Male sexual concerns in a Vietnamese rural town

An anthropological interpretation

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Preface

My master course in medical anthropology and this research were funded by the Ford Foundation, in collaboration with Population Council, for the development of social sciences and sexuality research in Vietnam. I am grateful for this support. I am thankful for having been provided with a highly stimulating environment during my studying months in the Amsterdam’s Master of Medical Anthropology (AMMA).

I thank my supervisor, Dr. Han ten Brummelhuis, for his trust and for his enthusiasm for my work. He has encouraged me very much and helped me overcome difficulties I confronted during my research. We had many interesting discussions about sexuality and Southeast Asian countries. I thank Prof. Sjaak van de Guest, for being the first teacher of AMMA who enlightened me of cultural and medical anthropology. I thank him for his important comments on this thesis.

I thank my wife Ngoc Anh. She accepted my absence during my months of study and doing fieldwork and helped me get through it by her daily emails and calls. I can never thank my parents, who always support and encourage me to go toward an academic life.

In Muong Khen, one person has been absolutely crucial for this research. He is Binh, my friend and my guide. His enthusiastic supports helped me overcome doubts in my attempts to access the local men. The conversations between Binh and I brought in many important points for this thesis. I thank Hoa and Trung who let me stay in their houses, provided me meals and gave me insightful information about life and men in the town.

A number of students of University of Amsterdam have helped too. I thank Kwung Wha Yeo, Nguyen Thu Nam, Wati, Bas, Nguyen Tran Lam, Vannessa, Nguyen Quang Vinh, Nghiem Lien Huong, Phan Thi Thu Hien, Phan Diep Tu for their generous helps. With them, my life in Amsterdam has been more meaningful.

Finally, I specially thank Amy and Tenley for their patience editing my English.
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Chapter 1. Male sexual concerns and Muong Khen

What are male sexual concerns?

Many men in Vietnam are using traditional medicine in the belief that it is good for men's strength and virility. In my investigation of this phenomenon, I assumed that men were using traditional medicine because they had concerns over their sexual performance. I call these 'male sexual concerns'.

From the literature about men's sexual health, one can see that there are two main traditions of thought about male sexual concerns. The first applies a medical model, paying attention to male sexual organs and focusing mainly on erectile dysfunction (Korenman 1998, Aytaç et al. 2000) or the association between smoking or drinking and sexual dysfunction (Sutker et al. 1982, Wolf and Shulmam 1996, Tengs et al. 2001). Most of these studies use 'scientific' measurements to prove whether certain levels of addictive substances influence male sexual functions or fertility. The results of these measurements often contradict each other because the researchers rarely take into account the whole context in which their informants live. However, the valuable part of this approach is that it has pointed out two important dimensions of male sexual concern. One of them points to contagious illnesses such as syphilis and its symptoms; the other covers non-contagious conditions such as premature ejaculation, impotency or lack of sexual desire.

Authors in the second tradition, instead, pay attention to the cultural and social construction of masculinity and its impact on men's health (Elaine and Jon 1998, Potts 2000). By using qualitative methods as their main tool, writers of this latter approach argue that male sexual concerns relate to the cultural and social values of being male. Elaine and Jon (1998) show that men living with prostate problems often delay seeking help because they consider asking for help as 'feminine' and as a loss of control. Potts (2000) argues that men's notion of hegemonic masculinity, which requires hardness, strength and endurance in masculine sexuality, creates worries and concerns about their own sexual ability. There is a strong focus on the cultural context that would explain sexual concerns, not from the perspective of medical doctors, but from a lay perspective. Verma et al (2001) find that there is a wide range of vocabulary and cultural notions men use to describe their sexual health problems. By
exploring the cultural beliefs about sexual health, they suggest that it is worth studying concerns related to semen:

‘In addition to sexually transmitted infections, men are equally or more concerned about the quality and quantity of semen and ‘impotence’, which includes erectile decencies and premature ejaculation [...]. Men, as well as untrained sexual health practitioners, perceived the indiscreet wastage of semen through excessive masturbation, wet dreams or excessive sexual desire to be a major cause of these problems’ (Verma et al. 2001: 340)

The cultural perspective in research about sexual concerns can be traced back to the work of Edwards. In his study on sexual concerns in Chinese traditional medicine, Edwards (1976) suggests that the yin and yang system is at the root of the lay perception of the relation between sex and health. In order to maintain good health, the body should be kept in balance between yin and yang. Semen, the yang, should be controlled and men should practice sexual self-regulation. In addition, a lack of sexual intercourse isn’t good either since that would create excessive heat in the five important organs of the body. Edward finds that of the two great religions that have most influenced the sexual behavior of the Chinese, Taoism relates more to sex theory and techniques of maintaining health, while Confucianism relates to sexual morality.

The focus on a lay perspective of men’s sexual concerns is further enhanced by significant contributions by medical anthropologists. The work of feminist anthropologist Rydstrom (2002) over socialization of children in Vietnam indicates the importance of the phallus in producing the patrilineage. The phallus symbolically stands for the superiority of men in Vietnamese patriarchal society. In the same line, Gammeltoft (1999) notes that Vietnamese men see semen as energy; the loss of semen would negatively affect men’s health. The result is that men do not think it is their responsibility to apply modern contraceptive methods.

Mark Nichter and Mimi Nichter (1996) look at the ethnophysiology of reproduction. Using a lay cost/benefit analysis, they are able to explain concerns related to condom use and male sterilization. Men want to keep their dhatu (semen) not simply because of their belief, but perhaps for an economic reason. They say:
'Condom use interferes with what may be thought of as dhatu economics – a concern taken more seriously by the poor who must maximize scarce resources than by those who have abundant food resources and are more capable of replenishing dhatu supply. For the poor, dhatu represents a distilled form of vitality produced by the body through a chain of transformations from food to blood to dhatu' (Nichter and Nichter 1996:89).

In her anthropological research on female sexual concerns in Vietnam, Whittaker (1998) notes that the economic renovation (doi moi) has created what she calls ‘modern pressures’ for improving economic status. These pressures would influence people’s perceptions of health and causes of illnesses. Women in the study explained their vaginal discharge to be result of overload and economic worries. Although findings of the research relate to women’s perceptions of sexual concerns, they automatically suggest a similar way of reasoning in men regarding sexual matters.

In line with the cultural notions of sexual illnesses discussed above, the literature on methods of prevention and treatment of male sexual concerns shows that alternative medicine and popular medical therapies are widely used. Contrary to expectation, men are believed to be more knowledgeable than women on herbs and extracting medicines from herbs, including medicine for sexual illnesses (Browner 1991). Edwards (1996) describes the use of herbs amongst Chinese men to ‘supplement the yang’. Craig (2002) notes that many Vietnamese men in his study paid close attention to the strength of their reproductive systems. Highly influenced by the Chinese notion of yin and yang, male sexuality is considered ‘hot’. Hot, bitter, spicy foods, including alcohol, coffee, and especially dog or goat meat are considered good for yang. But, attaining good yang may not be the only aim of these users since possessing ‘potent’ things carries meaning for social status:

‘Tonic consumption is a part of daily life for many Vietnamese men. The large glass jar, stored high above the TV, filled with the rice alcohol and a selection of fairly expensive tonic herbs, and/or snakes and other ‘potent’ animals, is for many a hugely important symbol of respect, sensitivity, and identification” (Craig 2000: 93)
In conjunction with the idea that men ‘prefer’ traditional medicine to biomedicine, the argument that the difficulties of accessing health services turn men to traditional medicine is also quite influential. It is observed that Vietnam’s economic renovation led to a privatization of the healthcare system. In this process, users pay for a large part of their health expenditures. For many reasons, most of the poor are not able to pay the fees for health care services. Wolffers (1995) notes that macro-economic reforms have increased the gap between the rich and the poor because the user fees that were introduced have especially affected the poor. He explains that because the poor cannot rely on the health care system any more, they have to depend on self-medication and self-treatment. Most people only come to biomedicine when they have found traditional medicine ineffective or when their illnesses have become too severe.

The wide use of self-treatment and self-medication requires approaches that can appropriately understand human health behavior at the community level. Medical anthropologist Kleinman (1980) offers a way of looking at self-treatment within the popular sector of healthcare. This popular sector includes self-treatment or self-medication; advice or treatment given by a relative, friend, neighbor or workmate; healing and mutual care activities in a church, cult or self-help group; consultation with another lay person who has special knowledge of a particular disorder or of treatment of a physical state. People who become ill typically follow a ‘hierarchy of resort’, ranging from self-medication to consultation with others. Self-treatment is based on lay beliefs about the structure and function of the body, and the origin and nature of ill health. These beliefs can outline healthy ways to eat, drink, sleep, dress, work, pray, and, in general, conduct one’s life. Mentioning the popular sector, Helman (2000) suggests that most health care in this sector takes place between people already linked to one another by ties of kinship, friendship, work, neighborhood, or membership in a religious organization. There are certain individuals, though, who tend to act as a source of health advice more often than others. This sector is made up of a series of informal and unpaid healing relationships of variable duration, which occur within the sufferer’s own social network, particularly the family.

In short, literature about male sexual concerns, both in Vietnam and in other developing countries, suggests a framework with various approaches. Amongst these, medical anthropologists offer the most valuable insights. They point out that, besides cultural beliefs about the body, sexual concerns and treatments may relate to notions
of being a good man, power relations between men and women, and economic status. In this research, I will use a lay perspective to look at cultural notions of male sexual concerns in a specific rural area in Vietnam. At the same time, I will try to critically analyze these notions by applying approaches suggested by medical anthropologists.

Muong Khen: the research area
Rural married men’s perceptions and practices related to their health have not been a matter of concern in healthcare programs in Vietnam. The question of how rural Vietnamese men deal with their health still needs attention. The answer to this question is extremely important for Vietnam; a country in which roughly 70% of the population lives in rural and mountainous areas and where living conditions are still very hard.

Muong Khen is a small town, situated at the Northwestern mountainous area of Vietnam. The town occupies only 4 square kilometers but it can use only one fifth of that surface for the purpose of cultivation. The town has only 1009 households, with approximately 4200 inhabitants. It is divided into eight residential groups. Only the people within residential groups 1 and 2 are working in agriculture. Others are either cadres in local government agencies or people who do non-agricultural jobs. Most of Muong Khen’s inhabitants are of the Muong ethnic group that accounts for 55% of the town’s population. The Kinh, the dominant ethnicity in Vietnam, account for 40%, and the remaining 5% include the Dao, Tay and Thai. The diversity of the population itself can reveal many things about the town.

Historically speaking, Muong Khen is a young town that was established by the Vietnamese government just fifteen years ago. Its establishment likely arose from its geographical position since one can fairly easily go ‘down’ to Hanoi, the capital city that is 100 km away, or go ‘up’ to Dien Bien Phu, a bigger town in the northern region, which is well known from the Vietnam-French War. Moreover, one can also go toward the South of Vietnam, just by following National Road 6. This strategic location could account for the Vietnamese government’s establishment of many military camps here. After completion of their military services, many soldiers decided to stay in the area instead of going home. Thus the town is known as an area that consists of people from very different regions of the country. The second reason for the town diverse population is the government’s migration policy that started in the 1960s and ended in the late 1980s. Before the migration movement started, most
inhabitants in this area belonged to the Muong, who nowadays live in the residential
groups 1 and 2. The Kinh migrants who were from lower areas such as Ha Bac, Nam
Dinh or Thai Binh at first joined in the Muong villages. The life at that time was
described as hard and difficult. Many of the Kinh felt disappointed because the
government did not support them sufficiently to establish a new life. In the late 1980s
when the reformation process in Vietnam began, many Kinh families decided not to
live with the Muong anymore and moved out of Muong villages. They went to the
area known as Muong Khen town today and built new houses.

These new movements became stronger when the area was chosen as the
center of Tan Lac district. Nevertheless, by the early 1990s, only a few houses were
seen alongside National Road 6 because people thought that living on the roadside
was unsafe. Later, in the mid 1990s, many families moved to the roadside areas
thinking that they could improve their income by selling things to the passers-by and
also to local residents. The town really began to take its from then. Gradually, not
only the Kinh but also many Muong families moved to this area and made it again a
mixed ethnic location. People from different provinces continued coming to the town
until the mid 1990s. During the period in which I conducted my research, it was
acknowledged that the town’s inhabitants were from forty-one different provinces of
Vietnam.

My impression is that the town is still a poor area, but it has significantly
changed in recent years, especially when the government’s project of reparation and
expansion of National Road 6 started three years ago. The new road is supposed to
create new opportunities for the town’s residents as it should ease the flow of goods
from Hanoi to the upper lands in the far North. The price of land in the town is
increasing to stunning degree, especially for the parcels of land along the road.
Amongst the families considered well-to-do, many have small shops on the roadside.
It is known that there are 225 such households in the town so far. Some families have
suddenly become rich after selling land that faces the road. Agricultural work in the
town has therefore decreased. Nowadays, only the Muong people who live in
residential group 1 and 2 still deal with the crops. Amongst these Muong families,
each family is given only 500 square meters of cultivable land. Therefore, many of
them have to find non-agricultural jobs like stonebreaking, bricklaying, woodworking
or carpentry. Unlike the Muong, most of the Kinh are official servants in local
governmental agencies. However, in most of these agencies, the Muong have the
leading positions. This is rooted in the fact that the majority of citizens in the town are Muong and are faithful supporters of Muong candidates. I will return to this situation in the following chapters.

Like men in other places of Vietnam, Muong Khen men also use medicine made from various kinds herbs and small animals. I dared not choose men of different ethnic groups in the town for my research because that would have required more complex analysis. Considering all the conditions with regard to the feasibility of my research, I chose Kinh men. Actually, I had had the idea to compare the perception of male sexual concerns amongst the Kinh and the Muong, but then I recognized that it was impossible for me to do such research. I will explain the reasons for this in detail in chapter 2.

The research question
In this research, I will follow the lay interpretation of sexual concerns. I will address the following the question thoroughly:

How do Muong Khen men’s perceptions of male sexual concerns reflect the cultural and social environment in which they live?

Since I will not be able to investigate everything in that environment, I will limit myself to concentrating on sexual concerns that relate to men’s perception of the body, the notion of being a good man. I will also try to look at how local men deal with their sexual concerns with regard to choosing the healthcare resources available to them. In short, I will pay attention to these three sub-questions: To what extent do Muong Khen men’s perceptions of the body shape their sexual concerns? To what extent does their notion of a good man shape their sexual concerns? In what conditions do they use traditional medicine to solve their sexual concerns? In the chapters that follow, I will answer these questions in detail.
Chapter 2. Methodology

Doing sex research is an interesting, new and difficult task for me. In this chapter, I describe how I was able to perform the task. Since sex is an issue that is normally discussed between friends or trusted people, I must say that without my friends in Muong Khen, it would have taken much longer to answer the questions that I have put forward.

My guide and his family

The man who agreed to be my guide is one of my friends in the town. At 40 years old, he has two sons, the older is 14 and the younger is just three years old. Currently, he works as an accountant for the People’s Council of the town. Binh, his name, has very good relations with many people in the town, probably because of his working position and his good communication skills. These are also the reasons why I chose him to be my guide.

In his small and earthen-walled house in residential group 7, Binh is quite a busy man. His wife, a teacher at the local primary school, has been transferred, with other teachers in the town, to a school in an upper mountainous commune and will remain there for at least two years. This move is compulsory for every teacher in the town due to the lack of teachers in remote communes. In turn, she receives a salary twice as high as usual. Binh and his wife had to think much about whether his wife should accept such a policy because their small boy still needed his mother. In the end, they decided that they should follow the policy. Binh has to take care of his two boys as well as the pigs. Every morning, he wakes up quite early to feed the small boy and take him to a nearby kindergarten. Then he comes back home, urges the older boy to eat so that he can go to school on time. He continues the morning with preparing foods for the pigs, going to the market to buy things for lunch and then cooking. His mother, Mrs. Duong, came to live with him after his wife left, but she is too weak to help. Although busy all day, Binh still agreed to help me. He worried that if I worked with somebody else, the quality of my work would be compromised. Indeed, during the course of my data collection, he helped me with many things, and many of my observation notes came from my conversations with Binh, or from conversations between him and others.
Getting permission

The morning after my arrival in the town, I decided to introduce myself to the town’s authorities. At that time I was indeed quite nervous because I was afraid that the authorities would not allow me to do my research. As a student, I did not bring with me an introductory letter from a Vietnamese organization, which is normally required. However, I got the permission quite easily since Binh introduced me as his relative. The vice president wrote a short letter and told me to bring it to the secretary of the communist party (bi thu chi bo) in residential group 2, the place I told him I wanted to visit first.

At this point, I made a mistake that resulted in a critical research decision. Having received permission from the authority, Binh and I drove directly to the secretary’s house and told him my basic research ideas, asking him to introduce us to residents in his group. Residential group 2 is a group of the Muong and at that moment I still thought that I could compare the ‘male sexual concerns’ of the Muong and the Kinh. The party member was willing to help us, but said that we could only meet a few residents in the afternoon because it took time for him to contact them. In the afternoon, we came back and I did three individual interviews.

In the following morning, I went to that place again and did one focus group discussion (FGD). However, I was not happy with what I got from these conversations. The interviewees and focus group participants did not understand what I was doing there. Some thought that I was a marketing man, others understood me as a man doing something about family planning, while some doubted my motives altogether and asked me to show them my identity card. I must say that I did not suffer from linguistic misunderstanding because most of the Muong speak Kinh (Vietnamese) as their first language. But the problem was that I had not prepared them for the interviews and the discussion, so that some of them felt uncomfortable and confused with my questions regarding sexuality. I was also too naïve to suppose that I could grasp the Muong’s sexuality in a short amount of time. The Muong culture, as I later realized, is very rich and without knowing their elaborate and complicated culture and history I would not be able to understand their sexual concerns. For the latter reason, I decided that I should focus on the Kinh’s sexuality since I am more familiar with and a part of this ethnic group.
Accessing the informants

Based on the lessons of the first encounter, I started to tell Binh what kind of people I would like to meet and together we wrote a letter of introduction. In the letter, I made clear what the topic was and that they could choose to join the research either as a focus group participant or as an individual interviewee. I still believed that focus group discussions and individual conversations were two good methods for my research because I could glean 'normal' sexual ideas from group discussions and personal sexual experiences from in-depth conversation.

Binh and I then approached about 50 men in the town and asked them whether they would like to join the research. While assuming that some people like traditional healers or middle-aged men were more knowledgeable than others in term of sexual concerns, I welcomed every man who wanted to talk with me. The men we engaged were traditional healers, farmers, cadres, retired men, young men, and middle-aged men. This was time consuming because sometimes we had to go to one family twice to get the answer. Finally, fifteen people agreed to participate in the FGDs and about ten to join the individual interviews. I felt happy that amongst them there were some traditional healers who were told to have knowledge about sexual illnesses.

Assuming that people of different ages and occupation may differ in their views about sex, I tried to sort out the younger people to form a FGD of those under 40 years old. I divided the 'older' people into two groups, one of retired people and somehow closer to rural production, the other group of currently employed. Apart from these three groups, I had another FGD with men that did not get the introductory letter. This latter conversation happened spontaneously when I had dinner at one informant's house. Interested in my topic, his dinner guests asked me questions and I returned with questions. We did not cover all the issues, but the information I got was interesting and useful. Among those who agreed to join the in-depth interviews, some were employees and some were actual farmers; some were just in their early thirties meanwhile others were in their late forties. Similar to my experiences with the FGDs, some people joined in my research without knowing it in advance. Their comments were often informative. At the same time, I had to take others out of my research because they either felt too hesitant to talk about sexuality or had no opinions about my research topics.
In short, I conducted four group discussions, and ten in-depth interviews. The following are some characteristics of my informants:

### Group 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ban</td>
<td>Farmer</td>
<td>58 years old</td>
<td>3 children</td>
</tr>
<tr>
<td>Tuan</td>
<td>Gardener</td>
<td>52 years old</td>
<td>2 sons</td>
</tr>
<tr>
<td>Huy</td>
<td>Retired, used to be a physician in the army</td>
<td>45 years old</td>
<td>2 daughters</td>
</tr>
<tr>
<td>Hoang</td>
<td>Leaders of residential group 1</td>
<td>50 years old</td>
<td>2 children</td>
</tr>
</tbody>
</table>

### Group 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minh</td>
<td>High-school teacher</td>
<td>44 years old</td>
<td>1 son</td>
</tr>
<tr>
<td>Hoa</td>
<td>Primary-school teacher</td>
<td>37 years old</td>
<td>2 sons</td>
</tr>
<tr>
<td>Trong</td>
<td>High-school teacher</td>
<td>33 years old</td>
<td>1 daughter</td>
</tr>
<tr>
<td>Ghi</td>
<td>Capital (army)</td>
<td>45 years old</td>
<td>2 children</td>
</tr>
<tr>
<td>Danh</td>
<td>Bricklayer</td>
<td>40 years old</td>
<td>1 daughter and 1 son</td>
</tr>
</tbody>
</table>

### Group 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nhat</td>
<td>Electrician</td>
<td>31 years old</td>
<td>1 daughter</td>
</tr>
<tr>
<td>Quan</td>
<td>High-school teacher</td>
<td>32 years old</td>
<td>No child yet</td>
</tr>
<tr>
<td>Chinh</td>
<td>High-school teacher</td>
<td>33 years old</td>
<td>No child yet</td>
</tr>
<tr>
<td>Hung</td>
<td>Physician (interpreting X-ray films)</td>
<td>38 years old</td>
<td>1 son</td>
</tr>
</tbody>
</table>

### Group 4

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tai</td>
<td>Retired official, now traditional healer</td>
<td>60 years old</td>
<td>4 children</td>
</tr>
<tr>
<td>Trieu</td>
<td>Retired</td>
<td>45 years old</td>
<td>2 sons</td>
</tr>
<tr>
<td>Nhung</td>
<td>Guard</td>
<td>55 years old</td>
<td>1 son and 3 daughters</td>
</tr>
<tr>
<td>Tong</td>
<td>Farmer</td>
<td>48 years old</td>
<td>1 daughter and 1 son</td>
</tr>
</tbody>
</table>

### In-depth interviewees

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dong</td>
<td>Cadre of the town</td>
<td>30 years old</td>
<td>1 daughter</td>
</tr>
</tbody>
</table>
Apart from these men, I had informal conversations with many others who were willing to talk about my topic. I also visited the local healthcare center and talked with the staff to inform myself on current healthcare programs in the town. I visited coffee shops that local men considered places of prostitution. I also met the chief policeman and listened to his opinions about activities to stop ‘social evils’, a term that mainly refers to heroin addicts and prostitutes.

**Identity of the researcher**

Sex is a sensitive matter in Vietnamese culture, and whether or not people talk about it and how they talk about it depends on to whom they are talking. My status of being an urban, well-educated man created certain advantages. Some men enthusiastically talked to me because they thought I was the person who could understand their hidden sexual thoughts without ridiculing them. However, the fact that I am an urban, young, married man led both to advantages and disadvantages. First of all, the men in the town would not talk about sex with a young man who supposedly has no experience about sex. In that case, they would ask you to go away. Luckily, they did not think of me that way because they could always see the wedding ring on my left hand. In many cases, the informants in my FGDs began their statements by saying “Because
we are all here married men, I want to say that...” They talked to me because they thought I had something in common with them. Some informants saw me like a young man who was learning the sexual skills from them – the experienced elders, so they talked to me as if they were teaching. As importantly, if I had not been got married and had therefore not had a sexual experience, I would not have been able to interpret the jokes made by my informants in the course of the research. Yet, being young created certain disadvantages. Some men in their fifties or older tried to show me that they were good people, who supposedly know little about sex. Facing this kind of person, the only thing I could do was to listen to them and try to understand the sexual morality embedded in what they said. But even in this case, things were not always bad, especially after a drink. Some old men agreed to write down some of their herb recipes to enhance sexual ability. So, I collected my data not only from what people said, but also from what they wrote.

**Participant observation**

When I visited Muong Khen before the research, I would normally stay at Binh’s house. But this time, Binh sent me to two other houses belonging to his brothers. In the two periods of research I spent in the town, I stayed with these two families. At first, I thought that living in other houses would be better because Binh was busy enough. But later, by talking with and observing members of these families, I recognized that staying with them actually helped me to understand a lot about life in the town, social relations between men, and also gender relations within each family I joined. Observation has probably been the method I enjoyed most. People often came to me and asked to go for breakfast, coffee and dinner. The way people talked with each other or with girls in a coffee shop appeared highly interesting. It seemed that what I observed was closer to the daily life of local people because, during my interviews or group conversations with them, they tended to exhibit good manners, indicating that sex was a matter for others, not themselves. I tried to write down my impressions about them whenever I could. Sometimes, I wrote down only some key words so that later I could remember the story quickly.

**Building rapport and keeping privacy**

Meeting my informants implied always that I had to drink with them. It depended on the intimacy between my guide and the hosts whether they would serve me alcohol
with or without herbs or similar substances. I drank all the kinds of alcohol that were
served, even though I felt sometimes uneasy watching insects or animals in the jars or
feeling the liquid inside my body. Only after bottoming up one or sometimes two cups
of alcohol, people would answer my questions. Beginning the interviews before that
rite would result in the ill cooperation of the informants since they would likely think
that I did not respect them. Luckily, I kept myself sober until the research part of the
meeting was over.

Apart from building a rapport, keeping the privacy of my informants was one
matter for which I had concern. I often tried to conduct the interviews or FGDs
outside their private houses. However, when some men insisted that their wives and
children were not at home, I did my interviews in their houses. For my first few
interviews, Binh was also there and sometimes he joined the conversation. I
understood that Binh wanted to be there to help if there were misunderstandings
between the interviewees and me. But in later cases, I told Binh that I would be fine
and that he could go leave and wait for me. Normally, he was always in the
neighborhood and ready to pick me up as soon as I finished my work. By working in
this way, I could be sure that my informants would not feel hesitant to talk to me,
even about sensitive topics. In my writing of this thesis, I have changed the real name
of my informants so that their privacy can be preserved. I did the same thing with
informants of FGDs. Three group conversations were done in one informant’s house,
the other in a coffee shop.

The cards and tapes
In Vietnamese, I could not ask direct questions like ‘What are the male sexual
concerns here?’ or ‘In what ways do you think a man could solve his sexual concern?’
As a student of anthropology, I tried to understand as much as possible about the
terms people use themselves to indicate sexual concerns. But by doing that, I was
facing the risk of getting nothing from the informants because they themselves did not
want to start using ‘sensitive’ words. So, I decided that I would use the ‘shock’
method. I wrote down on cards sexual problems such as impotence, early ejaculation
and gonorrhea. When meeting the informants, I showed them the cards and asked if
they agreed that these kind of concerns existed in the town. Then I asked them to
explain why they agreed or disagreed. I asked them if they knew of any other
concerns in the town and, if so, if they could describe them. In this way, I could easily
make people understand what kind of information I wanted them to discuss and I could smoothly facilitate discussions between them.

All of my conversations, the individual as well as the collective, were tape-recorded. I always asked if I could use the recorder. Some refused, but most allowed me. I transcribed them myself, and during the transcription I recalled the whole surrounding environment, the voices and attitudes of my informants toward my questions and so on. This helped greatly to interpret the data I had recorded.

**Coding and analyzing data**

To code different kinds of sexual concerns, I applied the local categories that divide sexual concerns into two main types. One is externally rooted, implying sexually transmitted diseases. This type is locally called *benh xa hoi* (or, 'social disease'). The other is internally rooted, called *yeu sinh ly* (or, 'sexual weakness'). This type implies illnesses such as impotence or early ejaculation. When reading the transcripts of each individual interview, I tried to arrange attitudes, explanations and therapies around these two types in order to find main streams of thought about each type of sexual concern. Since the local men's ideas and opinions always centered around sexual satisfaction and dissatisfaction, I tried to sort opinions into these two categories too.

To analyze and interpret local men's opinions, I tried to compare what they said and what I observed. For instance, in a conversation, a man may say that he did not have any sexual problems and therefore did not use any kind of medicine relating to sex. Yet in another moment, he may drink some kind of sexual liquid with his friends. This of course connotes meanings of the liquid in social relations. Furthermore, I looked at differences in economic situation as well as gender and ethnicity to better understand local men's perceptions of sexual concerns.

To facilitate the process of coding, and, in part, the analyzing of the data, I used the software Nvivo 2.0

**Conclusion**

In conclusion, there were three techniques on which I based my research: in-depth interviews, focus group discussions and participant observation. The combination of these methods was effective. While the data from focus group discussions generated general sexual norms and values, data from individual conversations were more about personal sexual experience. Furthermore, by staying in the town, I was able to
describe in detail the cultural, social and political context in which my interviewees lived.
Chapter 3. Male sexual concerns and perception of the body

In this chapter, I will concentrate on local men’s perceptions of the body and sexual concerns. The main local concepts that I will use in my descriptions are benh xa hoi and yeu sinh ly. While benh xa hoi implies sexually transmitted diseases, yeu sinh ly refers to sexual illnesses that come from inside the body. Probably because sexually transmitted diseases are considered bad, no man said that he himself had or ever suffered from this kind of illness. However, local men expressed worries about the potential spread of sexual transmitted diseases, which supposedly accompany the ongoing urbanization process in the town. Meanwhile, yeu sinh ly refers to concerns about the loss of semen, a lack of sexual desire and weak kidneys. Because the production of semen is thought to depend on consumption of nutritious foods, some men think that they are potentially weaker than others since they cannot regularly afford such foods and have to work hard. At the end of the chapter, I will discuss concerns related to ‘side effects’ of contraceptive methods and the imbalance of yin and yang.

Benh xa hoi as a male sexual concern

When people in Muong Khen talk about benh xa hoi, they mean syphilis, gonorrhea or HIV/AIDS. These diseases have for a long time been imputed to heroin addicts, prostitutes and their clients. This stereotype is common in Vietnam and is the result of a bias in the national health programs that focus mainly on the control of prostitutes and addicts as a means to avoid the risk of sexually transmitted diseases, blaming people who have this type of illness. Muong Khen physicians consider the absence of prostitutes and addicts as evidence of an absence or low rate of sexually transmitted diseases. Similarly, local men see getting this type of disease as obvious evidence of having sex with prostitutes or being an addict.

Ms. Xuan, leader of the town’s healthcare center, affirmed that diseases referred to as benh xa hoi were rare in the town though she knew that some residents were HIV positive. According to her, they got the virus because they were heroin addicts. Correcting my idea that there were prostitutes in town, she countered that the

1 In following paragraphs, I will use italics for Vietnamese terms, for instance yeu sinh ly. When I need to quote somebody’s text, I use ‘brackets’. Sometimes, in order to make it clearer, I use the [square bracket] to add my own words.
women were not actual residents of the town. They were just visiting sex workers. However, at the end of the conversation, she admitted that she recently worked with a ‘home’ prostitute. In her opinion, the woman was actually not a ‘professional’ prostitute because the test on her was negative. If the town had ‘professional’ prostitutes, she would look at them more carefully to prevent the spread of sexually transmitted diseases. She reaffirmed that most of the prostitutes present in the town were just passers-by, therefore, there were only a few cases of sexually transmitted diseases. It is clear that the spread of sexually transmitted diseases is associated with the presence and codification of sex workers.

Most of my interviewees thought that only people who visited prostitutes could get sexually transmitted diseases. They talked about benh xa hoi as if these diseases were of somebody else, not themselves. This ‘free-from-disease’ notion was explained in various ways. For example, Tuan, a middle-aged farmer, knew about these diseases through reading newspapers and watching television. He also got information about these diseases through conversations with his friends. He assumed that he could never get any kind of benh xa hoi because:

‘Men of my age are already old. Our sexual desire is not as strong as the young. Only the young who do not have the consciousness can get it. In my case, I have a beautiful wife and intelligent children; I could never get it’

Tuan said he could not describe any disease of this type because he had never had it. Asked if he knew whether any of his friends had benh xa hoi, he said none, because his friends were also old. Later, he supposed that being young or old might not be the main factor. Tuan knew that some old men had sexually transmitted diseases because of their tendency to have extramarital sex.

What Tuan said is typical of the responses of local men. Benh xa hoi is associated with the ‘unconscious’, loss of mind-control and bad behavior. Therefore, a ‘conscious’, ‘in control’ man can never get it. By criticizing people with sexually transmitted diseases and by asserting that they were free from these diseases, local men implied that they had ‘good manners’ and were in full control of their sexual urges. At the same time, the men attempted to show that they were ‘ignorant’ of benh xa hoi, because they argued that only those who experienced the diseases could describe them.
Interestingly, the claim of self-control reflects the quest for safety from disease rather than the disapproval of visiting prostitutes or infidelity. Indeed, amongst the local men, there is a common idea that a man is allowed to have extramarital sex. Minh, a teacher, estimated that as many as one third of the local men had extramarital sex. He explained it as a new behavior brought in by the current urbanization process in the town. Having sex with prostitutes or other women was said to have ‘cua la’ (strange things) or ‘canh’ (soup). According to Binh, no man would not want to have canh. This ‘open’ idea of extramarital sex contradicts the belief that benh xa hoi is found only in ‘bad’ people, i.e. those who sleep with prostitutes or other women of questionable repute. So, visiting prostitutes is, actually, acceptable but getting a disease is not. Minh and other men claimed that a man could have extramarital sex as long as his wife know nothing about it and he could be assured that he and his wife were free from sexually transmitted diseases.

Objecting to having benh xa hoi, local men are worried about these diseases. The common idea is that not everybody can practice self-control. Local men think that the number of people with benh xa hoi is higher than it is currently known because these people often hide it and in order to do so they seek treatments in other provinces. Some men said that there were at least six cases of gonorrhea in the town; all of the patients were soldiers. Moreover, local men worry that this type of disease will increase in the future because the urbanization process will lead to the increase of ‘social evils’ like heroin addiction and prostitution, understood to be the cause for many diseases. Binh believed that prostitutes often worked in coffee shops. These days the town had only a few coffee shops, but in the near future when the town would grow, the number of coffee shops would increase and that in turn would increase the number of prostitutes. Tuan expressed the same idea, supposing that in the future the town’s inhabitants should expect changes, both negative and positive. He explained that it was ‘positive’ because the economic life may be improved, but it was ‘negative’ because social evils, including benh xa hoi, would increase. Huy, a participant in FGD I, claimed that there were already too many sexual scenes on national television programs and pornographic films in the town. That was not good for young people. If no appropriate measure was taken against these sexual scenes and pornographic films, the young people could go for prostitutes and could easily get diseases.
Many considered the ‘weakness’ of the local authority in controlling prostitutes as a reason for the potential spread of *benh xa hoi*. They thought that there was some ‘relation’ between certain local officials with the bosses of prostitutes. Huy talked about prostitutes who had just been arrested by provincial policemen. He argued that if the town’s policemen wanted to detain these women, they could, but they didn’t. Binh also said that some prostitutes and the boss of a restaurant had been arrested by provincial policemen. If the boss had not been supported by others in the town, the sentence he received would have been more severe. Binh implied a link between the boss and some local powerful men. Hoa, participant in FGD II, expressed this link more clearly when we discussed drinking and sex:

‘I want to say that, for years, we have just tried to conceal from each other that drinking makes us overstep a limit. That is true even for leaders of the town, like Mr. Khang or Mr. Phung. Only after drinking do they become aroused and go to karaoke shops like *Gio Nui*’

*Gio Nui* is the name of a karaoke and coffee shop in the town, well known by my informants as a site of prostitutes. Hoa implied that the two leaders probably often went for prostitutes after drinking. His face was a little pale when he was speaking of the two powerful men. I can still remember how the group reacted to Hoa’s account. They did not add anything but they were not surprised. It seemed that for them Hoa had gone a little too far, touching on a sensitive issue. They quickly moved to another topic. I caught this attitude one more time in the FGD III, where participants on one hand criticized the leadership in the town for having relationships with prostitutes, yet on the other hand, repeated that they did not want to talk about ‘sensitive political issues’. In my understanding, the worries of my informants regarding the future increase of prostitutes and *benh xa hoi* very much related to their knowledge that some leaders of the town had ‘relations’ with prostitutes and were therefore reluctant to arrest these women.

At this point, I’d like to mention the meetings I had with Mr. Khang, a town leader and the official who gave me the permission for my research. When I went to him, I had to wait because he was meeting Ms. Xuan. Sitting right in his office, I could observe that Ms. Xuan was asking him to sign some bills. It seemed, however, that the bills were not well prepared. Mr. Khang still agreed to sign the bills, but
added that if something happened, Ms. Xuan had to ‘sleep’ with him. Of course, he had only made a joke and we all laughed. But I sensed that the joke was unusual for somebody who was the vice president of a town.

My feeling was supported when I had a second meeting with him, but this time in a coffee shop. I did not want to go, but Binh told me that if I did not want to get in any trouble, it was necessary for me to do some ‘democratic acts’ with leaders in the town. There, in the coffee shop, under the red dim light, Khang asked one bar girl if she would agree to go out with him. I did not know whether he was making a joke again. The girl did not look surprised as she listened to the question and simply responded that she could not go out with him that night. After a while, Khang stood up and said that we should go for some soup. Binh quickly took out his purse and paid the bill for the three of us. Then, it was my turn to pay the fee. When Binh and I got home, I asked him if Mr. Khang was making a joke in the coffee shop. Binh did not know but he said that some officials entertain others by providing them with prostitutes; some looked for prostitutes when they went to meetings in the provincial center. Some officials, after having sexual intercourse with prostitutes, even excitedly bragged about it with others. Binh said he felt prostitution was a very difficult problem to solve.

Although the above story seems to be in line with the local men’s worries about the potential spread of *benh xa hoi* due to ‘relations’ between local officials and prostitutes, I would like to interpret their worries in another way. Why is it that the local men point to the ‘weakness’ of the authorities, though many agree that extramarital sex and its associated risk are prevalent, even normal? I found that the Kinh men in my interview pool had a negative attitude towards the local leaders who were mainly Muong. The Kinh men thought that they were ‘better’ but never selected to be leaders because the majority of voters were the Muong. Binh, Trinh, Hung and Hoa said that the ‘better’ Kinh in local governmental agencies were always ‘assistants’ of the Muong, who remained in the highest positions year after year. More importantly, because they considered the Muong as less than the Kinh, they mistrusted the leadership ability of the Muong in controlling prostitutes and therefore *benh xa hoi*. In my interpretation, this mistrust is expressed in their worries about the potential spread of sexually transmitted diseases.

In conclusion, *benh xa hoi* is one of the major sexual concerns for men in the town. However, this concern is more mental than physical. Most of the Kinh men
think that they cannot get a sexually transmitted disease because they are in control, but, at the same time, they are worried and fear that the diseases in the town will increase alongside the urbanization process. These worries reflect the perception that ‘I am in control but others may not be’. Furthermore, worries of *benh xa hoi* reflect the dissatisfaction of the Kinh towards the Muong leadership.

**Yeu sinh ly and male sexual concerns**

In this section I will discuss the term *yeu sinh ly*. If *benh xa hoi* are seen as a certain kind of illness commonly associated with bad behavior and infections, coming from the outside, *yeu sinh ly* are illnesses that emerge supposedly from inside the body. Examples of this kind of illness are infertility, thin semen, loss of semen and premature ejaculation. This concern reflects local perceptions of the body, in association with drinking customs and daily work. Although it is not associated with social evils and questionable morality, this kind of illness also carries stigma because it is seen as a kind of weakness that men are not expected to have. Only a few men admitted that they themselves had experienced *yeu sinh ly*. Instead they claimed to ‘have heard’ of it or that ‘some friends had had it’. Nevertheless, they had very interesting ideas about the various types and causes of this sexual problem.

Some men consider *yeu sinh ly* as the inability to produce children, although the sufferer could still have sexual intercourse. The low quality of the semen and a history of infection were considered the main causes. Hoa knew a man who at that time still failed to make his wife pregnant. Hoa’s explanation was that the semen of that man was too thin and that his sperm was too weak to reach the woman’s egg. The notion of thin and weak semen was also shared by other men in the research pool. Hung even believed that the semen of some men was weak because they had had mumps in the past. This disease, he argued, ruined the testicles so that they could no longer produce normal sperm. Nevertheless, others were not sure about the cause of this condition. Minh, participant in FGD II, knew two couples that had been married for years but were without children. He reasoned that either the husbands or the wives had problems with their sexual organs but did not know what the exact cause.

Other men immediately explained *yeu sinh ly* as the inability to conduct sexual intercourse, although they reasoned differently why the intercourse failed. As Tuan said:
'I know some people who want to go to sleep with their wives, and when they are about to do it, although they have not done anything yet, they ejaculate. All the semen is on the wife's belly! That is *yeu sinh ly*.'

Other men also talk about the premature-ending of sexual intercourse, even when the penis is already inside the vagina. Hoa called this phenomenon *duoi*. This word literally means 'physically weak'. Hoa also used another word *gay chan* which literally means 'a broken leg'. He and his friends often used these words to imply sexual intercourse that ended earlier than intended. He said that *duoi* happened because the man had worked hard during the day or he had drunk too much. This early end of sexual intercourse was also expressed by local men as a result of a nervous weakness. Tuan argued that in men who are *duoi* the brain always gives the order too early, so that they ejaculate sooner than they expect. Quan, a young man, admitted that during sexual intercourse he knew that he was about to ejaculate, but he could not stop it. In a later conversation, Hoa distinguished between *duoi* and *liet duong*. According to him, *duoi* was just a temporary loss of sexual desire or erection, while a person who was *liet duong* had the desire but never the erection. According to Hoa, most men in the town were sometimes *duoi* and he believed that few were *liet duong*.

Many men thought that excessive drinking causes an unexpected end to sexual intercourse and the loss of sexual desire. Although farmers like Ban and Huy defended the idea that just a little alcohol helped to prolong sexual intercourse, civil servants like Minh or Binh said that it was difficult to avoid excessive drinking in the town. They argued that each month they had many parties and that it was the custom of the town that men drank without refusal. Nhat even described drinking as something forced. Therefore, after parties many men went home and wanted only to sleep. If at that point they had sexual intercourse, it would end early or unexpectedly.

Many men believed that weak kidneys caused this kind of sexual illness. Su, a traditional healer, defined a good kidney as a cool one. When the kidneys were cold, it meant that a man was healthy and could have a normal sexual intercourse. I often heard local men teasing each other that their kidneys were still very cool, indicating a good condition in which to have sex. It is a common belief that indulgent drinking makes the kidneys hot. Hot kidneys will cause urination problems and early ejaculation.
Some men were concerned about the loss of semen. They argued that there were nutritious substances in the body. These substances came from foods that people ate everyday. Sexual intercourse was the activity that caused the loss of nutrition through the loss of semen; such a loss would create an imbalance in the body. The loss will be worsen if a man was working hard and didn’t eat enough nutritious foods to re-balance the body. Ban, a farmer, believed that:

‘When a man ejaculates, he loses his semen [...]. Those who are rich eat many nutritious things, so that they can be healthy again. Meanwhile, the poor do not have many nutritious things to eat, besides, they have to think too much about economic development, they have to work hard [...] Gradually, maybe after five, seven or ten years, the bodies of the poor will be depreciated, become thin and weak’

Chien, another farmer, had a similar idea. He said that the semen contained nutritious substances and he tried to save them by not having sex too often. He also said he would not have sex after a whole day of working hard because this would make him feel both unsatisfied and dizzy.

I find here a ‘critical’ aspect of semen loss. Ban and Chien explained the loss of semen as a sexual concern by relating this loss to their economic life. The fact is that many men in my research are still very poor. This is particularly the case for farmers like Ban and Chien; with little land, they have to work hard to earn a living. The only property they have is their health. When I visited Chien, both of us sat on the floor because he did not have a table and chairs. Ban’s house was the same. He had a small garden, but it seemed that he did not know what to do with it. The image of a hard working life has been merged into their accounts of yeu sinh ly.

In conclusion, concerns expressed under the name yeu sinh ly include weak kidneys, premature ejaculation, loss of semen, thin semen, or infertility. There is a link between these ailments and daily activities such as drinking and working. Local men themselves acknowledged the ‘social’ cause of their sexual problems, but it seemed that they could not address it because excessive drinking and hard work were both inevitable activities. I will return to this in chapter 4.
Imbalance of yin and yang and sexual concerns

In my discussions about *benh xa hoi* and *yeu sinh ly*, I have tried to describe some major concerns amongst the Kinh men in the town of Muong Khen. There are still other concerns that belong neither to *benh xa hoi* nor to *yeu sinh ly*. These are worries about contraception, urination problems, and 'secret' sexual illnesses. The yin and yang imbalance is considered the cause of these concerns.

First of all, there were complaints about contraceptive methods amongst my informants. The method that they felt most uneasy about was the condom. Some men said that they did not want to use a condom because it would affect the quality of sexual intercourse. An example is given by Hoa:

'Imagine that you are about to have sex but then it takes you some time to find the condom and get it on. When the condom is ready, your sexual need is over; you do not want to have sex any more'

Ban agreed with Hoa and added that using a condom was not different from masturbation. He argued that the skin of the penis and the vagina should touch each other in order to have a yin and yang balance during sexual intercourse. According to him, it was required that some yin goes to the male body from the female body and some yang to the female body from the male body to create a balance. When I asked him how to avoid unwanted pregnancies, he explained this technique:

'When you are about to get to the peak, you should take it out, but not totally out of the vagina. Two thirds of the penis should be out, with the rest still in the vagina. When doing this, it takes time for the sperm to reach its destination. Some even die before they get to the egg because they are weak. Right after the intercourse, the woman should immediately wash her vagina to wipe the surviving sperm out. Doing this, you still have the satisfaction and the balance without wearing the condom''

Yin and yang imbalance is also a factor that concerned Tuan, who said that he and his wife were using pills to avoid pregnancies. Tuan complained that the heat from the pills made him uncomfortable. However, Tuan said he would rather suffer from some
heat than produce unwanted babies. In his words, he said he should be willing to reduce his sexual happiness to get rid of the worries regarding unplanned pregnancies. This ideology was also shared by Huy, who had used withdrawal as a method for twelve years without fault. Nevertheless, he admitted that using this method brought him and his wife less sexual happiness since both of them rarely had orgasms. He believed that a couple could have orgasms only by ejaculation, when the sperm hit the egg. He argued, too, that using condoms was unnatural and created a barrier to orgasm. On the subject of withdrawal, Huy stressed that there were two requirements that couples wishing to use this method had to cover. First, the man had to have ample capability to withdraw his penis in time. Secondly, the couple had to be very united, accepting that the method would not bring them orgasms. Local men thought that the lack of an orgasm was a reason that often leads to extramarital sex. I do not know if Huy is sometimes worried that his wife will have sex out of wedlock, but it is clear to me that he recognizes that using such a method does not bring him full happiness.

Another concern relating to contraception centered around the intra uteran device. Nhat, a young man, told me that one of his friends had been hurt by the device. He explained that when his friend’s penis was in the vagina, it often touched the hoop of the device and was thereby hurt. Again, I do not know if this was his own experience or a friend’s. However, the story demonstrated a knowledge gap regarding this contraceptive method amongst local men.

Yin and yang imbalance was seen as the cause of urination problems, as well. Ban called these illnesses *dat giat* (urinating a little each time, but often) and *dai buot* (feeling sharp pain while urinating). He said:

'When the weather is so hot, you sit close to the ground, and the cold yin from the ground goes into your penis, creating *dai giat*. You suffer from *dai buot* if you drink water that is not completely boiled. It makes you want to urinate constantly. The kidneys do not filter harmful substances from this kind of water. You can also suffer from *dai buot* if you drink water that is taken from a stream in a limestone region. This water carries with it very tiny stones, these stones rub against the ureter of the penis and make it painful'.

Ban cold cure the illnesses easily by using herbs. The process of making a remedy must also follow the rule of balance between yin and yang. At first, the herbs must be
dried until they become yellow. This step aims at creating the yang for the herbs. Later, the herbs that are full of yang should be buried in the ground for three days so that they can collect yin. This second step aims at creating the balance between yin and yang within the herbs. The patient should use the herbs only after this balance is created. This way of making herbs is called *sao vang ha tho* (dry it and bury it) in Vietnamese and is a process that has long been part of rural people’s medical knowledge.

The imbalance of yin and yang was also used to explain other kinds of sexual illnesses considered secret. One such illness was described as a sudden unconsciousness of the husband during sexual intercourse. Hoa told me that he had heard long ago about this kind of incident amongst couples. The explanation was that the husband suddenly became unconscious lying on his wife’s belly when his penis was still very hard and inside her vagina. Hoa explained that the husband had lost too much of his yang and would die immediately if the wife pushed him away. The best thing the wife could do, he added, was to use a sharp sewing needle to puncture the end of his spine. This action would bring back the yang and help her husband return to consciousness. Only this could save his life and avoid the embarrassment of others knowing what had happened. Alternatively, the couple would have to be taken, stuck together, to the hospital immediately.

Another story about this ‘secret’ illness came from Ban. He thought the illness, which he called *pham phong*, was very dangerous but unknown by many people. Literally, these two words in Vietnamese mean violation (*pham*) and bedroom (*phong*). The illness happened when one of the partners in a couple had a fever but still had sexual intercourse. The result of this violation of the bedroom was that the liver of the ill person swelled very quickly. Ban affirmed that without proper treatment, the patient would die within one month, often without knowing the real problem or cause. Ban explained then that when the person had a fever, his or her body was already hot. During sexual intercourse, this heat increased and consequently created toxic blood in the liver causing it to swell.

Apart from the concerns categorized as *yeu sinh ly* and *benh xa hoi*, there were other sexual concerns that were explained as the imbalance between yin and yang. These concerns mainly relate to contraception and urination and seemed to be prevalent in the town. The stories about secret illnesses pointed to the fact that there were many more sexual problems that need to be addressed.
Conclusion
In this chapter I have tried to reveal two Vietnamese concepts of male sexual concerns, *benh xa hoi* and *yeu sinh ly*, similar to sexually contagious and non-contagious diseases in biomedicine, respectively. These concepts include a wide range of sexual concerns, both mental and physical. In turn, these concerns are connected with the wider social and cultural environment in which the Kinh men live. Culturally, the sexual concerns reflect a local perception of sexual illness, in which the inadequate quantity of nutritious substances and the imbalance of yin and yang are the main causes. These concerns also reflect a contradiction between an open idea of extramarital sex and the risk of getting sexually transmitted diseases. Politically, these concerns show the dissatisfaction of the Kinh toward the Muong leadership.
Chapter 4. Sexual dissatisfaction as a main concern

In this chapter, I will describe local men's perception of factors that influence their sexual happiness. The common idea is that men are often the defeated, the loser in sexual intercourse. Amongst many reasons, the economic worries and excessive drinking are considered as influencing a man's desire and ability to have sex. Additionally, factors like high sexual demand of women during the mid days of their menstrual cycle, house restrictions, and psychological stress are also seen as bad for sex.

The defeated men

Men Muong Khen admitted that they were the weaker party in sexual intercourse. Chien said that women's sexual demand was sixty percent higher than that of men. The sexual desire of men was provocative and short, while that of women was hidden and long. Binh, present at Chien's house, asked him teasingly:

'Have you ever dau hang (surrendered to) your wife?'

Chien replied:

'Oh, many times! Sometimes I feel tired, I have to xin (beg) her not to have sex that night!'

Trung shared this opinion and added that of ten couples only two reached 'the end' at the same time – the end being the orgasm. Trung explained that most of the time the husband went to the end before the wife did. When I was in FGD IV, the participants used the phrase keo co trang (to hoist a white flag) or thua (to be defeated) to express that they often ejaculated before their wives had an orgasm.

When local men talked about dau hang or thua, they mentioned it with laughter, fun, and teasing. Sexual intercourse was described as a battle in which the wife was always the winner and the husband the loser. But it is clear that the men did not want to be the defeated (thua) or surrender (dau hang). Danh told me that if only the husband had an orgasm this was not good, because the wife also had a sexual need and she wanted it to be satisfied too. But, the happy end for the wife, as Trung said, was rare.
The ability to make love for a long time was desirable amongst Kinh men in the town. I came across this idea when listening to Binh in a focus group discussion. He was talking about a friend of his who bet money with other men that he could penetrate thirty times during sexual intercourse without ejaculating. With some admiration, Binh explained that the man finally lost the game, but that he did ‘do it twenty-nine times!’ Other men present for the story also admired the man’s sexual ability.

Talking about factors that affect sexual desire and ability, many men considered the menstrual cycle a cause of problems for them. In the opinion of Minh, the sexual demand of women was the highest during the mid days of their menstrual cycles, and at that time men were often unable to meet their demand, especially when the men were tired. Chien shared this opinion. He said that at the point when an egg matured and was about to fall, a woman had the highest demand for sex. That may be the reason why Chien said earlier that he sometimes dau hang (surrendered to) his wife. Mentioning the menstrual cycle, Trong expressed worries about the unpredictable changes of the cycle that could bring about an unwanted pregnancy. According to Trong, these changes affected the decision to have sexual intercourse, especially amongst those who did not use any contraceptive method. In short, according to these men, sexual dissatisfaction was very much related to changes in women’s bodies.

Changes in the women’s bodies, were, however, not the only source of sexual dissatisfaction. One of the causes of sexual dissatisfaction that my Muong Khen men also discussed had to do with the restrictions of the house. According to Nhat, making love was something very sensitive that other people should not know about it or witness. But many houses in the town did not have a private room for the couple. Therefore, he said, when the couple made love they had to be very cautious and quiet, potentially reducing their sexual desire.

My observation of houses in the town confirmed to Nhat’s description. It is a fact that the bedroom of parents was not quite separate from the living room, where the children or other relatives stayed. In Muong Khen, a typical house always had a big front door. Behind the front door was a table and chair set so that a guest could take a seat immediately after entering the house. On the left side was the parents’s and on the right side was the living room where one could always encounter one or two beds. Normally beds in the living room were for children, the grandfather or
grandmother, or for the guests. There was a wall separating the bedroom and the living room, but in many houses, the bedroom often lacked a door. Instead of placing a door there, people often used a bamboo blind or a piece of cloth to mark the entrance. In Binh’s house there was only a thin earthen wall between his bedroom and the living room, where his mother and eldest son slept. There was a colorful cloth hung on the entrance to his bedroom. Therefore, people in the living room could hear almost every sound from the bedroom. In many other houses, even those recently built, a door separating the bedroom from the rest was lacking.

The reason for that is unclear to me. I suspect it is because the bedroom is not only a place for the couple to sleep. In Binh’s house, I saw him or his mother sometimes in the bedroom cooking rice in the rice cooker and his mother often went there to sleep during the daytime when Binh had guests. In Nhat’s house, his mother went in and out of his room frequently to bring and take away the cans with alcohol she had just made. In Hoa’s house, where I stayed for several days, I had to go into their bedroom each time I needed to change my clothes. In Chien’s and Toan’s houses there wasn’t even a bedroom. There were two beds in the only room in each of these houses. What I can conclude from this is there is no private place for men and their wives in this kind of house. This was clearly the cause of sexual concern for my interviewees.

Danh also mentioned that the lack of a private room in his house affected his sexual life. He has two grown-up children, one son and one daughter, and he explained:

‘Not every house has one room for the children, and another for the couple. In my case, my wife and I are both healthy and we have [sexual] desire, but we still have to sleep separately. My children are growing up so that my wife shares one bed with my daughter and I share one with my son.’

Danh said that situation made him feel hesitant to have sex though he wanted it. Hoa had the same idea and said that it was difficult for men whose houses were too small because when they made love the bed often made noise, so that others could hear them. Later he said that some of his friends whose daughters were already seventeen or eighteen years old were often afraid that their daughters could accidentally hear or see them making love. Hoa and Danh both raised the point that the privacy of a
couple, which is already challenged by the lack of rooms, may be even more challenged when their children grow up. Hung, a participant in FGD III, also agreed with Danh and Hoa by telling a humorous proverb about how a couple, in order to have sex, dealt with his child:

‘...That is why we have the proverb sai con can dia di xin nuoc mam (asking one’s child to take a plate to the neighbors to ask for fish sauce). Do you know why? Because the plate is very shallow, the child has to be very careful to make sure that the fish sauce will spill out of the plate and he will not drop the plate. Therefore, it takes time for him to bring the plate back home. During that time, the parents can have sex’

What a strategy! The child in this story might even have to go to ask for fish sauce twice if he dropped the sauce or his parents thought that the amount of sauce was not ample. I suppose that the house in the story has the same limitations as those in which the men lived. It is further noteworthy that this kind of concern seems to be so popular and common amongst parents that it appeared in a proverb.

There was another cause for sexual dissatisfaction mentioned by the men in the town: chan dong tam ly or ‘psychological stress’. This phrase was used by Minh when he explained that bad events in a person’s life definitely affected his sexual desire:

‘In my case, when my son failed his high school’s the final exam, the whole family was very sad. If my wife had suggested having sex, I would have had no interest. Is that right? I do not have any good reason to have sex in that case’

Minh added that some months ago, his mother had to go to the hospital, and he was very worried and could not even think about having sex. According to him, at those bad moments in life, both men and women could not think about having sex. He said that those who had sex during such a time would not be happy. Minh’s opinion linked male sexual concerns to a wider social environment in which different social and cultural factors could affect men’s sexual desire and need.
Restrictions presented by houses, psychological stress and the menstrual cycle were common reasons for sexual dissatisfaction among the local men. However, there were other factors that in their opinions had an even more severe impact on their sexual lives. In the following sections, I will describe the link between male sexual concerns, economic difficulties and excessive drinking, a link mentioned previously in this paper.

The relaxed mind and sexual dissatisfaction

Many men in my research considered low economic status a main source of sexual dissatisfaction. Economic hardship could result in the lack of sexual desire or a reluctance to have sex. Binh said:

‘Normally, when you have money, you feel comfortable, relaxed. The atmosphere in your house is also comfortable. During that time, your desire for sex is higher and when you have sex, you feel more satisfied. But when you run out of money, or there is something at the work place that depresses you, you do not want to have sex’

In Binh’s account, solid economic status creates good mental status and this increases the sexual desire of both men and women. To put a name to it, one could say, the relaxed mind. There is a common idea that a relaxed mind, which mostly implies a ‘freedom’ from economic worries, is crucial for sexual desire and happiness. Trung said exactly the same thing about this mechanism of sexual desire:

‘Once you get married, you have to think about money and other things for your house. When everything is good, your mind is relaxed, it [the penis] will xung [becomes hard and remains hard during a long time]. When you have to think a lot and your mind is heavy, it will duoi’

Once again, duoi — a local word implying sexual weakness — was considered as the consequence of hard efforts to make a living. In Tuan’s opinion, when the economic status of a family worsened, some men probably still had sex because they did not have anything else to do. However, Tuan thought that it was not joyful sexual intercourse but rather harmful since the men were already tired and, by making love,
they would become more tired. Here, the message that poor men should restrict themselves from having sex mentioned by Chien and Ban in the previous chapter, is repeated.

It did not take me long to grasp why the mind may be not relaxed in the town. I found that economic worries were common amongst the interviewees. For example, Huyen, a farmer, told me that he had a piece of ruong [land] for cultivation. He had to rely on his cart to make a living but earned only 10,000 dong\(^2\) a day. Each month he received only 40,000 dong from his work as a village health promoter. Huyen said that the money he earned was not enough for his family’s needs. He added that life would be more difficult for his family without his wife’s economic contributions. According to Binh, he was stuck in finding a way to his family’s economic development. He got 400,000 dong each month from being an accountant for the town. He had a small garden, which was too small to make money out of. Every six months, he got some money from selling pigs. But his family always needed more than the total gained. He could not have a ruong since the ruong in the town were becoming smaller.

There was a common feeling of regret amongst the local men relating to ruong. The town’s administrators were selling ruong near the road to local residents for a relatively ‘cheap’ price. But only the rich people could buy these pieces of land. Binh and other men in the town figured out that the fastest way to become rich was to buy land and then sell it when the price rose. The sentence I often heard was: ‘If I had money now, I would buy the land of Mr...’ The men felt regret because they knew how to make good money and to become rich, but had no disposable income to do so. Talking about this, they often used the proverb luc bat tong tam ([financial] ability does not support the [intelligence of the] mind).

Another reason that stressed the mind of the local men was competition with friends. According to Danh, a bricklayer, as the town changed, life became more competitive. In the past, when everybody was equally poor, he had time to visit and talk with friends. He could even talk an entire day without working. But thing had changed. These days Danh dared not lounge in a friend’s house too long, because he would be late for work and lose his job. When he learned that his friends had motorbikes, he also wanted to have one and felt ashamed visiting them on bicycle.

\(^2\) Vietnamese currency. 1 euro is equal to 20,000 dong
Minh shared Danh’s sentiments and said that the rhythm of life was speeding up. He no longer had parties that lasted for half a day because everybody had to work. It was common that if a person knew that his neighbors had new furniture, he also wanted to have new furniture.

Both Danh and Minh referred to changes created by the urbanization process of the town. There were changes in time management and competition between friends. These changes sometimes created headaches and feelings of being stuck. A motorbike was really something that a man in Muong Khen wished to have, because it signified a ‘good’ economic status. However, most of the men were poor. If Huyen, Danh, Chien, or some other man in my study could save 200,000 dong each month, they would have to wait ten years to buy a second-hand motorbike and twenty years for a new one. Again, what they wished for was far away from what they actually could have.

Disappointments with the town authorities were common. According to Chien, there had been a loan program run by the town’s council with support from a bank in town, but it failed completely because nobody had been responsible for it. Chien really wanted to secure a loan to invest in economic activities but the program stopped before he could apply. According to Binh, the bank canceled the program because some residential group leaders had delayed turning in the money they had collected from borrowers. Most of the economic activities run by the town’s council were not effective because the council was not qualified. It did not know about khoa hoc ky thuat (sciences and technology). The failure of the financial program was just one of the failures made by the council. To support his point, Binh sighted failures of sugar cane, mulberry programs, and the idea to establish a union of gardeners. If the town’s officials had had good educational qualifications, they would have realized that it was already very difficult to find markets for products made from sugar cane and mulberry. Much money had been spent for nothing.

Since the Muong held leadership positions in the town, disappointments with the town authority related to feelings about the Muong. According to Binh, there was competition between the Kinh and the Muong for leadership positions and so far the Muong, the majority in the town, had won. Binh said that in every local agency, the chief was always Muong and the Kinh were just his assistants, though in reality they were better than the chief was. Hoa held the same idea when we talked about this topic. He said that only in educational organizations such as schools, the Kinh were in
the highest positions because they were better in teaching in the Kinh language, which was compulsory. Trung said that his wife was a worker in the construction department of the Tan Lac district and that many projects used to be given to her. However, since a Muong man had begun working in the department, his wife was given just a few small projects. In Trinh’s words, the Muong dominated not only the town but also Tan Lac district and even the whole province of Hoa Binh. The Muong in general were partial and just wanted to keep themselves at the highest positions. He argued that since the Tan Lac district had been established, only one Kinh man had been selected as the district’s president thirteen years ago. Trinh also told me about one Kinh man, who had just been chosen to be the deputy chairperson of the district’s center of control. That position was only given to the man after seven meetings of the officials. For Trinh, this selection was unusual because some powerful Muoug men had influenced it. ‘They are now very sly’, Trinh ended.

Nevertheless, I am not convinced that the Kinh would become better leaders if they had a chance. The value of becoming rich seems to be stronger than other values. When describing officials in the town, Trinh, an electrician, said that quan (officials) were those whose position allowed them to an (eat, but its means ‘corrupt’, too). Describing himself as a supervisor of an electric development program, he said:

‘Two months ago, when I was not a supervisor yet, it never happened that I earn some money each time I coughed. Now, when I cough, I earn 100,000 dong immediately, and if I have a runny nose, I will earn at least 50,000 dong. Do you know why? Because the construction workers always take a rake-off on the building materials. For example, if a new electric pole requires ten quintals of cement and the same quantity of steel bars, they only use eight quintals for each. So, each time I am present at the building site with meter in hand, I earn some money’

Trinh explained why the construction workers had to reduce the building materials. As a rule, in order to win a contract for a project, a building company must be willing to bribe the project leader for 10% of the overall value of the building. In order to regain the money lost in the bribery and to make a profit, the company had to cut down the required number of building materials. Happily Trinh said that because the company was cheating, he had reason to ‘cough’. In a humorous voice, he added that
if the workers gave him money, he would be less ‘intelligent’ [he would ignore their faults]. If they forgot, he would become ‘intelligent’ again. Now I understand what Trinh meant by coughs and running noses. They are jokes, implying the fact that the workers under Trinh’s supervision have to take care of him financially.

It is noteworthy that local men may criticize each other for not being involved in corruption. In this case, tensions created by friends become worse when a man has a position to *an* but does not. When Trinh told me the story, Binh was also present because Binh and Trinh are good friends. To my surprise, Trinh blamed Binh for not being able to improve his economic life as the main accountant of the town -- a position that is supposed to garner many bribes. Binh tried to remain calm and replied to Trinh that at first he also thought that being an accountant would help him to improve his economic situation, but then it appeared to be untrue. With a little anger and tension, Binh said:

‘In one hundred men, not a single man dislikes money! I am not corrupt because my position is low and I cannot do it. If I had a higher position, I would engage fucking corruption! Why wouldn’t I? *Co den tay ai nguoi day phat* [whoever has the flag can raise it], right? Nowadays everybody does it. If I don’t, I am just a stupid man’

In this conversation, the contradiction between what men want and what they face appears again. Corruption is considered common, and a good way of making money, but it is illegal. If Binh is corrupt, he is at risk. If he is not, his friends blame him for being stupid. The only way to get rid of the blame is to say that the position is not high enough. However, because corruption is considered common, it seems that Binh’s argument is weak and he may be blamed again. This seems highly stressful for the mind.

Since a mind that is not relaxed is considered bad for sex, I have tried to analyze the negative feelings amongst Muong Khen men in relation to the economy. These feelings are related to the inability to make money, distress, jealousy of friends’ achievements, disappointments with the town authority and the Muong, feeling trapped. These feelings are embedded in everyday life activities, in conversations between friends, interactions between the Muong and the Kinh, and interrelations between persons in leadership positions and ordinary people. They could directly
result in sexual concerns since a refreshed, relaxed and happy mind is thought to be very important for sexual intercourse. Sexual dissatisfaction does not only come from changes in the body, but also from changes in social and political factors in the town. In order to conclude this section, I would like to quote Ghi:

‘When you go to the bed with your wife and are about to have sex, it often happens that you lose your desire because you accidentally think about something or your wife says something about daily life that depresses you’.

**Excessive drinking and sexual dissatisfaction**

Whoever has visited the Hoa Binh province in Vietnam must know that it is the country of alcohol. Hoa Binh’s residents are known as the best in making and drinking alcohol. Muong Khen is one of the places in Hoa Binh where alcohol is consumed in the largest quantities. In the town, the ability to drink is seen as an indicator of being a good man. The proverb *nam vo tuu nhu eo vo phong* (a man without drinking is like a flag without wind) is most preferred in the town.

Drinking is a custom but it is a changing one. Changes in drinking habits are believed to have taken place in the past ten years as the number and size of parties increase. Parties are organized for the weddings, anniversaries of death, the national days, the killing-worms day (in agriculture), the day of the wounded and dead soldiers, or simply when there is a visitor. People also have parties when they enter new houses, or when their children become one-year-olds, or their children pass the university entrance exam. Huy mentioned a wedding party whose host prepared 200 tables (each table for six people) and expected to have about 1200 guests, mostly residents of the town. In a town with a population of 4000, 1200 is a huge number. That was not an extraordinary party. One of the Binh’s neighbors had a party of 120 tables. Nhat’s wedding had 100 tables. Yet, in Binh’s wedding fifteen years ago, he was happy with only 20 tables.

It is believed because of this that local men drink too much nowadays. Huy told me that when he was young, each time he was allowed to join *cac cu* (older, respectful men such as fathers) in a party, he had to wait until the old men started drinking. Only after that, could he drink, and just a little. He made a comparison:
'Nowadays, the younger drink much more than the older do. If the older do not drink, the younger may ask them to go away!'

Furthermore, in the past, each party cac cu had only a small bottle of alcohol with tiny cups. Yet, people in current days consumed five or more bottles during each party. The hosts often went around, with bottles in their hands, and drank with each man present at the party. According to Huy, that was the reason why men got drunk easily.

I remember getting drunk there at least three times, years ago in situations where I could not refuse drinking. As a guest, I was often offered meals and I shared the meals with a group of local men who were either friends or relatives of the host. Normally, five or six men gathered in a house and shared the meal. Women and children sat together but not far away from the place of men. Each of these men wanted to drink with me. 'One hundred percent', they said. It meant I had to bottom up the cup of alcohol. Drinking was the way these men showed their tinh cam (affection) for me and if I refused, it meant disrespect and distance. It was indeed a very fast way to get to know them. After two or three cups of alcohol, a strange man could tell me everything about his life as if he were my best friend. It was typical for a meal to last for two or three hours. That was why I got drunk. I need to say that the concept of getting drunk here means that one vomits from excessive drinking or is not able to go home. In both cases, the host is still happy because his guests have been very nhiet tinh (enthusiastic) when drinking with him.

But it is not as simple as that. When we agree to drink together, it means we accept to be equal and open with each other. I, an urban and richer man, am therefore equal to them, poorer men in a rural area. If I can keep drinking with them until the end of the party, then my status is still equal to theirs. If I cannot, and this actually happened, then I lose my status and become inferior to them. The local men become strong, powerful, talkative and intelligent when we drink and meanwhile I become weak, silent, dizzy and stupid. Drinking actually becomes a kind of ability that is used to negotiate social status.

The same thing occurs among local men themselves. It often happens that a man tries to drink as much as he can in a party to show other men that he is a strong and able person. In this case, he needs to avoid vomiting because vomiting is considered drunk.
It came to my attention that Hoa invited a can bo (cadre) in the town to parties. Only then could he gain good social status because in the eyes of other men, he was equal and a friend to the cadre. But when the cadre could not drink anymore, he begged Hoa to stop. He had to beg Hoa because, again, refusal means lack of respect and affection. At that point, Hoa agreed and said he would help the cadre. Hoa then bottomed up both his cup and the cadre's cup. After that, he said, jokingly and earnestly, that if he had some problems in his business, the cadre had to help him. The cadre said: ‘Don’t worry, we are anh em [brothers]’. That was an assurance of mutual help. Beside the cadre, Hoa was maintaining a good relationship with the principal of the school of his children and the leader of the department of education in the Tan Lac district, also by drinking with them. He explained that his relationship with these two men would be good for his children's study.

Binh and Dong are also cadres. They both affirmed that as cadres of the town, they received many invitations for parties and meals. Therefore, they drank much more than ordinary people. According to Binh, it was common that a town’s resident offered a cadre a meal before asking him for help in doing something that related to his position in the town. When the job was done, he or she would offer another meal to express thanks for the cadre’s enthusiastic help.

It is their perception of life’s difficulties that makes Muong Khen men try to create relationships through drinking that may benefit them. Trung explained that it was difficult to make good money or find a good job. In order to do so, one needed to have good relations with powerful people. In the above story about Hoa, the wish for success in his business and for the study of his children urged him to keep ‘good’ relations with the cadre, the principal and the head of the education department. Nhat told me the same thing when telling me how he got his job. Through drinking parties, his father swore brotherhood with a man in the town and it was that man who helped Nhat get the job. It seems that these brotherhood relations are being created primarily with alcohol.

It was a common belief that excessive drinking happens regularly and that it had a negative effect on sex. Local men differentiated clearly drinking at home with daily meals and drinking at parties. Drinking at home was controllable because they drank one to two cups of alcohol. Drinking at parties, however, was by definition uncontrollable and irrefutable. After going home from such parties, Hoa did not want to do anything, except sleep. He believed that in that case, if he still had sex, it would
be very short. Normally, a man could have sex for thirty minutes, but after drinking he could last just ten minutes. According to Nhat, it would be better if he could make his wife happy in lovemaking, but sometimes after drinking too much, it was impossible for him to do so. Nhat mentioned that when drinking, there was a nguong (level) at which alcohol could help men achieve a long and hard erection, but men could not keep themselves at that level when drinking. For Huy, drinking was, too, a double-edged sword. It could either increase or decrease a man's ability to have sex. Huy said that at drinking parties, since everybody wanted to drink with everybody else, it was impossible for a man to avoid drunkenness. Hung held a similar opinion, saying that achieving a level of intoxication good for sex was difficult for men, even when they were at home. Talking about the impacts of excessive drinking on sex, Minh figured that:

'It is a custom. When people are happy, they drink. When they are sad, they also drink to forget everything. Once being at a party, few men can restrain themselves so that they can achieve nguong. When they are already blind to the world, what can they do?'

Minh saw the impact of being drunk as a danger to new generations as well. He believed that when men were drunk and had sex, the children they produced would be disabled or unhealthy and therefore become a burden on society. Danh mentioned another aspect of drinking at parties that also created sexual dissatisfaction. In Danh's account, the terrible smells that he sometimes brought home from parties made his wife deny his sexual demand. He said that he knew some men made love violently to their wives after drinking, even though their wives did not like it, because of the odor and dirty body of their husbands.

The experience of sexual dissatisfaction created fears amongst Muong Khen men. Some men believed that, when sexual dissatisfaction happened and lasted for a long time, a problem would arise for the family. Many men feared that their wives would have extramarital sex. Local men mentioned that women also had a sexual need. They said that although women's sexual needs were hidden, they were also natural and needed to be fulfilled as well. As Danh explained:
If you are an ugly man, at the same time, you are neither good in making money nor making love, then your wife would commit adultery because she also needs sex.

In short, excessive drinking is considered a major reason for sexual dissatisfaction. Excessive drinking is rooted in drinking customs that have become harmful even though they may help local men improve their social status and/or provide them a means of ‘beneficial’ social relations. It is important to note that excessive drinking was irrefutable and sometimes forced. And the result was often a troubled sex life.

Conclusion
This chapter has highlighted sexual dissatisfaction as a main concern of married men in Muong Khen. The various reasons for this arise from everyday activities. Whatever the specific activity is, I see a basic contradiction between what the men wanted and what they could achieve. Difficult to achieve were better economic situation for their families and self-control while drinking. I have investigated the social, political and cultural contexts in which negative feelings occurred in these men, affecting the quality of sexual intercourse. In the changing context of Muong Khen, an individual’s frustration at his ability to pull himself out of his present situation was at the base of his sexual dissatisfaction.
Chapter 5. Male sexual concerns and treatment

In this chapter, I will demonstrate how local men dealt in varying ways with sexual illnesses. The first part of the chapter will cover men's perception of herbs and small animals as medicine and how they applied them. I argue that the prevalence of herbs and animals as medicine should not merely be seen as a cultural habit but as a sign of the weakness in healthcare services at the local level, as well as a sign of men's negative perceptions of hospital treatment. Furthermore, herbs and animals are not medical substances. They help local men create and reinforce their social relations each other and with their wives.

Options for treatment of male sexual illnesses

There are many kinds of sexual illnesses that men encountered, as I have pointed out in the previous chapters. There were also various factors that affected either directly or indirectly men's sexual happiness. These factors could be either unwelcome bodily states or negative feelings from everyday life that caused sexual dissatisfactions. I wanted to know how men as active social actors coped with the problems that concerned them.

As the loss of semen was considered bad for men's health, some men said they had tried to control their semen during sexual intercourse or restrict themselves from having sex. Meanwhile, others said they had taken on appropriate diets and exercises to protect health in the long run. The most common way to control semen amongst the men was to use fingers to keep the semen tunnel tight so that the semen flow back into the body. Ban said he used to be a thin and weak man, but since saving his semen in this way, he had become healthier. Ban had even written letters to doctors regarding this method, but had gotten no response. He felt disappointed since he wanted to promote his method of keeping semen to a wider group of men. A traditional healer, Quynh, suggested that men should not wear clothes too tightly in order to avoid infertility. He argued that the testicles could be easily harmed due to tight fitting clothes. As a result, they would produce thin semen that he thought was ineffective. Thin semen was also seen as being caused by excessive drinking. Quynh suggested that men should not drink so much because excessive drinking would create too much heat in the testicles and, in turn, this organ would produce semen of low quality. For Tai, a sixty-year-old man, abstaining from sexual intercourse was good
for health. Tai focused on daily exercises and an adequate diet as a good method to protect health. Other men also shared this preventive idea since they saw it as a long term and effective strategy.

However, prevention was not the most popular solution to sexual illnesses. Local men often described the use of herbs to deal with these kinds of concerns. Some herbs were believed to be effective because they could release the excess heat or coldness from inside the body. Other herbs were good because they resembled the erect penis. Dong said, for instance, that sometimes his kidneys became so hot because of excessive drinking that he could not urinate normally. The herbs would help to cool the kidneys and make them function again. Ban also had problems with urinating and explained it as a result of the coldness each time he sat on the ground. However, he could easily get rid of the illness by using herbs. He said that instead of drinking normal water everyday, some people in the town drank a kind of liquid that contained herbs to facilitate urinating and strengthen the kidneys. He asserted that the deadly sexual illness that often created excess heat in the liver, *pham phong*, could be cured by no other method except a substance extracted from a tree called *coi xay*, which was widely grown in the town. This herb would immediately reduce the heat. According to him, as many as three people in the town had died of *pham phong*, since they did not know how to cure the ailment correctly. Early ejaculation was also considered curable by using herbs. Huy thought that areca roots could help quell unintentional ejaculation. Trieu also praised areca roots as good herbs to cure premature ejaculation. He believed that the roots had the capacity to cure because they looked like erect, red penises. Chien, Tai and other men believed that bean sprouts could support an erection since bean sprouts looked like erect penises, as well. In Quynh’s opinion, ginseng and bean sprouts had a good impact on the penis since ginseng was a tonic and bean sprouts were rich in nutrition.

It was not difficult for Dong, Binh or Ban to collect the herbs they needed since it was a custom that people in the town had medicinal plants in their gardens. Every time Dong got a fever, he would collect herbs from his small garden to prepare medicine. He could also ask if his neighbors had the herbs he needed. In Ban’s story, the medicinal tree he used to treat *pham phong* was just at the entrance of his house. Onions and garlic, which were said to contain antibiotic substances, were probably the most available herbs because they were often added into daily meals.
The rule of making medicine from herbs, Ban insisted, was to dry and bury first them since then the herbs would be more effective. However, in practice local men prepare their medicine in a much simpler way. They just boiled (*sac thuoc*) the herbs or added them into their meals.

If herbs were used to treat obvious sexual illnesses, small animals were much more at the edge of illness prevention and sexual enhancement. There were at least two ways to apply small animals as sexual medicine. The most popular way was to soak them in alcohol for everyday consumption. I observed that many men had big jars in their homes, jars that contained liquid that was called *ruou thuoc* (medicinal alcohol). *Ruou thuoc* was a mixture of alcohol, herbs and whole small animals such as geckos, starfishes, cobras or seahorses. All of these animals were thought to be sexual stimulants that could enhance men’s physical strength and their sexual ability. Sometimes, birds could be used. In Nhat’s house, his *ruou thuoc* included a kind of bird together with some herbs. He called the birth *bim bip*, a kind of bird that often lived in bushes near small ponds in rural Vietnam.

Being in the town, I had many chances to taste the medicinal liquid and observe how local men using it. Visiting Ban’s house, I also saw a big jar of *ruou thuoc*, but instead of using seahorses or cobras, he had put only bees in it. Ban said one day he went to the forest and noticed a big beehive, but he had to wait until midnight to bring it home since the bees would recognize his advance in the light. Being curious, I tried a cup of the liquid. After just a few moments, it created a strong itching sensation in my throat. Then my body felt incredibly hot as if I had drunk three or four cups of normal alcohol. Ban explained that the bees’ stingers caused the heat, but I would be fine since he had soaked them with alcohol for three months beforehand. He believed that the bees’ stingers were able to strengthen human organs, including the sexual organ, and therefore they were good for sexual intercourse. I was not sure about the effects of the bees but what I knew was that Ban appreciated my visit. I understood that not every guest could be served *ruou thuoc* since local men tended to save it and share it with friends and relatives rather than with strangers.

Apart from medicinal liquid, Muong Khen men preferred foods considered nutritious and therefore good for sex; dog meat and goat meat were leaders of this group. Dog meat was often said to be the meat for men. Some men such as Tai asserted that it was dog meat that helped him feel ‘normal’ again each time he felt sexually weak. One soup recipe that Tai gave me included a male dog’s sexual organ.
He claimed that it was quite easy to buy a dog in town. In fact, many houses in Muong Khen used dogs as house protectors; a family may have three or more dogs. Local people could sell their dogs or use them for a party in which dog meat was consumed.

I had a chance to join a dog party. I call it a dog party since all of the food was made from dogs. A typical dog party would include seven different types of food. When I was in Hoa's house, he decided to kill a dog because it was suffering from diarrhea. Since it often required more than one person to make the different types of food, Hoa asked some friends and relatives to come over to help. About twelve people joined the party: men, women and children. The men had a separate place to enjoy the foods while drinking alcohol.

Besides dogs, wild goats were also considered good for sex and a cure for many kinds of illnesses. The rational for using goats was that the every part of a wild goat was nutritious and contained good medical substances. Trinh said he drank the fresh blood of wild goats whenever he got the chance. The blood taken from a goat's throat should be imbibed immediately while it was still hot. He believed that the blood was very nutritious because the goat often ate many medicinal plants in the mountains. He also used goat excrement to cure his backache by lying on it. Speaking of goat, Quynh wrote down for me some recipes that used goat meat and goat bones to cure weak kidneys and early ejaculation. He thought that goat meat and bones should be cooked with onions and ginger to make them more effective.

Some men in the town even raises stags because the stag's blood was seen as medicinal. My conversation with Nhat revealed that stag blood was even considered better than dog meat or goat blood. Nhat had two big stags confined to a big cage. He often sold their blood to men in the town. Like goat blood, stag blood, which was called nhung huou, was to be drunk immediately since cool blood was considered less effective and may contain bacteria. Men who drank the blood were thought to become physically and sexually stronger.

However, local men considered it difficult to get the animals nowadays. Indeed, finding a piece of wild goat meat was considered good luck since the meat was rare and expensive. Binh said even when he had money sometimes he could not buy the meat since it sold out too fast. With regrets, Trinh said that these days only a few areas in his region still had wild goats. Cobras, geckos and birds were also becoming rare, too. Nhat agreed with others. According to him, a man could only buy
bim bip, cobras, and geckos by chance. There used to be a man in the town who bought and raised cobras and other kinds of snakes for commercial purposes, but he had just died a few days before I came to town. I knew the man because in the last two years I had contacted him to sell a snake that Binh and I had caught. He had quite a big garden in which there were hundreds of snakes. Anyone in town who caught a snake could sell it to him. I had intended to interview him about his business and clients and was sorry to learn of his death.

Anyway, it is not difficult for me to meet other men like him. They are traditional healers. Because there are some illnesses that require complex recipes, local men go to traditional healers (thay lang) to consult and ask for help. One traditional healer I met believed that there were as many as two hundred traditional healers in the town and neighboring areas. In my understanding, this number reflects the fact that many people in the town know some herbs that are unknown to others so that they were all classified as thay lang.

The town’s authority already has recognized the traditional healers and their medicine as an alternative source of healthcare. According to Ms. Xuan, the town’s council established a union for local healers some years ago in order to facilitate the sharing of medical knowledge about herbs. However, it did not really work since it was said that the healers wanted to keep their knowledge about herbs a secret. Sharing the knowledge would result in the loss of clients, so that they could not make a living.

It was said that there were two types of thay lang. Traditional healers of the first type often cured illnesses by herbs while those of the second type dealt with illnesses by contacting spirits. In Trung’s opinion, some healers could use charms as medicine. One of Trung’s friends asked a healer for a charm since his little son did not want to eat. The child started eating immediately after his parents applied the charm. Tuan, Ban and Huy told me that there were some me Muong (old Muong women) who could cut thuoc (literally, to cut medical trees) to cure gonorrhea. One of the women even claimed that she could heal HIV/AIDS patients.

In my efforts to understand this myth, I tried to meet some healers. The first one I met was Su, a Muong healer. He lived in a small house next to the health care center of the town. Ms. Xuan, the woman who organized the biomedical setting, introduced me to Su. She saw Su as a famous man in the region whose expertise helped cure illnesses related to stomach and liver problems. Binh supposed that Su
often had patients from big cities such as Hanoi – the kind of patient whose appearance symbolized the reputation of local healers.

Su learnt lessons about herbs from his parents and relatives. He defined his medical knowledge as *thuoc nam* (medicine of the southern people). According to him, *thuoc nam* is different from *thuoc bac* (medicine of the northern people, implying Chinese medicine) and *thuoc tay* (biomedicine). He supposed that *thuoc nam* was not based on complicated theories but on experiences of ‘what herb could heal what illness’.

He claimed that he had successfully cured a man with stomach cancer who was refused by doctors in big hospitals. He also cured people with weak kidneys and gonorrhea. Many local men also came to him because of kidney stones. In regard to weak kidneys, it seemed that his patients were mostly from the town and its neighboring area. He supposed that many men in the town drank too much and that this made their kidneys hot. Su often gave them a medical liquid that he believed could reduce the heat in kidneys. For him, men with cool kidneys would enjoy sex much more than those with hot ones. However, with regard to gonorrhea, only a few men in the town went to him for help, and most of his patients were from nearby provinces. Although he did not explain why this was the case, I guessed that local men with gonorrhea would not go to him since they do not want anybody to know that they had the illness.

The second traditional healer I met was Quynh, a Kinh man. Unlike Su, Quynh applied both herbs and biomedicine to treat his patients. However, in regard to sexual illnesses, he preferred *thuoc nam* to biomedicine. He did not believe that Viagra – the famous sexual stimulant in western countries – could be of help because Viagra could only help to maintain an erection, while many people he knew did not have problems with erection but sexual desire. He also pointed out that other biomedical pills like *apomorphine* (this is the name he gave me) could help to maintain erection but created a lot of side effects such as vomiting and dizziness.

Quynh asserted that using herbs would be the best choice for men with sexual illnesses since there were no side-effects and some herbs could help to maintain an erection as long as thirty minutes. In some recipes that he gave me, I saw *bim bip*, the bird that I had seen in Nhat’s jar. In addition to goat bones, he suggested using seahorses, soups with sparrows, and a vegetable called *nhu y* (‘like what you want’) to cool the kidneys, facilitate urination and prolong sexual intercourse.
It is not always the case that the local men go to traditional healers when they cannot cure illnesses themselves. In Dong's opinion, he would turn to biomedical settings when he could not use herbs anymore. He had a small daughter and she got colds easily. He tried to cure his daughter with herbs but failed. He asserted that only after a visit to a hospital, his daughter would be free from coughs. Another reason that people choose biomedicine is the so-called hop (compatibility). Dong argued that while some people were compatible with herbs, others were suitable to western pharmaceuticals. That was why some ill people got cured when they changed the methods of treatment. In fact, I found that most men would choose to go to hospitals when they got illnesses that were considered severe. For example, Nhat went to a hospital in Hanoi after his arm was broken some years ago. Trung also sought for helps from doctors when he got a broken leg in the last two years.

I can see a similar attitude toward sexual illnesses. While appreciating that traditional healers could cure some illnesses like gonorrhea, some men such as Minh and Tuan, did not believe that those men could cure infertility. Infertile men would rather go to hospitals for treatments. However, going to hospitals does not mean going to local hospitals. Muong Khen men preferred big hospitals to local ones. Binh explained why he would go to a big hospital rather than seek help in the town’s health care center:

"Health staff in the town’s health care center are professionally weak. They also do not have good enough equipment. People here often go directly to the district’s health care center. There they can do operations to help delivery, removing appendices or broken legs. However, their technique is also bad. We cannot rely on them totally. If I have severe illnesses, I will go directly to hospitals in Hanoi."

I could understand what Binh said since I had visited the health care center of the town, where I met Ms. Xuan. The center is located beside the main road crossing Muong Khen. It is quite an old, one-floor building. The most valuable thing in the center is the small cupboard that contained medicine. It has only six staff members and five of them are women. I can imagine how much a man with sexual illness might feel hesitant if he went to the center for help and was asked by women to describe his complaint. Nevertheless, there were already some men with gonorrhea who went to
the center to seek for treatment, but they were not local residents. In most cases, the health staff did not know them and, after being injected, they left for good. When admitting some cases of HIV positive patients in the town, Ms. Xuan supposed that there had not been any cases of syphilis detected in the town yet. According to her, the center did not have any health program for men because it just followed the agenda imposed by health settings of higher levels. Annually, the staff members were very busy with many kinds of programs, mostly about women and children. One staff member might have to take the responsibilities of two or three programs at the same time. Meanwhile, the salary for them was low. As M. Xuan said, a health staff member that was on duty often had to stay the whole night at the center but received so little money that she or he could not buy a bowl of soup. She said that due to the lack of health care staff and because these days people could easily access health information from mass media, the health programs were implemented mainly by long ghep. This meant integration of one health program with others. By long ghep, a health staff member could invite many residents, mostly women with children, to participate in a meeting and give them information of two or more programs at the same time. Therefore, she or he could save time and labor. In my understanding, this also resulted in the low quality of these health programs.

It would be too simplistic if one assumes that local men preferred herbs and self-treatment to biomedicine because of the lack of biomedical health services. That may not be the only reason that drove men mainly to self-treatment and traditional healers. I believe that there were other factors that played a role here. The first one may be the distance between the town and hospitals that men considered reliable. Since the town is located in a mountainous area far away from the province’s center and Hanoi, a man should have a motorbike if he wants to go to big hospitals. Not all the men have a motorbike; especially those who are poor like Ban, Huyen or Chien. Huyen told me that he would die if he had to go to hospital. This feeling was indeed based on the imaginable expenditure that one would have to pay for staying in a hospital in Hanoi. Those who are suffering severe illnesses and have no choice but to go to a far-away hospital, have to rent a car so that their family members and others could accompany them. It is of course very costly. When Trung had a broken leg, he had to pay as much as half a million Vietnam dong for a car. That was even a good price, since it would be higher if the car driver had not been one of his friends.
Reaching the hospital is one thing, staying there is another. Many men in the town do not have health insurance because farmers and some cadres of low level are not eligible for the state’s health insurance policies. They can buy ‘free’ health insurance, which is without reduction and more costly. As a result of recent changes in the healthcare policy, pharmaceuticals are not subsidized any more. Most of the hospitals in Vietnam nowadays encourage patients to buy medicine by themselves after giving them the diagnosis. Trung’s relatives had to go to a pharmacy that was right in the hospital to look for pills suggested by doctors. The cost of the medicine depends on each pharmacy and the negotiation skills of the buyer. It was said that there was a ‘relation’ between a doctor and the pharmacist he referred to. The patient’s relatives, who were suggested by the doctor to buy medicine in a certain pharmacy, thought that if they did not do so, their loved one would be treated inappropriately.

There always exist rumors about giving bribes for doctors in big hospitals in the hope that they will provide the patient better care. I myself had to give some doctors quite an amount of money when Binh’s nephew was in a hospital in Hanoi two years ago. He had a severe wound in his head that required an operation. After the operation, a nurse came to me and suggested I go to the doctors to say thank you. I understood what she meant and gave the envelope that I had prepared to the doctors. The one who said thank you was not I, but one of the doctors. I could imagine that the expenditure for a Muong Khen patient and his relatives to stay, eat, and buy medicine (both for pharmaceuticals and appropriate care from the doctors) in a hospital is always damaging for his family’s economy. The negative feelings about hospitals, like that of Huyen, created more hesitations toward biomedicine and made herbs and self treatment become the only choices of men in the town. With regard to sexual concerns, it was said that local men only went to hospitals if they were infertile. However, for other kinds of sexual illnesses like a swollen penis or pains while urinating, local men would rather stay at home, use herbs or look around for help.

Drinking ruou thuoc, using herbs or some kind of meat did not necessarily mean the enhancement of sexual ability, or a cure of some sexual illnesses. Medical substances, ruou thuoc and herbs could be a means of social negotiation. These medical substances, especially the ones supposed to be sexual stimulants were shared amongst men in the town not merely as a way to enhance sex but also a way to communicate. As Huyen offered me a cup of his liquid, it seemed that he did not mean to help me improve my libido, but just wanted to express his acceptance or his
interests in my research, which he found new and interesting. Actually, the substance just made me feel itchy and nothing else. When I visited Trong and then had a FGD there, he showed us his jar with medical liquids, saying that it was a gift from a close friend of his. *Ruou thuoc* in this case was used as a symbol of good friendship. In my dinner with Nhat and four of his friends, he also served us *ruou thuoc* to show his hospitality. By mentioning how difficult it was to get the animals and how complicated the process was to make the liquid, Nhat implied that he was able to buy the animals and able to apply his knowledge to make the liquid. It was said that not many men could buy good animals and only few men could make the liquid themselves. Therefore, a man with a liquid jar, which contains expensive animals, was often seen as either financially well off or, more importantly, knowledgeable. At Hoa's dog party, it was not merely that his guests came to him because dog meat was good for sex, but it was more like a chance for Hoa and his friends, including some cadres, to meet and talk, and therefore strengthen the relations between them. The use of *ruou thuoc*, animals and herbs related very much to everyday communications between men in the town.

In conclusion, applying traditional medicine is the most prevalent way for local men to deal with illnesses in general and sexual illnesses in particular. It was typical for local men to treat 'common' sexual illnesses like urination problems themselves, and go to traditional healers when facing more severe illnesses like weak kidneys or gonorrhea. However, as Su said, if a man in the town got gonorrhea, he would not seek help in the town since gonorrhea patients were often stigmatized. This makes it very difficult to estimate the prevalence of any illness in the town, especially those categorized as *benh xa hoi*, a local name for sexually transmitted illnesses such as gonorrhea, syphilis or HIV/AIDS. The prevalence of using herbs and animals may reflect the fact that local men hesitated to go to hospitals since they could hardly afford hospital fees that were sometimes believed to include bribes for doctors. Unlike biomedicine, which is prescribed to patients, medical liquids and meats considered good for one's health and sex were shared amongst men in the town in everyday life activities as a means of reinforcing social relations and gaining social status. While herbs were still seen as available and easy to obtain, some animals like cobras or goats were already rare. This is not surprising because I knew that everyday a large number of animals, such as snakes, turtles, and geckos, were caught and transferred to restaurants in Hanoi and some provinces of southern China. It was believed that there
was no more wild stag in Muong Khen and its neighboring area and only some wild goats in two extremely remote communes of the Tan Lac district.

Techniques of love: stimulants or skills?
While many men thought that herbs and animals were good for sex, they also supposed that sexual satisfaction was not merely the result of consuming these sexual stimulants. It was supposed that sexual satisfaction could only be achieved if both husband and wife feel happy with their sexual life. This depended on a man’s ability to start good sexual intercourse, and how much he understands his wife and himself.

There were a number of ways that men were supposed to make women actively involved in quan he (‘relation’, but it means sexual intercourse). Touching sensitive parts of the woman’s body was considered as a good way to start having sex. According to Huyen, if a man wanted to have sex with his wife, he should first make her sexually aroused. The best way to do it was to use the index finger to touch her nipples in the morning while talking with her. Huyen supposed that the technique would stimulate the woman very fast and once she was stimulated, her sexual demand would be so high that she would bite her husband if he tended to leave her. For Hoa, smoothly touching a woman’s thigh could also make her feel aroused. Danh and Minh also mentioned ‘lovely touches’ as foreplay for men who want to have sex with women. Danh even supposed that men should act softly and emotionally like ‘movie actors’ to get women aroused. In addition to touches, for Huyen, drinking a cup of alcohol and one egg before having sex would help men produce more semen and lengthen the duration of their erection. This is very similar to the use of ruou thuoc that many men applied. However, some men preferred creating a happy atmosphere between husband and wife to medical liquids. Minh argued that if a man and his wife always knew how to have fun, enjoyed talking with and amusing each other, they could have a happy sexual life without using ruou thuoc. This ‘mental’ therapy seemed to reflect Minh’s opinion about sexual dissatisfaction. He affirmed that psychological stress was the main factor that made a man or woman reluctant to have sex. Similarly, Danh’s and Hoa’s explanations about ‘lovely touches’ might be related to their opposition to sexual intercourse in which only men enjoyed themselves. They both pointed out that some men had sex without knowing what their wives felt.
Another option some men, and also women, chose to facilitate the relationship between husband and wife was the use of *bua yeu* (love charm). I got the first story about a love charm from Trung. In the town, a boy could ask a traditional healer for a love charm if he loved and wanted to marry a girl but the girl did not notice his love. A love charm included a piece of ginger, some salt and a comb. When he visited the girl, he should comb his hair since it would make him handsome, put the salt in the girl’s well since her parents would like him after drinking the water, and keep the piece of ginger in his pocket since it would make him warm and confident. All these things would make the girl fall in love with him. This technique was also believed to work in the husband and wife relationship. It could make both the wife and husband love each other more than usual, especially when they felt not so much in love with each other any more. Trung said that a love charm could be very effective, but it could also have a ‘side-effect’. It could make the couple love each other ‘too much’; so if one of them died, the other would die shortly after that. Therefore, a couple applying a love charm should disable it as soon as possible. Nevertheless, he believed that sometimes a love charm was not effective because the healer was not skillful enough or simply because some people could not be charmed. Trieu was the second one who told me about love charms, but he saw it as a cunning method that artful women applied to charm men. According to him, some women could magically ask men to go to them, work for them and give them money. Trinh used to apply a love charm to save his marriage when his wife wanted to leave him after a conflict. I also heard that Nhat’s wife had successfully used a love charm to keep him away from other women. In short, it seemed that love charms reflect nothing more than a way to deal with the potential conflict between husbands and wives. It also revealed the role of traditional healers in many facets of life in the town.

It is considered important for men to understand what the wife thinks is when deciding if they should have sex. Huyen supposed that men should ask their wives if they felt sexually excited or happy after sexual intercourse, so that men would know what was the best way to make love. Hung interpreted women’s groaning as a sign of their satisfaction. The more a woman groaned during sexual intercourse, the happier she was.

However, some men tried to interpret their wives’ behaviors and attitudes before any suggestion of sex. According to Dong, he would rather not ask his wife for sex if she looked tired, especially after hard work. Other men also agreed that they would
not force their wives to have sex if they did not seem to want it. Interestingly, Chien sometimes interpreted his wife’s anger as her demand for sex. He believed that young women, like his wife, could get angry if their husbands, for some reason, forgot to take care of them sexually. That kind of anger did not appear straightforward, but was expressed through unexpected and unexplainable quarrels started by the wife. In this case, Chien suggested that men could easily solve the quarrels by having sex with their wives. Some men even saw sex as a way of encouragement (dong vien). Both Chien and Binh supposed that sex could make a wife, who is tired of hard work, become happy and healthy again. With the help of ruou thuoc and other sexual stimulants, they believed that men could use this strategy.

Occasionally, the wife was described as the one who started sexual intercourse. Binh said sometimes his wife would ‘remind’ him about sex by coughing continuously if he tended to forget it. Tuan saw the beats and kicks of his wife at midnight when his children were already slept as indicators of her sexual request. Local men saw this request as normal because they assumed that women ‘also’ had sexual demand and that this demand was often hidden, but was even higher than that of men.

To understand the wife also meant to know about their sexual illnesses. Chien affirmed that he would encourage his wife to go somewhere for diagnosis if she had an illnesses in her vagina. But he would not accompany her there since he felt it was ‘difficult’ to do so. Both Binh and Chien joked that women themselves should take care of their sexual organs in general and of sexual illnesses in particular. ‘We just know when it [vagina] is fragrant and when it is not!’

Since sexual intercourse is closely related to pregnancies, to understand the wife is also seen as knowing the menstrual cycle. Huyen, Minh and Chien divided the menstrual cycle into three periods, each including about ten days. In the period that went in-between, a woman was mostly likely to get pregnant if she had sex. Men should avoid having sex at that time if they did not want more children. Binh looked at the relation between pregnancy and sex from another dimension, saying that if a couple wanted to have a healthy child, they should choose to have sex when they both feel healthy. Otherwise, the impact may be very bad. They could have premature births or could not keep the fetus. He compared human conception with the formation of fruits. If a flower has a good stamen, it will grow into a big fruit. If it did not, the fruit would be small or ruined.
Local men also thought that in order to enjoy sex, they should understand themselves. Danh repeatedly said that sex required cleanliness and fragrance. The smell men brought home after parties would make their wives reluctant to have sex with them. However, most of the men preferred sexual restriction. It was repeatedly said that a man should not have sex too much if he wanted to protect his health. It was also thought that after working hard or excessive drinking, sexual intercourse should be forbidden. Sex restrictions of different people are not the same. It ranges from suppressing ejaculation, as Huy and Huyen did, to having less intercourse, like the case of Tai. Young men like Chien or Nhat thought that they should only have sex every two days. Meanwhile, old men like Huyen or Ban supposed one should have it much less often.

While traditional medicine seemed to be widely used in the town either to treat particular illnesses or to enhance men's sexual libido, this section pointed out that other factors seemed to be important for men in sexual relationships. Their opinions about lovely touches, happiness for both husbands and wives, understanding the wife's sexual need, and wives' active role during sexual intercourse reflect their perceptions that the husband and wife relation is at the heart of sexual happiness. Their discussions about sex in relation to their wife reveal that sexual stimulants made from herbs and animals are used as a means to negotiate the relationship between local men and their wives.

Conclusion

Applying traditional medicine in prevention and treatment of illnesses in general and in sexual matters in particular is a common phenomenon in Muong Khen. Local men could apply herbs and animals themselves since most of them knew about these herbs and animals. Consulting a traditional healer was also a choice for men with sexual problems though they would look for a healer in a place where they believed nobody could by chance notice their appearance. The prevalence of traditional medicine also implied some problems accessing biomedical healthcare services of people in the town. The negative attitudes toward biomedical services and expenditures relating to seeking healthcare service in reliable hospitals could be the factors that influence a move toward traditional medicine. This resulted in the fact that there was a mixture of methods that local men could apply when encountering illnesses due to the lack of options. Because the herbs or medical liquids are
considered as tonics, good for health, local men use them in their daily social interaction to show their hospitality, likeliness and respects. Therefore, they create and strengthen the relationship between them. Moreover, possessing some kind of animals and herbs which are rare and expensive, or owning jars of medical alcohol that are considered difficult to make, is sometimes seen as a sign of being socially and sexually superior to others. This social aspect of using herbs and liquids became even clearer when local men discussed sexual happiness. To achieve a happy sexual life, local men think they should understand themselves and their wives socially and sexually. The herbs and liquids are used as a means of reducing the tensions between the husband and the wife that come from hard work or other misunderstandings between them.
Chapter 6. Conclusion

Male sexual concerns are a topic that has rarely been discussed in Vietnamese literature. In much of the sexuality research that has been conducted, writers have been primarily interested in addressing concerns of women (see Hong 1998; Withtaker 1998). Because the 'only women' approach has already been shown to be inadequate in understanding human sexual life completely (Chant et all 2002), an approach that addresses concerns of men is being called for. By describing male sexual concerns in a rural and mountainous area of Vietnam, this research is a response to that call.

Beyond the medical model

Male sexual concerns have first been studied from a biomedical approach. This approach, however, cannot abandon purely medical terms when looking at male sexual concerns. As a result, it cannot explain social causes of the problems. The rise of a new approach that focuses on social explanations of illness has filled in the gap left by the biomedical approach. Writers of this approach:

‘address the cultural, social, psychological and political context and offer a more sanguine view of change and a more diverse set of possible intervention’

(Brooks 2002: 32)

My research is in line with this later tradition. In my attempts to describe some sexual concerns that are perceived and experienced by Kinh men in Muong Khen, I looked at various aspects of Kinh life. These aspects include cultural notions of the body, cultural customs, social transition and changes in sexual values, political attitudes, men's opinions about economic life in a changing context, accessibility to health services, and the interaction between ethnic groups. I discovered a relationship between male sexual concerns and the perception of the cultural, social, and political environment in which the men live.

Methodologically speaking, I had interesting individual conversations with ten men and four exciting group discussions. In addition, I tried to contextually define the men’s sexual concerns by actively participating in daily activities of the town’s
residents. The combination of the three methods, which helped me to generate genuinely rich information about the topic, consequently proves that sexuality can be understood meaningfully by social scientists.

**Male concerns as a result of environmental strains**

There are many kinds of sexual concerns amongst Muong Khen men. They have worries about the prevalence of sexually transmitted diseases in the town in the changing social and cultural context. They feel uneasy with urination problems. They are afraid of getting 'mysterious' sexual illnesses. They face the dilemma of trying to avoid unwanted pregnancies and not wanting to use any modern contraceptive methods. They have early ejaculations. They are confused by the desire to have both good sex and excessive drinking. They are afraid that their wives might have an affair one day because they could not fulfill their sexual needs. They think that sexual happiness cannot be achieved without economic success, which they lack. But what is the main cause of these various concerns? I find that male sexual concerns are the reduction of a complex and contradictory perception of life and its influence on the male body.

An example of this reduction is the worries about a spread of sexually transmitted diseases in the town. The cultural environment in Muong Khen encourages men to have extramarital sex, but does not allow them to bring home the sexually transmitted diseases. Men who get the disease are said to hide it. This is evidenced by the fact that many men think the number of people with sexually transmitted diseases is much higher than currently known. These worries are, however, locally explained as the result of the 'weakness' of the Muong leaders in controlling prostitutes. Sexual concerns of the Kinh men, therefore, have a link to the relationship between the two biggest groups in Muong Khen, namely the Muong and the Kinh.

Men's sexual concerns are caused by their economic worries. In this research, many men see sexual dissatisfaction as a result of a 'not relaxed' mind, indicating their daily worries about economic issues. It is a common notion that man should be a pillar—a good moneymaker. Ironically, local men show that making money these days is very difficult; most of them are in fact poor. In struggling for economic development, they are experiencing distresses and tensions that make them hesitant to, or feel dissatisfied when having sex. Some men even refrain from sex because the
loss of semen for them is the loss of energy. Here is another example of the effect of worries about everyday life on sexual life.

The drinking custom in Muong Khen is another environmental factor that influences men’s sexual happiness. Excessive drinking is traditionally encouraged because it demonstrates a man’s sympathy and enthusiasm toward others. Nowadays, however, the reasons for excessive drinking are changing. Under economic strains, local men are drinking more than ever in an attempt to create ‘beneficial’ relationships. The result is they do not have a joyful and happy sexual life. Some men, influenced by alcohol, violently force their wives to have sex or treat them badly. Local men recognize these negative consequences of drinking, but feel trapped by this custom. Excessive drinking is becoming an irrefutable reality for many.

Use of traditional medicine to deal with sexual illnesses is strongly influenced by the availability and affordability of medical services. This is due to the fact that local men have doubts over the quality of the biomedicine and do not want to go to hospital because of the excessive cost. Nevertheless, men choose to use locally available herbal medicine not only because they have ‘the disease’, but also because they want to maintain a social support network in which they participate.

My findings point to the need for further research into male sexual concerns by carefully considering environmental factors and the way men identify these factors with their health in general and sexual health in particular. The findings call for research on men’s mental and psychological health. I suggest that the process of reduction is most likely to happen in transitional societies where newly emerging values are in contradiction with the old but influential ones.

I recommend that more studies that apply a cultural perspective on male sexual concerns should be done. That Muong Khen men use various categories to describe their concerns indicates a need to carefully identify sexual concerns culturally. Only by collecting and comparing categories of male sexual concerns in different regions of Vietnam can one be able to map sexual concerns of Vietnamese men and build adequate health programs. Furthermore, male sexual concerns should not only be seen as ‘physical’, but also as ‘mental’. Men’s worries regarding sexual life can be much wider than the traditionally known categories as impotence, early ejaculation or infertility. Future studies should analyze sexual concerns rooted in worries about life.
I am sure that a study about the effects of traditional medicine on men's sexual health is needed. Such a study would help to sort out the valuable formulas and filter out harmful practices. While it will take decades to build a developed system of biomedical services in rural and mountainous areas of Vietnam, health programs that are based on traditional medicine can be built in a relatively short time in these regions. But that requires research on traditional medicines, as well as the active participation of traditional healers in the healthcare system.

I learned from my research several interesting points regarding methodology. Doing research on sexual matters for the first time, I imagined facing huge difficulties when talking with my interviewees. But it seemed to me that the way I invited them to join my research removed many hesitations. I learned that when local men had some time to think about the topic and understand what the objective of the research was, they were willing to talk with me. I also recognized that in sex research, using straightforward questions, which use ‘shocking’ words rarely discussed in public like “penis”, “orgasm” or “masturbation”, is sometimes more effective than questions that avoid the ‘sensitive’ words. Regarding the division of interviewees into different groups, I did not find a sharp contrast between the perceptions of different groups about male sexual concerns. For instance, while urination problems are often thought to exist in middle-aged and old men, both young and old men in my research had experienced this problem, which was explained as caused by excessive drinking. This suggests that the cultural custom – drinking – has a strong influence on men’s sexual health.

Some implications for health promotion programs

At this time, there is no comprehensive health program for men in Vietnam. The future building of such a program requires a wide knowledge about men’s concerns. This research suggests that there are a wide variety of male sexual concerns. The further investigation of these concerns requires a carefully trained staff that can listen to and give advice to men.

My research invites further investigation about ‘alternative’ contraceptive methods. Most of the local men do not use a condom despite the fact that condoms could be acquired easily in the town. The reason is simply that condoms reduce sexual pleasure. At the same time, some of the men develop ‘alternative’ ways to avoid
pregnancies but still reach 'happiness’ during sexual intercourse. These methods include the control of the nervous system, and in a physically manipulative way, the use of fingers to keep the semen back. The men who apply these methods believe that they are effective. The suggestion here is that the lay contraceptive methods can be as effective as the ‘modern’ ones. It is worth considering having campaigns that promote these laymen’s techniques.

There is also a possibility that the future health program promotes psychological skills and techniques to attain sexual happiness. My study finds that Vietnamese men may not be ‘violent,’ as feminists often describe them. Muong Khen men have the idea that they should consider their wives’ attitudes before deciding to have sex. Many mention the need to understand the wife’s sexual need and health status as important for a happy family. Health programs should take into account this idea in order to build adequate activities that involve men.

In conclusion, looking at men’s sexual concerns from a cultural point of view, I have shown the relations between the seemingly ‘bodily’ matters and a wider cultural and social context in Muong Khen. Male sexual concerns are not only concerns about the body, but also concerns about life. With traditional medicine, men negotiate between their concerns and the future.
Appendix 1. Vietnamese words and proverbs used in this thesis

An: ‘to eat’, but implies ‘be corrupt’
Anh em: brothers
Benh xa hoi: contagious sexual illnesses
Bi thu chi bo: communist party’s secretary of a village
Bim bip: the name of a bird used to make medical alcohol
Bua yeu: love charm
Cac cu: old, respectful men
Can bo: cadre
Canh: ‘soup’, but implies extramarital sex
Cat thuoc: to cut the herbs, also means collecting and making the herbs
Chan dong tam ly: psychological stress
Co den tay ai nguoi day phat: ‘whoever has the flag can rise it’. This means whoever has the chance to be corrupt will do it
Coi xay: the name of a herb used to cure the sexual illness pham phong
Cua la: ‘strange things’, but implies extramarital sex
Dai buot: feeling sharp and pain while urinating
Dai giat: urinating little each time, but in many times
Dau hang: ‘to surrender’, but implies early ejaculation
Doi moi: economic renovation in Vietnam
Dong vien: ‘to encourage’, but implies a man’s use of sexual intercourse to refresh his wife after she has worked hard
Duoi: ‘physical weak’, but implies early ejaculation
Gay chan: ‘a broken leg’, but implies early ejaculation or impotence
Gio Nui: the name of a restaurant wherein there are prostitutes, but implies the searching for prostitutes
Hop: compatibility
Keo co trang: ‘to hoist a white flag’, implies early ejaculation
Khoa hoc ky thuat: technology and sciences
Liet duong: impotence
Long ghep: integration
Luc bat tong tam: one’s financial ability does not support the intelligence of his mind
Me: mother, usually used to call old Muong women
Muong Khen: the town where the research was done
Nam vo tuu nhu co vo phong: a man without drinking is like a flag without wind
Nguong: a level of mental and physical status gained by drinking considered good for sex
Nhiet tinh: enthusiasm
Nhu y: the name of a herb, which means ‘like what you want’, used to ease urinating and cure early ejaculation
Pham phong: a sexual illness believed to happen when one of the couple is sick but they still have sex. The patient’s livers become bigger and within one month causes his death
Quan he: ‘a relation’, but implies a sexual intercourse
Quan: officials
Ruong: a piece of land for cultivation
Ruou thuoc: medicinal alcohol
Sac thuoc: to boil herbs
Sai con cam dia di xin nuoc mam: ‘to ask one’s child to go out to ask for fish sauce’, but it means to ask the child go out so that the couple can have sex
Sao vang ha tho: a way to make medicine by drying herbs and then burying them
Thay lang: traditional healer
Thua: be defeated
Thuoc bac: northern medicine, implies medicine come from China
Thuoc nam: southern medicine, implies medicine of Vietnamese
Thuoc tay: western medicine
Tinh cam: affection
Xin: ‘to beg’, implies a situation in which the wife wants to have sex but the husband cannot fulfill her need because he is tired
Xung: the penis remains hard in long time during sexual intercourse
Yeu sinh ly: non-contagious sexual illnesses such as early ejaculation and infertility
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