

RESEARCH ARTICLE

Skin Beauty as Erotic Capital and Production of “Luckiness”: A Look at Menopausal Women Using Hormone Therapy Replacement for Skin Treatment in Ho Chi Minh City, Vietnam

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Abstract: According to social and cultural constructs of aging and femininity, menopausal women’s bodily transitions cause them to initiate hormone therapy replacement (HRT) to restore their youth and beauty. For example, they might take HRT to improve their wrinkled and sagging skin. A problem emerges, however, because there is little systematic research that explains the specific factors that motivate women to take HRT for the purpose of anti-aging skin treatment. This study aims to examine the intertwined social and cultural contexts influencing menopausal women’s choice of HRT in a dermatological hospital in Ho Chi Minh City, Vietnam. Four dermatologists and 15 menopausal women patients were interviewed regarding their experiences with HRT. Results suggest that skin conditions are closely related with Vietnamese notions of femininity, sexuality, youth, health, and beauty. An ideal skin condition carries cultural auspiciousness, sexual attractiveness, and a positive indication of health. Use of HRT does not merely aim at improving skin condition but also at maintaining beauty and overcoming sexual dysfunction in general—to fix the body from inside. The emphasis on the ideal skin as the key to beauty, sexuality, youth, and social and physical well-being reflects how the female body has been influenced by a social and cultural construction of menopause. While fitting the traditional paradigm of “improving from within,” HRT also repairs women’s sense of luckiness by removing wrinkles, which are perceived as bringing bad luck to family and business. This notion of being lucky enables menopausal women to rebuild their social-sexual agency without being judged against the moral norms for well-behaved older women when they reach menopause.

Keywords: femininity, hormone replacement therapy, menopause, skin beauty, Vietnam

Women experience the biological transition of loss of fertility as a result of their decreasing hormone production in midlife. Meyer (2001) termed menopause a medicalized pathology that is characterized by various symptoms. The menopausal transition can lead to various degrees of psychological instability from no physical and mental discomfort to significant suffering among women from different social and cultural backgrounds (Dillaway, 2005; Abdelrahman, Abushaikha, & al-Motlaq, 2014; Hinchliff, Gott, & Ingleton, 2010; Melby & Lampl, 2011; Utz, 2011). HRT, as noted by de Villiers et al. (2013), has been indicated by mainstream medical practitioners as the “most effective” treatment in tackling symptoms of menopause such as hot flashes and sweats, vaginal and urinary symptoms, altered libido, and wrinkled, sagging skin. Carpenter, Byrne, and Studts (2011) suggested that women’s personal health beliefs and external social conditions influence their choices concerning HRT. Reviews in Asia by Huang (2010) and Huang, Xu, Nasri, and Jaisamrarn (2010) noted that the region has a significantly lower rate of HRT use compared to rates of use in Europe.

This East–West divide can be partially explained culturally. The medical anthropological narrative claims that menopause and its pathology is a modern bio-medical construct.

Obermeyer and Sievert (2007) noted that in traditional Southeast Asian societies, menopause is not considered a disease but rather a social moment of regaining social status and freedom from the burden of fertility. However, an interesting tendency has emerged since the mid-1980s. Along with the economic boom in the region, urban menopausal women gradually started receiving HRT. This medical transition could be viewed as a consequence of what Baker and Phongpaichit (2014) described as the rapid socioeconomic change in the economic growth in the region.

One of the less studied cultural aspects of menopause is how menopausal women’s bodily transitions cause them to initiate HRT according to the various constructs of aging in cultures. In addition to mitigating the discomforts of menopause, taking HRT also implies a desire to restore the youth and beauty, and so forth of socially constructed femininity. Paulson (2008), Takeda, Wong, Kitamura, and Yaegashi

(2012), and Edmonds and Sanabria (2014) all noted that menopausal women take HRT to improve their wrinkled and sagging skin and, thus, enhance their beauty. A problem emerges, however, since we do not yet know the specific factors that drive women to take in HRT for their skin because, as Chaipraditkul (2013) acknowledged, the standard of skin beauty differs among cultures. Thus, studying a particular city in Asia could provide an interesting reflection of how emerging medical discourse affects menopausal women’s self-perception in relation to their skin treatments.

Though studies such as the one by Thanh (2007) showed that menopausal women in Vietnam engage in HRT for their sexual well-being; there is little in the literature of their taking HRT as a skin treatment. Researchers of female skin treatments such as Ramos-e-Silva, Celem, Ramos-e-Silva, and Fucci-da-Costa (2013), and Wang, Chen, Huynh, and Chang (2015) mentioned the availability of a much wider variety of anti-aging products. In Asia especially, as Knaggs (2008) noted, various anti-aging skin treatment options are available, from microdermabrasion to laser treatment. While there is an increasing availability of anti-aging skin treatment options in the region, there is little attention given to why some women choose HRT as an anti-aging skin treatment strategy.

We assume that menopausal Vietnamese women receive HRT to condition their bodies based on a set of culturally constructed subjectivities. Subjectivities in this context could be further understood as their perceptions of their beauty and physicality. We argue that the worries over female skin condition correlate with different aspects of the female body. These aspects include their sexuality, beauty, and social identities. Therefore, improving skin condition will eventually enhance their well-being with regard to their sexuality, their perception of their beauty, and their self-identification as sexually attractive and socially accepted younger women.

To understand the role that HRT plays in the lives of menopausal Vietnamese women, we need to (1) explore the characteristics of the ideal skin type among Vietnamese menopausal women, (2) examine menopausal women’s subjective experiences of their bodily transformations on their self-image regarding their sexuality, body, and health, and lastly (3)

investigate the motivation for women’s choice of HRT as a skin treatment in its medical, social, and cultural contexts.

Methods

This study employs a qualitative methodology to examine the detailed descriptive experiences of menopausal women in Ho Chi Minh City undergoing HRT as a skin treatment. Ho Chi Minh City is purposively selected as the study site because it contains a mature HRT recipient group for skin treatment. It is a major hub of advanced medical and cosmetic services, including one of the largest dermatological hospitals in Vietnam.

The study was conducted at a major public hospital in Ho Chi Minh City specializing in dermatology-related symptoms. The hospital was purposely selected for its scale, as it is one of the largest hospitals specializing in dermatology in Ho Chi Minh City and has more than 70 physicians and over 2,000 patient visits per day. The first author has been working in this hospital which made it easier for her to obtain permission from the hospital administration to conduct research in the hospital and establish rapport with the staff.

The qualitative data were collected from four dermatologists and 15 menopausal women who were receiving HRT at the hospital. The first author personally knew the four dermatologists through her work at the same hospital. The patient-participants were invited through patient-dermatologist observations conducted with the four dermatologists.

The patient-participants had to be women who had experienced natural menopause, who were between 40 to 60 years old, who had used HRT for skin anti-aging purposes for at least one year, who were Vietnamese, who were living in Ho Chi Minh City, and who were fully willing and comfortable participating in the study. Participants who met these criteria were approached at the end of their clinical visit and asked if they would agree to a quick interview. Through these preliminary interviews, 15 patient participants were officially invited to join the research. The participants were 44

to 55 years old, and all had a bachelor’s degree and were mid-career employees—three hospital staff, a university lecturer, two businesswomen, and two corporate employees.

Our research methods involved in-depth interviews conducted among 15 patient participants during their subsequent dermatologist visits. These interviews lasted 30–45 minutes and were audio recorded with their consent. They began with general topics to get basic demographic information and information on the progress of their menopause and then moved to more complicated issues such as their thoughts on what menopause symptoms women often experienced and tried to overcome, or why they decided to contact a dermatologist to obtain HRT treatment. This paved the way for discussion about their cultural beliefs on beauty and menopause. The participants were compensated with a small sunblock gift. Key-informant interviews were conducted with four dermatologists after their working hours to gain data on their patients’ HRT prescriptions, their reasons for prescribing HRT, patients’ reasons for requesting an HRT regimen, and patterns behind their requests.

The interview recordings were immediately transcribed and translated from Vietnamese to English after the interviews. MAXQDA 11.0, a qualitative analysis program, was used for content analysis with open coding. Codes were assigned to the text line by line. The coding was informed by the research questions, and theoretical concepts of medical anthropology and poststructuralist feminism guiding the study. Medical anthropology considers health and illness as bio-social phenomena (Joralemon, 2006) while poststructuralist feminism has as its premise that knowledge, power, difference, and discourse intersect and influence the lives of women (Alcoff, 1988).

Relevant codes were grouped into categories reflecting the specific research objectives of the study.

The study was reviewed and approved by an institutional review board at Mahidol University. The participants’ full consent to participate was checked and obtained; they were interviewed privately and the data protected strictly according to research ethics to ensure the ultimate confidentiality and privacy of the participants.

Results

Characteristics and Meanings of Ideal Skin Types

Our study discovered a set of commonly mentioned traits for an ideal skin type. Skin condition comprises the essential element of a beautiful face and is furthermore an important component of physical attractiveness. Skin condition also touches on cultural and social values, and some interviewees even connected their personal luck with their facial skin condition characteristics, believing that failure to maintain their skin's beauty could lead to a greater degree of misfortune and bad luck. Lastly, interviewees remarked that skin condition is an indicator of one's general health.

Ideal Skin and Ideal Beauty

Ideally, the skin should be white, moist, spotless, tight, and wrinkle-free. Such perfect skin indicates sexual attractiveness while aging skin is considered to be undesirable. Interviewees complained about the change in the condition of their skin.

It is smooth, ruddy, fresh, and has not too many wrinkles . . . for me, skin without wrinkles is the most beautiful . . . Ruddy skin without wrinkles is beautiful skin. I like skin without wrinkles and that doesn't sag.

(Tran, housewife, 58, menopause at 50)

Also, interviewees constantly complained about their skin as they witnessed its transformation with the coming of menopause. They mentioned their skin becoming dark with wrinkles, and some were particularly unhappy with their sagging skin.

My skin is wrinkled and the skin around eyes is much wrinkled and dark, dry. I am losing my hair; my body is weak and soft . . .

(Dao, nurse, 55, married, menopause at 48)

The notions of self-proclaimed negative skin change contrasting with an ideal skin type became one of the main indicators of their menopausal transitions. Some of the women said that a "fair" skin was an imaginary beauty ideal; the meaning of the word is quite vague though as it indicates a state of being

beautiful without entailing specific characteristics. It seems that the perception of "fair skin" is constructed from their image of a woman being beautiful and sexy rather than some factual, objective, physical quality of the skin.

Fair skin is beautiful because whatever you wear is also made beautiful by your fair skin. It looks clean and healthy, easy to make up. Even just a little lipstick can make you more beautiful. My husband likes to gaze at women with fair skin. He often reminds our children to protect their skin.

(Thai, officer, 55, married, menopause at 52)

Ideal Skin and Good Fortune

Some interviewees also discussed their belief that beauty related with facial skin could bring them good fortune in life. They felt that they had become unlucky or experienced more misfortune once their face had changed due to aging and menopause.

Every woman wants to be beautiful because beauty brings a lucky life to a woman. When my face started getting old, I started having a lot of problems in my life . . .

(Thuy, a 55-year old corporate employee)

Phung, a 52-year-old menopausal hospital employee, noted that her work had suffered, her patients had complained about her, and her husband had had an affair and gotten into an accident because her face was now "ugly." In other words, the participants believed that their beauty or "ugliness" had a bearing on a wide range of their own and their family members' life circumstances. She believed her husband's affair and her business downfall together with the accidents at her husband's workplace and misfortune her children had suffered had taken place due to the changes in her skin, which evoked certain bad luck.

The presumed ugliness was characterized by facial features such as dark and wrinkled skin. Phung described ugliness as follows:

If my face is so dark, it is a bad omen. My business is going down, my husband had a girlfriend, some accidents happened in my husband's workplace . . . my children did not have good health and were kidnapped.

Other women associated wrinkles and sagginess with different types of bad luck. Their specific analogy was that saggy skin and lines stretching down from their nose meant their money was flowing out from the household. Others associated wrinkles and droopiness under their eyes with crying and overall misery in their lives.

Some women choose eyelid operations to fix their saggy skin. But they were discouraged when the expected good fortune did not come after the surgery. One woman was particularly disappointed when the link between her looks and her luck did not materialize as expected.

Ideal Skin as Being Healthy

A proper skin type in the eyes of the interviewees represents a sign of health as well. Many said they wanted to look "healthy." In their view, having facial skin without spots, not looking too pale, red, or wrinkled, and with no dark areas under the eyes indicates good health. Changes in skin color and pigmentation were sometimes thought to indicate illness. When the participants noticed the appearance of a new dark spot, they sometimes suspected that they were aging more rapidly than they should or were ill. Such skin blemishes usually seemed to correlate with subjective experiences of fatigue and muscle pain in other parts of the body, such as legs and hands.

My skin tells me that my health is not good. My face is dark, my skin has some black spots and white spots on two sides of my face . . . My neck and hands are weak . . . I feel very tired, I have lost my hair, my skin got very dark with lots of black spot around my face . . . my legs and my arms are very weak and painful and I cannot sleep at night . . .

(Thu, business woman, last menstruation three years before)

Some participants connected a sense of ugliness with their imaginary unhealthy status and established a link between their skin's beauty and their health. They indicated that their health transitions were reflected in their skin once menopause came.

I think that a beautiful woman is a woman who has fresh and strong skin, good health, and

good mental health.

(Thai, officer, 55, married, menopause at 52)

Subjective Experiences of Menopausal Women About Their Beauty, Sexuality, and Social Identity

The interviewees also expressed their feelings about their life changes after menopause. They expressed their subjectivities regarding their bodily transformation and following changes in their beauty, sexuality, and social identity. As they reflected on the loss of their ability to reproduce, their imagination and perception of their identities and sexualities were shaken by their new physical reality.

Female Beauty and Success

First of all, interviewees felt that skin beauty coincided with their career and business success. Having beautiful skin and a beautiful body made them feel confident, thus allowing them to better present themselves in professional and social settings. In contrast, the onset of menopause made them feel less beautiful and thus seemed to make things in their career more challenging.

Thuy, a 55-year-old corporate employee said, "Because I work in business, I have to meet a lot of people. My face needs to be bright and fresh. It makes my business develop." Likewise, Dang, a 53-year-old nurse said, "I feel confident when my face is bright and my body shape is beautiful. I feel comfortable when I stand in front of my patients."

Nhu, a 46-year-old fashion vendor believed that because her job was selling clothes, she had to look like a model and impress her customers with new designs by wearing them herself and looking good in them.

I think I should take care of my body because I sell fashion and jewelry . . . if my skin is too dark or not smooth it will make me uncomfortable and I can't try on new clothes . . . when the customers come to my shop.

Nowadays though, she thought she could not sell well because her face was dry and she had some wrinkles.

These women felt that problems such as inability to get business contracts, conflicts with co-workers, and

not feeling confident when interacting with their clients or colleagues had to do with looking less beautiful than they should.

Perception of Sexuality: Transition of Anxiety and Insecurity

Interviewees were anxious and insecure about their married lives as they believed the bodily transformation of menopause made them less attractive and thus broke the linkage of their marriage. They complained that their wrinkled and aging skin could no longer attract their husband. All of them reported that their husbands had sexual contacts with younger women. They were afraid their husbands were more likely to engage in extramarital affairs. They felt that it was necessary for them to improve their skin beauty to get their husbands to “stay.”

Dang, a 55-year-old nurse, explained the connection between beauty and her relationship with her husband like this: “My husband wants me to be beautiful and I myself don’t want to be ugly. I know that my husband had some girlfriends outside so I need to make my face and body look beautiful.” The women felt that skin was a strong indication of their sexual attractiveness and claimed that they were no longer attractive to their husbands as their skin condition changed. They believed that it was the ideal skin type that made them attractive to their husbands and that menopause lessened their attractiveness by making their skin darken and spotted and adding wrinkles around their eyes and nose.

For the first year I got menopause . . . my skin was very dark with lots of black spots and my skin around the eyes was wrinkled . . . My husband told me that I was so ugly . . . (He) felt upset with me because I was ugly.
(Phung, 52, hospital employee, last menstruation at 47)

However, deteriorating skin was not the only concern related to their marriage crises. Interviewees explained their negative experiences of menopause by describing loss of libido, coital pain, and vaginal dryness. Dang, the 53-year-old nurse, said, “I was scared when I had sex with my husband because it made me uncomfortable. My vagina was always dry

and had pain.” Some complained about other bodily changes such as weight gain, and one mentioned that her husband told her she looked like “a pillow” after going through menopause.

Several husbands had directly encouraged their wives to see a doctor and seek treatment for their ailments. The most direct encouragement by a husband to start HRT was cited by one woman who told her dermatologist during an observation, “I used vaginal cream because my husband gave it to me; he went to his doctor and his doctor gave it to him.”

Other husbands encouraged their wives on HRT to continue the treatment because they had perceived benefits for themselves, especially improved sex life.

My husband and I feel comfortable with our sex life, and he advised me I should continue using HRT. He told me that I should take care of my body not only for me but also for him, and I know that I should take care of my health and keep my body healthy because it will make my family happy and lucky.

(Ba, 50-year-old university lecturer)

HRT Use and Reasons Behind It

The interviewed women were receiving HRT from their dermatologists. Some requested it proactively after having heard about it from friends, family members, or the media, while others came to use it at their doctor’s recommendation.

Medical Context

The most mentioned prescribed product among dermatologists was Evaskin, a product combining plant-derived estrogen (phytoestrogen) and collagen. It was most commonly used because of its perceived effectiveness in treating skin symptoms, the main concern in a dermatological context. Its main ingredient, phytoestrogen, was also believed to be less risky than other HRT. Vaginal hormone creams and other HRT products like oral contraceptives were also prescribed, but less often. HRT was not used in isolation but typically in combination with other treatments, such as antioxidants and minerals, sunscreens, laser treatments, and injections of Botox and Macrolane (a type of hyaluronic acid) for smoothing out wrinkles.

I give them various kinds of antioxidant medicine, combined with cosmetic products, such as vitamin C cream. I give them vaginal hormone cream, or use techniques such as IPL, Laser, Botox, or Juventure injection . . . If these methods can't solve the problem, I will give them HRT—Evaskin or Dian 35, Pre MS. I choose this kind because it can solve both symptoms of menopause and skin problems. (Bui, dermatologist, 58)

Some of the dermatologists said they would only introduce HRT if other treatments did not give satisfactory results, while others were more eager to prescribe it as a first-line treatment.

The dermatologists in the study screened for personal or family history of certain illnesses, as well as doing a number of clinical tests, waiting to see the results before prescribing HRT. Based on the dermatologists' accounts, they believed the treatment was totally safe.

I will give HRT to them when they have menopause symptoms such as lowered libido and vaginal dryness, which patients cannot adapt to . . . which topical drugs cannot treat completely . . . I will ask them to take medical tests before I prescribe HRT so as to make sure that they don't have any internal diseases. (Tieng, dermatologist, 55)

User Context

Many women were open about using HRT not only to make themselves feel or look better but also to please their husbands by looking better and having better sex.

For example, when asked why she used HRT, Nhu, the 44-year-old fashion vendor, said, “To maintain my skin and make my husband happy.” Thuan, the 50-year-old corporate employee similarly said she used it “to maintain my skin and for vaginal dryness, to please my husband, and for myself.” And one female patient said to her dermatologist during one of the author's observations, “I want to keep my husband and my business. When I am beautiful I will get many new chances in my life.”

Overall, all the women interviewed were happy with HRT at the time we interviewed them. In general,

they said they felt “comfortable” or “much better” while on it. They felt that, especially, their “skin and body” were better.

Ba, the 50-year-old university lecturer, said, “I've used it for three months and now my skin and health are much better.” However, when the women described what in particular had improved in their lives, their answers focused on how their relationship with their husband had improved.

All women who were still together with their husbands felt their sex life and relationship with their husband was now better, both because their husbands now found them more attractive and because they did not suffer from vaginal dryness and pain during sex. They also felt more confident in their professional and social lives. None of them mentioned any side effects.

Discussion

Skin is Part of the Social Body and is Under Self Surveillance

The interviews indicate that interviewees continue to receive hormone treatments to continue to improve their skin condition. Their motivation is not merely medical but also social since the purpose of the treatment is to enhance their beauty. Specifically, they aim to improve their skin condition and to approach an ideal skin type that is culturally recognized as beautiful.

In this scenario, the medical phenomenon of HRT could be understood as a cultural practice of beautification. As Paulson (2008) noted, individuals choose technological means to alter their body based on commonly recognizable beauty standards. The beauty standards have been constructed by connecting particular physical traits with a symbolic meaning of attractiveness. The cultural discourse dictates modifying the individual body toward the ideal type by devaluing body types that differ from the constructed ideal. As Gutting (2005) noted, an individual's physical body becomes a subject under the constant scrutiny of bodily discourse. A notion of the “proper” body type dictates a person's way of seeing one's own physique. One's image of the ideal body type and the fear of one's own body becoming “abnormal” can precipitate a series of microscopic examinations of one's body and body parts. Every bodily change such as wrinkling

or sagging of the face will be scrutinized and judged. And attempts will be made to “correct” those changes viewed as abnormal/undesirable.

As Bartky (1990) argued, the female body, especially, has been subject to patriarchal ideology and is constantly being censored by beauty standards. Patriarchal discourse controls the female body by foisting on it the notion that acquisition of ideal femininity correlates with physical characteristics. Black and Sharma (2001) saw females as disciplining and alienating themselves from their own imperfect bodies by engaging in a beauty regiment or therapies to alter themselves to fit the ideal.

In this regard, menopausal women receive HRT to improve their skin condition, essentially to change their skin to the ideal type. An ideal skin type is one of the essential parts that constitute beauty in the femininity discourse of Vietnam. The patriarchal discourse situates female beauty as the center of the female identity. Identity/femininity is constructed based on the recognition of attractiveness. This sense of femininity-as-beauty becomes the standard for patriarchal discourse to manipulate females. The dichotomy of beautiful/ugly dictates the value and worthiness of females in various social settings. Inability to be beautiful means being excluded from social spheres, including domestic lives. Menopausal women who experience skin deterioration internalize an imaginary gazing on their imperfect skin. The subjectivities concerning their skin make them believe they will be marginalized if their skin type differs from the ideal type. As Henderson-King and Brooks (2009) argued, this objectification of women’s body is likely to result in a tendency to monitor their body for further beauty enhancement. The use of HRT for better skin rather than better sexual comfort coincides with Huang’s (2010) results on reported menopausal symptoms in Asia, showing that coital pain is the lowest reported symptom for the Asian menopausal population.

Accumulating Erotic Capital and Production of “Luckiness” (May Man)

Previous studies by Hunter (2002) and Poompruek, Boonmongkon, and Guadamuz (2014) indicated that individuals who fit a particular beauty standard were able to accumulate social capital for their own agenda.

As noted by Martin and George (2006) and Green (2008), such beauty provided them access to particular social fields that allowed them to accumulate social capital that eventually enabled them to exchange this for other forms of capital. Hakim (2010) argued that beauty and associated characteristics could be considered as a form of erotic capital, which contains various elements including beauty, sexiness, flirtatious skills, and social presentation. Individuals who can display those traits in different social settings will be able to accumulate erotic capital in exchange for other forms of social capital.

However, as Hakim (2010) argued, female agency that can harness erotic capital can sometimes be checked by a patriarchal discourse that diminishes women’s bargaining power based on their sexual agency. Such rejections can play out in the form of moral discourses. Though radical ideological transformation in Vietnam’s gender ideology has been occurring since the early 1900s, women’s social identities are still partially dictated by Confucian patriarchal discourse. Females were traditionally directed to conform to a particular moral ethos that portrayed femininity as submissive and effete. In this context, it is possible that the recognition of erotic capital has transformed itself into a representation of another type of capital, such as being lucky.

The concept of “lucky/luck” (*may man* in Vietnamese) has frequently been mentioned by women who take HRT as a key benefit of the treatment. In Vietnamese, luck is a combination of two words that mean good (*may*) and chance (*man*). In this regard, the word luck in Vietnamese has a different cultural context compared to the English “luck.” Vietnamese “luck” does not simply denote a state that will arbitrarily influence a particular outcome, as it does in English. Given that individual agency can be strengthened through a particular condition, being lucky could be understood as a produced social condition that favors a particular individual agency that can guarantee luckiness. Once individuals believe there is a particular way or condition that can harness luck, they might be encouraged to try to produce such a condition. Female erotic capital could thus be concealed behind the notion of luckiness.

HRT and Holistic Medical Belief

Besides the pursuit of beauty and luck, the interviewees indicated that pursuit of health was another motivation for them to undergo HRT, together with other skin treatments. However, their motivation with regard to health does not sufficiently explain why they chose to visit a dermatologist rather than a gynecologist to receive their medication and address their "health" issues.

Interviewees suggested they chose to engage in HRT based on the suggestions of families and close friends. The dermatologist interviews indicated that they introduced patients to HRT as part of a holistic solution to their skin deterioration. It seems dermatologists held a specific belief about the effects of HRT in tackling skin problems while patients held the same opinion.

The case here might be one involving hybrid medical beliefs combining modern biomedicine and pre-modern medicine. Lu, Jiang, Zhang, and Chan (2012) described the modern biomedical paradigm of viewing disease as a dysfunction of the body that ought to be tackled with a specific pathology. The pre-modern medical paradigm interprets disease as an indispensable part of general bodily well-being. It views the human body as an indivisible entity. Though the human body comprises both physical and spiritual/non-physical parts, these components cannot be singled out discretely from the whole.

Vietnam's traditional medical paradigm comes from incorporating the traditional Chinese medical paradigm. Chen, Liu, Zhang, and Lin (2009) reminded us that traditional Chinese medicine holds a dualistic belief, suggesting that the cause of disease is a consequence of yin yang imbalance in the body. And imbalance between yin yang, as Gijswit-Hofstra, Marland, and De Waardt (2013) noted, might cause negative conditions such as misfortune and failure, which can accordingly be attributed to a malaise of the soul, which eventually might undermine the human body and cause illness.

In some of the passages cited above, interviewees bemoan their personal financial failures and family disintegration and associate these misfortunes with their own loss of beauty in their facial skin as well as other parts of their body. This belief in overall

well-being might indirectly relate to the pre-modern mind-set on medical beliefs. In this case, their inhibited medical beliefs might convince them to initiate HRT and continue it because this would fit the notions of traditional Chinese medicine. If menopause could be understood as brought on by a loss of yin, increasing lost hormones could be understood as a process of adding yin back to their body.

Conclusion

This study answers its three objectives and provides new insights into the contexts of the HRT use. Ideal skin condition is white, smooth, tight, spotless, and wrinkle-free. This ideal carries with it positive social and cultural meanings with regard to female beauty, auspiciousness in life, and health.

Interviewees viewed menopause as a negative process since it created a divide between the way their appearance was changing and the ideal of beautiful, auspicious, and healthy femininity. Their HRT regimen improved their skin condition, their sex lives, as well as ameliorating some of the negative effects of menopause. This allowed the interviewees to reclaim their social space as their beauty, feeling of luckiness, and health were enhanced.

While menopausal women were able to restore their social/sexual agency through medical treatment, this course of action could also be interpreted as a social phenomenon in which menopausal women were encouraged to alter their bodies and manipulate hormones according to a socially constructed female body ideal. Such a remedy inevitably objectifies women according to a standard of beauty based on a socially constructed gender image generated by a patriarchal discourse. This social discourse involves the notion of beauty as well as other social concepts, such as luckiness, that emerge from being beautiful. Culturally constructed notions of ideal beauty function as an omnipresent eye that controls women's bodies through its gaze. The use of HRT could be understood as women's attempt to pharmaceutically augment their bodies to achieve the ideal body type.

Given the increasing menopausal population and improving economic conditions in Vietnam, the use of HRT is likely to increase health risks to the menopausal

population (Birch-Johansen et al., 2012; Su et al., 2012). The current use of HRT in beauty clinics might even encourage other types of medical augmentation in the future (Hien, 2012), which might, in turn, present more public health risks in the country if these activities are not regulated according to professional medical standards.

Despite the findings of this study, a further assumption was unable to be proved as there were limited data regarding particular aspects. First, we fail to establish a correlation between the motivation for using HRT and the formation of women's beauty ideal. We are unable to prove whether menopausal women would begin taking HRT if dermatologists did not suggest that they do so. We are also unable to clarify whether the use of HRT was originally motivated by their own perception of menopausal transition or dermatologists' suggestions. Answering this question will help us better understand how socially constructed gazing exercises its surveillance on the individual body.

Second, the construction of a beauty ideal involves various elements including media portrayals, public discourses, and foreign influences. It is unclear how a particular belief concerning an ideal skin type was constructed among a particular age demographic of the population. Further understanding of how a particular beauty ideal has been constructed through particular media portrayals or public discourses is essential to further evaluate the formation of a beauty ideal in the Vietnamese context. Further studies on whether the beauty ideal is constructed through confirmation of a beauty ideal of other countries or predominantly an indigenous sexual discourse are needed.

Third, interviewees mentioned the pressure they felt from their husband to receive the treatment. However, we do not yet know just what the particular reason that their husbands pressured them was. It is not yet clear if the given beauty standard of their wives may have influenced their perception of their sexual well-being. Future research regarding the perspectives of husbands could be interesting to pursue.

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