

# The family relationship and the place of people living with HIV virus in their family in Vietnamese

Tran Trung Dung

Hanoi National University of Education, Ha Noi, Vietnam

---

**Abstract:** Acquired Immuno Deficiency Syndrom (AIDS) is caused by Human immunodeficiency virus (HIV) is still one of the diseases causing serious consequences for people living with HIV and their families as well as Vietnamese society. People living with HIV want to be eligible to develop and assert themselves in society, first of all, they must have the family's support. The relationship between people living with HIV and their place in the family is one of the important factors that support them in the process of social integration.

**Keywords:** HIV/AIDS, the place in family of people living with HIV.

---

## 1. INTRODUCTION

The first case of HIV infection in Vietnam was discovered in December 1990 in Ho Chi Minh City. But actually, the HIV epidemic began to explode in 1993 among drug addicts in it. Then the pandemic began to spread to other localities. By the end of December 1998, 61 provinces and cities across the country had detected people contracting HIV [6]. By May 2017, there were 209,754 people living with HIV in the whole country. On average, about 10,000 people are newly diagnosed each year, 2,000-3,000 people die of HIV/AIDS [2, p.8]. For a long time, HIV/AIDS propaganda and communication in Vietnam has shown the community the danger of the disease, simultaneously, it has also made people living with HIV are alienated and stigmatized. Therefore, their already difficult life becomes even more challenging when they cannot find a job and face many other obstacles. Currently, thanks to the communication work being carried out more effectively and judiciously, the viewpoint about people living with HIV has certain changes. Also, some issues we need to keep in mind when studying people with HIV are self-stigmatization and barriers within their families. This article studies the relationship and status of people living with HIV in the family space in Vietnam today. Comments on the relationship and status of people living with HIV in Vietnam in this article are summarized from interview information, using a questionnaire with a random sampling of 500 people living with HIV [6]. The following indicators will consider the relationship and status in the family sphere of people with HIV: the importance of family to patients; the first person that people living with HIV announce to; the closeness level of people contracting HIV with their family; how family members towards them when knowing they have HIV; their contribution to the family; their relationship with family members after they contracted HIV; family difficulties for the person living with HIV.

## 2. HIV-INFECTED PEOPLE'S RELATIONSHIPS IN THE FAMILY SPHERE

### A. The importance of family for people living with HIV

While studying the relationship and status of people living with HIV, we need to learn about their awareness of the importance of family. Family is always the first cradle for anybody, where each person marks his or her presence. Therefore, family always has a certain meaning for each individual. The findings of the research subject "Spatial integration capacity of people living with HIV in Hanoi today" have shown the opinions from 500 people living with HIV about the role of family for them: 64.5% the number of respondents considers family's role is very important; the same

figure at the important level is 19.1%; at the moderately important level is 11.2%; at the unimportant level is 1.2%; at the very unimportant level is 0.7%.

In general, people living with HIV, like the majority of Vietnamese people, place a high emphasis on the family. The family is the first place where each person is born; it is the place where personal qualities and capacities are formed and nurtured. According to the survey[6], people living with HIV have a rather positive view of their families. This is easy to understand because family is far more important to them rather than other social groupings. Family plays a very important role for people living with HIV/AIDS regardless of gender, age group, education level, occupation, or income.

In terms of gender, Vietnam is a traditional Eastern nation where people constantly emphasize the significant role of men, and women are especially attached to the family. Men are outgoing, but women are introverted, therefore family is always important to Vietnamese women in general. People with HIV/AIDS in the sample survey were no exception. Family is more important to women with HIV/AIDS than it is to males with HIV/AIDS. 73,2% of female respondents said the family is extremely important to them, while this figure for men is 61.3%.

Regarding age group, each age group has distinct goals or priorities, which derive from each person's limited life span. The lives of individuals in each age group are guided and influenced by many diverse factors.

In the sample survey [6] consists of 152 units, the division into various age groups were based on the survey findings rather than the study's subjective will. Therefore, the number of sample units in each age group has a significant difference, which means the comparison analysis among age groups of people living with HIV/AIDS on their social-spatial integration capacity will be difficult to get convincing results.

Research has shown that the significance of family for persons living with HIV/AIDS diminishes as they get older. Family is very important to up to 88.2% of respondents in the age group of 20-29, but this percentage drops to 69% in the age group of 30-39, and to just 52.6% in the age group of 40-49. This may be a natural law that the older people get, the more independent and extroverted they become, and then they drift away from their families.

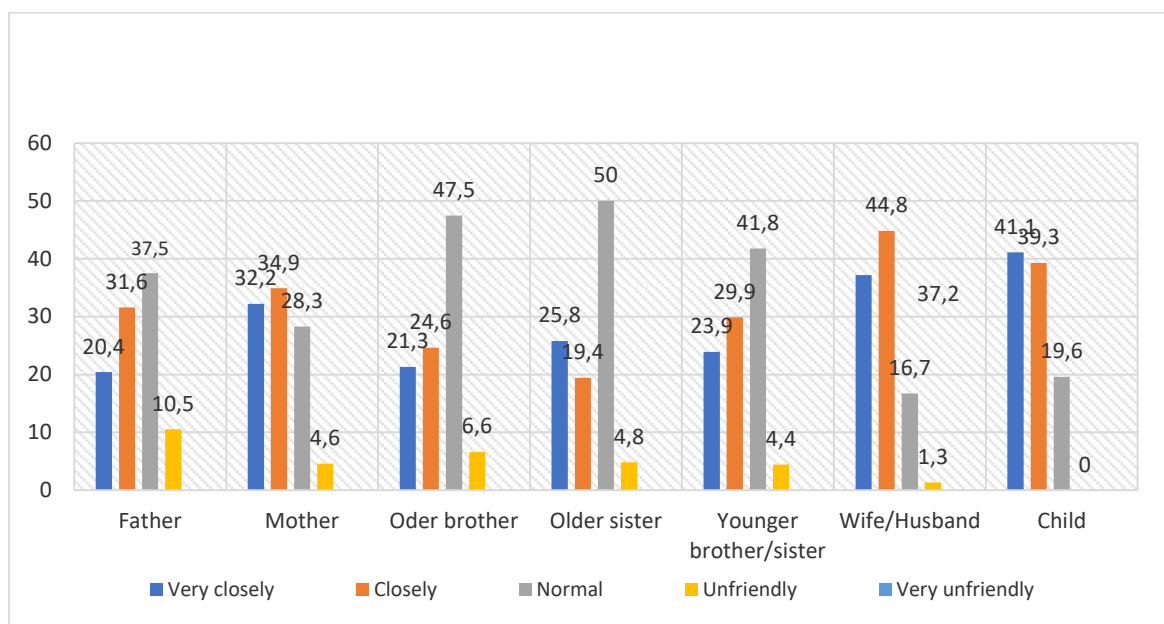
With regard to education level, the research shows that the difference is quite clear in the two groups of educational attainment about the importance of family to them. In the sample survey, the level of education is classified into 7 levels: illiteracy; primary school (grades 1-5); Secondary School (grades 6- 9); High School (grades 10 -12); Intermediate - Associate; undergraduate, and graduate, however, the sample amount was too small in the illiterate and graduate groups, so the study about the two levels was not included in the comparative analysis. The others can be combined into two major groups which are the group with general school education (from primary to high school), and the group with a high level of education (from Intermediate to university). Each group shows their different recognition that is relatively clear in the meaning of family to people living with HIV/AIDS. On average, over 70% of the respondents who are in the highly educated group believe that family is very important to them meanwhile in the lower academic standard group is about 60% only.

Regarding occupation, as reported by some survey results, in general, the majority of respondents appreciate the family's role and perceive the importance of family. Nevertheless, people in disparate jobs have various perspectives on this. When it comes to appraising the significance of family, there is an evident dissimilar between managers, public employees, officials, and those in other occupations. In the first group, 80% of respondents think that family is very substantial.

As for income, there is an obvious difference between the high-income group and the rest when they assess the importance of family. Although 50% of respondents in this group rate family as very important (lower than other income groups), the remaining 50% of respondents rate family as important. Thus, if we look at the evaluations of different income groups, we can see that the middle-income earners are the group with diverse opinions and do not clearly show the importance of family to their own lives.

## **B. The relationship of the people who have HIV with their family**

The relationship of HIV-positive people with their family is considered through the following indicators: who is the person close to them in the family; who is the one they inform of after being infected with HIV; How do family members react to them after that (Chart 1).



**Chart 1: Indication of the closest family member to the person living with HIV (%) [6]**

Image 1 shows that people with siblings have a fairly low percentage; those with grandparents are even lower. Since nearly half of the respondents are divorced/separated or unmarried, the percentage of people living with HIV having children is also quite low. This shows that people with HIV are close to the rest of their family members. The person whom they are most intimate and closest to is their children, followed by their spouse, mother, older sister, younger siblings, older brother, and finally the father.

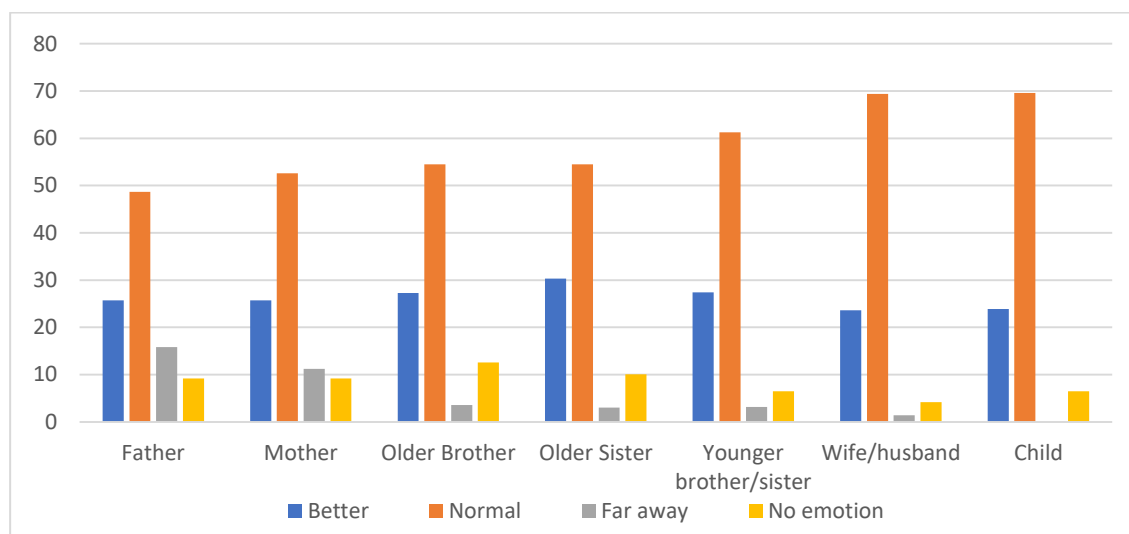
The closeness of people infected with HIV to family members can be seen through the patient's trust and the expectation of sharing from one of the family. This is assessed by who is the first person to be informed of a person's HIV status (Table 1).

**TABLE 1: PERSON WHO PATIENT ANNOUNCEMENT ABOUT HIV TEST RESULT [6]**

Person who know earliest about HIV test of patient	Frequency (turn)	%
Father	26	17,1
Mother	45	29,6
Wife/husband	53	34,9
Brother/sister	10	6,6
Close friend	12	7,9
Other	6	3,9
Total	152	100,0

Table 1 demonstrates that HIV-positive people's spouses are the closest and most trusted people to them, followed by mothers. Seemingly, women, particularly mothers, are always willing to share and encourage them when they counter a problem. In addition, because marital relationships are one of the routes of HIV infection, they can't help but tell their spouse when they find out. Consequently, it is not surprising that the first people to be told are the spouse and the mother.

Based on how family members treat people living with HIV, we can assess their status in the household (Chart 2)



**Chart 2: Behavior of family members towards people living with HIV (%) [6]**

It can be seen from the graph above that almost all family members, after learning that their family member is infected with HIV, act normally and without much change. Approximately 30% of respondents even received better treatment from their families. Although this number is not high, it is good news for people living with HIV.

### 3. THE PLACE OF PEOPLE LIVING WITH HIV IN THEIR FAMILY

The status of a person in a larger social status sphere determines his or her engagement in a social context. An individual's status in the family is frequently reflected by his or her contribution, as well as his or her decision-making authority in the family's common affairs (Table 2).

**TABLE 2: THE CONTRIBUTION OF PEOPLE LIVING WITH HIV TO THEIR FAMILIES [6]**

Family Distribution	Yes (%)	No (%)
Money	32,9	67,1
Career creation	59,2	40,8
Engaging member of family	40,8	59,2
Housework	30,9	69,1
Other	24,3	75,7

Table 2 shows that the contribution of people living with HIV to their family (in terms of money, income source-creating, close-knitting family members together, doing housework) in general is not outstanding, if not limited. An individual's role in the family is reflected in their contribution to their family, including the factors that are important to the existence and development of the family. Looking at the table above, we can see that the contribution of people living with HIV to the family is quite limited. Their most significant contribution is to create income-generating for the family (59.2%). Their contribution to the family, whether the support of money, connecting family members, performing housekeeping, or other contributions, is quite limited, all of which are less than 50% (Table 3).

**TABLE 3: DECISION-MAKING AUTHORITY OF PEOPLE LIVING WITH HIV IN THEIR FAMILY [6]**

Decision-making person in family of HIV/AIDS-Infected person	% Respondent
HIV/AIDS-Infected Person	21,7
Wife/Husban	13,2
Father	45,4
Mother	13,8
Other	1,3

In the family (the father), which probably comes from the traditional cultural factors of the Vietnamese. The oldest man in the family remains the breadwinner both symbolic and practical. The HIV/AIDS-Infected person has the right to make important family decisions subsequently. In fact, survey subjects are all in the adult age, most commonly people aged 30-50 years old, besides, about 70% of survey subjects are men. Thus, it is understandable for them to have a certain voice in the family. However, this rate is quite low that is only 21.7%.

Thus, the status of people living with HIV in the family sphere does not really matter because they do not contribute much to the family, they do not have a decisive voice in the family when there is an important problem; The intimacy and closeness with their family are also not really evident. People living with HIV face certain difficulties in taking part in the family sphere (Table 4).

**TABLE 4: DISADVANTAGES OF HIV/AIDS-INFECTED PERSON IN FAMILY [6]**

Disadvantages of HIV/AIDS-Infected person in family	Frequency (turn)	%
Disrespect	66	43,4
Lack of sharing	83	54,6
Lack of closing	87	57,2
Not receiving material support	101	66,4
Not getting emotional support	59	38,8

In table 4, it is conspicuous that most people living with HIV are still facing certain difficulties in their families. In all of the indicators in table 4, there are over 50% on average of respondents said that they have difficulties. HIV/AIDS disease is still an "incurable" disease, people infected with HIV have to pay a large sum of money for treatment if they do not have insurance coverage. As a result, financial difficulties are inevitable. The majority of people living with HIV in the sample survey are low-income and middle-income earners, so the fact that they find it difficult without material support from their family is the most considerable problem (with the highest rate of 66.4%).

The family is the cell of society, the nucleus in the relationship between individuals and other social groups and organizations. Family always plays an important role for each individual. Family relationships and the status of each individual in the family is one of the important aspects for each individual to establish the foundation, as a basis for personal development. According to the research results and analysis from the survey's data, the following conclusions can be drawn: (i) People living with HIV in Vietnam have a positive view of the role and importance of the family for their own lives. (ii) The relationship of people having HIV with family members is not too different. The people closest to people living with HIV are their children, spouse, and mother. The spouse is the most trusted person in the family because they share information first when they find out they have HIV. (iii) The status of people living with HIV in the family is not appreciated when they do not have many contributions to the family as well as do not have a decisive voice in their family.

## REFERENCES

- [1] Family Sociology, Author: Mai Huy Bich (2003), Social Sciences Publishing House, Ha Noi
- [2] Summary of HIV/AIDS prevention and control report in 2017 and key mission 2018, Ha Noi. Ministry of Health of Vietnam (2017)
- [3] Sociology, Author: Pham Tat Dong, Le Ngoc Hung (2010), Vietnam National University Press, Ha Noi
- [4] Family Studies, Author: Dang Canh Khanh, Le Thi Quy (2007), Political Theory Publishing House, Ha Noi.
- [5] Family In Mirror of Social, Author: Mai Quỳnh Nam (2004), Social Sciences Publishing House, Ha Noi
- [6] Survey Results of Article "*Social inclusion ability of HIV/AIDS-Infected person in Ha Noi*", Ha Noi. Hanoi National University of Education (2019),
- [7] [Http://vaac.gov.vn/en-us/FAQ/Detail/O-nuoc-ta-dich-nhiem-HIV-AIDS-duoc-phat-hein-vao-nam-nao-Dien-bien-phat-trien-cua-dai-dich-nay-o-nuoc-ta-nhu-the-nao--X](http://vaac.gov.vn/en-us/FAQ/Detail/O-nuoc-ta-dich-nhiem-HIV-AIDS-duoc-phat-hein-vao-nam-nao-Dien-bien-phat-trien-cua-dai-dich-nay-o-nuoc-ta-nhu-the-nao--X)