right to vote and "equal rights with men in all spheres of political, economic, cultural, social and domestic life" (National Assembly, Socialist Republic of Vietnam 1995, 49; 2007).² In spite of these important developments, including the influence of new transnational gender equality frameworks on the Vietnamese state, I argue that an unintended effect of a continued state reconciliation approach to managing domestic violence is the prolonging of many abused women's suffering. This approach to domestic violence reflects an ambivalent stance towards women's rights and well-being on the part of the Vietnamese state.

Much important feminist scholarship, including anthropological scholarship, has addressed the problems abused women face as they try to access assistance through state and non-state institutional processes. This article builds upon this literature, and adds an additional dimension by examining the links between a state approach to domestic violence, transnational processes, and women's physical and emotional health and suffering. Through the lens of a political economy of domestic violence and health, this article looks at the power of state institutions to shape and inadvertently extend the suffering and illness experiences of women abused by their husbands at the same time social institutions are attempting to reduce the violence.

DOMESTIC VIOLENCE, RECONCILIATION, AND ANTHROPOLOGY

To assess domestic violence in Vietnam and the state's ambivalent stance toward it, I use a political economy approach. I draw upon Madelaine Adelman's (2004) political economy of domestic violence approach to analyze the ways cultural, political, and economic forces in Vietnam influence domestic violence. Significant to this analysis, this approach

...situates domestic violence within cultural-historical context to reveal the intersection between domestic violence and (1) the organization of the polity, (2) the arrangement of the economy, and (3) the dominant familial ideology expressed normatively through state policies (Adelman 2004, 46).

In addition, I follow Adelman's assertion that a

...political economy of domestic violence, whether conducted during periods of intense nationalism, colonialism or globalization, within rural or urban regions, or among secular or religious communities, will require a form of intellectual and methodological globalism... (Adelman 2004, 59).³

In addition, I utilize a political-economic theoretical approach to health, also often referred to among anthropologists as critical medical anthropology. This approach seeks to understand the ways that cultural processes, social structures, power differences, and political and economic forces shape illness and illness experiences (Morsy 1990; Singer and Baer 1995; Baer, Singer, and Susser 2003). These approaches provide important frameworks for understanding the Vietnamese state's approach to domestic violence, and the social and cultural conditions that prolong abused women's suffering. In my analysis, I will explore contradictions and ambivalence in the Vietnamese state's approach to addressing domestic violence. While the Vietnam National Assembly recently approved a new law to protect and assist abused women and prevent domestic violence, the reconciliation approach to domestic violence is still enacted by the state as a part of this law. This process unintentionally increases the vulnerability of abused women to further domestic violence, and has been enacted by the state in spite of large bodies of research conducted on domestic violence and reconciliation processes (e.g., Dobash and Dobash 1992; London 1997; Adelman 2000; Merry 2001; Lazarus-Black 2007).

Since the 1990s, new global and national attention has been directed toward domestic violence in Vietnam. This has resulted in scholarship depicting the widespread nature of domestic violence in Vietnamese communities, particularly wife abuse. The recent concern with domestic violence has been found in the work of Vietnamese and foreign scholars (Le Thi Quy 1992, 1996, 2000, 2004; Johnson 1996; Le Thi 1996; Le Thi Phuong Mai 1998, 2002; Gammeltoft 1999; Vu et al. 1999; Nguyen et al. 2001; Hoang 2002a, 2002b; Phan 2002; Rydström 2003; Bui and Pham 2004; Romedenne and Vu 2006; Luke et al. 2007; Kwiatkowski 2008; Nguyen et al. 2008) and in the Vietnamese media (Duong 2005; Hoang 2005). Vietnamese scholars working within local Vietnamese NGOs, which are often partially funded through international organizations, have produced some of this work, as have local and foreign scholars conducting research initiated and funded by international donor and development organizations. In addition to directly managing domestic violence, government organizations, such as the

Vietnam Women's Union mass organization, have also conducted research and implemented programs focusing on this form of gender violence.⁴ This research has sometimes been supported by international organizations. International funding for research focusing on domestic violence is an example of a transnational process that has influenced the emergence of domestic violence as an important research and social issue in Vietnam over the last two decades. Such research has provided important information regarding cultural and social reasons for the violence, responses of health workers to women injured by domestic violence, health concerns of abused women, the significance of the media to domestic violence, and other important issues concerning domestic violence in Vietnam.

Anthropologists and other scholars who study gender violence in other societies also have found the reconciliation process is used by communities and states to address domestic violence (e.g., London 1997; Adelman 2000; Merry 2001; Lazarus-Black 2007). Lazarus-Black defines cultures of reconciliation as

cultures that hold that women's familial responsibilities should take precedence over individual rights, that gender hierarchy is natural, that marital and family stability are preferable, and that how any one particular family makes a living is a complicated intersection of political, social, economic, and gendered ideas and practices negotiated between men and women...within and across different households and over generations (2007, 155-156).

In Vietnam, state agencies and state supported organizations that commonly respond to wife abuse at the community level include the Vietnam Women's Union, the judicial system, the police system, health care institutions, and reconciliation committees. Reconciliation committees are state supported committees composed of local community leaders, usually including a Women's Union member, who address conflicts within communities through dialoguing with participants of the conflicts. Reconciliation committees dialogue with couples experiencing domestic violence to try to resolve their conflicts, and preserve their marriage and family unity. In this ethnographic study, I investigate cultural and social reasons for the Vietnamese state's contemporary use of the reconciliation approach to domestic violence, and, as I noted above, to assess links between this state approach, transnational processes, and women's physical and emotional health and suffering.

ETHNOGRAPHY IN NORTHERN VIETNAM

For this study, I conducted ethnographic research in four communities in northern Vietnam during four research periods between 1997 and 2007. The communities included a rural district of Hanoi; a mostly rural, semi-industrial town, which was a part of the former Ha Tay Province before 2008; and two mixed agricultural and commercial districts close to the center of Hanoi.⁵ In the latter two communities, I focused my research on an internationally supported health program which addressed domestic violence, or violence in the family (*bạo hành trong gia đình*, or *bạo lực trong gia đình*). This program initially operated within two communities of Hanoi and a public biomedical hospital situated in close proximity to the communities.⁶

I interviewed twelve men and twelve women in the rural district of Hanoi in 1997 regarding their perceptions and experiences of gender relations in their marriage, family, and community, including wife abuse. Three of these women reported that they had been abused by their

husbands. The district was principally agricultural, with businesses, services, and craft production also found there. In the community in Ha Tay Province, I interviewed twenty-two women and nineteen men in 2000. In this research, I investigated these individuals' conceptions of masculinity as they related to and intersected with gender relations and wife abuse. Five of these women said they had been abused by their husband. This, too, was an agricultural town, but with more businesses, industry, and government offices located in it than in the first community. In the third and fourth communities, in which I conducted research in 2004 and 2007, I interviewed twenty-eight women who reported that they had been abused by their husband. In this research, I particularly focused on international development, state, and Vietnamese NGO health approaches to alleviating wife abuse, and the health and well-being of Vietnamese battered women. I found that some of these women visited or had links to a counseling center for women which had been recently established at the hospital where the internationally-supported health program operated. Some of these women had also visited a community health center that worked with the counseling center. As I noted, these two communities were mixed agricultural and commercial districts.⁷ Due to the sensitivity that many abused women in Vietnam feel about the violence that they experience, the sample of abused women in my research was mainly a purposive one (Bernard 2006). In some cases, members of the local Women's Union in the communities or medical personnel participating in the international health program made me aware of the abuse that women I interviewed were experiencing, while in a few cases I learned of the women's experiences of abuse during interviews with them. I included men in my interviews since I was interested in learning about their perspectives of wife abuse, the sources of this gender-based violence, and the approaches drawn upon to prevent and eliminate the violence. Men play an important role in Vietnamese communities in initiating the violence and facilitating its continuation, as well as in preventing and eliminating it. While men were willing to participate in my interviews, it was more difficult to encourage men who were currently battering their wives to speak about their violence with me than it was to encourage abused women to discuss their experiences and perceptions of their husband's violence.

As part of my research, I visited the women's counseling center, community health centers, and hospitals. I participated in Women's Union meetings, meetings of a women's club associated with the internationally-sponsored health program, and other community meetings and activities. In each of the four communities, I interviewed health professionals, local state officials, Women's Union leaders and members, and other community members. The Women's Union is one of the primary organizations in the country assisting abused women.

The community members I interviewed identified with the majority Kinh ethnic group, as well as a range of socio-economic groups, age groups, and religious beliefs. However, most were members of families who worked primarily in agriculture, but many also engaged in other forms of labor. Other community members I interviewed were professionals, businesspersons, full-time wage laborers, and crafts-persons. Most of the men and women worked in a variety of occupations and forms of labor. Kinship for the men and women I interviewed was based on patrilineal descent, and, while not universal, residence was largely patrilocal.

In Hanoi center, I interviewed a number of Vietnamese scholars and other Vietnamese professionals concerned with domestic violence, including local NGO professionals. I also interviewed many foreign and local international donor and development organization professionals whose organizations were implementing programs that addressed wife abuse.⁸

ECONOMIC AND SOCIAL REFORM IN VIETNAM

The political and economic dynamics of Vietnam in the last two decades played a significant role in generating the social conditions leading to the recent emergence of strong public and state interest in and concern for domestic violence. In 1986, the Vietnamese state formally adopted a program of economic reforms and renovation, usually referred to as *đổi mới*. This process has included a restructuring of the economy, with the abandonment of central planning and the introduction of a market economy, or market socialism (Werner 2002; McCargo 2004). These changes led to the reinsertion of Vietnam into the global capitalist system. By 1995, Vietnam had become a member of the Association of Southeast Asian Nations (ASEAN), and in 2007 the country became a member of the World Trade Organization. Through political and social reforms associated with *đổi mới*, the Vietnamese state has allowed for greater influence of contemporary transnational ideas and practices in Vietnamese society. One example significant to this analysis is the rapid increase in the number of international organizations operating in Vietnam since the mid-1980s. The increase in local public and state interest in addressing domestic violence in Vietnam, and the growing international influences on this process which have occurred along with economic and social liberalization, have also been found in other countries that have experienced similar economic and social shifts, such as in China since the late 1980s and in Russia since the 1990s, with mixed effectiveness in alleviating domestic violence (Edwards 2009; Johnson 2009).

Đổi mới has raised the economic status of many people in Vietnam, but not all have benefited equally from the economic reforms, in part because the availability of free or low-cost government services, such as for health, education, and child care, has been reduced. For instance, a user fee is now charged in public medical facilities, shifting health care costs from the state onto society (Craig 2002; London 2004). Privatizations of medical practice and pharmaceutical production and sales have been approved by the state, providing greater diversity of services and availability of medicines and technology. But this change has also come with higher health costs, which is especially difficult for the poorest families (Ladinsky et al. 2000). By 2007, 15.5% of the population lived below the national poverty line, with poverty rates higher for certain groups, such as ethnic minorities living in remote, upland regions (particularly in the Northern Uplands, Mekong Delta, and North Central Coast) (UNDP 2010). Jonathan London (2004) writes that while the 1990s saw important improvements in Vietnam's health and education systems, there have also been persistent social inequalities within these systems. For instance, during this period, poor people tended to rely on commune health centers, while the wealthier members of the population tended to have greater utilization of hospitals, which generally have higher-level health services (London 2004, 136). Though health insurance is currently available for many Vietnamese people, not all members of the population have access to it. By 2006, social health insurance covered 36% of the population, although all children under six years old have been provided free healthcare cards from the state for services at state health facilities (Ministry of Health 2006, 272). Many individuals designated as poor receive subsidized health insurance, including assistance provided by the Health Care Fund for the Poor, which was instituted in 2002-2003. Yet, by 2006, the frequency of poor people's utilization of health care services was much lower than that of other insured groups for a variety of economic and other reasons (Ministry of Health 2006, 286; Deolalikar 2009). For example, patients with health insurance who require expensive, high technology services still have to make copayments that can be very costly because health insurance in Vietnam tends to cover only services requiring

small fees (Ministry of Health 2006, 289). Further, from 2000 to 2004, patients participating in compulsory social health insurance (excluding the poor) made almost three times as many inpatient visits to a hospital than patients receiving social health insurance for the poor (Ministry of Health 2006, 285).⁹ The Vietnam Ministry of Health has been working to address these inequities in health care. Nevertheless, difficulties still exist for poor individuals, including poor abused women, in accessing health care (London 2004; Ministry of Health 2006; Deolalikar 2009).

STATE RECONCILIATION APPROACH AND THE WOMEN'S UNION

In the research communities, the state regulated and managed women's experiences of domestic violence in ambivalent and sometimes contradictory ways, particularly when women sought help in stopping the abuse. The state's management of women's experiences of wife abuse was embedded within a set of multiple and competing discourses of gender and family. These discourses and practices made escaping situations of abuse challenging for some women, and aided in perpetuating their husband's ability to abuse them and prolong their suffering.

The current Vietnamese state places significant stress on the importance of the solidity and primacy of the family and the channeling of individual interests to those of the family and society. During the renovation process, as the state has transitioned to a market economy and developed a private sector, the family has been reconceived as the basic unit of production (Werner 2002). The family economy has become a foundation for the national economy, as well as the restored site for social security and the welfare of its members, formerly located in the state (Bélanger and Barbieri 2009). The ideal family has been portrayed by state leaders as modern, happy, harmonious, prosperous, meeting its civic responsibilities, and supporting state family planning programs, as they promote the state's "happy family" campaigns (Gammeltoft 1999; Werner 2002; Pettus 2003; Drummond 2004).

State practices associated with wife abuse have prioritized the reconciliation of husband and wife when abused women request assistance from state-related organizations, such as the Women's Union, public health institutions, the police, or the court system, or when an abused woman attempts to leave or divorce her abusive husband. As I noted earlier, reconciliation committees are composed of local community leaders, usually including a Women's Union member, who dialogue with and give advice to individuals experiencing conflict. A reconciliation committee is established in each commune to address conflicts among members of the commune, or between members of the commune and persons living elsewhere. Included in the reconciliation committee's objectives is to dialogue with couples experiencing domestic violence in order to resolve their conflicts, end the husband's violence, and maintain their family's unity. Reconciliation committee members respond to crisis situations that involve husbands battering their wife and visit spouses experiencing domestic violence when violence is not underway. According to one Women's Union leader I spoke with, "the main objective is to reconcile the couple, to help them to live together in harmony and in a good family environment." In the case of divorce, the reconciliation process is legally mandated for couples at least once prior to their obtaining a divorce, but reconciliation committee members normally visited them more often (Vu et al. 1999; UNFPA 2007). This is required by the state in large part to prevent divorces deemed unnecessary (UNFPA 2007).

This kind of approach to resolving conflict and violence can be viewed as an important means of resolving and preventing further conflict and violence through non-violent means.

Leaders of a community work together with residents to try to resolve conflicts within their community. However, a problem with the use of the reconciliation approach to resolve domestic violence is that the majority of the members of local reconciliation committees have no education in counseling, and no specialized training in counseling men who abuse their wives or women who are abused by their husbands.

In addition, as London points out, an important critique of conciliation found among socio-legal scholars is that conciliation does not take into account the relative positions of power of the disputants (1997, 84).¹⁰ Reconciliation also does not take into account the power of the group implementing the reconciliation process. The reconciliation committee is usually composed of representatives of the government, such as a member of a local People's Committee and a member of several state supported mass organizations and associations, such as the Vietnam Veteran's Association, the Association of Vietnamese Farmers, the Vietnam Association of the Elderly, the Vietnam Youth Union, and, as I noted earlier, the Vietnam Women's Union. In some cases, commune residents vote for individuals who are members of these groups to serve on a reconciliation committee. In other cases, the leaders of the mass organizations and associations designate a member of their group to serve on a reconciliation committee. The members of the reconciliation committee may be men or women, and are usually perceived to be respected leaders of the commune. Since the reconciliation committee members counsel both husbands who are abusing their wives and abused wives, having both men and women comprise reconciliation committees may be advantageous. Still, abused women may feel increased pressure to follow the advice given by reconciliation committee members since they are state supported and sanctioned leaders of their commune and respected members of their community. The differential relation of power between members of reconciliation committees and abused women must be recognized when trying to understand the impact of reconciliation committee members' advice on abused women's lives, and the ways that state power can be exerted over abused women in the context of ambivalent state policies addressing domestic violence.

While the Vietnam reconciliation committees' intention and mandate are to assist the couple in ending the violence, reestablishing family unity is also a primary goal. The efforts of the reconciliation committee members are additionally geared toward ensuring the stability of the committee members' community, and, at a broader level, the stability of the nation. For instance, while discussing domestic violence, a local male state official said to me,

We have to try to reconcile the couple because the government always considers that we need to have a stable environment at the village or commune level. When we cannot reconcile the couple at the lower level, the commune level, then the family will break up and many social problems will occur, and many other bad things can happen.

This official's discourse regarding state officials' responses to wife abuse conveys his understanding of the state's orientation toward families. Representatives of the Women's Union in Hanoi also said that neglect of the family by state institutions could lead to social problems.

Additionally, and as I noted previously, one aim of the Women's Union mass organization is to convey the state's orientation and mandates to the Vietnamese population, particularly to women. The Women's Union leaders' discourses and activities focus especially on women and the family to generate a type of femininity and models of family and household which are in accordance with the current needs of the nation (Werner 2002; Pettus 2003).¹¹ Pettus (2003)

found that during the twentieth century, state constructions of femininity shifted as the policies and social conditions of the state changed.

The Vietnamese state has promoted women's achievement of a "happy family" in a number of its campaigns as part of its "civilizing" mission (Pettus 2003, 107; Drummond 2004). The state emphasis on the importance of generating and maintaining a "happy family" relied on a certain construction of femininity, as many people I spoke with said that keeping a family happy is mainly the responsibility of women but also, to a lesser extent, of men. In the four research communities, as well as in other communities throughout Vietnam, the Women's Union sponsored classes for women that addressed how to maintain a happy family, but no comparable ones had been made available for men.¹² In discussing wife abuse and women's relationships with their husbands with me, a Women's Union leader in one community said,

We also combine, in the usual meetings of the Women's Union, education or explanations about family happiness...Advice given to women to create a happy family is that, nowadays, women always have to know about the need to keep a warm and happy family. In our lectures, we also advise women to be more gentle and sweet with others, especially with their husbands. In general, we women have a character of being gentle, and a sweet character, and women need to pay attention to their husbands because men have a different character. A man needs his wife to pay attention to him. We advise women to greet him, and pay attention to him...make him feel happy, and take care of him. Most important is that family happiness depends on the wife. Women must know how to behave with others.

Vietnamese Women's Union members' instruction on how to prevent wife abuse and manage it when it occurs has provided another avenue through which the Women's Union can stress the state's mandate to families, and women in particular, to construct happy, stable, and unified families. For example, during their meetings, Women's Union leaders advised women not to shout at their husbands, especially if their husbands are getting angry. Women were told, instead, to suppress their feelings and opinions until a later time when their husbands are calm. A national level Women's Union leader reiterated this idea when she recited to me the traditional Vietnamese maxim, "If your husband is angry, refrain from talking back. Boiling rice doesn't burn when you lower the flame."¹³ The Women's Union leader quoted above also instructed women during their meetings to try to meet the "psychological needs" of their husband. For example, at a Women's Union meeting that I attended, the leaders discussed the idea that women should maintain a beautiful appearance to please their husbands, which the leaders believed could result in a happier family and marriage. In these examples, women who are beaten by their husbands are taught by Women's Union leaders how to manage their husband's feelings and change their own behavior to accommodate their husband's moods and temperament. These are examples of strategies Women's Union leaders assert women may draw upon to maintain harmony in their marriage and to create a happy family. These are, however, also strategies that can disempower women through the suppression of their own feelings and needs in order to strengthen their families. For example, many of the women I spoke with also expressed the traditional idea that they should be self-sacrificing and endure suffering that they experience to fulfill their roles as "good" women, wives, and mothers, and to create a happy family.¹⁴ At the same time, the Women's Union's directives are strategies that abused women may draw upon for pragmatic reasons in order to reduce or prevent their husband's violence given the larger social

conditions of their society which do not readily provide support for women who choose to leave their husbands (Lock and Kaufert 1998).

These ideas conveyed by Women's Union leaders to women during community meetings can be seen to be an interpretation of three of the Confucian "four virtues" defined for women: appropriate speech, proper behavior, and physical appearance.¹⁵ As Women's Union leaders try to help the women in their community avoid or eliminate domestic violence, they draw upon traditional Confucian ideas while simultaneously conveying a discourse of self-sacrifice and self-discipline, which have been re-emphasized by the state during the *đổi mới* era (Pettus 2003; Ngo 2004). Vietnamese women are instructed to adjust their personal behaviors and appearance for the sake of their husband, their family's happiness, and the stability of society.

In each of the research communities, state propaganda could be found in public areas on the Cultured Family campaign, such as on walls in neighborhoods, and Cultured Family awards were on display within some residents' homes. According to the Communist party, this state campaign began in 1962, though it has changed over time as social conditions and state orientations have shifted (Thanh 1997, cited in Drummond 2004). The Cultured Family campaign is a primary activity of the Civilized Way of Life campaign, both of which are part of social mobilization campaigns used by the Communist Party of Vietnam to mold individuals and the society in particular ways (Drummond 2004, 160). During the period of my research, the Cultured Family campaign honored families who met the following criteria: 1. a harmonious and happy family; 2. unity with the residents of the community; 3. implementation of family planning; and 4. implementation of duties as citizens. This campaign has recently emphasized the family over the individual, a shift from previous social mobilization campaigns prior to *đổi mới*, that attempted to socialize individuals apart from the family to become a part of the socialist collective (Drummond 2004). The Women's Union plays a strong role in implementing the Cultured Family campaign and, in part through this campaign women are made responsible for creating families that are harmonious and happy.

The instructions the local Women's Union leaders conveyed to the women were complicated by the fact that, at the same time the women were advised to adopt a traditional Confucian femininity, they were also advised to maintain their economic independence so they would not be totally reliant on their husband. Additionally, the idea of men and women's equality was emphasized during the meetings. While the Women's Union leaders made sincere efforts to assist women in their community, in practice they offered mixed messages to women that incorporated both traditional, unequal models of gender and marriage and more egalitarian gender ideals. Their constructions of egalitarian gender relations stemmed both from gender ideologies promoted by the socialist state and from global social movements promoting gender equality and women's rights (Eisen 1984; Vietnam Women's Union 2007).

It is important to also address women's agency and pragmatic responses, as well as the multiple stances Vietnamese women I encountered had taken as they faced domestic violence in their own lives or within their community. These Vietnamese women have taken multiple stances and we must consider the complex ways that women's actions resist, acquiesce to, and perpetuate domestic violence. Some of the abused women I spoke with had acquiesced to their husband's abuse, while others had used violence to defend themselves against the abuse, or actively sought assistance, or separation or divorce from their husbands. Several abused women expressed ambivalence about the abuse they were experiencing. There were women in the communities who were not being abused by their own husband who condoned the violence, usually when they perceived a woman to have caused the abuse through her own behavior. In

some cases, a man's mother-in-law and/or sisters encouraged him to abuse his wife. Also, Women's Union leaders conveyed mixed messages to women about gender and domestic violence. In contrast, with the state's approval, some national, provincial, and local level Women's Union leaders, scholars, and local NGO and international organization personnel have been working toward creating new discourses of gender equality, women's rights, and domestic violence, and developing new approaches for preventing abuse and aiding abused women that emphasize women's choice.

RECONCILIATION PROLONGING SUFFERING

The state's ambivalence in resolving and eliminating domestic violence has resulted in abused women's welfare being subordinated to a state orientation that positions family unity and happiness as the basis for the development of a stable nation. Many abused women who were visited by reconciliation committee members and who sought assistance outside of their family were still experiencing domestic violence when I interviewed them. Additionally, those who sought assistance from state leaders and institutions were usually encouraged to return to their husband and work toward creating a happy family. These state responses to women's abuse have resulted in prolonged suffering and increased poor physical and emotional health.

One abused woman I interviewed, Binh, whose husband had regularly beaten her, said that after leaving her husband several times, she returned to him to try to create a "happy family." But after some time, he would violently beat her again. Binh thought he beat her mainly because he had fallen in love with another woman, and that he had been trying to make her feel fed up with him so that she would divorce him. She said that if he had not had a lover, she would have stayed with him in spite of the beatings. Binh thought it would have been better to stay with her husband for the sake of their children and so they could share childcare responsibilities. Within a context of reconciliation, Binh had engaged in pragmatic reasoning as she weighed the choices she had as a poor woman with children.

Another abused woman, Thao, had seriously considered divorcing her husband after one early beating, but said she also thought about what her children's future would be like following a divorce and then decided against it. She said she felt that she and her children would be miserable after a divorce. Vietnamese women and men I interviewed commonly believed that children's development could be seriously compromised with the divorce of parents, and the separation of children from their father or mother. After deciding to remain in her home, Thao's husband continued to beat her.

When Thao was beaten, she sought help from her parents and neighbors, and the police intervened several times. Police officers advised Thao's husband to stop beating her, jailed him for one night, and fined him once for his beatings. In 1996, Thao learned that her husband was having an affair with another woman, which prompted her to file for a divorce. Reconciliation committee members came to her house to speak with her and her husband on two occasions. Thao said that each time they visited, they advised her and her husband not to break up the unity of their family, and to try to develop an understanding of each other in order to properly raise their children. They also advised her husband not to beat their two children. When she went to court, her husband would not sign the divorce application. She said the court sent him three notices ordering him to appear in court, but he tore them up each time. Thao also said she believed the judge did not allow her to divorce her husband because of his non-participation in the case.

A judge employed in the same ward in which Thao lives said, in his view, during the five years that he had worked in the ward there had been no serious cases of wife abuse brought to court to settle. He expressed the view that reconciliation was very important, and that divorce was highly unusual, especially for rural people. As London found in Senegal, this judge's views exemplify the denial or lack of understanding of the severity and seriousness of domestic violence for abused women commonly found among state officials in Vietnam (London 1997).

During and after the periods when the reconciliation committee members advised Thao and her husband, she was exposed to further beatings from her husband while she continued to live with him. Women's Union members told her to be tolerant because of the importance of family life and her children's future. Thao said to me that, "Usually, the women should be tolerant." Thao still lived with her husband during the time that I interviewed her, though she was considering the option of working abroad as a means to earn money for her children's future and to escape her husband's beatings.

Another woman I interviewed, Phuong, had been severely beaten by her husband repeatedly since 1979. He had punched and kicked her, and chased her while threatening to hit her with an iron rod. She said he usually hit her in the head during his beatings. Five years after a severe beating, during which he hit her in the head with a brick, Phuong had to stay in the hospital for more than one month because of severe headaches and episodes of vomiting. Her husband often shouted at her, maligning her and her parents. He had broken furniture and other household items such as dishes, a lamp, a fan, and a bicycle, and stolen goods from their household to sell for cash. He had beaten his children as well. Years ago he moved into a house with another woman, but following his move he had repeatedly returned to visit Phuong and their house in order to take items she had bought. These episodes often resulted in arguments and more beatings of Phuong.

Phuong said the police had occasionally come to her home while her husband was beating her, but that the police officers had only talked to her husband and never arrested him. In general, most members of Phuong's community, as in the other research communities, viewed the police as not perceiving wife abuse to be a serious problem unless a woman was severely injured. On one occasion, Phuong had been beaten so badly that she fled from her home and ran to the police station to file a complaint against her husband. After Phuong returned, a leader of the local Women's Union came to her house to try to reason with her husband. Phuong said that rather than discuss the issue with her, her husband only shouted at the leader. Phuong tried to divorce her husband but he refused. She suspected his refusal was a strategy that would enable him to maintain his claim on Phuong's household items as his own, so that he could take and sell them.

When Phuong's divorce was finally considered in court, the judge did not refuse her divorce. Instead, he convinced Phuong that she would be better off if she tried to solve her problem with her husband, thereby keeping her family together. According to Phuong, the judge told her she should continue to live with her husband in their household. The judge reasoned that if she and her husband divorced she would still have to live in the same house with him because the house would be divided in half between the two of them. When her husband appeared in court, he admitted that he had slapped Phuong a few times because "she talks too much." The judge, however, did not punish him. Phuong's husband's complaint that his wife talks too much also appears to draw upon the traditional Confucian idea of appropriate speech for women expressed through the "four virtues." Women should speak politely and with humility.¹⁶ Following visits from police officers, reconciliation committee members, and Women's Union leaders, and after appearing in court to obtain a divorce, Phuong's many attempts to leave her husband did not

succeed. With pressure to reconcile with her husband from all of these groups, Phuong returned home to the same abusive marital situation. She said she lived in fear of her husband's return.

These women's experiences of social pressure exerted on them to return to their husband in spite of his abuse, and continued violence following their return, were common for abused women in the research communities. Among the 36 abused women I interviewed, only 11% (4) of the women said that their husband's abuse had ended and that their marriage had improved. Fourteen percent (5) had obtained a divorce, with one having divorced at her husband's urging. Sixty-nine percent (25) continued to be abused by their husband. Eleven percent (4) of these women had separated from their husband, but had not obtained a divorce. Forty-seven percent (17) of the women I interviewed had been abused for six or more years, and 19% (7) had been abused for sixteen or more years. One woman reported having been abused for thirty years, the longest period of abuse experienced by the women I interviewed.

Among these women, seventy-two percent (23) of the 32 abused women who sought assistance from social institutions were visited by reconciliation committee members and/or Women's Union leaders from their community who advised them to stay together. Three of these women were not visited by reconciliation committee members, but were advised by Women's Union leaders to remain with their husband. Many of the abused women were advised by family members to remain with their husband. Four of the women I interviewed had not revealed the violence they were experiencing to people beyond their family, or had only done so when a serious injury that had occurred just prior to my speaking with them had made the violence apparent to local officials. Some abused women received different advice from different groups who assisted them, with reconciliation committee members, Women's Union leaders, family members, or neighbors advising them to remain with their husband while in fewer cases police officers informed them of their right to divorce their abusive husband. In some instances, some family members, neighbors, and health personnel advised these women to obtain a divorce. In one case, a woman said that some members of the reconciliation committee advised her to remain with her husband while other members of the committee advised her to obtain a divorce. Counselors of the international health program emphasized abused women's choice in deciding how to manage the violence they were experiencing.

The abused women I interviewed experienced numerous health problems that they interpreted as resulting from their husband's abuse. The women's emotional and physical health problems included depression, fear, anxiety, loss of memory, thoughts of and attempted suicide, general bodily pain, headaches, nausea, weight loss, bruises, cuts, and broken bones and teeth. Some of these health problems were chronic for several of the women. Health problems resulting from domestic violence also reemerged over time for the women as they continued to live with their husband and had difficulty ending the violence that they were experiencing.

Economic constraints continue to pose significant barriers to abused women seeking to end the abuse or end their relationships. In 2007, the Vietnam Economic Times reported on the changing divorce rate in Vietnam.

Although the divorce rate in Vietnam is not high compared to other countries (0.4 per cent [sic] for men and 1.3 per cent for women between the age of 15 and 49), the actual number of divorces has risen significantly. It doubled from 1991 to 1998, from 22,000 to 44,000. A report from the People's Supreme Court indicates that numbers rose from 51,361 in 2000 to 54,226 in 2001, 56,487 in 2002, 58,708 in 2003, and 59,551 in 2004 (Phi 2007).

While the number of divorces in Vietnam is increasing, especially in urban areas, there is also little economic support, such as state subsidies or welfare programs, provided for poor abused or divorced women. Additionally, women with children have to consider that divorced husbands in Vietnam commonly neglect to pay their child support payments. In recent years, some state support has become available from Women's Union's programs, newly emerging local NGOs, and international development programs (such as income generating programs).¹⁷ But these programs had not yet become extensive enough in the research communities to provide the abused women I spoke with a sense of security about their financial future if they left their husbands. In rural areas, economic opportunities for women are particularly limited. If more economic opportunities expand to rural areas, abused women may find that they have more options to end the violence they are experiencing.

STATE AND TRANSNATIONAL POWER

While the Vietnamese state supports women in its laws and monetarily through the funding of the Women's Union and its programs of support for women, it has not fully protected women's safety and health in cases of domestic violence. The practice of judges and reconciliation committee members encouraging abused women to return to their abusive husbands exemplifies the state's emphasis on family unity, with less attention to ensuring the protection of women from further violence.

With the introduction of new conceptions of gender and domestic violence by international development organizations and other international institutions and networks, as well as the influence of transnational discourses and practices on Vietnamese professionals, new views of domestic violence have emerged in Vietnam. These include the ideas that domestic violence is a violation of women's rights and, more broadly, a human rights violation. As I noted earlier, Vietnam's reinsertion into the capitalist global economy and the influence of transnational gender equality frameworks have led to increasing, but often subtle, pressure being placed on the Vietnamese state by other states, international agencies, regional organizations, and global social movements to change its human rights and gender violence policies (Merry 2006).¹⁸ Membership in regional associations can bring direct pressure to bear on states through regional declarations. For example, during a conference of the ASEAN Inter-parliamentary Assembly (AIPA) in Hanoi in 2009, Vietnam Vice President Nguyen Thi Doan said that since approval in 2004 of the ASEAN declaration on the Elimination of All Forms of Discrimination against Women, the declaration has been implemented by all ten ASEAN member countries, influencing greater gender integration and equality in the region (VOV News 2009). On a global level, the Vietnam State Council ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1982, and their performance in achieving CEDAW provisions is monitored on a regular basis by the UN. While violence against women was not included in the convention originally, the CEDAW committee wrote two General Recommendations, in 1989 and 1992, recommending that states consider the problem of violence against women and defining gender-based violence as a form of discrimination that inhibits women's equality with men (Merry 2006, 76). Vietnam also has stated its commitment to the objectives of the Beijing Declaration and the Platform for Action of the 1995 UN Fourth World Conference on Women, which included violence against women as a critical area of concern that inhibits women's advancement, and the 1985 Nairobi Forward-looking Strategies

for the Advancement of Women, which included measures to combat violence against women (Le Thi Nham Tuyet 2002).

Sally Merry writes that “since the end of the cold war, the idea that legitimate sovereignty rests on democratic governance and humane treatment of citizens has grown...” (2006, 73). She cites Foot (2000, 11) who argued that a new international “standard of civilization” includes states’ acceptance of human rights, as they strive to present themselves as compliant with human rights and international law. Merry asserts that “[t]hese ideas resonate with colonial era conceptions of what it means to be a ‘civilized’ nation and respected member of the international community.” (Merry 2006, 73). Vietnamese Vice President Nguyen Thi Doan drew on this kind of discourse as she participated in a 2009 seminar, jointly held by the Vietnam National Assembly’s Committee for Social Affairs, the Vietnam Women Parliamentarians’ Group, and the UN office in Vietnam, to discuss CEDAW and the 2006 Law on Gender Equality in Vietnam. During the seminar, she is reported to have said she hoped that through the assistance of the UN and other international organizations, Vietnam would be able to implement CEDAW and the gender equality law effectively to help fulfill the goal of a “Rich people, strong country and just, democratic and civilized society” (Viet Nam News 2009). This has been the main political slogan for the *đổi mới* period (Werner 2002, 40).

Given the cultural and political contexts of power within which wife abuse is practiced, negotiated, and managed by a variety of individuals, groups, institutions, and states within and outside of Vietnam, ensuring women’s rights are protected has become, in recent years, a complex global process, the specificity of which we have to understand at the local level. Local and global pressures on the Vietnamese state to achieve gender equality and eliminate gender-based violence have played a role in the emergence of increased attention given to domestic violence by the state. How states interpret and integrate new ideas about domestic violence reveals some of the contradictions and tensions in state responses to transnational social movements and human rights agendas (Merry 2006; Lazarus-Black 2007). For example, Merry writes that “[t]he [CEDAW] convention and its statements on violence emphasize individual autonomy and physical safety over the sacredness and permanence of the family” (Merry 2006, 77). While the National Assembly approved the new domestic violence law to try to prevent and provide assistance for individuals experiencing domestic violence, the law still includes an emphasis on the reconciliation approach to resolve domestic violence. Lazarus-Black (2007) argued that the translation of transnational movement ideas about domestic violence and their implementation in the courts will be strongly influenced by the presence and power of cultures of reconciliation. I would add that cultures of reconciliation influence the translation and implementation of transnational movement ideas about domestic violence in many domains of social life, including health care institutions and social groups tasked with assisting abused women.

A state mandated change occurring with *đổi mới* that has influenced the state’s continued emphasis on the reconciliation approach to domestic violence has been a change in the relationship of women to their households and families. With *đổi mới* and the privatization of the household economy, the state constructs the household as a more autonomous unit compared with the period of agricultural collectivization, when the household economy was perceived to supplement the collective economy. With the reemergence of private control over the family economy, the family and household bear greater importance for the state and the economy than prior to *đổi mới* (Gammeltoft 1999; Werner 2002; Pettus 2003; Drummond 2004). With this change, the maintenance of family unity is even more crucial to the stability of the economy and

society than it had been during the agricultural collectivization period. This is an important underlying factor influencing national and local level state officials to encourage abused women to return to their abusive husband and family, despite their vulnerability to continued violence. A cultural influence intersecting with this structure of the household and economy is a commonly held perception by community members and local officials that wife abuse is a private concern of the household. This perception likely has intensified in recent decades, as the household has become a more individuated social unit, although the implementation of the new Law on Domestic Violence Prevention and Control is beginning to counter this idea.

With recent economic and cultural liberalization, Western cultural ideas of individual freedom and rights have emerged in some areas of social life. Some Vietnamese people I spoke with perceived these economic and social changes to have led state officials to become less strict in punishing perpetrators of violence against women. For example, in a discussion I had with a Vietnamese scholar, she asserted that there had been greater repression of Confucian ideas of men's superiority over women under a previously stricter Marxism in Vietnam, before *đổi mới* was instituted in the mid 1980s.¹⁹ She thought that in the years following independence from the French, there was more concern about violence against women and action taken against perpetrators by both local state officials and community members. She recalled that when she was a young girl, Ho Chi Minh, the leader of the Communist independence movement and the first president of Vietnam, directly and publicly criticized domestic violence. She perceived that as women worked in cooperatives, under the agricultural collectivization system, they had stronger and larger social networks than they do now, with the new focus on the individual family. Also, she stated that under the cooperative system, she perceived a stronger focus by the state and community members on morality than on the economy, which she said led to a greater voluntary spirit. This voluntary spirit aided in the development of the support networks that assisted women who were abused, as well as other groups experiencing problems, such as youth.

In contrast to this approach to perpetrators, currently women's role in the family is considered to be very important. The Vietnam constitution states that the family is the cell of society, and that the state protects marriage and the family (National Assembly, Socialist Republic of Vietnam 1995). Ho Chi Minh, leader of the socialist revolutionary movement in Vietnam during the twentieth century, promoted the dictum, "If society is good, the family will be good; if the family is good, society will be good. The family is the cell of society" (Gammeltoft 1999, 75). With recent economic changes, women's individual choices are considered less significant in cases of domestic violence than the needs of their family.²⁰

Anthropologists and other scholars have shown that historically states have assigned specific gendered behaviors and moral orientations to men and women that are intended to support and enhance the state's political and economic agendas. For example, European colonial states and other colonial agents prescribed shifting gender-specific sexual, conjugal, and domestic behaviors and morality for colonizers. Stoler (1997; 2002) argues that these had been used to maintain constructed categories of race and colonial control over colonized peoples and territories in particular historical and cultural contexts. Postcolonial and post-socialist governments have attempted to define and manage women's biological reproductive practices through acts of state power in order to maintain or regenerate ethnic and class control over states, or to build and strengthen a national population, work force, and nationalist ideology (Kligman 1995; Gal 1997; Heng and Devan 1997). The prevention and control of domestic violence in Vietnam has become one arena through which the state has tried to generate a particular type of

femininity as well as family and household models that can support the state's economic development.

During the late 1990s and early twenty-first century, state laws and programs have been implemented to prevent and resolve specific cases of domestic violence. However, some of these programs continue to emphasize family unity, with less attention paid to abused women's safety and health. When seeking assistance, abused women's ability to make choices has been constrained, since the majority of organized forms of assistance available to women have been state sponsored. Since at least the mid 1980s, more NGOs, both local and international, have emerged in Vietnam, with some addressing domestic violence specifically, but few had been able to offer services to women on a nationwide level by the early twenty-first century. Contemporary Vietnamese women have had to negotiate a variety of often contradictory and conflicting discourses and social relations of gender, family, and marriage. While the socialist leadership has stressed new ideas that reflect Western modern values, such as gender equality, in its laws and some of its practices in recent decades, it has continued to convey traditional Confucian ideas regarding the family and the roles of women and men through Women's Union discourses and programs.²¹

CONCLUSION

When analyzing violence against women and changing social relations and structures influencing the practice, it is important to analyze the specific cultural and social context within which violence occurs. It is also important to look at both changing local state constructions of gender, family, and gender violence, and transnational cultural, political, and economic forces influencing these changes. In recent years, particularly with *đổi mới*, broader global gender orientations and transnational political and economic processes have been impinging on the Vietnamese state's approaches to gender, family, and domestic violence. How these processes are being interpreted and integrated into Vietnamese society is historically, culturally, and socially specific though, and they sometimes affect men and women's lives in unintended ways.

The Vietnamese state has promoted the concept of gender equality, outlawed domestic violence, convicted men who have physically abused their wives, and granted abused women divorces. Still, state officials and leaders encouraging abused women to return to their abusive husbands after the women have asked them for assistance indicates the state's ambivalent stance on the problem. These practices provide a social space for abusive husbands to continue their violent actions. The advice given to women to be silent when their husbands become angry, manage their own behavior, and endure the hardship of domestic violence for the sake of their families, serves to discipline women to suppress their own needs, including their physical and emotional health, in favor of the needs of the larger group, including their family, community, and nation. This exemplifies Kleinman, Das, and Lock's (1997) argument that bureaucratic responses to human problems and suffering "can (and often do) deepen and make more intractable the problems they seek to ameliorate" (Das and Kleinman 2000, 2). These Vietnamese state responses to domestic violence demonstrate the power of social institutions to inadvertently shape and extend the suffering and illness experiences of women who are abused by their husbands, even as the social institutions simultaneously attempt to reduce the violence.

State approaches to the problem in Vietnam also may be viewed as part of a societal process of reproducing and socializing the kinds of femininity that Vietnamese officials perceive the family and society require—a self-sacrificing femininity that secures family stability and

harmony for the sake of societal stability in this period of *đổi mới*. As Margaret Lock and Nancy Scheper-Hughes have written, “[c]ultures are disciplines that provide codes and social scripts for the domestication of the individual body in conformity to the needs of the social and political order” (1990, 67).

In contemporary Vietnam, relations between husbands and wives have been shaped by state constructions of the family that contradict the state’s simultaneous promotion of gender equality. These constructions shift as other cultural and social changes take place in the society historically, such as *đổi mới*. This demonstrates how state constructions of gender and family can influence men and women’s lives in complicated ways. While the Vietnamese state has recently made domestic violence a prominent public concern, in part due to the influence of transnational social movements against violence to women, an unintended effect of the continuation of the state reconciliation approach to domestic violence has been to prolong the suffering of many abused women. Continued emphasis on the reconciliation approach to domestic violence reflects the state’s ambivalent stance towards women’s rights and well-being in relation to domestic violence, cultural concepts which have been emphasized in recent years by transnational gender equality frameworks. This ambivalence on the part of the state emerges as the state places significant emphasis on family stability enhancing economic development. Through the effects of the reconciliation approach, ambivalent state responses to wife abuse can, in turn, shape the course of women’s illness experiences derived from domestic violence, prolonging husbands’ abuse of their wives and the women’s suffering.

In this article, I have suggested that the Vietnamese state’s ambivalence toward implementing new transnational gender equality frameworks, in the context of a broader agenda of participation in globalization, has led to abused women’s well-being having been subordinated to a state orientation that positions family unity and happiness as the basis for economic development and the maintenance of a stable nation. The Vietnamese state’s ambivalence toward protecting abused women can be understood to have been significantly shaped by Vietnam’s shift to a neoliberal market system, its renewed emphasis on the economic importance of the household, which is supported in part by ideologies of the happy family, and its integration into the global capitalist economy. This ambivalence may stem from the state’s attempt to achieve the related aims of becoming integrated into the global economy as a modern society that is concerned with women’s rights and human rights and achieving economic development goals through a liberalized economy that has repositioned the household to serve as the basis for the market economy (Werner 2002; Merry 2006). With the state’s continued implementation of the reconciliation approach to domestic violence, many abused Vietnamese women who have been visited by reconciliation committee members and who have sought assistance outside of their family still experience domestic violence. The women usually have been encouraged to return to their husband and work toward creating a happy family. As I have argued, these ambivalent Vietnamese state responses to women’s abuse from their husband have resulted in prolonged suffering and increased poor physical and emotional health for the abused women.

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NOTES

¹ Ha Tay province merged with the city of Hanoi in 2008.

² Regarding violence, prior to the approval of the first domestic violence law, Article 21, Point 2 of the 2000 Viet Nam Law on Marriage and Family states: "The wife and the husband are forbidden to commit ill-treatment acts, to violate each other's honour, dignity and prestige." The 2000 Criminal Code also prohibited violence against other persons, specifying violence against pregnant women (Hoang Ba Thinh 2002b, 231, 241).

³ See also Sally Engle Merry 2001, 2006, and 2009.

⁴ The Women's Union is a government mass organization that receives support from the state and Communist Party. It has a network of women in communities throughout the country who strive to attain gender equality and teach women to participate in the development of Vietnamese society. The Women's Union also conveys state and Communist Party ideas to the population, particularly to women (Gammeltoft 1999; Le Thi Nham Tuyet 2002; Pettus 2003).

⁵ The communities will remain anonymous in order to keep the identities of the individuals I interviewed confidential.

⁶ The international health program later expanded to include another hospital and additional communities.

⁷ I also conducted research in 2010 in Hoa Binh province of Vietnam with a focus on wife abuse among diverse ethnic groups residing in this province. While not explicitly drawn upon in this

article, this research informed my understanding of the implementation of the Law on Domestic Violence Prevention and Control approved by the Vietnam National Assembly in 2007.

⁸ Among international groups, organizations, and programs that targeted wife abuse, or domestic violence, in Vietnam by 2007 were the World Bank, UNICEF, UNIFEM, The U.S. Embassy, the New Zealand Embassy, and others.

⁹ The compulsory social health insurance scheme of the Vietnam government comprises compulsory health insurance for two sub-groups: those who must contribute and those who are not required to contribute. Those who must contribute include: particular groups who are formally employed (such as salaried and waged workers of a number of forms of organizations, health staff of commune health stations, and others); pensioners; full-time students; and others. Groups included who are not required to contribute to the compulsory health insurance scheme include: the poor, children under age six, the elderly, veterans and their dependents who suffer from toxic chemicals used during the Vietnam and U.S. war, and others. The voluntary health insurance scheme of the Vietnam government is health insurance that is voluntary for groups including: households not enrolled in compulsory health insurance in a participating community, members of associations or mass organizations, dependents of workers with compulsory health insurance, dependents of members of associations and mass organizations with voluntary insurance, and other groups (Ministry of Health 2006; Joint Learning Network for Universal Health Coverage 2011).

¹⁰ In his analysis of domestic violence in Senegal, Scott London (1997) discussed the role of conciliation in conflicts involving domestic violence, and the “conciliation approach” to conflict resolution. The meaning of the term “conciliation,” as used by London, is similar to that of the term “reconciliation” that I use in this article. In domestic violence conflicts, while the institutionalized structure of the conciliation approach as a mediation process in Senegal was different from that of the reconciliation approach in Vietnam, both involved third-party interventions and mediation with the spouses experiencing domestic violence to resolve the problem. In both cases, the primary objective of the mediation process is to keep the couple together.

¹¹ As Ashley Pettus (2003) writes, “While maintaining its official role as the political representative and advocate of Vietnamese women, the Women’s Union has acted as a grassroots administrator of government policies that aim to regulate the health, productivity and moral behavior of the family” (107). In my discussion of the reconciliation approach and the Women’s Union, I draw from Pettus’ excellent work on the historical governing of femininity in Vietnam by the state.

¹² Men in Vietnam were not targeted for domestic violence education and prevention programs until very recently. Men’s clubs have been created since the early years of the twenty-first century in a few communities in Vietnam, sponsored by local NGOs, internationally funded programs, and state mass organizations such as the Farmers Union.

¹³ See also Marr 1981, 193, and Rydström 2003, 691.

¹⁴ See also Gammeltoft 1999.

¹⁵ These Confucian four virtues are labor, appropriate speech, proper behavior, and physical appearance (Marr 1981 and Ngo Thi Ngan Binh 2004).

¹⁶ Marr 1981. See also Minh Huong 2010.

¹⁷ Some of the Women's Union's financial assistance programs have been funded by international development organizations.

¹⁸ This pressure can be indirect, addressing human rights more broadly. For example, in 2004 and 2007, the U.S. House of Representatives passed acts that aimed to cap non-humanitarian assistance programs to Vietnam if the state's human rights record in specific areas was not improved, according to the acts' criteria. H.R. 1587 Vietnam Human Rights Act of 2004 passed in the U.S. House of Representatives on July 19, 2004, and H.R. 3096 Vietnam Human Rights Act of 2007 passed in the U.S. House of Representative on September 18, 2007. These acts never became law, however. These bills had been proposed prior to 2004 as well.

¹⁹ See also Pettus 2003 and Drummond 2004.

²⁰ See also Drummond 2004.

²¹ Article 63 of the 1992 Constitution of Vietnam states, "Male and female citizens have equal rights in all fields – political, economic, cultural, social, and family. All acts of discrimination against women and all acts damaging women's dignity are strictly banned" (National Assembly, Socialist Republic of Vietnam 1995, 176). See also Jamieson 1993, Barry 1996, Gammeltoft 1999, and Ngo Thi Ngan Binh 2004.

REFERENCES

- Adelman, Madelaine. 2004. The Battering State: Towards a Political Economy of Domestic Violence. *Journal of Poverty* 8(3): 45-64.
- . 2000. No Way Out: Divorce-Related Domestic Violence in Israel. *Violence Against Women* 6(11): 1223-1254.
- Baer, Hans A., Merrill Singer, and Ida Susser. 2003. *Medical Anthropology and The World System*. 2nd ed. Westport, CT: Praeger Publishers.
- Barry, Kathleen. 1996. Introduction. In *Vietnam's Women in Transition*, ed. Kathleen Barry, 1-18. New York: St. Martin's Press.
- Bélanger, Danièle and Magali Barbieri. 2009. Introduction: State, Families, and the Making of Transitions in Vietnam. In *Reconfiguring Families in Contemporary Vietnam*, eds. Magali Barbieri and Danièle Bélanger, 1-44. Stanford: Stanford University Press.
- Bernard, H. Russell. 2006. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. 4th ed. Lanham, MD: AltaMira Press.
- Bui Thi Thanh Mai and Pham Vu Thien. 2004. Why the Silence? Reasons Why Women who Experience Domestic Violence in Vietnam Do Not Seek Outside Support. Hanoi: Consultation for Investment in Reproductive Health.
- Craig, David. 2002. *Familiar Medicine: Everyday Health Knowledge and Practice in Today's Vietnam*. Honolulu: University of Hawai'i Press.
- Das, Veena and Arthur Kleinman. 2000. Introduction. In *Violence and Subjectivity*, eds. Veena Das, Arthur Kleinman, Mamphela Ramphela, and Pamela Reynolds, 1-18. Berkeley: University of California Press.
- Deolalikar, Anil. 2009. Health Care and the Family in Vietnam. In *Reconfiguring Families in Contemporary Vietnam*, eds. Magali Barbieri and Danièle Bélanger, 75-94. Stanford: Stanford University Press.
- Dobash, R. Emerson and Russell P. Dobash. 1992. *Women, Violence and Social Change*. New York: Routledge.
- Drummond, Lisa. 2004. The Modern "Vietnamese Woman": Socialization and Women's Magazines. In *Gender Practices in Contemporary Vietnam*, eds. Lisa Drummond and Helle Rydstrom, 158-178. Singapore: Singapore University Press.
- Duong Thi Thanh Mai. 2005. The Issue of Domestic Violence against Women. In *Domestic Violence in Vietnam and the Role of the Mass Media in Women's Development*, ed. Hoang Ba Thinh, 37-42. Ha Noi: Thế Giới Publishers.

Edwards, Louise. 2009. Diversity and Evolution in the State-in-Society: International Influences in Combating Violence against Women. In *The Chinese State in Transition: Processes and Contests in Local China*, ed. Linda Chelan Li, 108-126. New York: Routledge.

Eisen, Arlene. 1984. *Women and Revolution in Viet Nam*. London: Zed Books Ltd.

Gal, Susan. 1997. Gender in the Post-Socialist Transition: The Abortion Debate in Hungary. In *The Gender/Sexuality Reader: Culture, History, Political Economy*, eds. Roger N. Lancaster and Micaela di Leonardo, 122-133. New York: Routledge.

Gammeltoft, Tine. 1999. *Women's Bodies, Women's Worries: Health and Family Planning in a Vietnamese Rural Community*. Richmond, Surrey, GB: Curzon Press.

Heng, Geraldine and Janadas Devan. 1997. State Fatherhood: The Politics of Nationalism, Sexuality, and Race in Singapore. In *The Gender/Sexuality Reader: Culture, History, Political Economy*, eds. Roger N. Lancaster and Micaela di Leonardo, 107-121. New York: Routledge.

Hoang Ba Thinh, ed. 2005. *Domestic Violence in Vietnam and the Role of the Mass Media*. Ha Noi: Thế Giới Publishers.

Hoang Ba Thinh. 2002a. Relationship between Family Members. In *Images of the Vietnamese Woman in the New Millennium*, ed. Le Thi Nham Tuyet, 139-156. Hanoi: Thế Giới Publishers.

———2002b. Gender and Justice. In *Images of the Vietnamese Woman in the New Millennium*, ed. Le Thi Nham Tuyet, 224-244. Hanoi: Thế Giới Publishers.

Jamieson, Neil L. 1993. *Understanding Vietnam*. Berkeley: University of California Press.

Johnson, Janet Elise. 2009. *Gender Violence in Russia: The Politics of Feminist Intervention*. Bloomington: Indiana University Press.

Johnson, Michael P. 1996. Violence against Women in the Family: The United States and Vietnam. In *Vietnam's Women in Transition*, ed. Kathleen Barry, 287-296. New York: St. Martin's Press.

Joint Learning Network for Universal Health Coverage. 2011. Vietnam: Compulsory and Voluntary Health Insurance Schemes. From www.jointlearningnetwork.org/content/vietnam-compulsory-and-voluntary-health-insurance-schemes. January 11, 2011.

Kleinman, Arthur, Veena Das, and Margaret Lock, eds. 1997. *Social Suffering*. Berkeley: University of California Press.

Kligman, Gail. 1995. Political Demography: The Banning of Abortion in Ceausescu's Romania. In *Conceiving the New World Order: The Global Politics of Reproduction*, eds. Faye D. Ginsburg and Rayna Rapp, 234-255. Berkeley: University of California Press.

Kwiatkowski, Lynn. 2008. Political Economy and the Health and Vulnerability of Battered Women in Northern Vietnam. In Special Issue on the Economics of Health and Wellness: Anthropological Perspectives, ed. Donald C. Wood, *Research in Economic Anthropology* 26: 199-226.

Ladinsky, Judith L., Hoang Thuy Nguyen, and Nancy D. Volk. 2000. Changes in the Health Care System of Vietnam in Response to the Emerging Market Economy. *Journal of Public Health Policy* 21(1): 82-98.

Lazarus-Black, Mindie. 2007. *Everyday Harm: Domestic Violence, Court Rites, and Cultures of Reconciliation*. Urbana: University of Illinois Press.

Le Thi. 1996. Women, Marriage, Family, and Gender Equality. In *Vietnam's Women in Transition*, ed. Kathleen Barry, 61-73. New York: St. Martin's Press.

Le Thi Nham Tuyet, ed. 2002. *Images of the Vietnamese Woman in the New Millennium*. Hanoi: Thế Giới Publishers.

Le Thi Phuong Mai. 2002. Gender and Gender-Based Violence: How Health Providers Can Help Female Victims. Hanoi: Encourage Project, Consultation of Investment in Reproductive Health.

———1998. Violence and its Consequences for Reproductive Health: The Vietnam Case. *South and East Asia Regional Working Papers #12*, 15: 34-42. Hanoi: The Population Council.

Le Thi Quy. 2004. Gender-Based Violence in Family. Study Cases in Thai Binh, Phu Tho and Hanoi. Hanoi: Research Centre for Gender and Development, University of Social Sciences and Humanities.

———2000. *Domestic Violence in Vietnam: Context, Forms, Causes, and Recommendations for Action*. Chiangmai, Thailand: Asia Pacific Forum on Women, Law and Development.

———1996. Domestic Violence in Vietnam and Efforts to Curb It. In *Vietnam's Women in Transition*, ed. Kathleen Barry, 263-274. New York: St. Martin's Press.

———1992. Some Views on Family Violence. *Social Sciences* 4: 81-87.

Lock, Margaret and Nancy Scheper-Hughes. 1990. A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent. In *Medical Anthropology: Contemporary Theory and Method*, eds. Thomas M. Johnson and Carolyn F. Sargent, 47-72. New York: Praeger Publishers.

Lock, Margaret and Patricia A. Kaufert. 1998. Introduction. In *Pragmatic Women and Body Politics*, eds. Margaret Lock and Patricia A. Kaufert, 1-27. Cambridge: Cambridge University Press.

- London, Jonathan. 2004. Rethinking Vietnam's Mass Education and Health Systems. In *Rethinking Vietnam*, ed. Duncan McCargo, 127-142. New York: RoutledgeCurzon.
- London, Scott. 1997. Conciliation and Domestic Violence in Senegal, West Africa. *PoLAR: Political and Legal Anthropology Review* 20(2): 83-91.
- Luke, Nancy, Sidney Ruth Schuler, Bui Thi Thanh Mai, Pham Vu Thien, and Tran Hung Minh. 2007. Exploring Couple Attributes and Attitudes and Marital Violence in Vietnam. *Violence against Women* 13(1): 5-27.
- Marr, David. 1981. *Vietnamese Tradition on Trial, 1920-1945*. Berkeley: University of California Press.
- McCargo, Duncan. 2004. Introduction. In *Rethinking Vietnam*, ed. Duncan McCargo, 1-12. New York: RoutledgeCurzon.
- Merry, Sally Engle. 2009. *Gender Violence: A Cultural Perspective*. Malden, MA; Oxford: Wiley-Blackwell Publishing.
- 2006. *Human Rights and Gender Violence: Translating International Law into Local Justice*. Chicago: The University of Chicago Press.
- 2001. Rights, Religion, and Community: Approaches to Violence against Women in the Context of Globalization. *Law and Society Review* 35(1): 39-88.
- Minh Huong. 2010. Women and Confucianism. Viet Nam News, January 27. From <http://www.hoilhpn.org.vn/>. January 28, 2010.
- Ministry of Health. 2006. *Vietnam Health Report 2006*. Hanoi: Ministry of Health.
- Morsy, Soheir. 1990. Political Economy in Medical Anthropology. In *Medical Anthropology: Contemporary Theory and Method*, eds. Thomas M. Johnson and Carolyn F. Sargent, 26-46. New York: Praeger Publishers.
- National Assembly, Socialist Republic of Vietnam. 2007. Law on Domestic Violence Prevention and Control, Law No.: 02/2007/QH12. Hanoi.
- 1995. *The Constitutions of Vietnam: 1946 – 1959 – 1980 – 1992*. Hanoi: Thế Giới Publishers.
- Ngo Thi Ngan Binh. 2004. The Confucian Four Feminine Virtues (*tu duc*): The Old Versus the New—*Ke thua* Versus *Phat huy*. In *Gender Practices in Contemporary Vietnam*, eds. Lisa Drummond and Helle Rydstrom, 47-73. Singapore: Singapore University Press.
- Nguyen Dang Vung, Per-Olof Ostergren and Gunilla Krantz. 2008. Intimate Partner Violence against Women in Rural Vietnam—Different Socio-Demographic Factors are Associated with

Different Forms of Violence: Need for New Intervention Guidelines? *BioMed Central Public Health* 8: 55-65.

Nguyen Thi Hoai Duc, Vu Pham Nguyen Thanh, and The Centre for Reproductive and Family Health Project Officers. 2001. *Domestic Violence against Women and Attitudes, Practices of Health Workers (Case Studies in Hanoi and Ninh Binh Provinces)*. Hanoi: The Centre for Reproductive and Family Health (RaFH) and the New Zealand Embassy.

Pettus, Ashley. 2003. *Between Sacrifice and Desire: National Identity and the Governing of Femininity in Vietnam*. New York: Routledge.

Phan Thi Thu Hien. 2002. *Sexual Coercion within Marriage in Rural Area of Quang Tri, Vietnam*. Hanoi: Encourage Project, Consultation of Investment in Health Promotion.

Phi Yen. 2007. Separation Pain. *Vietnam Economic Times*, July 13. From www.hoilhpn.org.vn. January 28, 2010.

Romedenne, Magali and Vu Manh Loi. 2006. *Domestic Violence: The Vietnamese Shift*. Ha Noi: The United Nations Population Fund and the Swiss Agency for Development Co-operation.

Rydström, Helle. 2003. Encountering “Hot” Anger: Domestic Violence in Contemporary Vietnam. *Violence against Women* 9(6): 676-697.

Singer, Merrill and Hans Baer. 1995. *Critical Medical Anthropology*. Amityville, N.Y.: Baywood Publishing Company.

Stoler, Ann Laura. 2002. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*. Berkeley: University of California Press.

———1997. Carnal Knowledge and Imperial Power: Gender, Race, and Morality in Colonial Asia. In *The Gender/Sexuality Reader: Culture, History, Political Economy*, eds. Roger N. Lancaster and Micaela di Leonardo, 13-36. New York: Routledge.

UNDP (United Nations Development Programme). 2010. Viet Nam at a Glance: A Human Development Overview. Ha Noi: UNDP Viet Nam. From <http://www.undp.org.vn/undpLive/undp/about-viet-nam/viet-nam-at-a-glance?&languageId=1>. October 30, 2010.

UNFPA (United Nations Population Fund). 2007. *Gender-based Violence: Programming Review*. Ha Noi: UNFPA Viet Nam.

Viet Nam News. 2009. Gender Equality in Vietnam Discussed. December 7. From <http://www.hoilhpn.org.vn/NewsDetail.asp?Catid=128&NewsId=12928&lang=EN>. January 28, 2010.

Vietnam Women's Union. 2007. Viet Nam Praised for Efforts against Gender Discrimination. *Women of Vietnam Review* 1: 11.

VOV News, Radio the Voice of Vietnam. 2009. AIPA Promotes Gender Equality. <http://english.vovnews.vn>, November 30. From <http://www.na.gov.vn/htx/english/C1330/>. December 9, 2009.

Vu Manh Loi, Vu Tuan Huy, Nguyen Huu Minh, and Jennifer Clement. 1999. *Gender-Based Violence: The Case of Vietnam*. Hanoi: The World Bank in Vietnam.

Werner, Jayne. 2002. Gender, Household, and State: Renovation (*Đổi Mới*) as Social Process in Viet Nam. In *Gender, Household, State: Đổi Mới in Viet Nam*, eds. Jayne Werner and Danièle Bélanger, 29-47. Ithaca: Cornell Southeast Asia Program Publications.

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