Negative family treatment of Vietnamese sexual minority women and transmen: Subgroups with different home experiences, and their predictors and outcomes

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Abstract

Quantitative research on parental/family disapproval and rejection of sexual/gender minority persons has often measured family rejection as one binary or continuous variable, or using several variables representing specific behaviors or dimensions of behaviors. Absent from this literature is analysis using a person-oriented approach, examining whether there is heterogeneity across individuals in the types of family treatment experience and how common or uncommon each type is. This research addressed this gap in how we examine negative family treatment by segmenting a sexual and gender minority sample into subgroups with different home experiences and documented their prevalence; and examined individual, family and contextual factors as predictors of such home experiences, as well as assessed several outcomes (mental well-being, suicidality, and tobacco and alcohol use) comparing the subgroups. The work consisted of three analysis components, which are presented one by one below.

Latent class analysis (LCA) extracting and documenting prevalence of types of family treatment experience

Using data from 2664 adult sexual minority women and transmen in Viet Nam, latent class analysis was conducted on 19 items representing negative behaviors by parents or other members of the extended family, in response to respondent’s attraction to or relationships with women or gender-nonconforming presentation or identity. These items were drawn from prior qualitative research with sexual minority women in Ha Noi, including 3 items representing general disapproval and pressure to change, 10 items representing aggressive behaviors targeting respondent, 4 items representing aggressive behaviors targeting respondent’s girlfriend, and 2 items representing aggressive behaviors targeting either respondent or girlfriend or both.

We extracted six classes, including one non-negative and five negative classes. Respondents in the non-negative class, which we named peace (36.7% of the sample) reported experiencing very low or no pressure and no aggressive behavior. The five negative classes included pressure (i.e., pressure but almost no aggressive behavior – 34.0% of the sample), aggressive R&G (pressure plus some aggressive behaviors targeting respondent and girlfriend – 10.3%), aggressive R
(pressure plus some aggressive behaviors targeting respondent but not girlfriend – 8.1%), severe (many aggressive behaviors – 6.0%), and extreme (high probability of all items – 4.7%).

Latent class regression (LCR) to assess predictors of negative family treatment

The segmentation of the sample into subgroups with different home experiences allowed us to assess predictors of such experiences, starting to answer the question: what individuals and what families are more likely to be in the more negative subgroups, and in what contexts. The family treatment latent class variable was then regressed on individual, family and contextual variables, including respondent age, gender identity (transman or not), sexual identity among sexual minority women (lesbian, bisexual, unsure, other), religion (no religion, Buddhist, Christian, other), self-rated family economic status (rich, middle-class, sufficient, poor), parent awareness (at least one parent knowing, at least one parent suspecting, parents not knowing). The sample size was 2459.

Overall, younger age, transman identity, religion affiliation, and parent awareness predicted being in worse family treatment classes. With other predictors accounted for, urban residence was no longer significant in predicting family treatment class; a few regional differences remained. Selective statistically significant results include: Compared to those aged 26 or older, those in the 18-20 age group were 2.21 times more likely to be in the extreme family treatment class, 2.54 times more likely to be in the extreme and severe classes combined, 1.96 times more likely to be in the extreme, severe and aggressive classes combined, and only 0.74 times as likely to be in the peace class. Compared to lesbians, transmen were 1.23 times more likely to be in the extreme, severe and aggressive classes combined, and only 0.71 times as likely to be in the peace class. Compared to those with no religion affiliation, Buddhists were 1.53 times and Christians were 1.62 times more likely to be in the extreme and severe classes combined. Compared to respondents whose parents were unaware, those with knowing parent(s) were 1.85 times and those with suspecting parent(s) were 1.48 times more likely to be in the extreme, severe and aggressive classes combined.

Latent class model with distal outcome (LCD) to assess outcomes of negative family treatment

The family treatment latent class variable was then related to several types of outcomes including mental well-being (life satisfaction, depressive symptoms, anxiety symptoms), suicidality (suicide attempt and repeat suicide attempt), and smoking and heavy drinking (N=2496), to ascertain if there were differences between the negative classes and the peace class in these outcomes. Interaction between family treatment and transman identity was evaluated to determine if the effect of negative family treatment was different for transmen compared with sexual minority women.

Compared to Vietnamese general population rates, the study sample had high levels of depressive symptoms (18% classified as probably depressed), suicide attempts (17.8% ever and 8.4% repeat), smoking (20.4%) and heavy drinking (32.4%). These highlight the need for prevention efforts.
Overall, negative family treatment predicted poorer mental well-being and increased suicidality and smoking and drinking, calling for interventions to improve family acceptance and to help sexual minority women and transmen cope with family disapproval. There were differences by gender identity: Among sexual minority women only the most negative class had elevated risks of smoking and drinking, but for transmen three negative classes had elevated risks. Life satisfaction and probable depression in sexual minority women roughly followed the trend of ‘the more negative the treatment, the worse the outcome’, but among transmen only the second most negative class was predictive of lower life satisfaction and higher probable depression. In the full sample, the three most negative family treatment classes had elevated odds of both any suicide attempts and repeat suicide attempts. Unexpectedly, the second most negative class, not the most negative one, had the highest odds. Questions about “happy participant bias” and survivor bias were raised. Implications for research and practice were discussed.

Note: These analyses are drawn from two manuscripts that are currently being considered for publication by peer-review journals. If you are interested in these papers, please email nqtrang.hanoi@gmail.com.
Social support and sexual minority network connection: Moderators or mediators of negative family treatment’s effects on mental well-being and tobacco and alcohol use in Vietnamese sexual minority women

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Abstract

This study examined, in a sample of Vietnamese sexual minority women (N=1949), the role of social support and connection to other sexual minority women, in relation to the effects of negative family treatment on mental well-being and tobacco and alcohol use. Informed by social stress theory, this study tested a moderation model (the interactive stress-buffering model) where social support was hypothesized to reduce the effect of negative family treatment on mental well-being and a mediation model (the additive stress-buffering model) where negative family treatment influences the level of social support which in turns influences mental well-being. Social support measures were matched to the coping requirements of the stressor (negative family treatment), including perceived non-family support received (SR) and perceived availability of sexuality- or sexual stigma-related support (SA). The measure of connection to a network of other sexual minority women (WN) was included to examine the differential effects on and effects of a structural measure (in this case network size) and a functional measure (i.e., support) of social relationships. It also helped to tease out whether there are social influence effects that are separate from social support effects on smoking and drinking behavior. This study aimed to inform interventions to help sexual minority women cope with family disapproval and help networks of sexual minority women in supporting its members in this process, in ways that effectively protect well-being and reduce risk of tobacco and alcohol use.

Negative family treatment was represented by a latent categorical variable constructed based on previous latent class analysis of a range of negative family behaviors (in response to knowledge/suspicion of sexual minority status) that respondents ever experienced. The variable includes one non-negative class, named peace (meaning experiencing no or almost no pressure to conform to heteronormativity, 40.0% of the sample) and five negative classes including pressure (experiencing pressure but almost no aggressive behavior – 33.4% of the sample), aggressive R&G (pressure plus some aggressive behaviors targeting respondent and girlfriend – 9.9%), aggressive R (pressure plus some aggressive behaviors targeting respondent but not girlfriend – 6.8%), severe (many aggressive behaviors – 5.5%), and extreme (high probability of all items – 4.3%). Two types of outcomes were examined: mental well-being was captured by a positive measure (life satisfaction) and a negative measure (depressive symptoms); and substance use
included two measures of current smoking (yes or no) and recent heavy drinking (any day with 4 or more alcoholic drinks in the past 30 days).

Previous analyses of this dataset revealed high levels of depressive symptoms as well as smoking and drinking in this sexual minority women sample compared to the general population; and indicated that negative treatment by parents and other family members in response to the person’s non-heterosexual orientation/identity/behavior (negative family treatment) was predictive of poorer mental well-being and higher smoking and drinking. Specifically, compared to the peace class, four negative family treatment classes had lower life satisfaction and higher depressive symptoms; and the most negative class (extreme) had higher rates of current smoking and recent heavy drinking.

Analysis for this study started with main effects models, predicting the outcomes using negative family treatment combined with one of the three measures of SR, SA and WN, or all three. Then moderation models were implemented, by adding interaction between family treatment classes and SR/SA/WN (each construct in a separate model). Subsequently, mediation models were implemented using structural equation models estimating both the effects of negative family treatment on SR/SA/WN and the effects of SR/SA/WN on the outcomes (including models with SR, SA and WN separately and with all three combined).

Results from these models are summarized qualitatively in the attached figure. To improve visual clarity, life satisfaction and (low) depressive symptoms are combined in one mental well-being box, and smoking and drinking are combined in one substance use box. In main effects models, when considered separately, SR, SA and WN all were positively associated with mental well-being; SA and WN also positively associated with substance use. When SR, SA and WN were combined in one main effects model, social support (SR and SA), but not WN, remained significantly associated with mental well-being; and only WN remained significant for substance use. Moderation models provided no support for the hypothesis that these SR, SA and WN measures modify the effects of negative family treatment on mental well-being or substance use. Mediation models revealed that negative family treatment was associated with higher sexual minority women network connection (WN), but not with social support (SR or SA). The effects of SR, SA and WN on the outcomes in mediation models were similar to the effects in main effects models.

Several important points can be drawn from these results. First, we confirmed that social support was beneficial to mental well-being, and consistent with the literature, social support measures were stronger predictors of mental well-being than the size of a social network. Second, sexual minority women network size was predictive of smoking and drinking and was the only significant predictor of smoking and drinking in models including social support; this suggests there was a social influence type effect on smoking and drinking behavior in this sample – connection to a community with high smoking and drinking prevalence increased the risk of smoking and drinking. Third, negative family treatment was positively associated with sexual minority women network connection, suggesting that sexual minority women were reaching out to similar others to mobilize support in the face of poor treatment and lack of support by family, which is encouraging. However, the same relationship was not observed for SR and SA, which are subjective measures of social support.
In addition to contribution to theory on stress and social support, this study has clear implications for practice. It highlights the need for interventions to strengthen the support that sexual minority women could call on from sexual minority women communities; these could include interventions to help sexual minority women to provide more effective support to one another, or to make available additional support services through these communities. It also indicates the importance of support and connection mechanisms that allow for effective support to protect mental well-being, but also reduce the risk of social influence leading to increased smoking and drinking; an example is the creation of attractive socializing venues for sexual minority women that are not conducive to smoking and drinking. And finally, the prevalence of negative outcomes and their links to negative family treatment call for an overall increase in public health attention to the health and well-being of this population and interventions targeting their families.
Summary of results from three types of models

Notes: For simplicity, life satisfaction and (low) depressive symptoms are combined under the umbrella of “mental well-being”, smoking and drinking under “substance use”. A significant effect for one outcome variable in a pair is registered in this figure as a significant effect for the umbrella construct. Bold paths are statistically significant; red bold paths with “+” signs represent positive associations; blue bold paths with “−” signs represent negative associations. Gray dotted paths are statistically non-significant.