Chapter 2. Overview of Vietnamese Culture

This chapter provides an overview of Vietnamese culture in terms of language, literacy, socioeconomic position, social structure, family, gender, religion, communication styles, traditional health care beliefs and practices, and health care-seeking behaviors. Readers are cautioned to avoid stereotyping Vietnamese on the basis of these broad generalizations. Vietnamese culture, as all others, is dynamic and expressed in various ways, owing to individual life experience and personality. Some Vietnamese living in the United States may be more or less acculturated to mainstream U.S. culture.

Language and Literacy

The official language in Vietnam is Vietnamese, which has Thai, Khmer, and Chinese influences. In the 20th century, the French introduced the Romanized script, which replaced Chinese characters and indigenous phonetic script (U.S. Department of State, 2006). Other languages spoken in Vietnam include English, French, Chinese, Khmer, and mountain-area languages (U.S. Department of State, 2006).

The Vietnamese language has three mutually intelligible dialects: Northern, Central, and Southern. The dialects often vary in tone and pronunciation. For example, the Vietnamese word *day* (meaning “to teach”) is pronounced “zigh” (as in “high”) in the Northern dialect and “yigh” in the Southern dialect. Although most Vietnamese in the United States come from South Vietnam and speak the same dialect as interpreters, challenges may arise. Differing pronunciations can convey slightly different nuances. In addition, though Vietnamese words may be spelled alike, their meaning depends on the accent. Vietnamese vowels have six tones, five of which are indicated by an accent mark above or below the vowel. For an unaccented vowel, the voice remains unchanged (Tùng, 1998). Table 2-1 provides an example of six meanings for one spelling, depending upon the vowel tone. Refer to Appendix E for a glossary of Vietnamese terms and phrases.

![Farmers in An Giang Province prepare for the new harvest. © 2006 Le Thai Son. Courtesy of Photoshare.](image)

<table>
<thead>
<tr>
<th>Tone</th>
<th>Vietnamese word</th>
<th>Accent mark</th>
<th>Word meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>No tone</td>
<td>ma</td>
<td></td>
<td>Ghost</td>
</tr>
<tr>
<td>Raising</td>
<td>mà</td>
<td>‘</td>
<td>Mother</td>
</tr>
<tr>
<td>Falling</td>
<td>mà</td>
<td>‘</td>
<td>That</td>
</tr>
<tr>
<td>Questioning</td>
<td>mà</td>
<td>‘</td>
<td>Tomb</td>
</tr>
<tr>
<td>Falling then raising</td>
<td>mà</td>
<td>‘</td>
<td>Horse</td>
</tr>
<tr>
<td>Weighing</td>
<td>mà</td>
<td>‘</td>
<td>New rice plant</td>
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</tbody>
</table>

* From Vietnamese Online, n.d.
In Vietnamese culture, education is valued highly. In 2002, Vietnam’s literacy rate was 91% (Hunt, 2002; U.S. Department of State, 2006). According to the U.S. Census Bureau (2000), 95% of Vietnamese spoke a language besides English in the home. Furthermore, 30% reported they spoke English “very well.”

### Suggestion

- To meet the needs of Vietnamese patients and comply with national standards in health care, provide materials and services in Vietnamese, including interpretation services by bilingual staff or phone interpreters.

- Because most Vietnamese come from South Vietnam, interpreters and patients will likely speak the same dialect. However, be aware that challenges can arise when interpreting different dialects.

### Socioeconomic Position in the United States

The first wave of Vietnamese, mostly educated professionals and former military personnel, experienced fewer difficulties adapting to life in the United States compared with the “boat people” who followed. During the 1980s, many Vietnamese refugees experienced high levels of poverty, unemployment, and welfare dependency (Gold, 1992b). According to the U.S. Census Bureau (2000), 7% of Vietnamese families had an annual income less than $10,000, while the median income ($47,000) was closer to that of the general U.S. population ($50,000). About 14% (compared with 9.2% among the general U.S. population) of Vietnamese families lived below the 1999 poverty line. In addition, Vietnamese were less likely to have finished high school: 61% were high school graduates or higher compared with 80.4% of the general U.S. population.
Social Structure, Family, and Gender

Among the Vietnamese, family is valued highly and plays a central role in the culture. The family is often extended and includes married sons and daughters-in-law, unmarried adult daughters, and grandchildren (Gold, 1992b; Healy, 1997; Nowak, 1998). In 2000, the average Vietnamese household in the United States was 3.7 persons (Reeves & Bennett, 2004). Traditional family structure is patriarchal, with the eldest male as the decision maker and family spokesman. Within traditional Vietnamese families, husbands make decisions on issues outside the home, while wives care for the home and make family health care decisions (Healy, 1997; Nowak, 1998). Elders are highly respected and honored, and children are expected to obey them (Lindsay, Narayan, & Rea, 1998). Obligations are met and decisions are made based on the common good, usually under the guidance of the eldest male (Gold, 1992b). Generally, individualism is discouraged in favor of family responsibilities that promote interdependence, belonging, and support (Nowak, 1998).

As the Vietnamese assimilated to the United States, gender roles in Vietnamese families slowly reversed. Because of the availability of jobs in Western society, women gained economic independence outside the home (Fox, 1991). In addition, children could become interpreters for their families because of their ability to speak English and their familiarity with American customs (Nowak, 2005). Women and children who adapt to Western society more quickly than men can increase their authority in the family and thus rise in position (Gold, 1992b; Nowak, 1998). These role changes can leave men and older family members feeling alienated and without the respect and honor to which they are culturally accustomed (Gold, 1992b; Nowak, 1998).

Suggestion

- Address elderly patients and family members with a slight bow of the head to show respect.
- Be aware that some health care decisions may be made on a collective basis and under the guidance of an elder male.
- When speaking to a patient, avoid using medical jargon. Use simple terms and phrases.
Religion
The Vietnamese have diverse religious beliefs that influence their way of life, including decisions concerning health care and end-of-life issues (McLaughlin & Braun, 1998). Most Vietnamese practice Buddhism, which posits that people live a virtuous life by suppressing personal desire. Other beliefs may include elements of ancestor worship, animism, and the philosophical principles of Confucianism and Taoism that emphasize the importance of family life, social virtues, and harmony (Hunt, 2002; McLaughlin & Braun, 1998; U.S. Department of State, 2006). Two newer indigenous religions practiced mainly in the South, Hoa Hao and Cao Dai, incorporate teachings from Buddhism, Christianity, and Confucianism (Hunt, 2002). In the United States, about one-third of Vietnamese are Catholics and the remainder are Buddhist (Nowak, 2005).

Communication Styles
Communication styles can reflect Vietnamese cultural values, and these values may influence how Vietnamese interact and communicate with one another and with people from different cultures, including health care providers. Effective verbal and nonverbal communication can influence positively the quality of the health care-seeking experience as well as treatment acceptance and adherence, just as ineffective communication can negatively affect the quality of care. Providers should treat patients as individuals and avoid making assumptions about patients on the basis of certain characteristics or places of origin. Even providers and patients who speak Vietnamese may not necessarily share the same cultural values or communication styles.

Verbal Communication
Formality, respect, and interpersonal harmony are cultural values evident in verbal communication among Vietnamese. To avoid confrontation or signs of disrespect, especially with persons of higher status, Vietnamese may not express disagreement. Instead, they may not answer a question directly, or they may remain silent (LaBorde, 1996). Though Vietnamese may nod and use the word “yes” or “ya” to show respect and convey that they are listening, this does not necessarily indicate understanding or agreement (Stauffer, 1995). Misunderstanding nonverbal cues to questions about diagnosis and treatment has been mistakenly linked with treatment noncompliance (Hunt, 2002; Lindsay et al., 1998).
Nonverbal Communication

Vietnamese convey respect and other traditional values through nonverbal gestures such as gentle bows, smiles, nods, and by avoiding direct eye contact. Vietnamese are taught at an early age to avoid eye contact, especially with older people and those of higher status (Hunt, 2002; Lindsay et al., 1998). Some gestures that Vietnamese may view as inappropriate or offensive include winking (especially when directed at the opposite sex), beckoning someone with the index finger, placing hands in pockets or on hips while talking, patting a person’s back, and pointing to other people while talking (Hunt, 2002).

Vietnamese seldom use touch as a means of communication, especially with elderly people, members of the opposite sex, and those of higher status. Additionally, it is considered disrespectful to touch a person’s head, which is regarded as a sacred part of the body. Only elders may touch the head of a child (LaBorde, 1996). Unless absolutely necessary, male health care providers should avoid touching female patients and, even then, only in the presence of a female friend or relative (Nowak, 2005).

Suggestion

- Do not assume that nodding or responding “yes” to questions means that a person agrees or understands. It may mean that a person is listening or wants to show respect to the speaker.

- To elicit a patient’s understanding of diagnosis, treatment, or other health issues, avoid asking “yes or no” questions; instead, ask open-ended questions that call for more than a simple one-word response.

Suggestion

- Before performing a clinical examination, inform the patient of your intention and seek permission before making physical contact.

- Ask female patients if they would prefer to have a female family member or friend present during an examination or consultation.

- To confirm understanding, have patients repeat back information in their own words.
Naming Conventions

Vietnamese names consist of a family (last), a middle, and a given name, in that order. For example, if the name is Nguyễn Thị Lan, Nguyễn is the last name, Thị is the middle name, and Lan is the person’s given name (Nowak, 2005). In a health care setting, it would be appropriate and respectful to address this female by using a title (Mrs. or Miss) before her last name, Nguyễn. Within their families, Vietnamese use different forms of address, depending on a person’s age, sex, maternal or paternal lineage, and marital status. Also, Vietnamese use different terms to address relatives and strangers.

<table>
<thead>
<tr>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To foster a personable relationship, ask the patient for the correct pronunciation of his or her name.</td>
</tr>
<tr>
<td>• Be aware of physical gestures that may be offensive, such as winking, beckoning someone with the index finger, placing hands on hips while speaking, patting a person’s back, pointing to other people while talking, or touching a person’s head.</td>
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Traditional Health Beliefs and Practices

Vietnamese may attribute illness to spiritual causes, disruption of balance and harmony, biomedical causes as defined by Western medicine, or to any combination of these. Supernatural or spiritual causes include curses, sorcery, or violations of religious or moral principles (LaBorde, 1996). In addition, illness may be seen as punishment for offending a god, spirit, or demon (Nowak, 1998). For illnesses thought to have a spiritual or supernatural cause, Vietnamese may seek assistance from traditional practitioners or Buddhist monks (Hunt, 2002).

Some Vietnamese consider illness the result of an imbalance within a person’s body of two opposing forces, âm (cold, dark, female) and dương (hot, light, male). Illnesses, foods, medications, and herbs are classified as either hot or cold (though the concepts do not refer to temperature), and good health results from a balance between the two. Cold foods include tea, water, rice, flour, potatoes, most fruits and vegetables, fish, duck, and plants that grow in water. Hot foods include fish sauce, eggs, spices, peppers, onions, sweets, coffee, ice, and most meats (Nowak, 2005). Fever, ulcers, and infections are usually deemed hot, but some febrile illnesses are considered cold (Stauffer, 1995; Thai, 2003). In general, Western medicines are considered hot, and traditional (e.g., Chinese) herbs, cold (Stauffer, 1995). To restore balance, people may change their diet, use Western or traditional medicines or practices, or try a combination of approaches (Hunt, 2002; Nowak, 1998; Thai, 2003).
The following are examples of traditional practices and medications (Hunt, 2002; Nowak, 1998, 2005).

- **Coining (Cào Giồ):** Literally meaning “rubbing out the wind,” this practice is used to restore balance by releasing the excess force (wind) from the body. Ointments or mentholated oils are rubbed across the skin (usually the back, chest, or shoulders) with the edge of a coin. The firm strokes bring blood under the skin and result in mild dermabrasion. This technique is used to treat colds, sore throats, flu, sinusitis, and similar ailments.

- **Cupping (Giác):** Used to relieve stress, headaches, and joint and muscle pain, cupping involves pressing small, heated glasses against the skin to draw unwanted hot energy through the skin into the cup. This technique leaves red marks similar to large bruises.

- **Pinching (Bát Giồ):** Pinching is thought to release force from the body and is used to treat headaches or sore throats. Pinching often results in dermabrasion on the treated area.

- **Steaming (Xông):** The steam from a boiled mixture of medicinal herbs is either inhaled or used for bathing and is most often used to relieve motion sickness or cold-related problems.

- **Balm:** Medicated balms or oils are rubbed on the body to relieve muscle ache, skin rashes, small abrasions, cold, and flu.

- **Acupuncture:** Specialized practitioners insert small needles into vital energy points of the body that correspond to specific organs. This practice is used for healing or to restore balance and increase energy flow.

- **Acupressure or massage:** Similar to acupuncture, vital energy points are stimulated by pressing or massaging to maximize their therapeutic effects.

- **Herbs:** Medicinal herbs are boiled in water or mixed with wine and consumed to restore balance and to treat a variety of maladies.

- **Packaged medicines:** These herbal medicines come in a variety of traditionally prepared pills or liquids and are taken for prescribed ailments.

Vietnamese may also explain illness using Western concepts and use Western medicines, such as antibiotics, to treat illnesses or relieve symptoms. However, the concept of preventive medicine is not generally recognized, especially if a condition is not accompanied by symptoms. If symptoms are lacking, Vietnamese may discontinue Western medications or self-adjust to smaller dosages because Western medications are believed to be extremely potent (Lindsay et al., 1998; S. J. McPhee, 2002).
Health Care-seeking Behaviors

In Vietnam, people often consult one or more traditional practitioners to alleviate illness. Traditional practitioners include spiritual healers, physicians who employ herbal medication and acupuncture, informal folk healers who use natural and pragmatic approaches such as special herbs and diets, and magicians or sorcerers (Nowak, 1998). In the United States, Vietnamese may use a combination of traditional and Western health care practices.

Some Vietnamese, especially new arrivals, may treat illness with self-care, self-medication, and herbal medicines. Some may choose traditional and natural remedies because of affordability and seek Western health care services only if traditional methods fail (Healy, 1997; LaBorde, 1996; Nowak, 1998, 2005). Other research has shown that the use of traditional methods could also be associated with living in rural areas prior to immigration rather than length of time in the United States. People from rural areas in Vietnam have had less exposure to Western medicine than people from urban areas and therefore may distrust Western medicine (LaBorde, 1996; Queensland Health, 2003).

Suggestion

- Some Vietnamese attribute illness to hot or cold body imbalances and view Western medications as hot. Ask about traditional medicines or herbs, changes in diet and nutrition, or other practices used to counterbalance the hot TB medicines.
- When appropriate, discuss ways to incorporate traditional remedies into treatment.
- Emphasize the importance of taking medications as prescribed, even if symptoms abate.