

**A Concentrated Look at HIV/AIDS:  
Transmission to Low Risk Women Through  
Intravenous Drug Users and Female Sex Workers  
in Da Nang City, Vietnam**

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Fall 2008

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December 12, 2008

To all Vietnamese Women who have been plagued with hardship due to HIV/AIDS

*“HIV/AIDS is a dangerous epidemic, threatening people’s health and life and the future generations of the nation. HIV/AIDS directly affects the country’s economic and cultural development, social order and safety. Therefore, HIV/AIDS prevention and control must be considered a pivotal, urgent and long-term task that requires multisectoral coordination and intensified mobilization of the participation of the whole society.”*

- Prime Minister: PHAN VAN KHAI 17 March 2004

### I.III ABSTRACT

Female sex workers (FSW) and intravenous drug users (IDU) whom were living in Da Nang City, Vietnam, along with the women and children associated with these individuals, were interviewed to study the effects of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). In addition, an understanding how the epidemic was spreading from high-risk populations to the general population was explored. This was achieved by learning the history of sexual behaviors in regards to sexual partners and regularity of condom use, as well as drug injection practices, HIV/AIDS education, treatment, gender status and socio-demographic characteristics.

Informal interviews were conducted over a three week period of time and data was compiled and joined with past research and general social trends. It was concluded that because women are often unable to have control over their own sex lives, they are forced into having unprotected sex, sometimes unknowingly, with members of the high risk groups or the bridge population. This, in turn, is helping to fuel transmission and it is this marginalization of women in conjunction with other factors that is preventing the Vietnamese government from controlling the rapidly expanding epidemic.

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## I.V ACKNOWLEDGEMENTS

This research is a compilation of hard work and support extended from numerous individuals and organizations. I would like to give my deepest gratitude to the Village of Hope in Da Nang, especially my advisor Director Phan Thanh Vinh, without whose help I would have been unable to complete my research. I would also like to thank Vice-Director Nguyen Viet Thanh, Vice-Director He Thi Thu Huong, Le Thi Thu Bich and all other employees at the Village of Hope who helped contact numerous patients and worked endlessly on my behalf. Special thanks must be given to my Translator, Tran Thi Thanh Phuc (Happy). It was only through her hard work, diligence and generosity that I was able to interview so many patients and obtain my results.

Duong Van Thanh Ph.D. and program assistant Nguyen Thu Huong provided immeasurable amounts of support and consultation leading up to and throughout the duration of my independent research project. Due to the sensitive nature of my topic they were critical in obtaining appropriate connections and approval for my research.

I would also like to acknowledge Dr. Le Bach Duong from the Institute of Social Development, Dr. Le Ngoc Hai, Field Project Manager CIDA and Mrs. Mai Thi Kim Hoang, HCMC Project Coordinator CIDA and all others who helped to encourage me and provided me with access to research materials.

Finally, I would like to thank all my interviewees. Without their honesty and bravery this research would not have been possible.

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## ABBREVIATIONS

AIDS – Acquired Immune Deficiency Syndrome  
 ARV – anti-retroviral  
 HIV – Human Immunodeficiency Virus  
 FSW – female sex worker(s)  
 IDU – intravenous drug user(s)  
 STI – sexually transmitted infection

## **II. INTRODUCTION**

The Human Immunodeficiency Virus (HIV) epidemic is a multifaceted issue in Vietnamese society with strong connections to both biological and societal issues. Therefore it must not only be addressed through medical interventions but by examining the behavioral aspect of the disease. The time has come to approach it as a developmental issue. HIV does not affect all nations or all types of people equally; more than 90% of HIV+ people live in developing nations (Sue Holden, 2004). Conditions of underdevelopment provide HIV an environment where it can flourish, including: poverty, disempowerment of the repressed, gender inequality and poor public services.

Currently research is indicating that the number of Vietnamese citizens living with HIV/AIDS has rapidly been increasing since the late 1990s. This epidemic, as stated by the Prime Minister, is negatively impacting Vietnam's economic and cultural development, even though it is still in a concentrated phase (Phan Van Khai, 2004).

Three distinct intertwining components make the spread of HIV and AIDS in Vietnam unique and are contributing to hindering the country during its years of development. Women, despite comprising over half the population, are still repressed in traditional Vietnamese society. Recently, women have been gaining headway in education and the work force, yet they still have little control over their own sexual practices. In most cases, using contraception lies solely at the discretion of the male, along with the frequency of intercourse. This leaves females of the general population lacking control in protecting themselves from HIV, even if they suspect their husband may be HIV infected.

The concept of morality is one which the Vietnamese government has used in propaganda throughout history. The most blatant form of this propaganda can be seen in the "social evil campaign." This campaign was established to present drug abuse and prostitution as immoral. This campaign was soon associated with HIV, creating discrimination against all prostitutes and drug users, especially those who were HIV+. This produced many problems in society, but most gravely, it limited the care and support HIV patients could receive.

Intravenous drug users (IDU) and female sex workers (FSW) comprise the largest HIV+ populations. This is also directly correlated to the epidemiology of HIV/AIDS, which must be understood to grasp why the general public, especially females and children, are in danger of contracting the disease despite the epidemic currently being concentrated in high risk groups.

This research aims to study the effects of the HIV/AIDS epidemic on FSW and IDU who are currently living in Da Nang, Vietnam and the implications for the women and children associated with these individuals.

### ***III. METHODOLOGY***

#### ***III.I Nature and Design of Study***

Da Nang City was chosen as the site of study due to previous connections that would allow HIV positive FSW and IDU to be interviewed, despite Da Nang having a lower concentration of HIV/AIDS infections compared to other regions in Vietnam. This research project is designed to study the effects of the HIV/AIDS epidemic on FSW and IDU whom are currently living in Da Nang, Vietnam and how HIV/AIDS can be spread to the general community. This will be achieved more specifically by learning the history of sexual behaviors in regards to sexual partners and regularity of condom use, as well as drug injection practices, HIV/AIDS education and transmission prevention, personal HIV status awareness, HIV treatment availability, and socio-demographic characteristics. Participation in the study involves open discussion, where both the interviewer and interviewee will be allowed to freely discuss any topic relating to HIV with the help of an interpreter. A structured series of questions will be followed although deviation and expansion of these questions is likely in every individual interview. The focused questions are related to HIV/AIDS knowledge and testing, condom use, sexual history, drug use history, impression of community support and socio-demographics. Notes will be taken during the interview.

#### ***III.II Population and Sampling Procedures***

The population interviewed was comprised of HIV+ FSW and IDU living in the Da Nang City region. In total nine individuals were interviewed: four IDU (all males), two sexual partners of IDU (all females), one FSW and one male with an unknown method of contraction. Each interview lasted anywhere from one – two hours. The age range of the respondents varied from the ages of 26-58. Da Nang is located in central Vietnam and is a small city with a population of 728,786 (Ministry of Culture and Information, 2001) and a relatively low HIV prevalence rate compared to other provinces of Vietnam: eleven percent of IDU (400 individuals) and zero percent (106 individuals) tested HIV positive (Hien, 2004). A pre-established relationship with the Village of Hope, Da Nang City, made interviews feasible. Interviewees were contacted through Dr. Hue of Da Nang. Patient's participation in the interview was requested and appointments were established based on their availability at a location convenient for the participant. No information was released to the researcher until the patient agreed to be part of the study and a letter on consent was read (See Appendix).

### ***III.III Methods of Data Collection***

By using the personal interviews, only a small population could be reached but a large amount of qualitative data was obtained. Groups of questions were created prior to the interview to insure continuous conversation and an adequate amount of data that would focus on the nature of the study, although deviation from the questions was permitted. The nature of the informal discussion was created to allow for an open atmosphere where the participants could feel the most at ease while discussing a culturally and personally sensitive topic. Confidentiality was guaranteed to every participant to increase the accuracy and honesty of the responses. Any information gathered through discussions or any other means remained confidential during the research period and after the research had been completed. Only the researcher had access to the information and participant's names were not available to anyone and are not present in the final paper. All notes taken will be destroyed at the completion of the study. Participation in this study is completely voluntary and refusal to participate will involve no penalty. Each participant is free to withdraw consent and discontinue participation in this research at any time without

consequence. A payment of 150,000 VND will be given at the end of each interview, to pay for transportation to the site and other required expenditures resulting from participation in the study.

### ***III.IV Instrument***

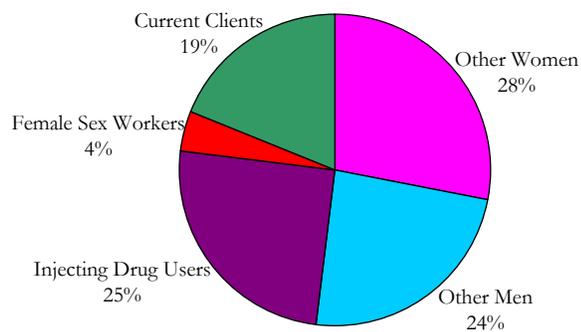
A question bank was used to guide the discussion (Appendix B). The questions were primarily written in English but translated to Vietnamese. A copy was used by both the interviewer and interpreter.

## **IV. UNDERSTANDING HIV/AIDS IN A CULTURAL CONTEXT THROUGH HISTORY AND PERSONAL INTERVIEWS**

### ***IV. I A Brief History of HIV/AIDS in Vietnam***

Due to its late arrival in the epidemic, Vietnam has the advantage of applying global experience to its unique situation. IDU and FSW are the driving forces in the spread of the HIV/AIDS epidemic

**Distribution of Estimated HIV Cases by Risk Group, 2005**



*Figure 1.* Distribution of Estimated HIV Cases by Risk Group in 2005. Source: Joint HIV/AIDS Estimation and Projection Working Group (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

in Vietnam, although other high risk groups are present, such as homosexual males, mobile population groups and those participating in sexual behaviors with all the aforementioned. Currently the HIV/AIDS epidemic is fairly concentrated, but recent research in other countries has demonstrated how the epidemic is able to expand very rapidly, even to lower risk populations.

The Ministry of Health and Family Health International have reported that in Vietnam an estimated 290,000 people were HIV seropositive in 2007 and projections for the future appear daunting in a population of approximately 84,238,000 people (PEPFAR 2008).

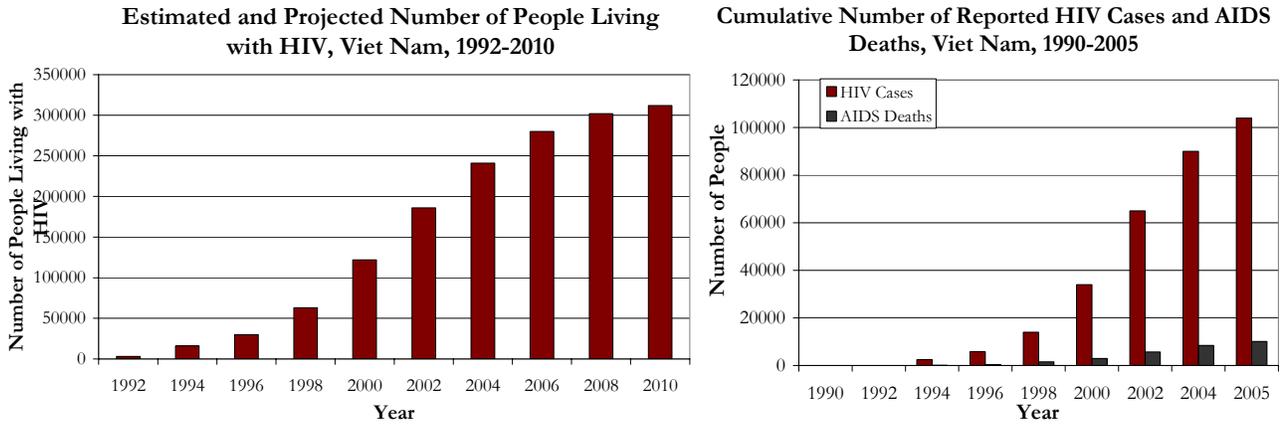


Figure 2. (Left) Estimated and Projected Number of People Living with HIV in Viet Nam from 1992-2010. Source: Joint HIV/AIDS Estimation and Projection Working Group (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

Figure 3. (Right) Cumulative Number of Reported HIV Cases and AIDS Deaths in Viet Nam from 1990-2005. Source: Viet Nam Administration for AIDS Control, Ministry of Health.

Due to the high density population, currently the prevalence rate of HIV seems surprising low, at an estimated 0.51 percent. The epidemic becomes more apparent when looking at high risk groups, such as FSW. FSW have the second highest rate, with an estimated 16 percent of sex workers believed to be HIV positive and even higher percentages present in urban centers (Turnbull 2007). The

HIV/AIDS epidemic is in its early stages in Vietnam compared to countries who have been dealing with the crisis for decades. This can be determined by the noted concentration in high risk groups and the increased percentage of males infected with the disease compared to females. As the epidemic advances, indicators suggest the female population

Distribution of Estimated HIV Cases by Sex, 2005

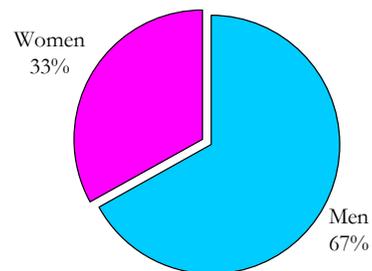
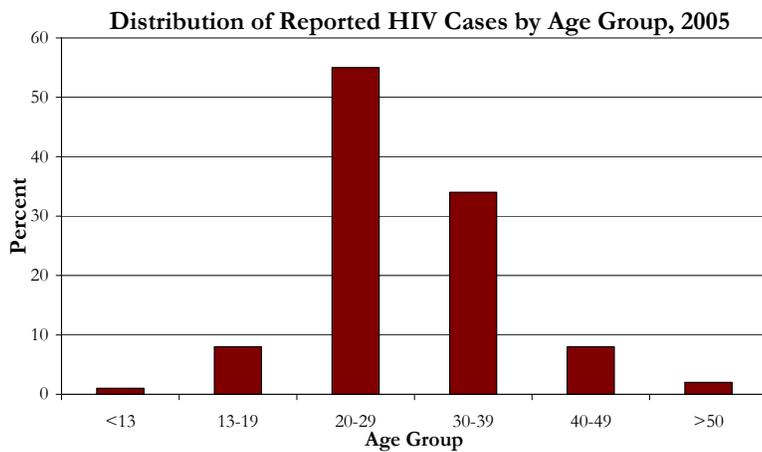


Figure 4. Distribution of Estimated HIV Cases by Sex in 2005. Source: Joint HIV/AIDS Estimation and Projection Working Group (Viet Nam Ministry of Health, Family Health International, East-West Center, UNAIDS, WHO, and POLICY Project).

will be more greatly effected and it will begin spreading rampantly among people outside of the high risk category. Despite the epidemic being in one of the earlier phases, it has already entered a rapid growth phase. The HIV epidemic is most rapidly spreading among the younger generation, with approximately 70 percent of those living with HIV under the age of 30 (Turnbull 2007).



*Figure 5.* Distribution of Reported HIV Cases by Age Group in 2005.

Source: Viet Nam Administration for AIDS Control, Ministry of Health, HIV/AIDS Monthly Report (April 2005).

The Government of the Socialist Republic of Vietnam has realized that it is facing an epidemic and in turn released the National Strategic Plan on HIV/AIDS Prevention in March of 2004. This proposed plan has numerous and broad goals, including fighting the stigma and discrimination associated with HIV/AIDS

patients and establishing community outreach within the country. The desired effects would keep the HIV/AIDS prevalence rate below 0.3% by 2010 with no increase in the subsequent years. More specifically, all areas of Vietnam will have in place some form of HIV/AIDS prevention and control activities as part of the social-economic development process. This will decrease ignorance and discrimination regarding HIV/AIDS transmission countrywide; “100% of people living in urban areas and 80% of people living in rural and mountainous areas shall be able to correctly understand and identify ways of preventing HIV/AIDS transmission” (Phan Van Khai, 2004).

Despite the increased awareness of the HIV/AIDS epidemic, based on research conducted in 2006, only one in five individuals in the high risk category reported that they have been HIV tested and know the results. This static becomes increasingly alarming when knowing that over three-quarters of people living with HIV in the high risk groups did not know that they are HIV positive (HIV/STI Integrated Biological and Behavioral Surveillance in Vietnam, 2006). Reasons for the spread of HIV within these groups are well known. The most common causes are: partaking in unprotected sex with any member of a high risk group, use of contaminated syringes, ignorance regarding HIV/AIDS, poverty and unplanned migration. The government, along with numerous NGO’s, have established a system to distribute clean syringes, condoms and HIV medicines which are available free of charge (Mai Thi Kim Hoang, 2008).

## ***IV.II A Biological View and the Epidemiology of HIV/AIDS***

To fully understand the specific role that HIV/AIDS plays in the development of Vietnam, it is critical to understand the virus from a biological standpoint and how it is capable to having such drastic effects within this particular country. HIV/AIDS is a relatively new epidemic to Vietnam, one which was introduced and fueled by the drive for development. It is distinct from most viruses because population density is known to impact how readily the virus will spread, putting Vietnam at an even greater risk. HIV is a retrovirus which attacks the immune system of the host through destroying or damaging CD4+ T cells, a type of white blood cells (National Institute of Allergy and Infectious Diseases, 2007).

Ultimately, this causes the body to lose its ability to fight off infections and certain cancers (CDC, 2008). People diagnosed with AIDS often contract opportunistic infection, those which normally would not negatively effect a healthy host. A retrovirus stores its genetic information in ribonucleic acid (RNA) sequences. The virus holds the code for the enzyme reverse transcriptase which allows the RNA to be translated into a deoxyribonucleic acid (DNA). Once the virus has produced DNA, it is able to insert its genetic code into the genetic material of the host. Upon insertion into the host genetic material, the virus may lay latent for long periods of time, although the individual is HIV+ (National Institute of Allergy and Infectious Diseases, 2007).

In the final stage of HIV infection, a patient is said to have AIDS. This is when the virus has effectively weakened the immune system to the point that the patient has a difficult time fighting infections. Biologically, the patient will have one or more specific infections, certain cancers, or a very low number of T cells. The amount of time it takes for a patient infected with HIV to reach this stage varies dramatically.

Luckily, HIV cannot be transmitted through casual daily activities because HIV is a fragile virus and cannot survive outside the human body for a long period of time. It is a popular conception of misinformed individual that HIV can be spread through casual touching, casual kissing, food, pets,

mosquitoes or household objects, but according to scientific research these statements are false (CDC, 2008). HIV can be found in bodily fluids of an infected person, such as blood, semen, vaginal fluid, breast milk, sweat, tears and saliva. Despite the presence of HIV in sweat, tears and saliva, it is believed that the virus is present in such low quantity, that risk of transmittance is minuet. HIV is primarily transmitted in 4 main ways: having sex (anal, vaginal, or oral) with someone infected with HIV, sharing needles and syringes with someone infected with HIV, through the transfusion of blood products or the transplant of organs from an HIV infected individual, or being exposed (fetus or infant) to HIV before or during birth and through breast feeding.

Life style factors are known to increase the risk of HIV transmission, including: the use of intravenous drugs where equipment is shared, having unprotected vaginal, anal, or oral sex with multiple partners, anonymous partners, or men who have sex with men, exchanging sex for drugs or money, having a diagnosis of hepatitis, tuberculosis, or a sexually transmitted infection, having received a blood transfusion or clotting factor from an unmonitored blood bank, or even having unprotected sex with someone who has any of the risk factors listed above. To protect oneself from acquiring HIV through sexual activity, the CDC recommends following the ABC's of HIV prevention: A = Abstinence, B = Be Faithful, C = Condoms. Women can also transmit HIV to their babies during pregnancy or childbirth. Approximately one-quarter to one-third of all untreated pregnant women infected with HIV will pass the infection to their offspring. HIV is also capable of spreading to babies through the breast milk of mothers infected with the virus. With new developments in medicine, a mother can greatly reduce the risk of spreading the virus to her baby by taking certain treatments. This in addition to birth by cesarean section reduces the risk of transmitting the virus to only one percent (National Institute of Allergy and Infectious Diseases, 2007).

One danger with HIV is that many patients will not have symptoms when they first become infected. If symptoms present themselves, they often mimic the same discomforts common with a flu, including: fevers, headaches, tiredness, enlarged lymph nodes. These symptoms only last a short period

of time and are most commonly misdiagnosed. During this period of time, patients are highly infectious and most are ignorant to his or her HIV status. Even when a patient is asymptomatic, the virus is actively multiplying and destroying the immune system although the virus is capable of lying dormant. As the HIV advances, more symptoms will appear but the time frame for the advancement is different for every patient. Slowly, as the immune system is destroyed, various symptoms will present themselves, including: swollen lymph nodes for an extended period of time, lethargic behavior, weight loss, frequent fevers, yeast infections, skin rashes, pelvic inflammatory disease and short-term memory loss (National Institute of Allergy and Infectious Diseases, 2007).

Since HIV often results in no symptoms during early stages, a blood test must be conducted to test the blood for the presence of antibodies to HIV. One to twelve months following HIV infection is known as the window period. It is a time when HIV antibodies do not reach noticeable levels in the blood and therefore any blood tests would come back negative. It is imperative for a patient to know his or her status in order to seek treatment and prevent the transmission of the virus.

After an unknown period of time, HIV will become AIDS. This occurs when the patient's CD4+ T cell count drops below 200 and the immune system is left incapable of fending off opportunistic infections and particular cancers (National Institute of Allergy and Infectious Diseases, 2007). Due to the symptoms of AIDS, many patients are unable to hold a consistent job or care for their family, while others are able to function normally on a daily basis.

There is still no known cure for HIV or AIDS although there are anti-retroviral (ARV) drugs used for treating those living with the virus. There are many different classes of antiretroviral drugs and they prevent the production of HIV in different ways. One class of drugs is reverse transcriptase inhibitors. They are capable of interrupting the virus from making copies of itself. It does so by inserting incorrect nucleotides into the DNA of HIV during translation or preventing the RNA of the HIV to be translated in DNA. This class of drugs may slow the spread of HIV in the body and delay the start of opportunistic infections. A second class of drugs is termed protease inhibitors. They

interrupt the virus from making copies of itself at a later step in its life cycle. The third class of drugs is labeled fusion inhibitors. They work by interfering with the ability of HIV to enter into cells by blocking the merging of the virus with the cell membranes. This inhibition blocks HIV's ability to enter and infect CD4+ T cells. Since HIV is capable of mutating and becoming resistant to any of the discovered drugs, healthcare providers often use a combination of ARV treatments to combat the virus called highly active antiretroviral therapy (National Institute of Allergy and Infectious Diseases, 2007). It is critical to keep in mind that many of these treatments have additional side-effects that may lead to the discomfort or even death of the patient. Despite the dangers, based on current research, delay in antiretroviral therapy increases the risk of opportunistic disease and the dangers side-effects did not outweigh the dangers of delayed treatment (SMART, 2006).

#### ***IV.III Societal Evils and Stigma***

In Vietnamese society, with the aid of the national government, drug injection and prostitution have been labeled as “social evils.” In recent years, as HIV has been increasing in prevalence, a strong connection between the disease and drug injection/prostitution has been established. This has drastic effects because it has created a stigma triangle: (Khuat Thu Hong et al., 2004).

The main reasons for stigma and discrimination are due to public ignorance causing fear of casual transmission and the association of HIV with the social evil group. Means of stigmatization towards HIV patients can be seen in the forms of isolation and

avoidance, avoidance in public places, isolation and marginalization within the family, stigma in schools, fear of injection during care, and fear of transmission at health care facilities (Khuat Thu Hong et al.,

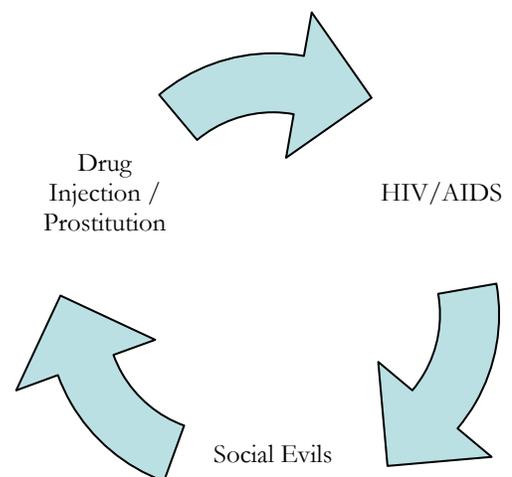


Figure 6. Stigma Triangle. Source: Khuat Thu Hong, et al., 2004

2004). In addition, it often limits community outreach the patients will receive by forcing patients to keep their status private.

Drug use and commercial sex work are illegal and they have been labeled “social-evils” by the Vietnamese government in the past, who have issued a public decree entitled “Eradication of Drugs and Prostitution:”

*“Prostitution and drugs are social evils against the moral and traditional customs and habits of the nation, which bring negative influences on the health, offspring, material and spiritual life of the people and social security, which causes serious consequences for subsequent generations. All forms of these social evils should be prevented and violating persons should be severely punished.”* (Khuat Thu Hong, Nguyen Thi Van Anh, and Jessica Ogden, 2004)

Despite the government’s retraction of the social evil campaign, it has maintained a strong position protesting prostitution and illegal drug use. It is important to recognize that HIV is spread through actions that are part of ones lifestyle and there is a different degree of stigma against HIV patients depending on how the disease was acquired. So in treating and trying to prevent transmission of HIV, one must also be sensitive to the nature of the disease. On a whole, women experience a greater degree of stigma than men, women committing social evils are simply not tolerated but men can be seen as only playing.

In response to the growing commercial sex industry and intravenous drug use in the country, the government established 05/06 centers which are rehabilitation centers for FSW and IDU. These are part of the criminal justice system and are residential detention facilities managed by the Department for Social Evils Prevention, a branch of the Ministry of Labor, Invalid and Social Affairs. Here the detainees will receive treatment, education, job training and work for a varying amount of time, depending on the detainee’s progress (Khuat Thu Hong, et al., 2004). On certain accounts, the 05/06 centers act counterproductive to their agenda because they inadvertently nurture the habits of drug abuse and sexual relations within its closed environment. Not only are the centers costly, but they also pose a health concern due to the approximately 40 percent of detainees testing HIV seropositive (PEPFAR, 2008). Despite mandatory HIV testing, test results are not often disclosed to the individual

nor treated confidentially. In addition, only a few centers actually provide the detainees with counseling, treatment, skills training, or social support (Turnbull, 2007). Lower levels of rehabilitation are achieved as a result. This leaves a growing trend of young girls and men being released into Vietnamese society who are possibly destined to enter back into prostitution and/or drug abuse (Xuyen 2008).

#### IV.IV Intravenous Drug Users

The most common ways for spreading HIV is through intravenous drugs users (IDU). Due to the ignorance and lack of funding, many addicts are unable to purchase clean syringes. Figures for IDU with HIV/AIDS are extremely troublesome when looking at drug users under the age of 25, comprising

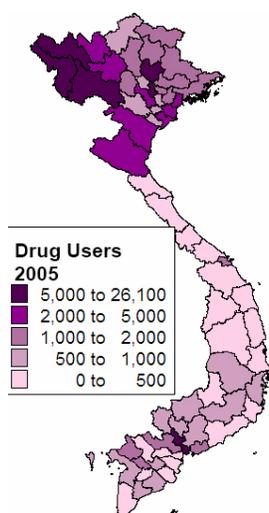


Figure 7. Concentration of HIV+ Injecting Drugs Users in 2005. Source: Eliah I. et al..

almost half the IDU in Ho Chi Minh City. The majority of the group has only been injecting for a short time, but the virus appears to have spread rapidly infecting somewhere between 28-33% of that population. During interviews, it was stated that 12-33% of IDU reported sharing needles in the past six months (HIV/STI Integrated Biological and Behavioral Surveillance in Vietnam, 2006). Although the epidemic seems to span the entire country, it is most concentrated in the central and southern regions of Vietnam for this particular high risk

group.

Another issue has been discovered, because it is now estimated that 20-40% of IDU have had sexual intercourse with a sex worker (HIV/STI Integrated Biological and Behavioral Surveillance in Vietnam, 2006).

Percent of IDUs Having Sex with FSWs in Large Provinces/Cities, 2001

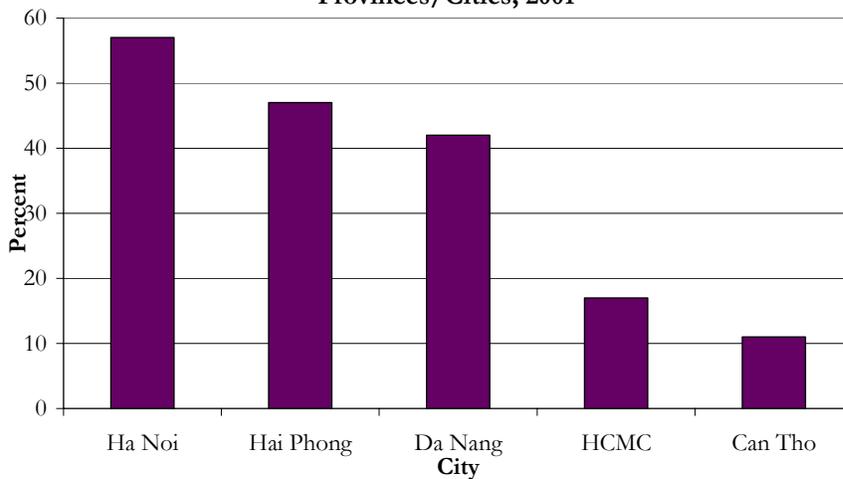


Figure 8. Percent of IDU Having Sex with FSW in Large Provinces/Cities in 2001. Source: Ministry of Health, National Institute of Hygiene and Epidemiology, and Health International, HIV/AIDS Behavioral Surveillance Survey, Viet Nam (2001).

Condom use is believed to be uncommon among IDU, especially those who are already HIV infected.

*IV.IV.I Interview with Past Intravenous Drug User ~ S1*

A twenty eight year-old male currently living in the city of Da Nang, upon the request of his physician, agreed to partake in the research study. Upon first introduction “S1” appeared to be a healthy Vietnamese male. S1 has been living with HIV for the past eight years resulting from drug use. Despite the length of infection, S1 was only tested and diagnosed with AIDS two years ago. S1 has been married for eight years and has conceived two children, ages eight and four. He and his wife met in Ho Chi Minh City after he moved from Da Nang. They used to work together as musicians but after he was diagnosed, his wife became a hairdresser to earn a more steady income. The HIV status of both the wife and children are unknown but testing is scheduled for early February of 2009, when they will also move to Da Nang. Currently the wife and children are still living in Ho Chi Minh City. She is aware of her husbands HIV status and has remained emotionally supportive. Since being diagnosed with AIDS, S1 is living in a province forty kilometers outside of Da Nang City in order to remain separated from his drug related past and to gain support from his mother and sister with whom he lives. If his work as a musician requires him to stay in the Da Nang overnight, he has friends that he is able to stay with for short amounts of time.

S1 did not consider himself to be a well known or experienced drug user. While still injecting, his family remained naive to his activities and only his four closest friends knew. It was these same friends that he also shared needles and other equipment with. It was apparent that S1 has done a great deal of reflecting on his past drug addiction. When asked why he believed he starting taking drugs he did not hesitate in telling me that there were actually three reasons. His primary reason was that this was the first time in his life when he had been given freedom, so living far from home without the watchful eyes of his parents, he drifted from the morals that he was raised with. Another forceful factor was his working environment. Being in the entertainment business, he spent many nights working late in bars. These surrounding put him in constant contact with other drug users. Lastly, he was earning a surplus

of money, and he does not think he had yet established the maturity necessary to control his own spending money.

When asked about his current health status, he was pleased to report he felt healthy but this was not always the case. He stated this is a stark difference from two years ago, upon discovering his status he had “mental distress” and stated he wanted to die. Besides emotional support, S1 also began receiving ARV treatment. This regimen requires him to take a pill twice a day. The first week was difficult due to the side effects of nausea, headaches and stomach aches, but now he experiences no adverse effects. In addition to his ARV treatment, he is also taking “bcv healthy vitamins”, “healthy drugs”, and his CD4 levels are tested every six months. All of his treatment is provided free of cost from the Vietnamese government. He must go to the medical center in Da Nang once a month to pick up his medicine and speak with a social worker. According to his opinion, the availability of ARV is high although this was not the situation when he was diagnosed just two years ago. In the past ARV treatment was only available to patients in the later stages of the disease. S1 is not just concerned about focusing on his personal health, but he has made it a priority in his life to provide more information about HIV/AIDS to the general public and other patients. He would like to promote prevention, a cure and increasing the living standards of individuals living with the disease.

S1 began abusing intravenous drugs at the age of nineteen, shortly after dropping out of high school in eleventh grade. It was not until one of his four friends, with whom he shared needles, was tested positive for HIV that he even considered getting tested. He thought that because he was sharing needles with close friends, he was not in danger of contracting HIV and now considers himself very unlucky. Now all four friends are HIV positive. Despite his knowledge of HIV, he believes that he was ignorant to the dangers of transmission.

S1 is now concerned for the safety of his wife and children. Currently, he and his wife always use a condom during sexual intercourse, but for six years when S1 was unaware of his status they never used protection and both of his children were conceived during this time. S1 is not concerned about

transmitting HIV to anyone else because he has remained faithful to his wife and has never shared needles outside his group of four friends.

The negative stigma associated with HIV is a present force in S1's life. Beside other HIV patients and his doctors, only his mother, wife and sister are aware of his status. He fears his position as a musician would fall if knowledge of his disease was to be released. Now S1 is attending a support group which helps him to combat the social implications of his disease. There are two centers in Da Nang which are very helpful to HIV patients but there are also doctors who still refuse treatment.

#### *IV.IV.II Interview with Past Intravenous Drug User ~ S2*

S2 is a fifty eight year-old male currently living in Da Nang. He is in the late stages of AIDS and has been HIV+ for the past thirteen years. His wife and four children are not HIV infected but are aware of his disease. The children range in age from thirty two – thirty eight and help provide financial support for their parents. Prior to his HIV infection, S2 was employed as a construction worker, but now is only capable of working as a motorbike driver due to his deteriorating health. His wife's employment was also greatly impacted by the disease. Previously she would work selling groceries but is now taking full care of her husband full time and is unable to work. Due to the limited income entering the household, S2 and his wife filled for support from a bank, but they are still awaiting approval.

S2 has lived in Da Nang his entire life and his wife moved from Hue after their marriage. During eleventh grade he dropped out of school and soon after began using drugs. S2 was a young adult during the time of the American War, and he recalls an era when drug use was affordable, many social activities revolved around drug use and it was considered stylish. Prior to 1975, although drug use was not legal or condoned by the government, minimal consequences were present and S2 has never been harassed by the police for his activities. During this time, HIV had yet to make a global appearance and a fear of HIV was not associated with intravenous drugs. It was not until 1995, and over 20 years of intravenous drug use and sharing needles that S2 even heard of HIV. A social worker told him he was at high risk due to his life style behaviors and recommended a medical center to get

tested. It was also in 1995 that S2 was diagnosed HIV+. Now S2 is the only surviving member of his original group of friends whom injected drugs together. Even after learning of his HIV status, S2 continued to share needles with other drug users. He acknowledged that the government had a program to provide clean needles but they were not easily accessible. He mentioned a fear of being arrested if attempting to access the clean needles; “it is very difficult to get because it proves you are addicted. Police might find you and arrest you” (Interview S2). In addition he stated that he often could not wait for a clean needle before needing his next fix.; “you think of nothing else but to get fix, so everyone will share a needle” (Interview S2). It was not until five years ago that he quit using intravenous drugs due to financial reasons.

Due to a fear of discrimination, only his immediate family and the local authorities know of S2's HIV status. The local authorities are helping to support him and his wife due to their poverty level solely; aid has not been given because of his HIV status. When first discovering his status, S2 hid the news from his wife and children because he was ashamed and feared discrimination. S2 kept his status secret from his wife for three years. At his request, a social worker informed his wife of the dangers of drug use and her husband's HIV status. S2 recalls his wife feeling terrible and it took her a long time to comprehend how drug use could lead to HIV. It was during this time that S2 and his wife began using a condom. His wife was also tested on three separate occasions for HIV, but all the results came back negative. S2 denied having sexual relations with anyone besides his wife.

S2's HIV status became AIDS in the year 2005, but due to limited quantities of ARV he did not begin treatment until January of 2008. Since starting treatment he finds accessing the ARV drugs to be very easy. If asked directly about his AIDS status, he feels as if he still only has HIV despite the positive test results. Upon further inquiring, it was also discovered that S2 had lung cancer since February of 2007. He was hospitalized for eight months to receive treatment early in 2008 but he never entered remission. He reports now commonly getting cold or fevers.

S3 is a thirty nine year-old male with a history of intravenous drug use and AIDS. He was infected with HIV in 1998 and is only now beginning to prepare to take ARV treatment. Currently his only treatment is for symptoms associated with AIDS, such as frequent colds, fevers and stomach pains, in addition he takes daily supplements. S3 is currently single and plans on remaining this way for the rest of his life. Despite having a serious girlfriend when being diagnosed, he chose to end the relationship instead of risking the spread of his disease. He states that he has never been sexually active with anyone.

S3 was born in a small province 150 km from Hanoi capital. In 1975 he moved to Da Nang with his parents, who were originally from the city but had been displaced during the American War. Currently, S3 works as a carpenter while painting, cleaning, and decorating homes. He is usually capable of supporting himself but relies on money from his six older siblings during hard times. He is still living at home with his mother whom is retired and still acts as his primary care giver. S3 was forced to leave school during ninth grade due to financial difficulty.

It was not until the age of twenty two that S3 began using intravenous drugs. For the first time in his life, S3 was earning more money than he needed to survive while working for a Vietnamese company. It began as smoking with friends but over time he was no longer getting the desired effect and turned to intravenous drugs. S3 was aware of HIV before being diagnosed with HIV and although he shared needles he usually boiled them in water before use. It was during this time that he became involved with theater doing magic tricks and this is where he met his girlfriend. They began dating but she was ignorant to his drug use. Now he was earning even more money but he needed to continuously increase his dose to get the desired high. Eventually he started to buy darker heroin, because the white and more pure form was too expensive.

In 2001, S3 was arrested by the police for drug use. He was admitted into a 05/06 center for two years. It was here that he was first tested for HIV and his test came back positive. While in the center they taught him how to paint and decorate homes, in addition to receiving treatment for his drug

addiction. He recalls intense physical and emotional pain for these two years but was able to overcome the drug addiction while in the center and claims he has not injected since exiting the center. During the interview, S3 smoked cigarettes continuously and continuously rubbed his nose. He also reflected positively on drug use, stating that it made him “feel like a fairy going to heaven” (Interview S3). Towards the end of the interview, he discussed openly with the interpreter in Vietnamese about how much he loves drugs and misses using them because they help him to forget his pain.

Currently S3 feels relatively healthy and is not taking ARV treatment. He is in the process of discussing the treatment with his doctor and completing the necessary tests, such as the CD4 test. He is hoping to begin taking treatments next month. Once he begins ARV treatment, the drugs will be provided to him free of charge for the rest of his life. Despite the health insurance he bought, he is still required to pay for any other types of medicines he may require. They may cost him anywhere between 100,000 and 150,000 Vietnamese Dong for a 7-8 month supply.

S3 feels lucky to have the support of his immediate family members, but no other relatives or neighbors are aware of his HIV status. He feels he must keep it a secret to avoid discrimination. All of S3's IDU friends from his youth have passed away from AIDS. He occasionally attends self-help groups to stay informed on treatments and ways to avoid discrimination. The mother of S3, since learning of her son's drug use and HIV status has become sympathetic towards her son and has forgiven him. She believes that everyone makes mistakes and should be forgiven. She is the sole provider for her son. He reports that she cooks meals, washes his clothes and does everything for him.

#### *IV.IV.IV Interview with Past Intravenous Drug User ~ S4*

S4 is a thirty seven year-old male AIDS patient who has a history of using intravenous drugs. His entire interview was conducted in the presence of his wife, S5, who also has AIDS. S4 was first diagnosed with HIV in 2002 and has felt his health deteriorate rapidly. S4 married his wife in 1997 and has two children, seven and twelve. Despite his disease, he feels very thankful that neither of his children have contracted the virus. S4 was born in a province outside of Ha Noi but felt forced to flee

with his wife and children in 2002 when learning that he was HIV+. Due to S4's deteriorating health, he is currently unemployed and the family is living solely off the income of his wife. During times of financial crisis, he may borrow money from relatives or neighbors, but the majority of his relatives are also stricken with poverty. This is a substantial concern to S4 because he is afraid he will have to take his children out of school in the near future due to poverty. S4 is trying to provide education for his children up to twelfth grade, as was provided for him.

S4 first began using intravenous drugs in 1990. It was introduced by a close friend who needed a loan to buy his supply. To repay S4 for the loan, his friend gave him drugs. He and his friends began to use intravenous drugs with increasing frequency but he was unaware of HIV and would often share needles and supplies with other IDU. In his later years of drug use he became aware of the clean needle exchange program, but he feared being arrested if he attempted to access the system. It was not until numerous of his friends were passing away that he began to be concerned and confused over his own health. He was first tested in Ha Noi but feared discrimination and he moved soon after receiving the test results. Living in a small village he knew that news would travel fast and soon people would want him out of the area. It took S4 an additional year to eventually stop using illegal drugs after discovering he was HIV+. This was not the first time he tried to quit. He spent part of 1994 and 95 in an O6 center for six months. This was a direct result for being caught by the police with illegal drugs. While in the center he was unable to use any drugs but when he returned home he began using immediately. He blames this on the availability of cheap drugs and bad influences from friends and neighbors. Slowly, the prices of illegal drugs began to rise but his addiction had him paying the inflating prices. In the following years, S4 attempted to stop using on seven separate occasions until reaching success, contributing his accomplishment to his family and realizing that they must be the first priority in his life. Today he has no fear of using drugs again because he simply cannot afford them. While living in Ha Noi he was able to purchase a day's supply for less than 50,000 VND but while living in Da Nang this price has increased to 200,000 VND.

Now the primary focus in S4's life is his family and health. When he was first diagnosed he was frightened by the thought of spreading HIV to his children. He now claims that after numerous educational discussions with his doctor and help-groups, he knows that there is no reason to be scared. In order to maintain a functioning family, he felt it was imperative that no one else knew his wife and his status. Neither family members nor the children know that their parents are HIV+. Hiding their condition has been becoming increasingly difficult due to his poor health. Despite his CD4 tests returning with levels below 200 he has still not began ARV treatment. The doctor is claiming that he has not progressed far enough to begin treatment. On days when his health is particularly weak he will be treated in the hospital with an intravenous saline solution. At this point in his treatment, he only has to go to the hospital once every month to pick up vitamins which are supplied to him free of charge and his only expense is the cost of traveling.

**IV.V Female Sex Workers**

Prostitution is a societal issue that has emerged due to rapid social change and according to the World Health Organization; in 2002 there were as many as 300,000 FSW nationwide. Although

Prostitution has been present throughout the history of Vietnam, in the past two decades, prostitution has been increasing alongside urbanization. This may be caused by the increasing participation in regional and global economic development

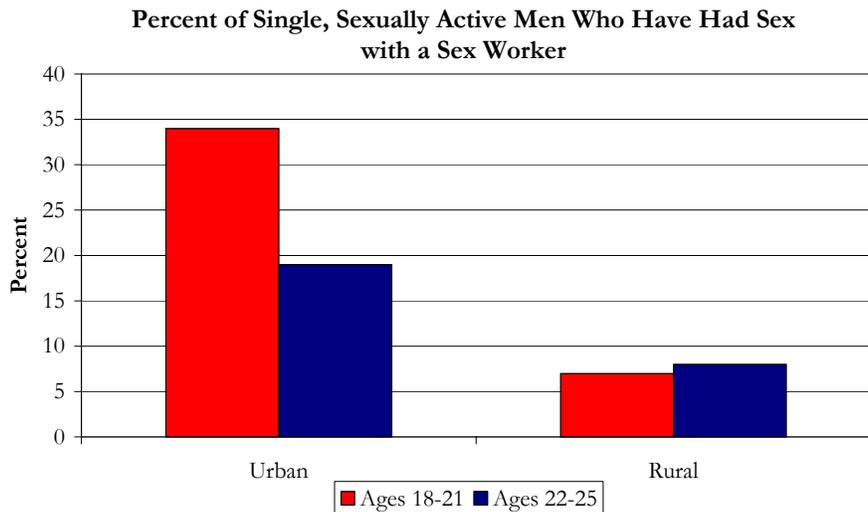


Figure 9. Percent of Single, Sexually Active Men Who Have Had Sex with a Sex Worker. Source: Ministry of Health, General Statistics Office, UNICEF, and WHO, *Survey Assessment of Vietnamese Youth* (2005).

which has provided new opportunities for cultural exchange with the outside world. This interaction is forcing change in the value system, traditional norms and lifestyles of the Vietnamese people (Khuat

Thu Hong, et al., 2004). Development is helping to fuel the issue through the lack of availability to practical employment alternatives for the poorly educated or unskilled. Some women feel forced into the trade due to the growing income inequalities and the attempt to supply for their families, especially in a traditional society where children are supposed to provide for their parents (Lim, 1998).

In terms of HIV prevalence, FSW are the second most impacted population in Vietnam. Many provinces reported that over 10% of FSW were HIV-infected with consistent condom use being low and the Ministry of Health estimates that there will be 12,000 to 18,000 new cases of HIV in this high risk group alone (Khuat Thu Hong, et al., 2004). The highest HIV prevalence was among FSW in Can Tho (29%) and Hanoi (23%) but national rates are at approximately six percent (Alexander S. Preker, 2004).

Since FSW are not living in an isolated environment, they are coming in constant contact with IDU, who comprise the most high risk group. The boundaries between the two high risk groups are becoming increasingly blurred, as intravenous drug use among FSW is becoming a more common practice. In addition to the growing drug abuse problem, an increasing number of IDU have had sexual intercourse with FSW (HIV/STI Integrated Biological and Behavioral Surveillance in Vietnam, 2006). Another concern relates to migrant workers. Men often travel to the larger cities for work and contract HIV while living there. When going back home, they unknowingly spread it to their spouse and soon to be conceived children.

#### *IV.V.I Interview with Female ~ S11*

S11 is a fifty four year-old female and has been aware of her HIV status for the past two and a half years. Previously, she worked as a street vendor selling food at local beaches but is unable to continue working due to her health. Financially she was not secure and one day resorted to selling her blood in order to earn 300,000 VND. Upon returning to the blood bank she was denied access to the money, claiming a problem with her blood. It was then S11 first discovered that she was HIV+. She is currently not receiving treatment for the virus and remains skeptical about visiting with doctors. Only

her four children are aware of her virus and they experienced a hard time handling the news. S11 believes she contracted HIV from her lover after the death of her husband.

S11 was born in Hue yet raised in Da Nang, has received no formal education and is illiterate. She was the oldest in a large family and was given the task of caring for her younger siblings. In 1974, at the age of twenty, S11 married her husband who passed away in 2001. The cause for his death was deemed liver failure/disease. S11 was left to care for her four children. Her oldest, a thirty four year-old girl, who was forced to leave school in the third grade is now married and financially supported by her husband. Her second eldest is a twenty seven year-old girl; she is illiterate and only received a second grade education. She is now married and works as a street vendor but supplies her mother with one dollar a week. Her son, who is now twenty three years-old, was able to attend school until the seventh grade. He is the primary supporter of the family financially through his work as a brick layer. Her youngest son is only sixteen years-old and left school in fifth grade but remains jobless due to his young age. Currently S11 resides in a rented one room house with her two youngest children.

After the death of her husband, S11 found herself increasingly lonely and at the age of 51 took up a lover and financial provider. While working on the beach, this man invited her back to a hotel room. This was the first of many times they had a sexual relationship. Despite the lover having a wife and children, the relationship continued for a long period of time, but both were very secretive about their meetings. When asked if condoms were used, S11 explained that she has already experienced menopause, so pregnancy was not a concern and although she had heard of HIV she never imagined that it could happen to her. At the age of fifty two, S11 decided to end the relationship with her lover for numerous reasons. The primary reason was the abusive nature of her lover. He was a heavy drinker and at times would be so intoxicated he would forget who she was and become extremely violent. Although she encouraged her lover to quit his drinking, this never happened. In addition, her lover had previously been paying S11 70,000 VND for having sexual intercourse between one to two times a week. Despite the financial compensation, her lover was extremely poor and he could no longer

support her. This is when S11 left her lover and turned to selling her blood. S11 has not been in contact with her lover since leaving him and he is unaware of her HIV status.

After learning the truth of their mother's sexual past, S11's children were very disappointed and could not deal with the situation. As time progressed, they later began to sympathize with their mother and wanted to help support her in anyway possible. Slowly her health is declining and she is sick every afternoon and in addition she gets frequent stomach aches. Despite the discomfort, she is unwilling to go to a hospital or medical center in fear of discrimination or others learning of her disease. She has not seen a doctor to examine her health since she was first diagnosed over two years ago. S11 has remained sexually inactive since discovering she was HIV+.

#### ***IV.VI Women of the General Population***

When comparing Vietnam from other South East Asian countries, it is apparent that women are more respected in society, but they are viewed as far from equal. It is this despairing inequality between the genders that is helping bridge the transmission of HIV from high risk groups to the general population.

According to traditional Vietnamese views, women are supposed to remain submissive while males are expected to be aggressive. Even when examining the three major religions in Vietnam, gender inequality is apparent. A general Buddhist view found in Vietnam depicts women as worthless and dirty. Confucian ethics does not take such a drastic standpoint, but still positions females as inferior to males. My personal interactions within Vietnamese society show this to be the most widely accepted perception. From a Taoist viewpoint, females are superior to males, but this is not a common way of thought (Dzung, 2008).

Typically, within the household, women are in charge of finances yet have very little actual decision making power. The same is true for their sex lives. Women are expected to practice abstinence until marriage after which they are supposed to respect the wishes of their husbands. In addition, it would go against Vietnamese morals for women to request the use of a condom if having sexual

intercourse with their partners. It is seen as an offense and may imply that the woman does not trust her partner.

Females who are highly educated may find it difficult to marry, and a girl is encouraged to marry while she is younger and still able to attract a husband. The under-education of women prevents them from having control in abusive or less than satisfactory marriages. Especially in rural locations, women are dependent on their husbands for survival.

Women are now shaped by family, religion, school and society to be dutiful daughters, virginal girlfriends, devoted wives and sacrificing mothers and those who break the mold are labeled as inadequate or worse (Lim, 1998). This mentality will persist and women will be repressed until men are no longer considered superior and naturally sexually active and aggressive while respectable women must obey their husband and preserve their chastity and honor.

#### *IV.VI.I Interview with Wife of Past Intravenous Drug User ~ S5*

S5 is the wife of S4 and is a thirty year-old female who contracted HIV after having sexual relations with her husband. She married her husband in 1997, but was unaware that her boyfriend was using drugs since 1990. It was not until after they were married that she realized her husband was an IDU and she felt she could do little about the situation. In addition, she was ignorant to the spread of HIV and therefore did not know the potential consequences of his drug use. Together they are now raising two children and her one relief comes from the fact that neither of them contracted the disease. Originally, S5 was born in Da Nang and moved to Ha Noi to find work as a cook. It was here that she was first introduced to her husband, and she has since fled Ha Noi due to discrimination. She is now the sole provider for her family, since her husband quit his job a month ago, and works as a housekeeper in the homes of rich Vietnamese families. Her ailing health and caring for her family prevents her from working full time and she only is able to work approximately fifteen days out of the month. With such low income, she often finds herself without enough money to support the family of

four. Despite her effort, S5 obtained no formal education and is illiterate. This makes finding a high paying job even more difficult and she is concerned for the education of her children.

In addition to a difficult financial situation, S5 struggles with keeping her HIV status a secret from her children, friends and neighbors. She often feels extremely weak, especially after any type of physical exertion, although she believes that she is healthier than her husband. When asked to reflect on how she felt when she discovered her HIV status she only stated that she was sad but never angry. Her husband had hid his status for one week before confronting his wife and one month later she discovered that she was also HIV+. From her point of view, she just has to accept the situation because she does not know how to read or write and feels trapped.

#### *IV.VI.II Interview with Female AIDS Victim ~ S6*

S6 is a twenty six year-old female who discovered she was HIV+ in 2003. S6 was born in a province nearby Da Nang City and in 1999 moved to Ho Chi Minh City in search of work and a better life. Since she was forced to withdraw from school in fifth grade for financial reasons, finding a good paying job was difficult. Eventually she was able to find a job in a factory working as a tailor. It was in Ho Chi Minh City that she met S7 and it was later in 1999 when they became married. S7 was working as a painter in the city and living with his wife until he left to move back to his hometown province in Da Nang. S6 was forced to stay in Ho Chi Minh City, raising their daughter and was never given a solid reason for the move, only that he was going to live with an acquaintance for a period of time. In 2003 she received news that her husband had passed away. When returning to his province she discovered that he had passed away from a disease caused by AIDS. S6 was shocked by the news and is still unsure on how her husband contracted the disease, but she learned that he moved home because he had tested HIV+. In 2003, she was tested for HIV and results came back positive. Later in 2003 S6 brought in her daughter to be tested and the results also came back positive. Shortly after in 2004, her grandmother passed away and she was forced to move back to her hometown to care for her younger brother and three younger sisters because her parents passed away ten years ago in an accident. The move was

welcomed because surviving in Ho Chi Minh City on her own was becoming increasingly difficult and lonely.

Soon after moving back to the province all of her neighbors discovered her HIV status. Since her daughter was a minor, the medical center, where she was tested for HIV, registered her daughter with the local government officials as HIV+. After she was registered, government officials came to the house and soon news spread around the village. At first all the neighbors kept a distance but the dire results became apparent when S6 had a difficult time getting her daughter enrolled in school. Government officials once again intervened and held a local information session about the transmission of AIDS. They also helped her neighbors to understand that S6 and her daughter were simply victims and were not involved with any “social-evils.” S6 reports that with time her neighbors are becoming more accepting towards her and her daughter.

The year 2007 brought many changes for the family. While attending support groups, S6 met another AIDS patient, S8, and they married early in 2008. S8 is a thirty two year-old male who contracted HIV while sharing needles as an IDU. He began injecting when he was only eighteen years-old and was unaware of the HIV epidemic in Vietnam. S8 began using intravenous drugs while working as a gold miner at Khamduc. At the time, many of his fellow workers were also using drugs and he quickly became addicted but unlike many of his co-workers he never had sexual relationship with FSW although he stated it was a common practice. He was almost arrested once, but was let off with a warning because it was his first offense. The clean needle program is very new development in Vietnam and was not in place when he began using drugs. In addition, working as a gold miner he was very far from a city. Since he was in a very remote location he did not have access to this program. When he returned home, he was afraid of his mom discovering that he was a drug user and it was becoming difficult to fund his addiction, so shortly after his family helped him to quit. He used drugs for the last time in 2000. It was after quitting that S8 felt his health failing but thought it was still symptoms of withdrawal. It was not until many of his friends were dying year by year that he realized he could be

HIV+. In 2002 he was tested and the results came back positive. In 2003 S8 discovered he had AIDS and began ARV treatment and joined an HIV victim group. They travel together once a month to pick up their prescriptions. Traveling together helps to save money and makes the two hour trip easier.

Now S6 and S8 are living together with S6's daughter who is currently six years-old. They are living in S6's brother's house because he is living in Da Nang City to get a better education. So they are currently applying to the local authorities to provide them a modest house because when her brother returns, the family will be forced to leave. Even though her brother is younger than her, after her parents' death, all of their property and money went to their only son, leaving his older sister with nothing. The family's main source of income is through farming rice and corn and raising pigs, but the rainy and dry season only allow them to grow two corn crops a year. During the middle of the rainy season, flooding is sometime so severe that the entire bottom floor of their house is flooded and they must live and sleep in the rafters. During this time they must firmly secure all doors and windows or risk losing their floating furniture. This flooding is a yearly event but the height of the water depends on the amount of rain, this year the bottom floor was filled with 5 feet of water and the scum from the water is still very evident on the walls. Life during the flood is very difficult and they must live off instant noodles. Last year the severity of the flood caught them by surprise and they were forced to survive without any food for two days. The life of this family is very difficult and often they are left without proper nutrition. Since they make little money many days they only have the rice they have grown to survive on. If they are having a good week and brought in extra money they will be able to go to the market and buy vegetables or meat. In addition, both S6 and S8 find it difficult to do manual labor in the field, so they must do work after sun down. Despite all their hard work, much is done in vain when neighbors refuse to buy goods from the family due to the wife's known HIV status.

Currently neither S6 or her daughter are taking ARV treatment, her doctor advised that she is not far enough along with the disease to start treatments at this time. On the other hand, S6 felt that her daughter is too young to fully grasp the reality of her disease, and although she is not trying to keep

it a secret, she does not discuss HIV with her daughter. As a result, S6 has not taken her daughter to a medical center since she was first diagnosed and will treat her fevers and illnesses from the local pharmacy. S6 does visit the medical center monthly to pick up vitamins which are provided free of charge.

After many discussions with her doctor, S6 has decided to have another child with her new husband. She is currently five and a half months pregnant. The family decided it would be best for them if they would be able to bring a healthy child into the world and they believe that they have the resources and knowledge to protect their child from the disease. S6 will begin taking treatment at week twenty eight of her pregnancy. This will reduce the risk of spreading HIV during childbirth and S6 will not be able to breastfeed the infant.

Despite her new life, S6 is still enraged at her first husband, mostly for spreading HIV to her daughter. She currently blames all the hardships in her life on him because when he passed away he left her with nothing. She views herself as a victim because she was never involved with any of the social evils that put one at high risk for HIV.

#### *IV.VI.III Interview with Female AIDS Victim ~ S10*

S10 is a forty eight year-old female whom discovered she had AIDS in November of 2007. She has been a widow since 2006 due to AIDS and has three daughters whom have not contracted HIV. S10 was born in Da Nang and went to school until ninth grade. She has lived in the city her entire life. Before becoming HIV+, S10 would work as a street vendor but after her diagnosis and declining health she was forced to quit. She is currently unemployed and depends on her children for financial support. The girls range in ages from eighteen - twenty five and have an education level of eight, seventh and fifth grade because the family was too poor to support them going to school. Her second daughter, nineteen years-old, recently got married and is living in a province outside the city. Due to the distance S10 and her daughter do not have the opportunity to see each other often. Her oldest and youngest daughters are still living at home with her sister and her mother. Together, the grandmother and

daughters work as helpers in a vegetarian restaurant. Their pay checks are used to support the entire family.

S10 contracted HIV from her husband who had been HIV+ for an unknown length of time. She was not informed of her husband's virus until the hospital contacted her while he was on his death bed. She was unaware of her husband ever using intravenous drugs but after his death a close family friend confided in her that he was an IDU for many years. Looking back, S10 says that there were signs in her husband's behavior that he may have been using drugs. S10 had a very difficult time handling the news of her husband's virus and swirled into a depression. She waited almost a year after his death before she was tested for HIV.

Before discovering her husband's disease, S10 had heard of HIV but saw it as something very separated from her own life. Now she has educated herself through information provided by the local medical center. S10 has informed her three children, mother, sister and the local authorities about her HIV status, but is attempting to hide it from everyone else. She fears discrimination and reports that her mother and sister often discriminate towards her. She describes them as being indifferent and never friendly.

ARV treatment has been supplied to S10 since originally being tested for HIV. Although she is currently feeling well, she has experienced a serious complication due to the virus. After being tested for HIV she was also diagnosed with tuberculosis which she was treated with medicine for eight months. Her health insurance covered a large part of the fee for treatment, but she had to pay 2,000,000 VND for the tuberculosis medicine. ARV therapy and vitamins were provided free of charge. Since the death of her husband she has not been sexually active but while her husband was still living they never used condoms. When questioned about the sexual history of her husband, she was unsure of how many other partners he may have had a sexual relationship with. He worked as a motorbike driver and spent most nights at home with his family. Although on several occasions he would leave to spend time in the countryside with relatives or friends. These trip frequently lasted anywhere between one to three days.

To this day, S10 remains angry with her belated husband. The main reasons for her anger are due to the spread of his HIV infection and for not confronting his wife with the truth. Despite her anger, S10 cared for her husband until he died from tuberculosis. She states that she had no choice but to care for him because she was still his wife.

#### ***IV.VII The Outlook for a Country Beginning an Epidemic***

Certain aspects of Vietnamese culture are ultimately hindering its ability to gain a firm control of the epidemic despite all the efforts being made. Sexual education is not taught before the University level and the sexual education which is offered at the University is very limited. Public education began in 1996, but it was only a pilot program lasting for five years and it was not continued. The Vietnamese shyness is very apparent while discussing sexual matters and some clinics are still afraid to discuss the issue of homosexuality and HIV/AIDS due to the sensitive nature of the topic. This can be very damaging to any future efforts. Another cause for concern lies within the discrimination towards individuals with the virus. HIV status is considered confidential information yet if there is a violation of confidentiality, it is common for the HIV individual to lose his or her job. Even nurses show a bias towards HIV patients and special training must be given to the nurses in order to educate them about the target population. Since sex and drugs are considered a “social evil” and many citizens remain ignorant regarding the facts of HIV, patients who test positive are often discriminated against. It must be acknowledged that although great progress has been made, Vietnam still has a long way until the HIV/AIDS epidemic is under control and it is not until this point that Vietnam will truly be able to form a more developed nation.

#### ***IV.VII.I Interview with Male AIDS Victim ~ S9***

S9 is a 47 year-old male currently living with AIDS but he is unaware of how he contracted the disease. Becoming a widower in 2004 after 20 years of marriage he lost his wife to breast cancer who had worked as a vegetable seller her entire life. Following the death of his wife, in 2005 S9 found himself going to the hospital due to constant fevers and kidney stones. The doctor was unable to

diagnose his condition until a blood test proved him to have AIDS in April of 2006. This was unexpected news for S9 because he never participated in any high risk activities. Based on his answers during the interview, S9 never used needles for medicinal or recreational purposes, he was only ever sexually active with his wife, who he believes did not have HIV, neither of his parents have HIV and never received a blood transfusion prior to testing positive. Out of concern he also had his three children tested for HIV, but all came back negative.

Since being diagnosed, he has moved his three children from an outside province, where he was born, into a home in Da Nang City which he is only able to rent due to financial constraints. His primary occupation is as a motorbike driver, but on days where he has few customers he resorts to collecting rubbish which he can then redeem for cash. He also receives a small amount of money from a Buddhist organization and in return he spreads information about Buddhism. He became involved in Buddhism only a month after being diagnosed with AIDS. Even this income is not enough to support his family and pay for his medical treatments. Therefore his two eldest daughters, who are nineteen and fourteen, dropped out of school when they were in eighth and fifth grade and they now work as shop assistants. His youngest son is only seven and therefore is unable to get a job so he remains at school. His daughters were very upset and disappointed when being forced to leave school and learning that their father had AIDS but they now sympathize with him.

In 2007, S9 received his first operation for his kidney stones. Directly following the surgery the pain receded but he is now in need of another surgery but he is unable to afford it. He and his daughters are still paying off the fee of 5,000,000 VND from his first surgery. He is no longer taking medication for his kidney problems but began taking ARV treatment six months ago, which he receives for free and picks up at the medical center every month. S9 finds himself doing his best to stay out of the hospital because he simply cannot afford the bills.

## ***V. DISCUSSION***

From my study, it was found that individual histories and experiences pertaining to HIV/AIDS varied greatly, but numerous common themes could be found throughout the interviews. Homogeneity could be seen when examining the availability and access to free ARV treatment. In addition, similar socio-demographic characteristics were present in each case, relating to the patient's position in society. This may solely be due to middle or upper-class patients not being willing to partake in an interview due to fear of discrimination.

It has become apparent through the numerous interviews that although the Vietnamese government is providing ARV treatment free of charge, doctors are not beginning treatment upon the diagnosis but instead are waiting for the disease to progress to the level of AIDS. Currently, there are numerous different recommendations and opinions of when a patient should begin ARV therapy but typically, when being provided with the best care, treatment begins before the diagnosis of AIDS. In addition, patients reported only being given one type of drug and they are therefore not receiving highly active antiretroviral therapy which is most effective in treating HIV/AIDS but it is very expensive. There is also a danger of developing a resistance to the one drug and that may be a reason to delay in treatment.

Despite living in the fourth largest city in the country, where access to education is attainable, all interviewees received at most a high school education, with the majority dropping out before this point. The females voiced this as a main reason for being married to an HIV+ spouse or having contracted HIV themselves. Due to their lack of education, they are unable to leave their husbands and are forced to stand by their sides. In addition, the lack of education can be seen as a direct link to the ignorance regarding sexual safety and HIV/AIDS transmission. In a society where all women are underprivileged, uneducated women are at an additional disadvantage. A direct relationship seems apparent between lower education levels and poverty.

Patients who reported dropping out of school before graduation cited financial difficulty and providing for one's family as the major contributors to this decision. The majority of the patients are

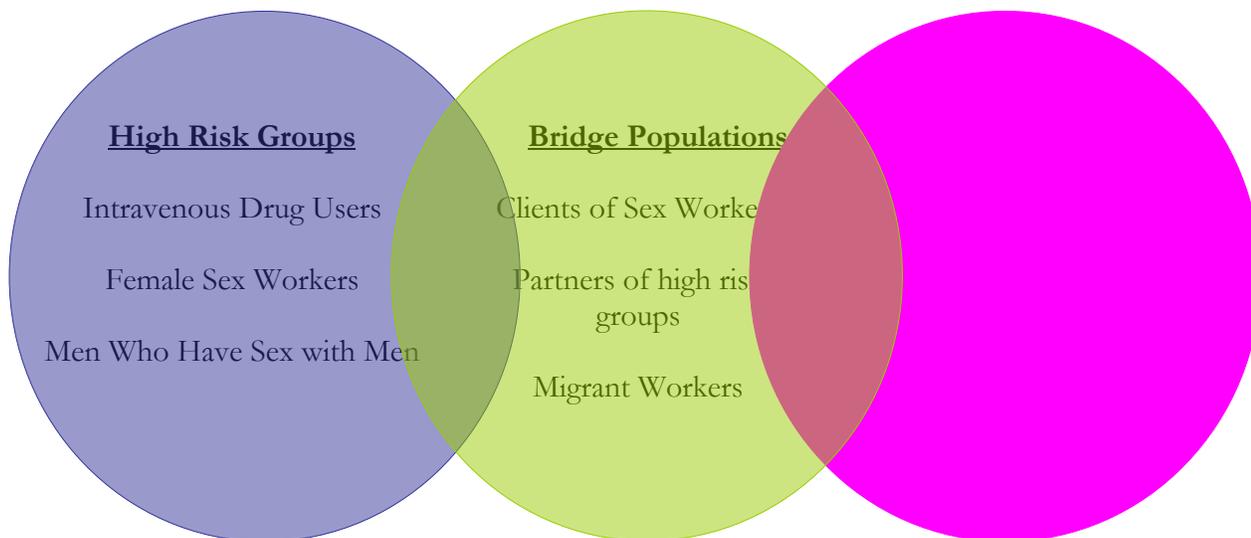
malnourished since childhood allowing for them to contract diseases which may make them more susceptible to HIV. They are also less likely to be able to afford health care and will not obtain medical care for the early warning sign of HIV or simply buy and use condoms. People who are impoverished also tend to view daily life from a different perspective. They are often forced not to focus on the long term concerns of contracting HIV but instead focus on daily living. For these youths, a childhood without money put an exceptional hardship on their lives. Many past IDU voiced the reason for beginning drug use was a surplus of money. When uneducated youths are provided with unaccustomed access to an excess of money, a hard life, and drug using co-workers or friends, many will resort to drug use themselves. It is seen as a leisure activity and a way to escape the harsh realities of life. If this research could be continued, I believe it would be insightful to interview HIV patients in different economic situations.

A varying degree of gender inequality was present in each interview. Females appeared to be more susceptible to having social norms dictate how to deal with males in their family. Some daughters were forced to leave school to care for their ill fathers and mothers, while wives and lovers are supposed to submit to their partners' needs, whether sexual or otherwise. In general females have less control over their lives. Often disadvantaged in terms of education, income and opportunities, they are therefore less able to protect themselves.

Many of the women experienced physical or emotional abuse from their partners, and were ignorant to the risk of HIV. There seemed to be a little to no communication between the partners in regard to their extracurricular activities. Some were unaware of their partner's drug using habits until after marriage or even after death. Special attention must be given to the unique interview with patient S6. She reported not only being unaware of her husband's HIV status but the means by which he contracted HIV. Now with a child who has tested positive yet is not seeking medical attention, she and her new spouse made the choice to conceive another child. With current medicine, chances are she will give birth to a healthy baby, but this does not guarantee the future of the child who has parents with

AIDS. Other husbands reported the use of condoms only after they discovered they were HIV+ and informed their wives. For some of the women, this was simply too late.

In each interview, an example could be found regarding that inequality of women. Whether they were forced to care for an ill husband, who lied about his lifestyle, caused them to contract AIDS, abused them or left them destitute. It is through this inequality that I believe the HIV epidemic will continue to infiltrate into the general population.



*Figure 10.* Dangers of Spreading HIV to the General Population from High Risk Groups through Bridge Populations. Source: Smith, 2006.

*Figure 10* is a pictorial depiction of how the spread of HIV can occur seamlessly between high risk groups and the general population. Since women are often unable to have control over their own sex lives, women are forced into having unprotected sex, sometimes unknowingly, with members of the high risk groups or the bridge population. With the increase of men partaking in sexual relationships with prostitutes and more migrant workers becoming necessary to work in urban areas, the bridge population is expanding daily. This problem is exacerbated by patients hiding their status in fear of stigmatization/discrimination or being associated with “social evils.” I was unable to interview any active FSW with HIV in my research due to fear of being identified as HIV positive, while the one who agreed passed away before the interview could take place. Vietnam is facing an epidemic that

percentages cannot fully justify and the magnitude of the dilemma will become more apparent in subsequent years.

## VI. CONCLUSIONS

Through reviewing social trends found in Vietnam and analyzing numerous interviews this research established a clear relationship between HIV among FSW/IDU and transmission to the general population with an emphasis on females currently living in Da Nang. Sexual behaviors and the mentality behind sexual acts were closely questioned, in addition to HIV/AIDS education and treatment. These facts were placed in conjunction with socio-demographic characteristics of the subjects and overriding conclusions were drawn.

This epidemic is a result of development and must be addressed as both a biological and societal issue. With the percentage of HIV seropositive patients constantly on the rise, Vietnam may be facing a bleak future unless trends begin to change. The conditions of underdevelopment provide HIV an environment where it can flourish, led by gender inequality.

Women, despite bringing in a large sum of a family's income, are underrepresented and do not have enough say in the actions of their own lives, especially their sexual interactions. It is this marginalization of women that is preventing the Vietnamese government from controlling the rapidly expanding epidemic.

The concept of "social evils" helps to guide issues of morality in Vietnamese society. Those partaking in intravenous drug use and prostitution are depicted as morally corrupt. With these two populations representing the highest numbers of HIV seropositive patients, HIV/AIDS has also been deemed a social evil. This perspective, in addition to ignorance on how HIV is spread, contributes to the majority of discrimination that patients must face. It is the fear of discrimination that keeps patients silent and the epidemic partly hidden from the public's view and this factor alone with allow the HIV epidemic to perpetuate in Vietnam.

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*VIII. APPENDIX*

## *Appendix A*

### **Letter of Informed Consent (English)**

**Title of Research: HIV/AIDS and its Impact on Sex Workers and Intravenous Drug Users**  
**Researcher: Danielle DePeau**

The following explains the purpose and nature of the intended research project. Before agreeing to participate in this research project, please read the following and I will answer any questions that you may have. Remember that you possess the right to decline participation in this research at any time in the process.

Background of Researcher: Danielle DePeau is an undergraduate student from Stonehill College in Massachusetts, U.S.A. She is currently enrolled in a study abroad program through the School for International Training (SIT). While living in Vietnam, she has been studying culture and development for the past 2.5 months and the conclusion of the program requires a month long independent research project. Upon returning to her College in the United States, this research will also be used as part of her senior research requirement.

Explanation of Procedures: This research study is designed to study the effects of the HIV/AIDS epidemic on female sex workers (FSW) and intravenous drug user (IDU) whom are currently living in Da Nang, Vietnam and how HIV/AIDS can be spread to the general community. This will be achieved more specifically by learning the history of sexual behaviors in regards to sexual partners and regularity of condom use, as well as drug injection practices, HIV/AIDS education, personal HIV status awareness, HIV treatment availability, history of STI and socio-demographic characteristics. Participation in the study involves informal discussion with the researcher with the help of an interpreter. Topics of discussion may include HIV/AIDS knowledge and testing, condom use, sexual history, drug use history, impression of community support and socio-demographics. Notes will be taken during the interview.

Risks and Discomforts: There are no risks anticipated due to your participation in this study. It must be acknowledged that discomfort may arise due to the sensitive and emotional nature of our discussions. If at anytime during the discussion, you feel uncomfortable in anyway answering a question of discussing a topic please let the researcher know and the topic will immediately be discarded.

Benefits: The anticipated benefit of participation is the opportunity to discuss feelings, perceptions, and concerns related to your health and well-being.

Confidentiality: Any information gathered through discussion or any other means will remain confidential during the research period and after the research has been completed. Only the researcher will have access to the information. Participant's names will not be available to any-one and will not be used in the final paper. Any notes taken will be destroyed at the completion of the study. The results of the research will be

published in an undergraduate paper and presented during a SIT presentation in Ho Chi Minh City. A copy of this paper will be provided upon request.

Withdrawal: Participation in this study is completely voluntary and refusal to participate will involve no penalty. Each participant is free to withdraw consent and discontinue participation in this research at any time without consequence.

Cost and/or Payment: There will be no cost and a payment of 150,000 VND will be given at the end of the interview.

Questions: Regarding any questions concerning the research project, participants can call Danielle DePeau at 095-615-1407 at any time during the study. After the study is completed questions may be addressed via e-mail at [ddepeau@student.stonehill.edu](mailto:ddepeau@student.stonehill.edu)

Agreement

**This agreement states that you have received, read and understood a copy of this informed consent letter. The researcher has answered any questions or concerns that you may have had. Your signature indicates that you have voluntarily agreed to take part in this study.**

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Subject Name (Printed)

---

Signature of Subject

---

Date

---

Signature of Researcher

---

Date

## *Appendix B*

### **Questionnaire for Participants**

#### **Questions for Everyone - Câu hỏi dành cho mọi người**

##### *Socio-demographic Characteristics - Đặc điểm xã hội-dân số*

- How old are you? - Chị bao nhiêu tuổi rồi?
- Are you currently living with HIV/AIDS? How long? - Hiện tại chị đang sống cùng với căn bệnh HIV/AIDS có phải không? Đã bao lâu rồi?
- Are you married or have a significant other? Is he/she aware of your HIV/AIDS status? Does he/she have HIV? What is his/her occupation? - Chị đã lập gia đình chưa hay hiện nay chị đang ở cùng với ai? Người đó có biết về tình trạng HIV/AIDS của chị không? Người đó có HIV không? Người đó hiện đang làm nghề gì?
- Do you have children? How old are they? Are they HIV positive? - Chị có con cái không? Các cháu bao nhiêu tuổi rồi? Có cháu nào bị dương tính với HIV không?
- Were you born in Da Nang? If not, when and why did you move here, where were you born? - Chị sinh ra ở Đà Nẵng có phải không? Nếu không phải, thì chị từ nơi nào đến và chị sinh ra ở đâu, lý do vì sao chị lại chuyển đến đây?
- What do you consider your primary occupation? - Chị coi nghề nghiệp chính của mình là gì?
- Was anyone else helping to support you financially? - Có ai nữa giúp đỡ chị thêm về mặt tài chính không?
- Who is living in your home? - Có ai nữa sống trong nhà chị?
- What is your highest completed level of education? - Trình độ học vấn cao nhất của chị là gì?
- Do you know how you acquired HIV? - Chị có biết chị bị mắc HIV như thế nào không?

##### *Knowledge of HIV/AIDS and STI - Kiến thức về HIV/AIDS và bệnh truyền nhiễm qua đường tình dục*

- Before contracting the disease, did you know what HIV/AIDS was? - Trước khi bị mắc bệnh này, chị có biết gì về HIV/AIDS không?
- Do you know different way how you can contract HIV/AIDS? How? - Chị có biết những con đường khác đã làm chị bị mắc HIV/AIDS không? Như thế nào?
- Where did you learn about HIV/AIDS? - Chị biết được về HIV/AIDS ở đâu?
- How many times have you been tested for HIV/AIDS? - Chị đã được kiểm tra về HIV/AIDS bao nhiêu lần rồi?
- Have you ever been tested for STI? - Chị đã bao giờ được kiểm tra về bệnh truyền nhiễm qua đường tình dục chưa?

##### *Community Outreach - Sự tham gia của cộng đồng*

- Have you ever received free condoms? - Chị có được nhận bao cao su không mất tiền không?
- Where do you access the free condoms? - Chị được nhận bao cao su ở đâu?
- Who knows that you have HIV/AIDS? - Có ai biết là chị mắc bệnh HIV/AIDS không?
- What types of educational programs have been given to you? - Chị đã được nhận chương trình giáo dục gì?

##### *Treatment - Việc điều trị*

- Are you currently receiving free treatment for HIV/AIDS? - Có phải bây giờ chị đang điều trị không mất tiền về bệnh HIV/AIDS có phải không?
- How long have you been living with HIV/AIDS? - Chị đã sống với bệnh HIV/AIDS được bao lâu rồi?
- Why did you go and get tested? - Vì sao chị lại đi kiểm tra bệnh?
- Are the treatments easily accessible? - Tiếp cận việc điều trị bệnh có thuận lợi không?
- Do you know the name of your treatment? - Chị có biết tên gọi của việc trị bệnh của chị không?
- Now that you know you have HIV/AIDS, are you more or less likely to use a condom? - Nay chị biết là chị có HIV/AIDS trong người, vậy thì chị sẽ dùng bao cao su nhiều hơn hay ít hơn?
- Do you feel you face discrimination because of your HIV/AIDS status? - Chị có cảm thấy là chị bị miệt thị vì chị ở tình trạng có HIV/AIDS không?

- Are you afraid of losing your job? - Chị có sợ bị mất việc không?
- How is your health? - Tình hình sức khỏe của chị hiện nay như thế nào?

### Questions for Prostitutes - Câu hỏi dành cho gái mại dâm

#### *Socio-demographic Characteristics - Đặc điểm xã hội-dân số*

- How old were you when you first began working as a prostitute? - Bao nhiêu tuổi thì chị bắt đầu hành nghề là gái mại dâm?
- How you ever been arrested for prostitution? - Chị đã bao giờ bị bắt vì lý do là gái mại dâm chưa?
- Are you always paid in money? - Chị thường được thanh toán tiền chứ?
- What else are you paid with? - Ngoài ra chị còn được nhận gì nữa không?
- Typically how much money do you make in one week working as a prostitute? - Thông thường thì chị làm được bao nhiêu tiền trong một tuần khi chị là gái mại dâm?
- Do you consider prostitution your primary occupation? - Chị có coi nghề gái mại dâm là nghề nghiệp chính của chị không?
- Why did you become a prostitute? - Vì sao chị trở thành gái mại dâm?
- Were you concerned about contracting HIV/AIDS while working as a prostitute? - Chị có quan tâm đến việc là mắc bệnh HIV/AIDS khi chị hành nghề gái mại dâm không?
- Have you ever known another prostitute who had HIV/AIDS? - Chị có biết các gái mại dâm khác hiện đang mắc bệnh HIV/AIDS không?

#### *History of Sexual Practices - Quá trình hành nghề gái mại dâm*

- While having sexual relations with casual clients, approximately what percentage of time did you use a condom? - Trong khi có quan hệ tình dục với khách vãng lai, ước tính khoảng bao nhiêu phần trăm thời gian là chị sử dụng bao cao su?
- While having sexual relations with regular clients, approximately what percentage of time did you use a condom? - Trong khi có quan hệ tình dục với khách quen, ước tính khoảng bao nhiêu phần trăm thời gian là chị sử dụng bao cao su?
- While having sexual relations with a significant other, approximately what percentage of time did you use a condom? - Trong khi có quan hệ tình dục với một khách hàng có ý nghĩa khác, ước tính khoảng bao nhiêu phần trăm thời gian là chị sử dụng bao cao su?
- What are some reasons why you wouldn't use a condom? - Có những nguyên nhân gì khiến chị không dùng bao cao su?
- Have you ever knowingly had sex with an intravenous drug user? - Có khi nào chị biết là chị có quan hệ tình dục với người tiêm chích không?
- Have you ever knowingly had sex with an HIV positive customer? - Có khi nào chị biết là chị có quan hệ tình dục với khách hàng đang bị dương tính về HIV không?
- Approximately how many different sexual partners did you have per week? - Ước tính là chị có khách hàng hoạt động tình dục bao nhiêu lần trong một tuần?
- Did your significant other know that you were a prostitute? - Chị có người nào quan trọng với chị biết rằng chị là gái mại dâm không?
- How many years have you been working as a prostitute? - Chị đã hành nghề gái mại dâm bao nhiêu năm rồi?
- Did you continue working as a prostitute after contracting HIV/AIDS? - Chị có tiếp tục hành nghề gái mại dâm sau khi chị đã bị nhiễm HIV/AIDS không?

#### *History of drug use - Quá trình của tiêm chích ma túy*

- Have you ever used intravenous drugs? - Anh/Chị đã tiêm chích bao giờ chưa?
- If so, how long have you been using intravenous drugs? - Nếu có, thì anh/chị đã tiêm chích từ bao lâu rồi?
- Are you currently using intravenous drugs? - Hiện nay anh/chị còn tiêm chích không?
- Have you ever shared needles? - Anh/chị có bao giờ sử dụng chung tiêm chích không?
- Is intravenous drug use common among prostitutes? - Có phải tiêm chích là phổ biến trong mại dâm phải không?

### Questions for Intravenous Drug Users - Câu hỏi dành cho người tiêm chích ma túy

*Socio-demographic Characteristics - Đặc điểm xã hội-dân số*

- How old were you when you first began intravenous drugs? - Anh/Chị bao nhiêu tuổi khi bắt đầu tiêm chích ma túy?
- Are you still using intravenous drugs? - Hiện nay anh/chị còn tiêm chích không?
- Have you ever been arrested for drugs? - Anh/chị đã từng bị bắt vì việc tiêm chích không?
- How do you financially support your addiction? - Anh/chị có tiền chi cho việc nghiện ngập tiêm chích của mình không?
- Typically how much money do you spend in one week on drugs? - Anh/chị dành khoảng bao nhiêu tiền trong một tuần cho việc sử dụng chất nghiện hút ma túy?
- Why did you begin intravenous drugs? - Vì sao anh/chị lại tiêm chích ma túy?

*History of drug use - Quá trình sử dụng chất ma túy*

- Were you concerned about contracting HIV/AIDS when you first began injecting? - Anh/Chị có quan tâm đến việc mắc bệnh HIV/AIDS không khi anh/chị bắt đầu tiêm chích?
- Have you ever known other drug users who had HIV/AIDS? - Anh/Chị có biết là những người tiêm chích khác đã bị mắc bệnh HIV/AIDS không?
- Have you ever shared needles with anyone? - Anh/Chị có dùng chung tiêm chích với người khác không?
- Is intravenous drug use common among your friends? - Có phải việc tiêm chích là phổ biến trong số các bạn bè của anh/chị không?
- Have you ever received clean needles? If yes, are they easy to access? - Anh chị có bao giờ được nhận kim tiêm sạch sẽ không? Nếu có, những kim tiêm sạch sẽ này có dễ nhận không?

*History of Sexual Practices - Quá trình hành nghề mại dâm*

- Have you ever had sexual relations with someone other than your significant other? - Anh/chị có quan hệ tình dục với những người khác ngoài người quan trọng của mình không?
- Have you ever had sex with a prostitute? - Anh/Chị đã bao giờ có quan hệ tình dục với người làm mại dâm không?
- Before discovering you had HIV/AIDS how often did you use a condom? - Trước khi phát hiện là anh chị mắc bệnh HIV/AIDS thì anh/chị có hay dùng bao cao su không?
- After discovering you had HIV/AIDS, how often did you use a condom (with significant other or prostitute)? - Sau khi phát hiện rằng anh/chị mắc bệnh HIV/AIDS, thì anh/chị còn hay dùng bao cao su không? (với gái mại dâm/ hay người quan trọng của mình)
- What are some reasons why you wouldn't use a condom? - Những nguyên nhân gì khiến anh/chị không dùng bao cao su?
- Have you ever knowingly had sex with another intravenous drug user? - Anh/chị có biết rằng anh/chị đang có quan hệ tình dục với người tiêm chích không?
- Have you ever knowingly had sex with someone who was HIV positive? - Anh/Chị có biết rằng mình đang có quan hệ tình dục với người có dương tính về HIV không?
- Approximately how many different sexual partners have you had? - Ước tính khoảng bao nhiêu những người bạn tình khác mà anh/chị đã có quan hệ?
- Did your significant other know that you had sexual relations with a prostitute? - Những người thân hay quan trọng với anh/chị có biết là anh/chị đã có quan hệ tình dục với người hành nghề mại dâm không?

## *Appendix C*

### **Contacts**

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