HIV Vulnerability Mapping: Highway One, Viet Nam
HIV VULNERABILITY MAPPING: HIGHWAY ONE, VIET NAM

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FOREWORD

In collaboration with national AIDS authorities in countries of the Greater Mekong Subregion (GMS), the UNDP South-East Asia HIV and Development Project (UNDP-SEAHIV) has conducted mapping assessments of HIV vulnerability as it relates to mobile populations of the GMS area. This Viet Nam assessment is part of that process.

This publication affords the reader a wealth of qualitative information on the movements and behaviours of those frequently travel through Highway One and the people they interact along the way by presenting a broad array of informant interviews which are excerpted in the report.

The UNDP-SEAHIV would like to thank: the Northern provinces team and its leader, Dr. Vu Tuan Huy; the Southern provinces team and its leader, Mr. Do Van Binh; the National AIDS Bureau, with special thanks to its director, Professor Chung A as well as to Dr. Nguyen Duy Tung; UNDP Viet Nam Country Office, especially its HIV Focal Point, Jean-Pierre Bardoul; and Mr. Jamie Uhrig, UNDP-SEAHIV consultant. Their collaboration in undertaking this mapping assessment has contributed to a better understanding of HIV vulnerability along Highway One covering the northern, central and southern regions of Viet Nam.

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EXECUTIVE SUMMARY

A rapid assessment of factors related to HIV vulnerability on several major transport routes in Viet Nam was conducted in late 1999. Research teams composed of members of the National AIDS Bureau and social scientists who studied hot spots of HIV vulnerability in eight provinces. Principal findings include:

1) Hot spots of HIV transmission risk activity and vulnerability are located on major transport routes all along the country. They are easily identified.

2) Many of these hot spots are near provincial or national borders or river and sea ports where land and water transport routes converge. They offer food, drink, accommodation and sexual services as well as safe places to park vehicles loaded with goods.

3) Hot spots fluctuate in degree of activity; new hot spots develop as others are being suppressed. Suppression leads to hot spots being formed on the other side of borders or to services being offered in more clandestine ways that may increase HIV vulnerability.

4) Men involved in transport engage in unprotected sex along major transport routes. Both short and long distance truck drivers and their assistants buy sex. Small vehicle drivers also buy sex and motorcycle-taxi (xe om) drivers know much about the sex industry.

5) Women who provide sexual services for the men are both local women and those from other areas, but they are much less mobile than the men.

6) Men control condom use in sexual encounters. Decisions on condom use are influenced by perceptions of health based on manners and appearance. Alcohol is recognized by many people to play a major role in increasing risky behaviour among men, especially younger men.

7) Some local transport workers in the north and some northern long distance truck drivers inject opiates. Some women sex workers or their regular partners in the south inject drugs. Men who share needles and have unprotected sex while traveling along major transport routes have the potential to accelerate Viet Nam’s HIV epidemic dramatically.

Programme recommendations include:

Central Viet Nam is so narrow and the hot spot stopping places are so well known among transport workers that it is possible to reach every north-south long distance transport worker by selecting strategic hot spots in central Viet Nam for HIV prevention.
activities. Hot spots beyond the urban poles of Hanoi and Ho Chi Minh City should be chosen for programmes on the basis of both volume of sexual activity and volume of traffic. Activities should be coordinated with programmes across provincial and national borders.

Community based programmes on the ‘Doc Mieu’ model should be implemented through partnerships between Provincial AIDS Committees and commune level staff. These programmes should involve members of the community who already have contact with and provide services to transport workers such as restaurant staff and motorcycle-taxi drivers. Interpersonal communication rather than mass communication should be used. Interventions should focus on appropriate alcohol use and safe sexual behaviour more than on safe injecting in most sites.

Funders of road and bridge building projects and the beer industry should also fund prevention activities. Brothel based sex workers need special programmes.
INTRODUCTION

Rapid assessments to map HIV vulnerability on major transport routes in several South-East Asian countries were commissioned by the UNDP South-East Asia HIV and Development Project in late 1999 to determine the factors leading to such vulnerability and to identify opportunities for prevention programmes. The present study was commissioned in 1999 by the Technical Support Group for the UNDP South-East Asia HIV and Development Project in Viet Nam led by the National AIDS Bureau.

The vulnerability of migrants in Viet Nam to HIV infection is well recognized. A discussion paper: “The Dynamics of Internal Migration in Viet Nam” published by UNDP in 1998, and the recent “Poverty in Ho Chi Minh City” participatory poverty assessment published by Save the Children, both outline clearly how migration and poverty interact in these locations to increase HIV vulnerability. People who move are more vulnerable than those who are settled.

This study proceeds beyond such established truths to examine vulnerability among people who move along major transport routes and those who provide services to them along these routes. There have been very few research studies or HIV prevention projects implemented along transport routes in Viet Nam.

There are however a few notable exceptions listed below:

- Provincial AIDS Committees in several provinces have been working with two international non-governmental organizations to develop projects in central Viet Nam and in other border communities.

- The Provincial AIDS Committees of the central Vietnamese provinces of Quang Tri, Thua Thien Hue, Danang and Quang Nam along Highway One have implemented activities to prevent HIV transmission among long and short distance truck drivers who travel along this narrowest part of the country and the people who provide services to them. Needs assessment reports on the vulnerability of truck drivers and women along this route have been published and widely disseminated. Community based interventions have been implemented in the four provinces and trucking company-based peer educators have been trained. A recent midterm review found high-quality, well-focused education materials had been developed and community based activities were very promising.

- The Provincial AIDS Committees of the southern province of Tay Ninh and the central province of Quang Tri have also developed interventions at two border areas since 1997. However, baseline assessment reports have not yet been released for public distribution and there have as yet been no evaluation reports published.
A recent critical analysis of the activities of this project found that few activities have been implemented. These activities are funded by Family Health International and supported by CARE International in Vietnam.

- The National AIDS Bureau implemented a rapid assessment study of fishermen and inland waterway sailors in 1998, but a final report has not yet been released for public distribution. This work was supported by UNICEF. An assessment of vulnerability to HIV infection was also conducted in the southern Mekong Delta province of Can Tho in 1998. This study identified hot spots and was implemented by the Provincial AIDS Committee and the Population Council. No programmes based on these research studies have yet begun.

A rapid assessment of HIV vulnerability and mobility in Savannakhet province of Lao People’s Democratic Republic bordering Vietnam was conducted and reported by UN agencies in 1998. Other border area interventions are being implemented in southern Vietnam with support from CARE but reports are not yet available.


METHODS

Two teams of four male researchers each were formed to conduct this study. Each team was composed of two members of the National AIDS Bureau and two social scientists, one of whom was designated team leader and who authored the team’s report. The original reports were written in Vietnamese. Both are rich in data and detail, with many illustrative quotes from informants. This summary report was then drafted by an external consultant.

The terms of reference for the research teams were to:

1. Assess the most important road and river routes for people traveling to and from Cambodia, China and Lao People’s Democratic Republic.

2. Map the hot spots in both representational and narrative form on the following themes:
• goods, transport volume and flow,
• passenger volume and flow,
• stopping points,
• services available for transport employees and travelers,
• risk behaviour/factors leading to vulnerability,
• sexually transmitted disease prevalence, HIV prevalence, and condom availability,
• other themes that affect risk and vulnerability.

3. Report on the findings and make recommendations for effective programmes in the context of the communities the mobile population come into contact with.

The division of the country into northern and southern sectors for the convenience of two research teams was arbitrary. The most important transport routes were chosen jointly by the National AIDS Bureau, Technical Support Group members, and the external consultant. Criteria included the volume of crossborder and interprovincial traffic, plans for road upgrading, intersections of land and water transport routes, and connections with routes being studied in neighbouring countries. Highway One was chosen as the main route studied as it has national significance as well as trade and transport functions. The following portions of Highway One were selected for the given reasons:

• Lang Son and Bac Ninh provinces: contain one of the two major northern transport routes to and from China and have experienced epidemics of injecting drug use and HIV infection in the last five years.

• Quang Binh and Quang Tri provinces: all north-south traffic must pass through these two areas. Highway Nine to Lao People’s Democratic Republic also begins in Quang Tri. However, only the border post at Lao Bao was studied as reports on this highway supported by CARE are forthcoming.

• Tien Giang and Dong Thap provinces: it form a belt southwest of Ho Chi Minh City through which all road traffic to and from the Mekong Delta must pass. River routes to and from Cambodia were not chosen as this traffic was studied in 1998 by the National AIDS Bureau. However river/road termini were investigated.

• Dong Nai province: it is on the main north-south route. It is also traversed by the main highway from the seaport of Vung Tau to the Cambodian border which is being upgraded. It has significant HIV infection due to injecting drug use.

• Khanh Hoa province: it has one of the oldest bloodborne HIV epidemics in the country and is a well known major stopping point for north-south traffic.
The two teams used a wide variety of traditional and participatory methods in collecting data. Most of them are presented in the team reports and outlined in “Guidelines for Rapid Applied Research on Mobile Populations for Planning and Implementing STD/HIV/AIDS Prevention and Care”.

Maps of the provinces and hot spots drawn by the two teams are included as part of this report.

### SUMMARY OF FINDINGS

#### A. Northern Assessment

The northern rapid assessment team worked south from the Chinese border with Viet Nam to survey four provinces – Lang Son, Bac Ninh, Quang Binh and Quang Tri. It identified and studied two hot spots in each province except for Quang Tri where it selected three. The team found significant differences between provinces. Drug use is the overwhelming cause for HIV in Lang Son and Bac Ninh but not in Quang Binh and Quang Tri where commercial sex is the main cause. Both Quang Binh and Quang Tri have comparatively low HIV prevalence despite strong, relatively open commercial sex industries. If drug-associated HIV is abstracted from the Lang Son and Bac Ninh data, their HIV prevalence would be in line with the more southerly provinces, see table.

<table>
<thead>
<tr>
<th>Province</th>
<th>Cumulative HIV/AIDS cases (new cases as of September 1999)</th>
<th>from drugs (per cent)</th>
<th>from sex (per cent)</th>
<th>sex only (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lang Son</td>
<td>662 (120 in 1999)</td>
<td>90</td>
<td>10</td>
<td>66</td>
</tr>
<tr>
<td>Bac Ninh</td>
<td>222 (113 in 1999)</td>
<td>90</td>
<td>10</td>
<td>22</td>
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<tr>
<td>Quang Binh</td>
<td>14</td>
<td>–</td>
<td>100</td>
<td>14</td>
</tr>
<tr>
<td>Quang Tri</td>
<td>17</td>
<td>–</td>
<td>100</td>
<td>17</td>
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Apart from this overwhelming difference, it was noted the clear correlation of varying intensity of traffic flows and general mobility of the population are key factors for HIV transmission. Hence Lang Son with the greatest traffic density/mobility indices has the most HIV infections, followed by Bac Ninh, Quang Tri and Quang Binh. Within this pattern alcohol consumption and drug use greatly increase the risk.
As countermeasures, it is recommended that better control of and outreach to migrants and transport workers, participation of local communities in these activities and capacities of the local and provincial Committees to Fight and Prevent HIV/AIDS be improved. Summaries of the provincial findings follow:
I. Lang Son Province

This mountainous province borders Guangxi province in China. Important road (Highway One) and rail links with China run through it. Lang Son town, the provincial capital, oversees most of this trade while Dong Dang townlet, some 15 kms to the north is the departure point for three border crossings. These are Huu Nghi, the main transit point about 3 kms from Dong Dang, Cong Trang about 1 km distant, and Tan Tanh, some 40 kms away. Huu Nghi is strictly controlled by the authorities but the other two crossings are much more relaxed.

The team selected Dong Dang townlet and Dong Kinh Market in downtown Lang Son as its two study sites. Its general impression was of wealthy, bustling communities that have attracted large migrant populations of mainly motorcycle-taxi drivers, petty smugglers and porters. However, the combination of easy wealth and
population movement has also given rise to gambling, drug abuse and commercial sex industry. The authorities have consequently launched suppression, education and health programmes to counter the trend.

Apart from purely local commerce, the communities exist to serve the many hundreds of trucks and buses that pass through the province each day to and from China. Most of the traffic is on a badly deteriorated Highway One which is being upgraded under World Bank and Asian Development Bank (ADB) auspices. It was unclear whether the projects include HIV/AIDS mitigation programmes for their workers.

State-owned road transport is tightly regulated, hence most road traffic is privately owned. Very often, whole families travel on their trucks with their goods. At stops, the wives may help their husbands sell the goods besides preparing food. Such trucks frequently stay in the area for a few days until they can pick up a return cargo. In the meantime, they may perform short-haul services within the province.

“On average, every day and night, more than 100 trucks go back and forth through Huu Nghi. At Tan Tanh, the number of trucks is even higher with over 200 per day. Trucks come here from all provinces. They often stop for a rest at Giap Bat, Hanoi, or at Dong Kinh in Lang Son. The trucks that stop at Huu Nghi and Tan Tanh wait one or two nights to load goods. The other side of the border on Chinese territory has large parking lots where both Vietnamese and Chinese trucks wait to deliver and load their goods. That’s where most of the brothels are. They operate openly and mostly serve the drivers. On this side, the number of commercial sex workers who are dependent on drugs is very small.”

– Hanoi-Lang Son truck driver, 32 years old

1. Dong Dang

This town’s location at the hub of three border crossings makes it a natural site for dividing and consolidating cargo into and out of China. However, of the hundreds of trucks that pass through each day, relatively few stop overnight largely because the cargo handling activities are mainly related to petty smuggling of goods by foot across the border rather than legal traffic by road. The community therefore has a very high proportion of mobile workers. These include the young, strong porters who carry goods across the border, service providers such as tailors and food vendors and traders who deal in the smuggled goods. These activities support a thriving local transport system consisting of motorcycle-taxis and minibuses. Most of their passengers carry contraband.
This profile means that Dong Dang has a large number of young people who are drug dependent. Most of the hired porters are drug dependent. Government intervention has reduced the ratio of drug dependency considerably, but the number of people who succeed in giving up is still very low. The team found the ratio of HIV-infection among drug dependents to be quite high. Some 42 drug dependents had been arrested in the first nine months of 1999. The town has 117 drug dependents of whom 28 have contracted HIV due to their drug use. In the opinion of a local People’s Committee cadre, drug use is a factor for HIV/AIDS risk. He believes that the underlying cause of drug dependency derives from the fact that it is easy to earn money in Dong Dang while it is also easy to purchase drugs.

“The ratio of drug dependents in Dong Dang is high. Most of them are young people in the area – motorbike-taxi drivers, hired porters. The social situation is complex because of the gathering here of people from all over the country. The more easily they earn money, the more they have a tendency to make frequent contact with drug dealers through the Chinese border.”

– Minibus driver, 50 years old, five years of service

Dong Dang also has a commercial sex industry, usually disguised as hair-dressing or waitresses in refreshment or karaoke bars. Control is difficult as the sex workers can easily cross the border at Cong Trang only one kilometre away during crackdowns. Others also work at the Huu Nghi and Tan Tanh crossings. Their clients are usually hired porters, teenagers from rich families and motorcycle-taxi drivers. As with drugs, the ready availability of money and the fact that migrant workers are away from their families contribute to their lifestyles.

However, the sex trade was worse across the border and in Lang Son town. In addition, vigorous public education campaigns by local authorities against drug abuse and the commercial sex industry appear to be having some effect. The sex industry is now more discreet. People are also now aware of the risk that needle sharing or commercial sex pose for HIV-infection.

“After unloading goods, I promptly drive back to Lang Son for a rest, waiting for the loading of goods to return to the south. In case the discharge of goods has not yet been carried out, I sleep in the truck to guard the goods and I dare not go anywhere. Here, to go out at night is dangerous. Since 1995, I have carried goods to Lang Son twice or three times a month. But I have never looked for commercial sex workers here because the area is such a mixture. On the way to Lang Son or back home I have sometimes frequented them.”

– Truck driver from Dong Nai province in the south
2. **Dong Kinh Market area**

The Dong Kinh market is at the centre of Lang Son. It has three main truck parks at which up to 100 trucks park overnight. People from many parts of the country congregate in the area; some even lodge here. Apart from vendors, porters and motorcycle-taxi drivers, many petty smugglers frequent the area. One consequence of this is that gambling among drivers, truck crews and merchants is a common pastime. Drug abuse is also common. Almost all the drivers frequent brothels because they earn much money from transporting contraband while living far away from their wives and families.

As at Dong Dang, there appears to be a correlation between drug dependency and HIV, the area has over 70 HIV-positive people. Similarly, most commercial sex workers pose as waitresses or hair-dressers. However, the number of restaurants and karaoke parlours offering such services has declined since 1998 when the Provincial People’s Committee decreed that only Lang Son girls could work as waitresses.

> “My family lives in Lang Son so in order to avoid discredit I dare not frequent commercial sex workers here. But sometimes, after crossing the border at Tan Tanh, I look for commercial sex. Vietnamese commercial sex workers are numerous over there. There are also Chinese girls.”
> – Minibus driver in Lang Son

There is strong awareness among local residents of the association between drug abuse, commercial sex and HIV transmission. Public education programmes by local authorities since 1998 have greatly enhanced HIV prevention. However, this may be more effective among Lang Son residents than mobile workers, especially if they are young single men and drinkers. While married men must ponder the consequences of their actions, single ones need not.

> “On average I make two trips between Qui Non and Lang Son each month. I earn about 1 million dong a month but I have to work very hard. Years ago I sometimes frequented commercial sex workers. But for a year now I have stopped. AIDS is rife and I dare not act rashly. There would be no serious problem if I were infected with HIV alone. But it would be a great misery if the disease was transmitted to my family.”
> – Truck driver from Binh Dinh province

> “Young drivers always act very rashly. Very often, drunken drivers use no condoms.”
> – A Lang Son motorcycle-taxi driver, 30 years old
Although several interviewees compared the Lang Son drug and commercial sex situation, there was ample evidence of vigorous attempts by the authorities to reduce associated HIV/AIDS infections. Such activities include public education campaigns, medical services and counseling.

As of September 1999, three per cent of those tested in Lang Son were HIV positive. Almost 80 per cent of these were aged 20-29, 7.6 per cent aged 13-19, and the remainders aged 30-39. There was only one case who was over 40 years of age. Most HIV positives are men. The cumulative number of HIV cases in this province is 679 cases from all districts, towns and villages. Among military recruits, there were 12 HIV positives in 1998; by September 1999, there were 22 HIV positives.

To response to this situation, the province has a public education campaign which included 18 TV programmes, 37 radio broadcasts and 10,000 participants in AIDS mitigation seminars in the first nine months of 1999. Schools have been sensitized and the provincial Committee to Fight and Prevent HIV/AIDS has distributed awareness raising material.

The provincial hospitals provide medical care and treatment for all HIV/AIDS patients without discrimination. District hospitals have their own AIDS care programmes. Medical cadres working with AIDS patients are covered by specific Ministry of Health circulars. Equipment such as antiseptics, gloves, gauze masks, testing instruments, AZT, and medicines for opportunistic infections are distributed to the hospitals.

Clear policy instructions have been issued that all blood for transfusion must be screened for HIV, all health units must sterilize all their equipment in line with Ministry of Health requirements and vaccination needles may be used only once.

The ratio of people who receive community care and counseling services is still low and of only moderate quality. However, many provincial organizations have been mobilized to provide such care including the Preventative Health Centres, TB Hospital, Contagious Diseases Service of the provincial general hospital, and the Centre to Fight and Prevent Social Evils. Counseling is often interrupted when patients fail to return. However, booklets for frequent health follow-up have been issued to 261 people and at least 70 people are receiving HIV/AIDS education at home.

Constraints faced by the medical authorities include only four hospitals equipped with blood screening instruments, problems with taking blood samples from commercial sex workers, and shortages of equipment for people working with HIV/AIDS. Community care is hampered by the limited capability of the cadres in charge and the reluctance of some infected people to contact them. Moreover, drug dependents and casual labourers move often and are therefore difficult to contact.
“Here, the risk of HIV infection comes from drug abuse. There are only a few drug-dependent drivers. Drug dependents consist mainly of hired porters and adolescent children of wealthy families. The good management of drug dependents will reduce the ratio of people infected with HIV.”

– Motorcycle-taxi driver, 28 years old

II. Bac Ninh Province

This province lies immediately south of Lang Son and east of Hanoi. Created only in 1997 in the Red River delta, its traditional folk arts, crafts, festivals and culture attract tourists from all over the country. Main access is via Highway One or rail.

Map of Bac Ninh Province
Due to vigorous policing, there is little overt drug or commercial sex activity in Bac Ninh. The main Bac Ninh bus station includes a truck park but few vehicles stay overnight. The area is policed at night. The Kim Chi Stop, a cluster of buildings named after its most successful restaurant, offers lodging, catering, massage services and karaoke parlours, but there is strict enforcement of Decree 87 that bans such establishments from offering commercial sex. The number of drivers visiting the area has been reduced partly due to improved road conditions that now allow drivers to continue straight through to Hanoi without stopping.

"The commercial sex industry was popular here 7-8 years ago but not in the past 5-6 years. Being threatened by administrative penalty for commercial sex activities, these restaurants dare not publicly offer such services."

- A restaurant owner

Even so, there were indications that both drugs and commercial sex are available in the area and that HIV infection is prevalent. The team came across three youths who had spent the previous night in a park adjoining the bus station where they had been approached by a commercial sex worker. The young men were poor, having left their nearby village with its large population of drug dependents to look for work.

Another indication was the presence of a massage centre opposite the Kim Chi restaurant. The owner asserted that “We provide physiotherapy to about 30-40 customers each day and are not involved in the commercial sex industry”. However, a mechanic at a nearby garage was less sure. “It is highly possible that the restaurants and hotels in the parking complex provide massage, ‘hugging-karaoke’ and commercial sex services disguised as hair-dressing”, he opined. Other informants said commercial sex was available at hair-dressers and that drivers even picked up commercial sex workers along the road and took them to a restaurant that offers rooms by the hour.

"I myself saw people using heroin in my restaurant. They were both drivers and customers. I did not know at first and was told by others. Some drivers even asked me to get drugs for them. When I refused they themselves went out to buy drugs."

- A restaurant owner

However, when long-distance truck drivers do stop at the centre, it is often just to rest for an hour or two. They then phone Hanoi to reconfirm their accommodation and arrange for such services as massage, call girls or drugs in Ha Noi.

Although most people agreed that drug abuse and commercial sex carry a high risk of HIV infection, of the 177 HIV positive people in the area, only 15 were drivers and seven were commercial sex workers.
The area’s new status as a province means that many of its administrative positions have not yet been filled. As a result, officials of the former ‘parent’ province provide their services to Bac Ninh part time. Hence although HIV/AIDS awareness in the province is strong, prevention, care and public information activities are still in their early stages.

HIV testing is provided at the Bac Ninh Clinic and Health Care Centre and at six district health centres. Counseling is also available at these centres and at the Department for Hematology. HIV/AIDS education is provided through workshops, banners, leaflets, posters and the mass media. In 1998, the Committee to Fight and Prevent HIV/AIDS organized two courses on HIV for 30 drivers each time. No mutual assistance among people living with HIV were observed.

“HIV prevalence is sky-rocketing in Bac Ninh province. This is mainly due to long distance truck drivers who are dependent on drugs on the one hand and have random sex on the other. They transmit the disease from one province to another. They badly need HIV education.”
– Motorcycle-taxi driver

III. Quang Binh Province

Located at one of the narrowest parts of Viet Nam, this province contains one of the country’s main road links with the Lao PDR to the west. It also has a road transport-based commercial sex industry that is renowned as far away as Ho Chi Minh City. Unlike the more northerly provinces, there is very little drug dependency here. Significantly, Huong Thuy has been officially recognized for its HIV/AIDS mitigation activities.

1. Huong Thuy

Huong Thuy village is situated some 100 metres from Highway One. However, it supports a string of about 40 restaurants and guest houses located along the highway. The restaurants offer food, drink and commercial sex to passing truck drivers mostly during the day. Only a few drivers stay overnight. Every day some 350-400 vehicles stop at the area. Drivers are attracted both by the reasonable prices for food and by the ready availability of commercial sex.

“In an area of about 1 km, Huong Thuy has about 30 restaurants. No karaoke services. The restaurants can serve 20-30 long distance trucks each, maybe 40 at most. In-house massage is provided on request. The masseurs are teenagers who left school early and went to Ho Chi Minh City for training. They surround drivers to offer their services.”
– Long-distance truck driver from Quang Binh
“Each time we pass by, the ‘young sisters’ rush out to block us, just like traffic police. How can you tell me not to stop?”

– A driver from Quang Nai province

The area serves fewer truck drivers now than in the early 1990s when the commercial sex industry was at its peak. Local government officials said the number of sex workers has been reduced by about 30 per cent but that their activities have become much more sophisticated. Many now rent accommodation in the nearby village and even have mobile phones. The restaurants, all of which actively support the industry as procurers, all have phones to call the girls who come on request. However, the village has also been recognized for its HIV prevention activities which have included community education, HIV tests and free condom distribution.
“We provide overnight service for sleepy drivers coming for some coffee to recover. I never refuse if they like my waitresses and need a room. If they want to go out, I only make a profit on the drinks.”

– A café owner

Many of the commercial sex workers farm or work as waitresses as well. Most come from other communes. Up to half the drivers who stop at Huong Thuy engage in commercial sex. Most are in their 20s and 30s. Only about 10 per cent of them use drugs. The activity is so open because the commune can receive advance notice of police raids on payment of a small bribe. There is strong competition among the girls to attract clients who, if they decline, are considered unlucky.

“Each household just looks after its own affairs. What’s to fear? I’ve run it for a couple of years. Inside, I have some very young sisters, just 17 years old, very skillful in pleasing. Try once, you will never forget.”

– A madam

Everyone at Huong Thuy is aware of the risks of HIV/AIDS from their behaviour. A health service official identified the area as high risk. A restaurant owner told the team, “People having sexual intercourse with commercial sex workers do use condoms. When I owned a grocery, many commercial sex workers came for these things. They took several boxes each time”. On the other hand, competition among the girls is so keen that the choice of whether to use a condom or not is usually left to the client. “I usually have condoms available but many people do not want to use them”, a commercial sex worker said. “Indeed, I know about AIDS from TV and radio and I am very afraid of it. But this is my job. I have no choice.”

“My family is too difficult. I have no choice. If I am lucky I manage to have 7-8 clients but some days I have none. Mine are mainly drivers.”

– A waitress

2. Da Nhay

This is a relatively new stop for drivers within a relatively wealthy and sophisticated community that is developing as a seaside tourist resort. About 15 small beach-front restaurants and bars offered food and commercial sex services on much the same basis as at Huong Thuy. Commercial sex at Da Nhay is offered openly, the
restaurant waitresses doubling as call girls. There is so far no drug abuse at Da Nhay nor HIV. Although girls are required to take an HIV test before being recruited, there is no medical station or pharmacist in the area. However, condoms are always available at the restaurants.

“Every restaurant is the same, the clients who want sex can ask for it. The sex workers usually come from elsewhere, not Quang Binh. Apart from this area, several restaurants about 2 kilometres from here offer the same services.”

– A restaurant owner-cum-motorcycle-taxi driver

“When having sexual intercourse, to use a condom is a must. However, for some nice client that I have confidence in, I can accept not to use it.”

– Restaurant waitress-cum-commercial sex worker

As at Huong Thuy, HIV/AIDS awareness is good, due in large part to the approach used by the area’s health workers. Realizing that the girls strongly need condoms, the health workers have taken the trouble to provide them. This approach has improved the health workers’ incomes as well as helping the sex workers. Regular contact with the sex workers has shown that the girls need 30-40 abortions a year, indicating that condoms are often not used.

Quang Binh has recently formed its provincial Committee to Fight and Prevent HIV/AIDS, the lead agency being the Preventive Health Centre. So far, of the 4,000 blood samples taken in the community and 1,000 blood samples taken from waitresses, commercial sex workers and military recruits, 14 cases of HIV have been found, four of whom have already died. Thus HIV prevalence in the province is still quite low, as is drug dependency. However, the team felt that increasing tourism, as well as the increasing mobility of the domestic population could make the situation deteriorate. This threat is being addressed by the Committee by focusing on 29 key communes in the province where public education targeted at the restaurant and bar owners and newcomers is given.

IV. Quang Tri Province

This province contains Viet Nam’s primary link with the Lao People’s Democratic Republic and, through it, the rest of South-East Asia. The link, Highway Nine, runs 97 kilometres east from the border crossing near Lao Bao to its junction with Highway One at Dong Ha. The border crossing itself, the Dong Ha Hotel area and a third point near Dong Ha at Doc Mieu are all considered high risk HIV/AIDS hot spots.
Major road improvements are being made here. However, this is the only province that has incorporated HIV prevention programmes for road construction crews. The programmes are being implemented with funding from AusAID and World Vision.

1. Lao Bao

Some 300 trucks a day, as well as other vehicles, visit or pass through Lao Bao hauling either gypsum, consumer goods or perishable food products. Although accommodation at the crossing itself is very limited, some provinces have established their own agents in the nearby town. In addition, according to a Health Service officer, “many motorcycle-taxi drivers and foreign exchange dealers wander around offering their services to both foreign and Vietnamese tourists. Lao and Thai tourists are also seen at the gate. The motorcycle-taxi drivers who always deal with female traders, and customs officers who have money but are here alone, away from their families are highly vulnerable.”
As the area is destined to become a Free Trade Zone it will develop very rapidly. About five ‘hugging’ bars have already been established and HIV has already made its appearance. However, CARE is working with the local Committee to Fight and Prevent HIV/AIDS to redress the situation. In addition to public education campaigns, they deliver condoms and video-tapes on AIDS to the bars and sponsors competitions based on understanding of HIV. The project is also training health workers, pharmacists and government officials to plan and implement HIV-related activities on a continuing basis. Libraries on HIV are being established at Lao Bao and nearby Khe Sanh.

“The risk of HIV attacks our locality through the commercial sex industry. In the town you can find five ‘hugging’ bars which provide commercial sex. The danger is however less than at the border itself where the number of commercial sex workers is increasing. Last year a Customs officer was found to be infected. He died eight months later.”

– A Lao Bao town official

2. Doc Mieu

This area near Dong Ha town has a cluster of petrol stations, restaurants, bars and rest houses. In addition to fuel and parking, it offers affordable food and drivers can relax in the restaurants after their meal without having to pay extra. The area has become very busy since 1996-1997 when the police succeeded in closing down a former hot spot in Dong Ha called the ‘Happy T-Junction’. It is thought that many of those sex workers have moved to Doc Mieu.

“Drivers like to stay here because prices of meals are cheaper than in Dong Ha and parking is more convenient. There is more chance of being fined by the police in Dong Ha.”

– Doc Mieu restaurant owner

There are eight restaurants located next to each other that offer commercial sex services. Sex workers are generally employed as waitresses. Each restaurant has 2-3 such waitresses although some restaurants do not employ them, preferring to call girls at a client’s request. The sex workers solicit quite openly, especially at night. “They often sit in the shack or in a hammock next to the road to welcome any vehicle that is passing”, said an informer. “Come here, my dear! My inn has everything to serve you with the full range of services!”

As with Lao Bao, however, Doc Mieu has already been identified as a serious hot spot. In this case, Doc Mieu was studied in 1998 as part of an
AusAID/World Vision research project to develop baseline data on road transport-related HIV in Viet Nam. Its purpose was to determine whether there is a commercial sex industry in the area and to assess the knowledge of and attitudes about HIV among the people working here, particularly waitresses, restaurant owners and long-distance truck drivers. On the basis of the research, the local Committee to Fight and Prevent HIV/AIDS has subsequently begun providing free condoms and targeted information on HIV to these groups. Some cadres of some social organizations have been approached so that HIV prevention activities have been expanded to cover all women in the commune. Everyone here consequently has a very good awareness of HIV.

“Each time truck drivers stop here to get petrol or come to trade I give them this leaflet (on HIV/AIDS) and say that it contains a lot of good things and that they should read it.”

– Restaurant and petrol station owner

“All the people in the restaurants and inns over here have been invited to go on the course to gain HIV/AIDS awareness. I have attended three times and was paid 30,000 VND each time.”

– A refreshment bar owner

“The results of this project are that waitresses are aware of HIV. The restaurant owners and waitresses have good cooperation with the project staff and comply with its requirements. Each time they have guests who are drivers and who ask for sex, they show the information materials and require their guests to use a condom.”

– A provincial Health Department officer

3. Dong Ha Hotel

This hotel is at the centre of an entertainment area in downtown Dong Ha that includes about 20 other hotels, inns, rest houses, restaurants and karaoke lounges. It is frequented by truck drivers partly because it offers good parking facilities, partly because the commercial sex services offered in the area are said to be cheaper than elsewhere, and partly because it is on the route to Cua Viet Port where gypsum from Lao Bao is unloaded. Many people who trade through Lao Bao also come here. Up to 1,000 vehicles per day travel along Le Duan Street which is part of Highway One.
“There are numerous entertainment places in this area such as karaoke and coffee shops. Sauna and massage services can be found near the Dong Truang Son hotel. Plenty of karaoke with ‘waitresses’ are located near the Dong Ha hotel. Almost all the karaoke have waitresses for ‘hugging’. Half their clients are truck drivers. The remaining people are those working for state agencies, traders with a lot of money and young people. Commercial sex workers also gather in such places.”

– A motorcycle-taxi driver in front of the hotel

The hotel is quite small, only 20 rooms, but there are usually several commercial sex workers present in the hotel at night, the team found. About 10 ‘waitresses’ also work in the hotel’s ‘hugging’ karaoke lounge. The team found the area contains about 50-70 commercial sex workers who usually come from other provinces and have protectors. Drugs are generally not used here and are difficult to find.

“Nearly all the drivers here do not use any form of drugs. Those that do are mainly from the northern provinces. They sometimes ask the motorcycle-taxi drivers to buy drugs for them but in Dong Ha there are very few places that supply them.”

– A hotel watchman

Several of the hotel’s rooms are occupied by commercial sex workers who offer their services either in their room or the guest’s. Most of the girls working in the surrounding massage and karaoke parlours and restaurants are prepared to offer commercial sex.

“Clients for massage services are mostly cadres, tourists, drivers and driver’s assistants. 90 per cent of clients going for massage have sexual intercourse. They must use condoms when having sex. In case clients do not use condoms, we do not accept them even if we are offered several times the usual price.”

– A masseuse

The team was told that activity around the hotel was less now than a few years ago. Also HIV/AIDS awareness in the area is good. The authorities distribute HIV-awareness material and there are signs up along the Dong Ha-Lao Bao road. Thus although the area is one of the major hot spots in Viet Nam there is so far only limited HIV.
“The number of HIV-infected people in Dong Ha is quite small. To implement Decree 87, all hotel and restaurant waitresses had to have blood tests but no one was found HIV-positive. Sometimes, drivers want commercial sex workers to go with them but they don’t accept.”

– A masseuse-cum-commercial sex worker, a female driver’s assistant

“The competent authorities, the AIDS Prevention Committees of the town and the province, conduct public information campaigns. Various methods are used including direct contact, radio, TV and newspapers. It is necessary to take measures to manage drug dependents and commercial sex workers.”

– A long distance truck driver, 42 years old

B. Southern Assessment

The southern team worked northwards from Tien Giang province south of Ho Chi Minh City to survey Dong Tap, Dong Nai and Khanh Hoa provinces.

While the provinces exhibited much greater homogeneity with regard to the mode of HIV/AIDS transmissions than those in the north, they also have much greater HIV prevalence. And while this is clearly correlated with population movement and the provision of transport services, the connection would appear to be more diffuse. “HIV can spread from the hot spots to the resident community and disperse rapidly to other locations. The investigated subjects have diverse relationships with many kinds of people, many of whom travel widely.”

<table>
<thead>
<tr>
<th>Province</th>
<th>Cumulative HIV/AIDS cases</th>
<th>Full blown</th>
<th>Deaths</th>
<th>Mode of transmission</th>
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</thead>
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<td>Tien Giang</td>
<td>164 (Oct 1999)</td>
<td>11</td>
<td>n.a.</td>
<td>Drugs</td>
</tr>
<tr>
<td>Dong Thap</td>
<td>261 (Nov 1999)</td>
<td>28</td>
<td>11</td>
<td>Sex</td>
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<tr>
<td>Dong Nai</td>
<td>403 (Sept 1999)</td>
<td>117</td>
<td>65</td>
<td>75% drugs</td>
</tr>
<tr>
<td>Khanh Hoa</td>
<td>636 (Nov 1999)</td>
<td>333</td>
<td>204</td>
<td>Drugs</td>
</tr>
</tbody>
</table>

Main findings were:

- Most sex workers are young girls who continuously travel from one area to another – even Cambodia – to operate so that they are effectively beyond the control of the health sector and police. There are many cases of infected sex workers who disappear immediately once discovered. Most do not routinely use condoms.
Map of Southern Viet Nam
• The sex workers’ customers include drivers and truck crew, boatmen, sailors, construction workers and officials on business trips. Many of these people travel widely. Most do not routinely use condoms.

• Most people fear infection with HIV and want to avoid it. But financial pressures, drunkenness, drug use and the mistaken assumption that a healthy looking person will not be infected often override the fears. In addition, familiarity with the situation tends to breed indifference to it.

• Efforts to prevent HIV have had limited success and illicit sexual activity and drug injecting “is nearly out of control”.

• More effective measures are required but are constrained by lack of coordination and cooperation among the concerned agencies and by lack of budget.

• Attention should be given in the short term to peer education among high risk groups and to focus public education for the main client groups. In the long term, much more vigorous measures need to be taken to address the underlying moral issues surrounding drug dependency and the commercial sex trade.

I. Tien Giang Province

This Mekong Delta province near the southern end of Highway One is largely agricultural. However, it has one large town, My Tho, a fishing port on one of the mouths of the Mekong and an important terminus for trucks in Cai Be district on the My Thuan River.
1. **My Tho fishing port**

The port serves 15-20 fishing boats whose 8-12 crew members per boat unload their catches here after trips lasting several weeks. Most crew live in My Tho with the rest coming from neighbouring provinces. The port had been operating only six months at the time of the team’s visit in November 1999. However, its director had already spoken to many crew members about sex matters. He told the team that most crewmen go straight home after finishing work. “They are afraid of falling ill with sexually transmitted diseases when they are at sea when no medicines are available”, he said. “They may also be fired if the boat’s owner detects their condition. Furthermore, they do not have a lot of money because the boat owners control their salary. They are usually advanced only a small amount of money that is enough for them to buy a few bottles of beer.” The boat owners and crewmen confirmed this account.

> “My boat has about 20 crew members ranging in age from 18-25. About half of them are still single. Each fishing trip lasts about 20 days followed by 10 days in port. When the boat is in port, the married crew members usually go home while the single ones stay on the boat with my family. They only go ashore for a drink now and then. I’m sure they can’t go with commercial sex workers because I control their money. How can they have sex with those girls without money?”
>
> – A female boat owner, 40 years old

> “Upon landing, after finishing all my work, I ask my boss to give me some money and then I promptly go home to see my family. It is very hard to earn money from this occupation. Although I am often far from home for a long time, I dare not be burdened with those girls and furthermore if I contracted AIDS I would wait for nothing except cement (for the grave).”
>
> – A crewman, 28 years old, at sea 10 years, married with two children

Even the truck drivers who carry the catch to market have little opportunity to visit sex workers as raw, perishable fish must be delivered to market on time. However, the team was able to find some evidence of commercial sex activity. A motorcycle-taxi driver told them, “Crewmen sometimes hire us to take them to look for commercial sex in other places. But they risk not getting back to their boats when they do this. When they’re drunk how can we know whether they use condoms or not?”

2. **Binh Duc port**

This commercial port outside My Tho serves deep sea cargo vessels and tour boats. The team found a lot of karaoke inns, small restaurants and coffee shops clustered just outside the port, as well as another group of 5-7 bars about 1 kilometre from the port
both of which clearly offer commercial sex. Due to the relatively cheap prices at the second location it is patronized mainly by long distance truck drivers. The team was told the crew of the foreign vessels hire call girls direct from Ho Chi Minh City.

3. **My Tho area**

The team visited truck stations on Ly Thuong Kiet and Ngo Quyen streets and noted many restaurants, karaoke lounges and ‘hugging’ coffee shops along the three-kilometre road linking My Tho with Highway One and in My Tho generally, many of them offering ‘disguised’ commercial sex. Even though the Tien Giang and My Tho City authorities have strict controls, there still exist popular bars, restaurants, karaoke lounges, coffee and massage shops where girls are supplied to clients. Commercial sex workers (waitresses) are ready to go to lodging houses with their clients. Hotels, especially private ones, are usually the ‘destination’ of these deals. Most clients drink alcohol. Use of condoms depends on the client. The potential risk of HIV/AIDS infection and transmission therefore still exists.

4. **Cai Be district**

At Chau Thanh and Cai Lay districts where, due to strict control by the local authorities, there were no signs of commercial sex activity. Even motorcycle-taxi drivers knew of no local places. Cai Be, however, where trucks wait to load agricultural goods from boat to truck for transport to the north and where a new bridge across the My Thuan river is being built, was dramatically different. Up to 60 trucks can be found at the Van Cang T-junction when there is plenty of produce to haul.

> “On the way to Cai Be and at this T-junction from 6 pm onwards, commercial sex workers often go to coffee shops along the road to solicit clients. These girls’ ‘bait’ are usually truck drivers. Local people often call them ‘parachute girls’.”

– A community head

The girls often take their clients to gardens at the back of the premises or to rooms on the premises. Most drivers use condoms, even refusing those made in Viet Nam because they are easily torn. The girls themselves believe there are more commercial sex workers in this area than in My Tho. Clients are often asked to use condoms of which limited quantities are supplied to the girls. However, they had limited awareness of HIV because “if the clients are polite and decent, we are sure they have not contracted the disease and we are therefore not afraid”, the girls said.

Construction of the My Thuan bridge began in 1997. Around 400 construction workers aged 25-35 now live on the northern (Cai Be) bank. About a third of these workers have brought their families with them, but the rest live on their own. The team
found that commercial sex was in strong demand among the single workers who typically cross the river to Vinh Long province where controls are less strict than in Tien Giang. They generally cross on pay days and Saturdays to visit karaoke lounges. They usually use condoms supplied by the shop owners or girls, but if they prefer not to, the girls still accept them. Another source of casual sex is a coffee shop that organizes musical concerts on Saturdays. Workers can meet local girls at the concerts who sometimes agree to have sex. The intensity of sexual activity in Cai Be district assured the team that there is a fast-moving HIV epidemic based around Highway One. However, it can be assumed that activity at the bridge site will cease once the bridge is completed. Based on experience elsewhere, once the bridge is open it could also greatly reduce activity at the Van Cang T-junction.

The Tien Giang Provincial Party Committee had persuaded the police and the Committee to Fight and Prevent Social Evils to crack down strongly on behaviour deemed to promote HIV. The province has issued strict regulations in respect of the activities of restaurants, hotels, especially karaoke shops and ‘hugging’ beer shops. This policy has created a deep impression on Tien Giang people and those who have come here. In the province there is no open commercial sex industry. Most HIV transmission is associated with drug use in My Tho. The policy has not achieved complete success, however, so that there are still “underwaves of sexual evils secretly happening”. However, there is no clear evidence on the risk of HIV infection through sexual transmission in this province.

II. Dong Thap Province

This province, also in the Mekong Delta and hence mainly agricultural, borders Cambodia with which there is both legal trade and smuggling. The goods feed into Highway One via provincial highways. Officials said that most commercial sex workers in the province are restaurant waitresses. About half come from outside the province. About 32 sex workers have tested HIV positive between 1993-1999. Most cases occurred in the two years 1994 and 1995. Most HIV positive commercial sex workers have worked in Cambodia. When sex workers contract sexually transmitted diseases they prefer to see private doctors where their condition is kept confidential. If they discover the doctor is cooperating with the provincial Committee to Fight and Prevent HIV, they will never consult him again. Therefore some doctors are reluctant to cooperate with the Committee.

1. Cao Lanh

Those in Cao Lanh were the truck station, a number of ‘hugging’ beer shops on the approach road to Cao Lanh and a similar area on the way to Hong Ngu.

The truck station serves about 60 trucks daily. About 10 drivers stay with their trucks overnight. A security guard at the adjoining bus station told the team that such drivers often go for sex but that he does not allow them to use the bus station. “The management has very strict regulations on this matter”, he said.
In the beer and coffee shops at the other two locations, there was ample evidence of commercial sex. The head of the street population the first site stated that the shops had been established about 7 years ago. “During the last three years, the number of waitresses has increased a lot. Some of them used to travel to Cambodia but have now returned and work here. Most make a date with their clients and are picked up. They usually go to a guest house or hotel in town. Most of the waitresses’ families are poor, but the clients who come to pick them up are wealthy, often driving sedans. Truck drivers generally do not come here because it is too expensive for them.”
2. **Hong Ngu**

The low income area contains about seven brothels that cater to labourers, cyclo and tricycle drivers. About 23 people in the area have been infected with HIV of whom three have already died. There used to be frequent contact with Cambodia which is only six kilometres away, but this has died down. “Everyone here knows about AIDS and is scared of it because they have heard so much and seen AIDS-infected people. HIV positive people in the area are given 300 condoms a month and 100 tablet packets”. A tax officer who explained how difficult it was to police 52 kilometres of border. Considerable contraband is smuggled from Cambodia to Viet Nam and many Vietnamese sex workers work in Cambodia. These people are avoided by Vietnamese men who cross the border to trade. The risk of Vietnamese sex workers in Cambodia getting HIV infection is high because Cambodians do not like to use condoms. When these girls return to Viet Nam to continue their trade without knowing their health status, this high risk is transferred to Vietnamese clients.

Commercial sex services are available around the truck stop and its adjoining bus station. The services are either offered openly on the street in the evening or are disguised as waitresses in the usual establishments. However, most of the drivers interviewed said they use condoms.

> “Now that I understand about AIDS, I use condoms every time. Venereal diseases can be cured, but AIDS can only be cured by cement (for the grave). How can I not be scared!”
> – A truck driver

The wharf serves riverine traffic to and from other provinces in Viet Nam and Cambodia. A boat owner at the wharf said he often goes into Cambodia where the sex industry “is very bustling. Most of the workers are Vietnamese. They often stay over there for 3-4 years and then come back when they have enough capital. As for the sex industry at this wharf, it takes place every day and at any time depending on the client”.

The sex workers’ clients include “boat and ship owners, townspeople and peasants from the surrounding countryside especially at harvest time”. As the use of condoms is up to the client, these men, through their high-risk sexual activities in Cambodia, can transmit HIV to the rural population.

> “Although the province has carried out public information activities about HIV/AIDS/STI, the behaviour of high risk people has not changed much. The fact that commercial sex workers do not request and force their clients to use condoms suggests AIDS will be transmitted quickly.”
> – The team’s report
III. Dong Nai Province

Located immediately north of Ho Chi Minh City, this province was the most industrialized of those surveyed. It has 12 industrial zones, half of which are fully developed, and over 300 factories. On the advice of local officials, the team chose Bien Hoa city and the Tan Van T-junction at Xuan Loc town as the study locations.

Bien Hoa supports a drug market as well as a commercial sex industry. Drugs are sold on Highway One some 200 metres from the main bus station. A shop owner
told the team, “This is the place for drug smoking and injection. Every day around 6 am, 20 drug users gather in this area, sometimes sitting in my shop to inject. They have coffee and then go to work after the injection. They gather here again in the afternoon. Some drug users are drivers, but they park their vehicles some 200 metres away and then walk here for their injection.” About 25 sex workers ply their trade in the area.

The Tan Van T-junction 10 kilometres north of Bien Hoa is a well-known hot spot that becomes particularly active in the evenings. Some 50-60 commercial sex workers serve drivers, workers, local youths and travelers on Highway One. There are also other coffee shops and ‘hugging’ beer shops in the Tan Van T-junction area where factory workers are rumoured to be the main clients. However, interviews with some of the workers suggested they are too poor to afford such places. This was confirmed by a coffee shop waitress. “Factory workers rarely come to the coffee shop. I often see them strolling in the evening in the park opposite or staying at home”, she said. However, this view conflicts with that of the Department to Fight and Prevent Social Evil. Its Head in Dong Nai told the team that commercial sex and drug abuse have increased in the last two years in line with increasing industrialization.

**IV. Khanh Hoa Province**

This coastal province north of Dong Nai contains many hot spots along Highway One. However, the main ones are Nha Trang City, a famous tourist resort, and Dai Lanh Commune, a very recent community that serves the shrimp fishing industry.

**1. Nha Trang**

Commercial sex is offered almost openly along three kilometres of Nha Trang beach. However, there is a peer education programme operated by the provincial chapter of the United Women’s Association in cooperation with the Nha Trang Committee to Fight and Prevent HIV/AIDS. Peer educators now work with both the commercial sex workers on the beach and the drivers who are their clients. They supply condoms and public education materials and have persuaded almost all the girls to insist on the use of condoms. However, even these activities carry their own risks when clients who refuse to use a condom turn instead to girls who are more likely to have HIV.

“A drunken client once refused to use a condom. However, the girls also refused him and showed him to a commercial sex worker who is also a drug user with HIV. This girl accepted the client who did not know she had HIV. This event did happen and we don’t know what happened to the man afterwards.”

– A peer education group worker
Despite the peer educators’ success, the situation at Nha Trang is not stable. First, Korean workers who are building a shipyard nearby come to Nha Trang on weekends to look for commercial sex. Because these people are deemed to be healthy, condoms are often not used. STIs among the Koreans have become so common that the provincial Committee to Fight and Prevent AIDS is now working with them to change their behaviour. Second, Nha Trang’s sex workers are increasingly becoming dependent on drugs. Although they can initially support their habit from their earnings, the dependency will eventually assume control. At that point, they will no longer be able to insist on the use of condoms.
2. Dai Lanh Commune

“Until 1996, the sex industry here was confined to about 10 workers who served long-distance truck drivers at night from a few shops”, a Dai Lanh Commune policeman said. “However, when Decree 36CP was promulgated, the shops were pushed back across the railway line where they multiplied. The number of sex workers here has increased steadily since then. They operate busily from 10 pm to dawn when trucks stop for dinner or stay overnight.”

The commune also serves a nearby shrimp fishery which at the a height of the season can attract 200 boats. The boatmen often come ashore at Dai Lanh and being 17-40 years of age have a strong demand for sex. As they often get drunk, condoms may not be used. As the fishermen come from several surrounding provinces, they could carry STIs including HIV home with them. However, the policeman believes condoms are used 80-90 per cent of the time. This estimate is based on the number of condoms found during crackdowns.

HIV in Khanh Hoa province is spread primarily through drug use. However, alcohol before sex and basing condom use on the appearance of the client increase the risk of HIV spreading through commercial sex. The main clients in the province are long distance truck drivers, shrimp fishermen and the Koreans. The high mobility of the sex workers themselves makes it difficult for peer group education activities to be effective.

Activities to mitigate HIV/AIDS in the south

All provinces visited follow the regulations on HIV/AIDS Fighting and Prevention set by the central government. In particular:

• Preventive Health Care Centres have been established at provincial, district and commune level in all four provinces.

• Health care activities include:
  • monitoring the health status of selected sample of populations.
  • conducting compulsory blood tests of people in high risk groups.
  • improving the safety of blood used in transfusions.
  • diagnosing and treating sexually transmitted infections.
  • providing treatment and care for people with HIV/AIDS in the community.

• The Department to Fight and Prevent Social Evils together with the Police Department are responsible for administrative measures against social evils. Such measures include organizing the education and surveillance of people committing such evils, as well as carrying out public education activities and organizing social support groups within the community.
The following are some of the impacts of these activities:

- At Tien Giang province, the surveillance and strict punishment of social evils practised has made sex work and drug use less visible. However, other problems have arisen. In particular, the activities either become more sophisticated and therefore harder to detect and redress, or they move to other locations, thereby increasing risks in the new locations.

- Peer education has proved its worth over the long term in helping to reduce social evils and improve communication and education flows.

- Surveillance, education and encouragement of waitresses in Dong Nai and Dong Thap provinces to have regular blood tests at their own expense has encouraged other people to volunteer for HIV tests.

- Tien Giang and Thanh Hoa provinces have made good progress in implementing HIV/AIDS surveys in the general population. This is enabling them to establish HIV prevention activities that are attuned to the local situation rather than just following instructions from above.

However, the four provinces also face several constraints. These include:

- Budgetary and staffing shortages. Officials often hold other positions concurrently and can therefore not devote full time to HIV/AIDS duties.

- Budgetary shortages and procedures also severely limit public education activities. For instance, bill boards cost more to make than the budget allows. Travel to distribute pamphlets in the countryside costs more than the stipulated allowance.

- Officials have little incentive to develop innovative HIV prevention measures as it is already so hard to implement their required duties.

- The procedures to send people for re-education impose such limits and are so time-consuming that those who should go can either escape or change their occupations before the formalities are complete.

- Lack of clear coordination between various organizations in the fight against HIV/AIDS reduces the overall effectiveness of the campaign.

With regard to the availability of condoms, clean needles and health care services, the tendency is towards a market economy which means that there are generally ample supplies of all items and services in the required places. Awareness among high risk groups of the need for such services, however, may not yet be strong enough.
CONCLUSIONS

It is easy to identify hot spots of vulnerability to HIV through sex along transport routes the length of the country. Trucks park in safe places along busy highways, their licence plate identify their origins, and there is always a driver’s assistant or security guard near the vehicle to guard the goods who knows where the driver has gone. There is heavy long distance north-south traffic in both directions along Highway One and in the Mekong Delta. Through Quang Tri there is also traffic along shorter inter-provincial routes.

In places where trucks are parked, restaurants, massage parlours, haircutting salons, bars, karaoke lounges, cafes, and inexpensive accommodation complete the picture of a hot spot. Women working in these services may be local but are usually from another district or province. With the high number of service establishments like this throughout Viet Nam, women do not have to migrate very far to find work. They migrate to avoid the shame of sex work in their home areas and to avoid arrest. Many of these women are migrants, but they do not have the high mobility of transport workers. Transport workers appear to be the most mobile people in Viet Nam.

Truck drivers, their assistants and passenger car drivers are not the only people in the transport industry who buy sexual services. Porters near the border with China and motorcycle taxi-drivers all over the country also buy sex, and low income cyclo drivers frequent brothels in a province on the Cambodian border. Marine fishermen and river boatmen bought sexual services at the same places as road transport workers in half the provinces studied. Motorcycle-taxi drivers are an important part of hot spot activity for a second reason: they know the local sexual scene well and act as guides for people looking for sexual services.

Injecting opiate is common in some hot spots. Its relationship to HIV vulnerability is complex. In northern areas, young men including transport workers inject opiates and purchase sexual services in the same areas as other transport workers. In the two central provinces no injecting was found. However, in some southern provinces women sex workers and/or their boyfriends were found to be snorting or injecting opiates.

A large number, probably most, of male transport drivers engage in sexual activity with sex workers or girlfriends at hot spots. Alcohol use was frequently cited as a factor that decreases the use of condoms during sexual activity, particularly among young transport workers. Women sex workers often accept clients not using condoms: they accept this when customers are drunk, are well known, or appear to be free of disease.

Suppression of hot spots leads to relocation of the hot spots, usually in a nearby area under a different administration. Sex work also becomes more clandestine. Hot spots near inter-provincial and national borders are often more active on one side of the border than the other. This was found at the Chinese border in Lang Son, at the My
Thuan bridge site, between Khanh Hoa and Phu Yen, and between Dong Nai and Ho Chi Minh City. The “marginalization of HIV vulnerability” is a direct consequence of the suppression of sex work as the more active hot spots are always in the less severely policed area.

The study was limited by the all-male composition of the study teams, the relative sparsity of representational maps of the hot spots, and the lack of prolonged contact with the drivers. Information on the availability of condoms and health services for sexually transmitted infections was also limited, as was that for transport volumes and needle sharing.

PROGRAMME RECOMMENDATIONS

1. Community based programmes should be developed

Community based programmes have proven to be effective in Quang Tri province and should be expanded. Viet Nam is narrowest in Quang Tri so that all long distance north south traffic in both directions on Highway One must pass through. Most drivers stop there for lunch or overnight. If several community based programmes were implemented in hot spots in just this province, almost all long distance drivers would be reached within a year. This opportunity should not be missed. The Laotian border point at Lao Bao in Quang Tri is also one of the busiest border points in the country. Hot spots exist near it.

The development of models of prevention at commune level is a strategy that is included in the draft National Strategic Plan for 2000 to 2005. Community based programmes along major transport routes benefit the transport workers themselves, the community in which the intervention is based, and people on other sections of the transport route. The model that is best developed in Viet Nam is the one presently being implemented in the province of Quang Tri called “Doc Mieu” in Gio Phong commune. Funding to the Provincial AIDS Committee enabled it to work directly with the commune to inform service people about HIV. They in turn are encouraged to influence the transport workers whom they serve in their daily activities.

2. Appropriate methods should be used

Mass communication methods such as billboards are only marginally effective in changing knowledge, and they rarely influence behaviour. Transport workers already view more billboards than anyone else in the country and more do not need to be erected. For a community based programme to be effective it must develop and use interpersonal communication methods. Both research teams recommended that programmes must be continuous and not short campaigns.
Service workers who provide food and drink to transport workers already spend a lot of time sitting with them and talking to them. If service workers spend just part of their time talking about personal risk and vulnerability to HIV with transport workers, provide them with focused booklets, key chains, stickers, audiocassettes, A4 sized posters, and condoms, these service establishments will provide the environment for behaviour change. Some of these materials have already been developed by the “Highway One Project” in central Viet Nam.

Beer companies and companies distributing ‘energy drinks’ such as ‘Te Giac Huc’ and ‘Kraetendang’ have done an excellent job in marketing their products through a wide range of promotional materials and using service providers to influence the behaviour of transport workers. There are many lessons HIV mitigation programmes can learn from these private sector initiatives.

3. Collaborators should be carefully selected

Community based programmes should only be launched in collaboration with the people who already provide services to and influence transport workers. The most important of these are the people who provide them with food and drink. A major part of transport worker non-driving time is spent in places where food and drink are served. Restaurant staff in Doc Mieu have already been talking to drivers and providing them with information materials and condoms.

Another important set of collaborators are motorcycle-taxi drivers. This study showed they know a lot about activities in hot spots, act as guides to people wanting to buy sexual services, purchase sexual services on their own, and have already given a lot of thought to HIV issues. It may also be possible to hire hitch-hiking peer educators who travel with truck drivers and their assistants. Motorcycle-taxi drivers or disabled former truck drivers such as those known to be living with HIV could implement this activity.

Petrol station workers and toll booth operators provide services to transport workers but spend only a very short time with each vehicle compared to food and beverage service workers. For this reason they should not be included in a community based programme unless they are already an integral part of a hot spot community such as at Doc Mieu.

Young women who work in the service establishments, whether they take money for sex or not, should not be treated any differently from young men who work there. There should not be a ‘programme for sex workers’ and a ‘programme for non-sex workers’, but all service people should be included equally in the community based programme activities. If young women move to other hot spots they take their knowledge and experience with them. Similarly, new arrivals to hot spots from other provinces can learn from ongoing programmes.
If the whole service community in a hot spot is involved in providing HIV preventive information and condoms to transport workers, then the community also benefits and they do not need remuneration to provide this service. They are not paid, for example, in Doc Mieu.

4. **The right issues should be addressed**

There have been very few HIV/AIDS prevention activities in Viet Nam that have specifically addressed men’s behaviour as the main force that drives the epidemic. Programmes that take gender into consideration can be highly successful. A community based programme that focuses on reaching male transport workers through the service sector has the opportunity to be one of the first in the country.

Drug issues should only be addressed in programme sites where there is already an injecting drug use problem. In all other sites, sexual transmission should be the main focus. Messages encouraging marital fidelity are only useful for older transport workers who are married. They have no impact on younger men. Transport workers are already experts at road safety. Road safety knowledge and skills can be used as examples to show transport workers how to incorporate sexual safety into their lives.

An important factor for any community based programme is to address alcohol use as a facilitator of HIV transmission. Beer girls and service providers who encourage alcohol use, whether they engage in sex work or not, must be included in community based programmes. The private sector in the form of brewers and beer distributors can play a role in sponsoring messages on safe sexual behaviour to accompany the thousands of beer promotional materials that are so prevalent in hot spots.

5. **Locations should be carefully selected**

Much groundwork has already been done in choosing provinces and searching out hot spot sites in the process of this research. It is most efficient to begin programme activities in one or two of them and to avoid adding new sites that have not yet been assessed. The province of Quang Tri has already been recommended as the highest priority province.

It is important to link programme activities with those across the borders in Lao People’s Democratic Republic and Cambodia to produce synergy. If priority areas are to be chosen, they should be in this order:

1) Hot spots along Highway One in Quang Tri, especially near the junction with Highway Nine leading to Lao People’s Democratic Republic, so that activities can link with those in Savannakhet province of Lao People’s Democratic Republic.

2) Hot spots near the Chinese border in Lang Son that can link with possible future activities in Guangxi across the border.
3) Hong Ngu district in Dong Thap which can benefit from the experience of Cambodia in developing brothel-based programmes and Cambodian Highway One activities in Kandal, Prey Veng and Svay Rieng.

Although they were not studied as they do not yet exist in the areas studied, road and bridge building sites are also places where the private sector, funded by governments or multilaterals, may support community based programmes. In order to develop effective activities, rapid assessments will need to be implemented. Locations where there will be increased activity in the near future are:

1) The northerly portion of the new Ho Chi Minh National Highway that will soon begin in Ha Tinh and proceed south through both Quang Binh and Quang Tri. The highway is funded from the Vietnamese national budget. When the construction sites reach Quang Tri they could be added to other community-based programmes already being implemented there.

2) The province of Vinh Long or the province of Can Tho where the next long Mekong Delta bridge will be built using Japanese overseas development assistance. Although the location of the bridge has been determined, the side of the river that will house the main construction camp has not.

6. Activities that are ineffective and inefficient should be avoided

This study has shown that the suppression of hot spots does not lead to an overall decrease in HIV vulnerability and may increase vulnerability as new hot spots emerge and sex work becomes more clandestine. Although ‘tourist areas’ are sometimes hot spots of sexual activity, they are often too expensive for most transport workers to spend time in and should not be chosen as programme locations.

Mandatory HIV testing of sex workers does not benefit them unless they receive care for their infection and suffer no discrimination. This activity will have no effect on HIV transmission at hot spots. Sero-positive women who are discriminated against will simply move to practice sex work somewhere else. Although identification of sex workers as a risk group to be targeted is not effective, programmes for them should be developed in particular instances. Special programmes for particularly vulnerable brothel-based sex workers should be developed in the few Mekong Delta provinces where they work in hot spots.

Identification of drivers as yet another ‘target’ will also not be effective. Targeting passengers in automobiles and buses will have very little impact, as these people are less mobile than transport workers and only pass through hot spots once or twice. Transport workers stop at hot spots a minimum of several times a year.

Leaflets or pamphlets are rarely used to complement interpersonal communication and are usually handed out just to be thrown away. They are thus an ineffective mass or interpersonal communication method.