

A Dialogue with Female Sex Workers: Their Perspectives on Behavior Change for HIV Prevention



This report is part of a series on the perspectives of three population groups at high risk for HIV transmission on their own behavior change for HIV prevention: female sex workers, injection drug users, and men who have sex with men. If you would like copies of any of these reports, please contact FHI at 84-4-934-8560 or by email: fhi.vn@fhi.org.vn. This work was made possible by contributions from health educators and voluntary counseling and testing (VCT) staff. Special thanks to Mai Hoang Anh for her work analyzing and synthesizing the material.

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The Situation

A DIALOGUE WITH FEMALE SEX WORKERS TO IMPROVE INTERVENTIONS

Data from the 2005-2006 HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) indicate that HIV prevention programs targeted at female sex workers (FSWs) need to overcome key behavioral barriers to effectively protect them, their clients, and their regular partners from HIV and STIs. Key behavioral risk factors for FSWs in all provinces surveyed include:

- low rates of consistent condom use with clients and regular partners
- low access to and use of voluntary counseling and testing (VCT) and regular testing for sexually transmitted infections (STI)
- high rates of needle and syringe sharing among injecting female sex workers (iFSWs)

The IBBS provided valuable data on levels of HIV, STIs, risk behaviors, and exposure to interventions in FSW populations. However, IBBS quantitative data did not give program managers and implementers a contextual understanding of why risk behaviors persisted or why exposure to interventions was low in some cases. With technical support from Family Health International Vietnam (FHI/Vietnam) and funding support from USAID/PEPFAR, health educators and VCT staff conducted a rapid assessment to better understand the underlying personal, social, and environmental reasons for FSW risk behaviors. They conducted a beneficiary rapid assessment in Hanoi, Hai Phong, Ho Chi Minh City, and Can Tho through community outreach. Through open-ended discussions with street-based sex workers (SSWs) and karaoke-based sex workers (KSWs), VCT staff sought to elicit FSWs' risk perceptions, opinions on their barriers to safe sex, their recommendations on how to improve access to and use of VCT and STI services, and opinions on barriers to reducing unsafe injection for injecting FSWs. Interviews were not meant to be ethnographic qualitative investigations but rather rapid interviews between health educators and the beneficiaries as part of a quality assurance and improvement function. This approach may lead to some bias, but has the benefit of health educators learning about the needs of the target population.

Key Findings

BARRIERS TO CONSISTENT CONDOM USE

1. Condom use dictated by male clients

Nearly every FSW indicated that in many instances when condoms were not used, it was the decision of the male client. Many FSWs indicated that despite their persuasion and encouragement to use condoms, male clients often refused. They mentioned alcohol as a factor that affected the decision. In a few instances, HIV-positive FSWs revealed their status yet male clients still refused to use a condom.

"Most male clients who refused to use condoms were drunk. At that time they never accepted my suggestion, though I tried my best." –SSW, Can Tho

Many FSWs stated that many male clients paid extra to not use condoms. In these instances, the financial incentive of unprotected sex was stronger than their incentive to protect themselves from HIV/STI transmission. FSWs may accept this risk because of either financial need or low sense of personal risk.

"I also tried to convince many clients to use condoms, but when they gave me 50-60,000 dong more to not use a condom, I could not refuse; I was forced to do so." –SSW, Hanoi

"There was once, when a client initially agreed to take service at 50,000 dong with condom use, and then after entering the room, to convince me, he raised the price up to 200,000 if I wouldn't use a condom." –SSW, HCMC

2. Misconceptions regarding HIV transmission

FSWs in many instances noted that neither they nor their male clients thought that HIV or STIs could be transmitted by either oral or anal sex. Male clients also had the misconception that withdrawal prior to ejaculation prevented infection.

"In the past, both male clients and I myself did not know that HIV could be transmitted through oral or anal sex." –SSW, Hanoi



Source: FHI

3. Low perception of personal risk for male clients and some FSWs

FSWs reported that the perception of risk among male clients was low and this was a barrier to condom use. In many cases, FSWs reported being afraid of HIV or STIs, but that their clients had no such fear.

"...they thought that if they dared to purchase sex, they would not be frightened [of being infected]; since they had to pay they did not want to use condoms. He'd rather go home to have sex with his wife than spend money to purchase sex with condom use." –SSW, Hanoi

"...[male client] 'I was not frightened, how come you were?'" –SSW, Hanoi

"They were not scared of a bad consequence. They affirmed that they were healthy, thus they had no need for self-protection." –KSW, Can Tho

A few FSWs felt that they were not at risk for HIV, and cited beliefs that they were not a risk to others either because they were too young, felt too healthy, or they kept good personal hygiene.

"When I was in China, I was advised to use feminine wash liquid and transfuse expensive antibiotic liquid every week – 120,000 dong per bottle. This is very good because it can prevent me from getting diseases and enhance my immune system." –SSW, Hanoi

"We are very careful, thus we are not at risk." –KSW, HCMC

"I am an IDU. I do not have a bath very often but I always wash my vagina right after having sex to avoid itchy and burning pain. I feel very comfortable after having it washed." –SSW, Hanoi

Moreover, some women mistakenly believed that they were not at risk if their male client looked young and healthy or had good social status.

"Male clients are mostly gentlemen; they have high positions in big organizations." –KSW, Hanoi

"I don't know, but he looks strong and tall, I think he's healthy." –KSW, Hanoi

"Once I had a good looking client. He was a collar worker. I found him polite, handsome, and therefore I did not use a condom with him. I was not scared of infection because he was a policeman." –KSW, Can Tho

4. Difficulty negotiating condom use with boyfriends and regular partners

FSWs often indicated that while they wanted to use condoms to protect themselves and their regular partner or boyfriend, negotiating condom use was especially hard with whom a relationship of trust had developed. Many times this was considered “unacceptable behavior between two people who loved and trusted one another”. When FSWs’ regular partner or boyfriend refused to use condoms, many women felt it was because they lacked the power, skill, and ability to effectively negotiate.

“Yes, I know [the risk of being infected with HIV after only one episode of unprotected sex]. I can use my negotiation skills to convince clients to use condoms, but it’s hard to do with my boyfriend.” –KSW, Hanoi

“I have tried several times, but with no success. He said that a husband and wife have to trust each other. So I gave up asking and took contraceptive pills.” –KSW, Can Tho

5. Fear of losing their boyfriends or regular partners

A common personal barrier to using condoms with a regular partner or boyfriend was fear of displeasing their partner and thereby losing companionship.

“I am so scared, but don’t know what to do. If I don’t listen to clients, they may not pay me. I may even be beaten. My boyfriend left me for another girl because he was fed up with me.” –SSW, Hanoi

“If he wants [to have sex without using a condom], I never refuse, because he may find another girl immediately to replace me if I don’t grant his wish.” –KSW, Hai Phong

FSWs often mentioned that not using condoms was a way of making a special distinction between their clients and regular partners.

“I don’t want to use a condom because I want to have a different feeling. If I use a condom, it is like having sex with clients. I want to have a better feeling of love and trust.” –SSW, Hanoi



Source: FHI

6. Low availability of and access to condoms for FSWs

Although FSWs mentioned that condoms were inexpensive (a pack of three costs 1,000 VND), they were not readily available at the time and place needed. In addition, the criminalization of sex work in Vietnam has made a number of FSWs fearful of being caught carrying condoms. It has also made some owners of entertainment establishments, such as karaoke bars and massage parlors, wary of making condoms available for fear that it would be seen as a place of sex work.

The Government of Vietnam has since issued a very progressive policy requiring the availability of condoms in entertainment establishments. Unfortunately, the legacy of previous policies continues to make some FSWs and entertainment establishment owners fearful.

“If the policemen find condoms, they will arrest us immediately.” –SSW, HCMC

“We are not allowed to keep condoms in the outlet; the pimp does not let us bring condoms in the outlet. Moreover if the police come and find condoms, we don’t know how to explain.” –KSW, Hanoi

Recommendations from FSWs to improve consistent condom use

Many FSWs emphasized that male clients were the primary decisionmakers and condom use largely depended on their willingness. They stated that the best way to increase consistent condom use was to increase FSWs’ ability to effectively negotiate with male clients and to increase both their knowledge of HIV transmission as well as their sense of personal risk.

“Use a strong argument: how come the playboy like you does not know condom use? Being the regular client, you must have AIDS? Nothing can attack me, but diseases might do! Please clients by using nice words as well as fondling with sexy and charming gestures that may help to enhance our success in convincing them.” –KSW, Can Tho

“If you are a good communicator, please come with condoms and talk to male clients directly. Maybe then they will feel curious and try them.” –KSW, Hanoi

Other FSWs also stated that increasing access to condoms through free distribution was a good method.

“As for me, you should distribute condoms to entertainment services outlets. Surely they will fight with each other for condoms.” –SSW, Hanoi

BARRIERS TO VCT & STI SERVICES

1. Lack of awareness of VCT and STI centers

While the majority of FSWs were aware of VCT and STI services in the community and could name them and give their location, several women said that they were not aware that such places existed or where they were located.

"I don't know... If I knew about free-of-charge VCT, I would go there immediately." – SSW, Hanoi

2. Fear of stigma and discrimination

Fear of stigma and discrimination by the community was one of the most frequently cited reasons for not seeking VCT and STI services. Most women were fearful that if they were seen visiting such a center it would

reveal that they were sex workers or that people in the community would automatically assume that they had HIV or an STI.

"Only married women have ever dared to go to visit health centers. Unmarried women don't like to go there because they are afraid of being commented on or whispered about." –KSW, Hanoi

"...I fear to go there (VCT center) because I might be interviewed... then pictured and placed in the social review of a newspaper. My neighbor may see and recognize me, and from that moment I would not dare to go anywhere. Moreover, if it were to be shown on TV, it would be the death of me." –SSW, HCMC

"If I were to be seen by somebody at the VCT center, there might be a rumour that I have got AIDS...that's all. I'd better not go there." –SSW, Can Tho



3. Economic barriers: cost of medicine and transportation

For those women who had either previously sought VCT or STI services, or for those who were interested in going, cost of transportation to and from the center as well as the cost of medicines for treating STIs were frequently noted as barriers. A few women stated that it would be helpful if the center could contribute to the costs of transport and medicine.

“Because I don’t have either motorbike or money to pay the motobike taxi driver.” –SSW, Hanoi

“Because I don’t have any means of transportation.” – KSW, Can Tho

4. Convenience and quality of VCT and STI services

Many FSWs stated that convenience was one of the most important criteria for visiting VCT and STI services. Current government policies for hiring staff at entertainment establishments require certification that KSWs are free of infection. Yet in many cases, VCT services did not issue any official documents certifying health status, and many KSWs preferred instead to pay for check-ups at clinics or hospitals where the certification is provided.

“I also had a blood test at Bach Mai Hospital. It was free. However, the test result was only returned several days later, and it was not on paper, which was not convenient at all. When

letting employees go for testing, most outlet owners want to see the test results on paper. If I went for blood testing and then came back with no paper result to show the owners, they might suspect me of being in trouble. Eventually, I still had to test again, which cost my effort and my blood. Therefore, I often find it more convenient to test at Hang Bai clinics... We should be provided with the results on paper right after being tested, as we need to submit that paper to the owner. Presently, most massage parlors require such documents before employing someone. If in Bach Mai, counseling and testing services are provided with no paper results, it may be hard to attract female sex workers to come. Like me, some days ago I had a blood test there, then a few days later I had to test again to get a written result. It’s too complicated and a waste of time for the massage providers like myself, so they don’t want to go.” –KSW, Hanoi

The process of certifying health status of karaoke-based employees and, in particular, the use of these documents by entertainment establishment owners, needs to be carefully monitored by health officials. Entertainment establishment owners may simply use these documents as a “guarantee” that their employees are safe and HIV free, effectively undermining condom use.

Many women stated that they were unhappy with the quality of STI services. Key reasons were that the site did not look professional and that equipment and medicine were often lacking. Many stated that, although free, STI services did not meet their expectations.

“Right after entering the clinic, the doctor asked



Source: FHI

me to climb onto the bed. It took only 5 – 7 minutes from the moment of entering the room. It was not worth even taking off your trousers. The doctor just had time for a quick glance, then gave me a piece of pink paper and told me to go to another place in Nguyen Khuyen Street for testing. Eventually, I went for nothing, as the problem was not resolved. I don't believe that such a simple and quick examination could bring accurate results. The doctor only looks with his eyes, then comes to a conclusion that could not be accurate. Finally, everybody is suspect, so everybody is referred to the testing center. In that case, it'd be better to go directly to the testing center to not waste gasoline traveling back and forth.” –KSW, Hanoi

They also cited previous bad experiences as a reason for not seeking STI services more frequently. Women cited previous visits at STI clinics where health staff were rushed, did not take time to thoroughly provide a careful diagnosis, and were impersonal.

“I found that without careful examination, the doctor here could not provide good advice on prevention. The doctor was not careful. After enrolment, without checking, the doctor was ready to write a prescription, and he even asked me to take the prescribed medicines. If I don't have that disease, and take the wrong medicine, I might be killed. Last time I also experienced a very quick, cursory examination that was finished in a wink. There's no need to have such an examination.” –SSW, Hanoi

“The nurse is quite nice, but the doctor is very difficult. They use very strong words instead of soft ones and make me scared to come.” –KSW, HCMC

Recommendations from FSWs for improving uptake of VCT and STI services

When asked how to improve use and frequency of uptake of VCT and STI services, women stated that services needed to be more user - friendly and provide greater convenience. They noted that often they had to receive counseling at one location, testing at another, and then purchase medicines at a different location. A common recommendation was to have one center able to deliver the full package of services: counseling, testing for STIs, and medicine. Furthermore, many noted that it would be most convenient if they could receive test results immediately rather than having to return for a second visit a few days later.

"I think that to encourage FSWs to go to clinics, doctors there should be enthusiastic; all services should be available in one place such as testing, treatment... to avoid traveling back and forth."
–SSW, Hanoi

"I think that it should be simple, including counseling, testing, and result issuing like Hang Bai clinics so that many people are willing to come. As you know, we have no money for a motorbike so traveling is a huge waste."
–SSW, Hanoi

Others noted that the quality of services needed to be improved, staff needed to be more skilled and friendly, counseling rooms needed to be more welcoming, medicines should be available on site, and hours should be extended to afternoons to be convenient for FSWs.

"The clinics need to be clean, large, and crowded. If there are too few people, we may have a feeling of coldness and fear to come. Doctors must be friendly, and the examination provided must be gentle, not painful, otherwise we may run away and never come back." –KSW, Can Tho

"Opening hours must be suitable to FSWs' time. For us, if we want to see a doctor, we have only afternoon time to go." –SSW, Can Tho.



Source: FHI



Source: FHI

BARRIERS TO REDUCING UNSAFE INJECTION

1. Low perception of personal risk when suffering from withdrawal symptoms

All injecting FSWs knew the dangers of HIV transmission through needle sharing. While most iFSWs stated that they avoided sharing needles when possible, especially with strangers, it was often too hard to avoid when they were short of money and needed to pool money to buy drugs. In addition, many iFSWs stated that when they go through withdrawal, they lose all sense of fear of HIV.

“Sometimes I have to share syringe use with friends. Succumbing to drug withdrawal, I am ready to share syringe use with anyone. At that time we have no mind for needle attention.” –SSW, Hanoi

2. Limited access to clean needles and syringes

Low access to needles and syringes was often a barrier. Many iFSWs noted that pharmacies were too far from where they injected and that staff at pharmacies did not like to sell needles to injection drug users. And those who sell needles on the street sell them at an exorbitant price.

“Many times when I suffer from drug withdrawal, I have to go to the river or lake-sides to collect the used needles and syringes, clean them with water and reuse.” –SSW, Hanoi

“As you know, if at the drugstores, they recognize us as drug users, they never sell us needles and syringes. Moreover, at our usual gathering place, there are no drugstores located nearby. The syringe sellers there only ask for an exorbitant price, and we can find no money to pay them. They buy from drugstores at 900 dong per syringe, but sell at 3,000.” –SSW, Hanoi

Instances when it was particularly hard to avoid needle sharing were late at night or when it was raining.

"We're especially short of syringes and needles at night time. If we want to buy, we have to go to the Bach Mai Hospital. From my place to the hospital, it is quite far, costing at least 15,000 in total for a syringe and needle: 10,000 for the motobike taxi driver, 5,000 for syringe and needle itself. That's why the only way is sharing needles because no one wants to buy." –SSW, Hanoi

3. Sharing needles and syringes with regular partners and friends

Avoiding needle sharing was most difficult with close friends, regular partners, boyfriends or husbands because of a feeling of trust that the other person was safe and had no infections.

"I usually share injecting drugs with my boyfriend as he said that husband and wife can share with no problem. In the worst case, we both will die together." –SSW, Can Tho

"He is my former boyfriend. He is back from Germany. Because of love, we shared a needle to inject drugs. In general, you enjoy it more if you have drugs injected by your lover than if you do it yourself, because you have mutual sentiments." –SSW, Hai Phong

Recommendations from FSWs for reducing unsafe injection

Many women cited direct, face-to-face communication through community outreach as the best way to reach iFSWs with messages about reducing unsafe injection or information about how to access safe needles.

"You should talk many times in order to penetrate and convince others like you do with me. Actually, I have been told many times, but my attention has not yet been attracted. Now what you are talking about makes me think of my baby, my obligation to care for him and worry about his future... Moreover, you also need to promote your program on TV so that everyone knows where they can find the same services." –SSW, HCMC

"You should pre-schedule and inform us in advance of a fixed date of every month when we all can participate in a meeting together." –KSW, HCMC

The criminalization of injection drug users was noted by one woman as a barrier to accessing clean needles and syringes. To reduce needle sharing, government policy and the social environment towards drug users should better enable reducing unsafe injection.

"If injection drug users are not criminalized, they may not hide their drug use behavior. If they don't have to hide, they are able to buy needles and syringes for personal use." –SSW, HCMC



Source: FHI

Reducing unsafe injection depended on accessibility of needles, which was a key barrier for many iFSWs. Recommendations from iFSWs included increasing free distribution of needles and access to needles late at night. One suggestion was to have motobike taxi drivers sell needles.

“Continue distributing needles and syringes like what you are doing now, however it is necessary to increase quantity, otherwise we cannot have enough for individual use. Please think, if everyday we take drugs twice or more, while you only remain at the current rate of distribution, it is not enough for the whole week’s use.” –SSW, HCMC

“You can distribute the needles and syringes like what you are doing now with condoms. Those who are in need will come and get them. At night, you can ask for motorbike drivers’ help ...even then we would have to pay, we would still accept that because we don’t need to travel and the price would be a lot cheaper compared to streetside tea shops.” –SSW, Hanoi

Conclusions and Recommendations

FHI/Vietnam shared results from these FSW rapid interviews at a workshop for provincial project staff, health educators, peer educators, drop-in center managers, and partner project managers. The aims of the workshop were to review current status of programming and to develop new approaches to overcome barriers to FSW risk behaviors. The below recommendations reflect key findings from the rapid interviews with FSWs as well as viewpoints shared by staff and peer educators at the workshop.

INCREASE CONSISTENT CONDOM USE

- **Increase FSWs' ability to effectively negotiate condom use.** Many FSWs stated that they did not feel they had the skill to effectively negotiate condom use with either their male clients or their regular partners. Barriers to using condoms are different depending on whether it is a male client or a regular partner, thus negotiation skills need to be adapted for each.
- **Facilitate a supportive environment for consistent condom use through peer involvement.** Recommendations from peer educators stressed the need for involving peer support for consistent condom use. Recommendations included involving FSWs' partners, pimps, entertainment establishment owners, and other peers to encourage and remind FSWs to protect themselves and their clients from HIV/STI transmission.
- **Dispel incorrect perceptions of HIV transmission and beliefs that prevent consistent condom use.** Results from the rapid interviews indicated that misperceptions on HIV transmission were still a barrier for both FSWs and their male clients. Both FSWs and their male clients often stated that HIV could not be transmitted through oral and anal sex. Beliefs that male clients who were tall, handsome, and had good social status were "safer" were common. FSWs also incorrectly believed that they were not at risk or were not infected because they were young, felt healthy, and had good personal hygiene. Mass media and behavior change campaigns need to address these knowledge barriers and myths that are still very common in the FSW and male client population.
- **Increase HIV prevention interventions aimed at male clients, male partners, and the general male population.** FSWs frequently stated that power imbalances and their dependence on male clients for their livelihood resulted in men being the primary decisionmakers in sexual relationships and condom use. Targeted behavioral communication and comprehensive prevention programming designed for male clients and the general male population are essential to begin to address barriers to consistent condom use. Behavior communication campaigns need to better understand what is important to men and what their triggers for behavior change are, and make messages relevant and their sense of HIV risk immediate and real.

- **Implement the updated national public policy requiring condom availability in entertainment establishments.** A progressive policy was issued in June 2007 requiring that all entertainment establishments have condoms available. Strict implementation and enforcement of the policy by entertainment establishments, especially in karaoke and massage parlors, is needed to facilitate an enabling environment for condom use and to enhance the accessibility as well as the social ‘normalization’ of condoms. FHI/Vietnam recommended an “HIV-safe work place program” for FSWs at entertainment establishments.

INCREASE UPTAKE OF VCT AND STI SERVICES

- **Improve quality and convenience of VCT/STI services.** Many FSWs stated that VCT and STI services needed to be improved and provide greater convenience for FSWs. It was recommended by both FSWs and peer educators that drop-in centers, VCT, and STI sites should provide integrated services that include VCT and STI, counseling, medicines, edutainment, and referrals.
- **Increase access to VCT/STI services through innovative branding and targeted outreach.** Targeted interventions are needed to increase uptake of VCT/STI services by FSWs. Outreach should be targeted to different sub-groups of FSWs (SSWs, KSWs, and iFSWs). Mobile clinics that provide integrated VCT and STI services could be piloted to reach FSWs that live far from the city center or for whom transportation is a key barrier to access.



- **Increase capacity of VCT and STI health staff to deliver client-friendly services.** Many FSWs stated that they were unhappy with the treatment that they received at VCT and STI sites when receiving medical check-ups. Service providers require further training and support to increase their capacity in this area. FSWs have many barriers to going for regular check-ups, including shame that they will be identified by the doctor or health staff as a sex worker and thereby receive impolite treatment. Training and sensitizing VCT and STI service providers to provide friendly and destigmatizing care and treatment can help improve regular uptake of VCT/STI services.
- **Implement mass media campaigns to destigmatize use of VCT and STI services.** Many FSWs cited fear of stigma and discrimination as a key barrier to accessing necessary treatment of STIs and also counseling and testing for HIV. In Vietnam, use of VCT and STI services is stigmatized. Many think that these services are only for most-at-risk populations. Rapid expansion of VCT/STI services by the general population, especially clients of sex workers, will reduce the stigma associated with these services and will also improve awareness of the level of risk.

DECREASE UNSAFE INJECTION

- **Increase access to needles and syringes through non-traditional outlets.** Many iFSWs cited problems in availability and access as a primary barrier to reducing unsafe injection. Currently, sale and distribution of needles and syringes is primarily through pharmacies, clinics, and hospitals. In Vietnam there are few non-traditional outlets (NTOs) for the sale of needles and syringes, such as through motorbike taxis or through small street vendors. The expansion of NTOs for condoms has greatly increased availability and use of condoms for safe sex; similar programs should be piloted for clean needles and syringes for reducing unsafe injection.



- **Develop policies to create a destigmatizing and enabling environment for reducing unsafe injection.** Risky sexual and needle/syringe sharing practices are common among iFSWs and make FSWs, their clients, and regular partners vulnerable to HIV. Widespread interventions for reducing unsafe injection, including needle-exchange and distribution programs, are lacking in Vietnam. The stigmatization of injection drug use could hinder effective social marketing for reducing unsafe injection as well as expansion of NTOs for clean needles and syringes. Policies need to be developed to create an enabling and destigmatizing environment for sale and distribution of clean needles.
- **Facilitate a supportive environment for reducing unsafe injection through peer involvement.** Peer educators stressed the need to involve peer support for reducing unsafe injection. Recommendations included involving other FSWs, FSWs' partners, pimps, xe om drivers and other peers to encourage and remind iFSWs to use clean needles and syringes.

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