



# Needs Assessment Report on Mobility and Cross-Border HIV/AIDS Transmission in Lang Son and Lao Cai, Vietnam

February 2005

2<sup>nd</sup> Floor, Hanoi Towers  
49 Hai Ba Trung St., Hanoi, Vietnam  
Tel: 84-4-9362215 Fax: 84-4-9362216  
[vietnam@path.org](mailto:vietnam@path.org)

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PATH – 2<sup>nd</sup> Floor, Hanoi Towers, 49 Hai Ba Trung, Hanoi, Vietnam  
Tel.: 84.4.9362215 Fax: 84.4.9362216  
vietnam@path.org  
www.path.org

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## **Acknowledgments**

We would like to take this opportunity to acknowledge all those who contributed to this report, especially Hara Srimuangboon and Brian McLaughlin of PATH's Mekong office, and the PATH team in Vietnam, including Michelle Gardner, Ngo Thi Thanh Thuy, and Phan Thu Ha. We would also like to thank our local partners, Ly Kieu Van, Director of the Health Department in Lang Son, and Pham Liem, Director of the Preventive Medicine Department in Lao Cai. We also express our deep appreciation for the key informants and various individuals who gave their time to share their views and experiences with us. Funding for the assessment was received from the Bureau of Oceans and International Environmental and Scientific Affairs of the United States Department of State, as part of the Catalyzing Cross-Border HIV/AIDS Prevention in the China/Southeast Asia Border Region project.

## **Acronyms**

CSW	Commercial sex worker
GTZ	German Agency for Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IDU	Intravenous drug user
IEC	Information, education, and communication
NGO	Nongovernmental organization
STI	Sexually transmitted infection

## **I. Background**

HIV/AIDS and its cross-border transmission in the Mekong region is a growing problem. In response to this problem, PATH, supported by the United States Department of State, implemented the project entitled “Catalyzing Cross-Border HIV/AIDS Prevention in the Southern China Border Region”. The project aimed to attract the attention of different stakeholders on both sides of the border to deal with this epidemic. As a result, in August 2003, a three-day workshop was organized in Chiang Mai, Thailand. This workshop was successful in gathering local authorities, local nongovernmental organizations (NGOs) and community-based organizations and donors to share and discuss potential action plans for prevention of HIV/AIDS cross-border transmission. Through small group discussions and plenary discussions, the workshop participants concluded that there was a lack of clear understanding of local situations to develop a comprehensive action plan that was locally and culturally appropriate, feasible, and effective. Therefore, follow-up activities were designed to fulfill this shortcoming. One of these was a needs assessment. Three cross-border sites were selected to conduct the needs assessment: Vietnam, China, and Myanmar. This report presents the findings from Lao Cai and Lang Son provinces in Vietnam.

## **II. Introduction to Lang Son and Lao Cai provinces**

**Lao Cai** province is situated in the northwest of Vietnam bordering China in the north, having joint borders with Yen Bai province in the south, Ha Giang in the east, and Lai Chau in the West. Lao Cai province has 594,673<sup>1</sup> inhabitants living on a total area of 63,420 km<sup>2</sup>. The province has 27 ethnic minorities with four major groups, including Tay, Kinh, Dao, and H'mong. There are nine towns and districts in Lao Cai province. It has a railway line connecting Hanoi to China and Moscow. This railway passes through Lao Cai town, one of the biggest border gates between China and Vietnam. Lao Cai has a number of international border gates with China, including Can Quan border gate (Bao Thang district). In addition to these, Lao Cai, with a 203 km long frontier, has many unofficial border crossings. Recently, Lao Cai has implemented new regulations and trade policies that attract investment and migration into Lao Cai. Similarly, there is an increasing flow of people using Lao Cai for their stopover for trading or tourism.

**Lang Son** is a province in the northeast of Vietnam that borders China and Cao Bang province to the northwest, Bac Giang to the south, Quang Ninh to the east, Thai Nguyen to the southwest and Bac Kan to the west. The population of Lang Son province is 740,000,<sup>2</sup> with four major ethnic minorities: Nung, Tay, Kinh, and Dao. The total area is 3,325 km<sup>2</sup>. Lang Son is divided into one city and 10 districts, of which five districts have a joint border of 253 km with China. The province has two international border gates<sup>3</sup>(Tan Thanh and Huu Nghi) and two national ones (Chi Ma and Coc Nam) with China. In addition to these borders, Lang Son has seven other small gates where people can cross to China. Lang Son province has many major transportation routes, including highways No. 1A and 4B connecting Lang Son to the

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<sup>1</sup> Report by Lao Cai Provincial Health Services, 2002.

<sup>2</sup> Report by Lang Son Provincial Health Services, 2003.

<sup>3</sup> A visa is required to cross an international border gate, whereas this is not necessary for crossing a national border gate.

border gates as well as to other provinces, such as Thai Nguyen, Cao Bang, and Quang Ninh.

### **III. Objectives and Methodology**

This needs assessment was undertaken in order to gain a better understanding of cross-border activity and its relation to HIV/AIDS to inform the design of a regional HIV/AIDS cross-border intervention for mobile populations.

The needs assessment was conducted using three primary methodologies: a literature review, key informant interviews, and individual interviews.

A **literature review** of existing data on characteristics and movement of mobile populations and mobility and HIV/AIDS in the region was conducted. This included the review of reports, both local and international, and other documentation available on the HIV/AIDS epidemic and mobility from similar research conducted over the last few years. In addition, the literature review sought to identify organizations working on HIV/AIDS-related issues, existing programs responding to HIV/AIDS prevention for mobile populations, and the gaps between needs and responses to the AIDS epidemic in the focus regions.

Primary data was collected through **key informant interviews** with health staff, border officials, and community leaders, including local and international NGO representatives. The aim of these key informant interviews was to determine the characteristics of the mobile populations in the area and the magnitude of the HIV/AIDS epidemic. Key informant interviews also provided information on existing responses to the HIV/AIDS epidemic and the effectiveness of current interventions. Participants were selected by convenience sampling. Below is a breakdown of the key informant interviews conducted:

#### *Health staff*

- 7 private medical practitioners
- 4 pharmacy staff
- 9 health officers working on HIV/AIDS and leaders of health centers

#### *Border officials*

- 13 officers working at the border gates, including customs officials, quarantine staff, and border guards

#### *Community leaders*

- 1 leader of a district People's Committee

**Individual interviews** were conducted with drug users and sex workers. To ensure the privacy and confidentiality of these individuals, PATH approached peer educators working on projects with drug users and sex workers in these areas. These peer educators were informed of the objectives and asked for their support in identifying participants. Once participants were identified, they were informed of the objective of the interview and asked if they agreed to participate. It was explained that they could withdraw at any time from the interview. All information gathered was anonymous, with no names recorded. Interviews took place in a location selected by the participants to ensure that they felt comfortable. The following individual interviews were conducted:

- 10 intravenous drug users (IDUs)
- 4 commercial sex workers (CSWs)
- 4 commercial sex workers who also inject drugs (CSW/IDU)

Some of the **advantages** of the methodology were that it provided a rapid assessment of the situation and risk of HIV/AIDS transmission in the border areas, identified the target groups needing interventions, and provided in-depth information on some issues related to HIV transmission, as well as identifying advantages and difficulties for forthcoming interventions.

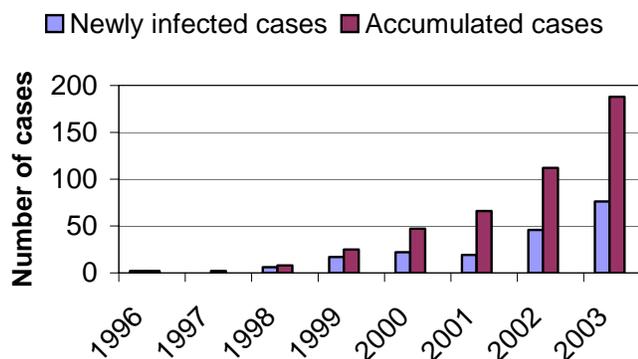
However, the methodology also had **limitations**. It was difficult to collect information in Lao Cai province because many of the CSWs and IDUs were in hiding because of an ongoing campaign against social evils. As a result, bias could occur since information on prostitution in Lao Cai province was collected indirectly through other people, such as border gate officers, people working on HIV/AIDS programs, and IDUs. The sample of people interviewed was not broad enough to be completely representative of the two provinces.

#### IV. Major Findings

##### *HIV epidemic in Lang Son and Lao Cai provinces*

Although **Lao Cai** is not a province that has a particularly large number of HIV cases, HIV prevalence has increased steadily in recent years. As of 30 December 2003, there were 188 HIV/AIDS cases officially reported (see Figure 1), with 10 people dying of AIDS. The number of new drug users has also increased, with 181 reported cases in 2003.<sup>4</sup>

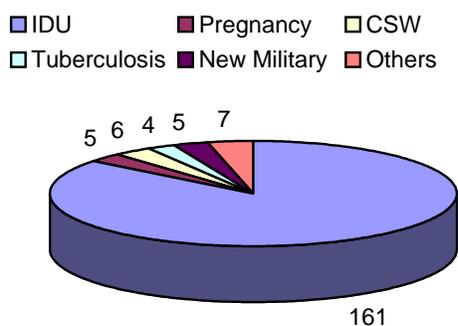
**Figure 1: HIV prevalence in Lao Cai province**



Among those who are HIV positive, 75% are intravenous drug users, followed by CSWs and new military recruits. HIV is also found among pregnant women (see Figure 2). However, no cases of HIV among children have been reported.<sup>4</sup>

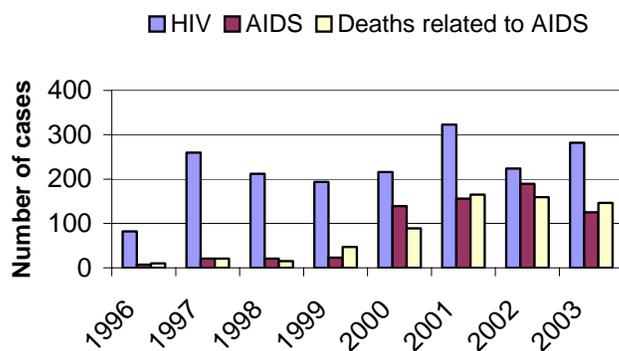
<sup>4</sup> Annual Report of Lao Cai Preventive Medicine department, 2003.

**Figure 2: Number of HIV cases by population group in Lao Cai province**



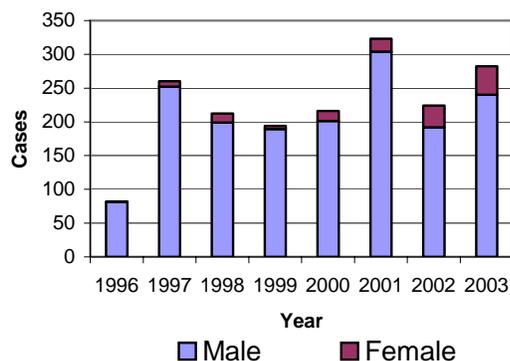
**Lang Son** province is reported to have one of the highest rates of HIV prevalence (1.47%) in the country after Quang Ninh, Hai Phong, and Ho Chi Minh City.<sup>5</sup> According to the report by Lang Son Provincial Health Services, as of 2003, HIV positive cases were detected in 90 out of 226 communes/wards of the province, two more communes than in 2002. The HIV/AIDS epidemic exists not only in the towns but also in some rural areas far away from the center of the districts and is spreading to the community as a whole. By December 2003, the cumulative number of people reported to be living with HIV/AIDS in Lang Son province was 1,793, of which 7.5% were women (up from 6.2% in 2002). A total of 681 people had developed AIDS, and 652 had died (see Figures 3 and 4).

**Figure 3: Number of HIV and AIDS cases by year in Lang Son province**



<sup>5</sup> National AIDS Standing Bureau: Report to the Chairperson of the National Committee, 2002.

**Figure 4: Number of HIV cases by year and sex in Lang Son province**



### *Mobility in the border areas of Lang Son and Lao Cai provinces*

Interviews with border officials revealed much about the general cross-border mobility in the two provinces. For the last 10 years, the commercial relationship between Vietnam and China has developed, which facilitates the flow of commodities and tourism by citizens of the two countries. At the Vietnamese-Chinese border gates, the local authorities have “open” policies to develop this relationship between Vietnam and China. In Lang Son province, it was reported that the “one-door”<sup>6</sup> tax policy increased the quantity of importation and exportation from three- to five-fold. A similar situation also appears to be occurring at the Lao Cai border gates.

Together with the increase in imported commodities, the innovative and simplified policies of Lang Son and Lao Cai in issuing travel permission for Vietnamese and Chinese are also factors leading to an increase in tourism and business. The number of commodity transporters/traders and cross-border escorts/guides as well as commercial contractors from both countries has also increased. In general most Vietnamese travel to China for business while most Chinese come to Vietnam as tourists.

There are some differences in management of cross-border travelers between the provinces. In Lang Son, for several years, the issuing of travel permission has become more difficult as a result of strengthening the control of cross-border smuggling. Only the residents of the border areas (whose identity cards have yellow stamps) can pass the border gates with only their identity cards. Travel permission is required for all people from other areas.

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<sup>6</sup> “One-door” tax policy permits goods to be checked at only one side of the border.



### **The international border gate between Lao Cai town and Hekou**

Lao Cai province is attracting people from other provinces/cities because of its open policy designed to develop the commercial activities of Lao Cai town in an attempt to achieve city status. This policy has attracted people to the province, as well as to the other side of the border, for business. Identification cards are the only documents required for anyone passing through the border gates. As a result, the population density of the border area communes, Lao Cai town, and surrounding areas, as well as the number of people passing through Lao Cai border gates, has gone up considerably in the past few years.

According to the customs officials, hundreds of people go through the border gates every day, especially the international border gates between the two countries. In Lang Son province, on average around 800 to 1,000 people travel across Huu Nghi border gate, and 200 to 300 people go through Tan Thanh gate every day. At the international border gate of Lao Cai province, about 1,000 to 1,500 travelers come and go daily. In the high tourist season (summer), national days, and prior to Tet, the flow of people increases notably, especially traders.

There are three major types of people crossing the border: tourists, traders and long-distance truck drivers, and workers (porters, construction/transportation workers, etc.). The number of Chinese tourists to Vietnam is often two to three times more than the number of tourists from Vietnam to China.<sup>7</sup> Chinese one-day passengers often came to Lao Cai for gambling, while those from Vietnam go to China to shop and often return within a day.

Most Vietnamese tourists crossing the border gates in Lang Son go shopping in Pingxiang, China, and return on the same day. Most of the Chinese tourists to Vietnam visit Lang Son city or Dong Dang town and return within the day. Few stay overnight.

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<sup>7</sup> Survey on mobility and HIV transmission of Guangxi, China - Report to United Nations Development Program, 2001.

*“This is a tourist place. Anyone going to Lang Son wants to go to Tan Thanh market for shopping. More than 100 cars and buses come each day. Each big bus carries about 40 to 50 passengers. They stay for a day usually for shopping and then leave.” (Border official, Lang Son)*

Nevertheless, the number of visitors at the border gates in Lang Son has risen in recent years. One of the reasons taking them to these areas is that they can visit China. In addition, low-price commodities in the markets also attract the attention of many people. Winter is the busiest season in the year as a result of the increased quantity of commodities. However, the difference in the flow of people between summer and winter is not so great. Visitors often stay in the guesthouses near the border gates, in Lang Son city or Lao Cai town.

*“It is estimated that each day about 500 people cross the border with their ID cards. The numbers of people who cross the border using their pass booklets varies from 300 to 400. Sometimes, this number reaches 900 people a day.” (Border official, Lang Son)*

The second group of people who frequently cross the borders is traders, including both large- and small-scale traders. Large-scale traders often have their own trucks, drivers, and a middleman who acts as an escort/guide or commodity exchange agent. Almost all truck drivers are male. They come from all regions throughout Vietnam, but the majority of them come from the northern provinces/cities or from Lang Son.

In contrast to tourists, the number of Vietnamese traders and long-distance truck drivers going to China is much higher than vice versa. They go to China for commodity orders and exchange and usually stay for two to three days at the border gate areas for loading and unloading commodities.

*“Long-distance truck drivers also make up a high proportion of the border inhabitants. The Chinese drivers come to Vietnam for loading and return right after they have loaded. The high season for Vietnamese long-distance truck drivers is summer (for carrying watermelons) and Tet. However, the Vietnamese drivers go to China and often stay overnight.” (Border official, Lang Son)*

In both provinces, as a result of the open policies and market-oriented economy, in addition to the local workers, a great number of migrant workers from Vinh Phuc, Bac Ninh, Bac Giang, Hai Hung, Thanh Hoa, and Ninh Binh provinces gather in the border areas and the surrounding locations for work. Most of them are farmers in their home provinces who try to raise income during the agricultural low season. Their main work is carrying commodities and loading and unloading for truck owners on both sides of the border.

*“There are more than 1,600 official permanent households with 7,000 residents in the town, but with the large number of nonresidents present, that figure increases to more than 10,000. Many of them come from the delta areas.” (Community leader Lang Son)*



### **Vietnamese porters waiting for work on Lao Cai side of the border**

The female workers account for a high proportion of laborers, especially those carrying commodities on their shoulders or by pack-bikes across the border. These workers often register at regular provisional residences near the border gate. They stay in low-price lodging houses for about VND 100,000 to 200,000<sup>8</sup> per month.

*“Many people come here to do unskilled work at the border areas. They are mostly between 20 and 30 years old. There are an equal proportion of male and female migrant workers. Women can also carry and sell things. These laborers often rent lodging near the shops. There are many people who come from Bac Giang, Bac Ninh, Hung Yen, Vinh Phuc, and Nam Dinh provinces.” (Border official, Lang Son)*



### **Vietnamese porters waiting for work in Tan Thanh border gate, Lang Son**

#### ***Sex work in Lao Cai and Lang Son provinces***

The increase in tourism and business at cross-border sites in Lao Cai and Lang Son as described above has resulted in an increased demand for entertainment services,

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<sup>8</sup> Equivalent to between approximately US\$6 and US\$13.

including karaoke lounges, and massage parlors and other disguised points for prostitution.

Entertainment services in Lao Cai are concentrated mainly near the Lao Cai border gate, while in Lang Son the entertainment services are concentrated in Dong Dang town, about 15 km from the border gate. The garden-cafes are usually far away from the center of the town. Waitresses working in entertainment services range from 17 to 30 years old. Most of them come from the northern provinces (Thai Nguyen, Bac Ninh, Bac Giang, Ha Giang, Phu Tho, Yen Bai) or from the central provinces (Thanh Hoa, Nghe An). There is also a small number of local girls from the other districts. However, most of the girls working in the massage parlors are from the southern provinces (Can Tho, etc.). They work for an owner for about three to four months, then move to other employers or to other areas such as Sa Pa or into China.

Commercial sex workers have a tendency to rent lodging scattered in the clusters of local dwellings. However, there were some notorious areas where CSWs concentrate, such as “the village of bums” in Dong Dang town and the Coc Leu market area in Lao Cai. CSWs tend not to gather in entertainment places, but stay in the lodging houses waiting for phone calls from their employers or clients. At the time of the assessment, there were only one or two waitresses in each karaoke lounge. They are hired and controlled by the employers. Part of the payment from clients for sex is taken by their employers. However the CSWs can negotiate with their clients to get more money. Garden cafes, karaoke lounges, and massage parlors are normally only places for approaching and negotiating with clients, while sex often occurs later in guesthouses, hotels, or elsewhere. The normal price for one sexual contact is VND 100,000. While a girl is working in one establishment, she may also be sent to other places if clients require.

In Lao Cai, there are several areas where street girls are available, such as around the hotels, at Coc Leu bridge and near the guesthouse of the Provincial People’s Committee. Street girls are between 25 and 30 years of age. They work independently. In the daytime these women go to the market to work for small businesses, such as selling fruit, and go on the streets to seek sexual clients at night.

In Lang Son town, there are more street girls than in Lao Cai. They gather together mostly along the paved roads or surrounding the park, near Cong Trang market (Dong Dang town). Many street girls in this town are IDUs. These sex workers are normally older than those in the entertainment services.

Clients of the entertainment services on the Vietnamese side vary in terms of occupation, place of residence, and age. The majority of them are men who are on working assignments, traders, and tourists. A large number come from other localities to work in construction, transportation, in mines, or as porters and truck drivers. The reasons leading these men to have sex with CSWs include their sexual urges, or “being treated” by their friends, and in some cases, the traders paid for sex to “get rid of bad luck” at the end of the month. Drivers are seen as the most frequent and numerous sexual clients in Dong Dang and Lang Son towns, especially surrounding Cong Trang, near the border gates. The Chinese clients often have sex with CSWs who provide massage services in the hotels.

Similarly, the clients of street girls are also varied. They include local people (not clearly identified if they are permanent or nonpermanent/temporary residents), people from other localities who are traveling for work or tourism, and Chinese men. However, most clients are local people. In general, clients of the street girls have lower standards of living than clients going to the entertainment services.

*"Clients include the local people or people coming out of the hotels from Hanoi and China." (CSW, Lang Son)*

### ***Sex work on the Chinese side of the border***

Vietnamese sex workers on the Chinese side who go to China for prostitution do not always pass through the official border gates. Most of them cross the border at night through unofficial passes because they have no travel permission since they are not local inhabitants. They follow the tracks in the mountains along the border in Lang Son or travel by boat in Lao Cai, creating a situation that is hard for the responsible border forces to control.

According to many respondents, Vietnamese girls sell sex in China but not vice versa. The main reason is a lower level of control in China. Their motivation for going to China varies. Most believe that they will get more money if they go to work in the hotels or at hairdressers. Normally, they work there for a limited period of time and then return to Vietnam when they are getting older. Some of them go further inland and marry Chinese men after quitting their prostitution job.<sup>9</sup>



**A small border gate between Lao Cai and Hekou**

*"Commercial sex workers do not pass through the official passes and crossings. They often go and stay there in China. They rarely have a chance to come back to Vietnam because they do not have travel permission and such kind of people do not have any personal papers. In most cases, Vietnamese*

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<sup>9</sup> Zhixiong He. 2003. "Migration and the sex industry in the Hekou-Lao Cai border region between Yunnan and Vietnam", Cross-Border mobility and sexual exploitation in the Greater Southeast Asia sub-region. Center for Population and Policy Studies Gadjah Mada University, 2003.

*CSWs go to China for prostitution, and only a few Chinese CSWs come to Vietnam for this work.” (Border official, Lang Son)*

According to the local officials working at the border gates, the women working in the entertainment services are considered professional sex workers. Most of them go to China and stay there for the purpose of prostitution. Others are called “gai du” (parachutes). These women go to China for two to three months, return to their home villages or continue to work as prostitutes in other locations in Vietnam, then go back to China again. They come from a wide range of locations in Vietnam such as Phu Tho, Ha Tay, Hai Duong, Vinh Phu, Lao Cai, Thai Nguyen, Bac Giang, Hung Yen, Vinh Phuc, Son La, Lang Son, Thanh Hoa, Hue, and Can Tho. The majority of them are 16 to 22 years old.

*“The border between Vietnam and China is only 10 meters wide but it is extremely busy in terms of prostitution on the other side [Chinese side]. Most of them are from Vietnam, and most of their clients are Vietnamese drivers. During pre-Tet holidays, sometimes the number of drivers reaches 100 per day. The Vietnamese CSWs often go to China through unofficial crossings along the border. There are about 200 CSWs selling sex around the border gate. They are professional CSWs; they often stay there and do not return to Vietnam.” (Border official, Lang Son)*

There are entertainment spots in the Chinese markets in Poczai (border with Lang Son) and Hekou (border with Lao Cai). There are about 500 CSWs in the Hekou entertainment area and about 150 to 200 CSWs in Poczai market.

In general, the life of Vietnamese CSWs in China is unstable. They are at risk of being excluded and marginalized after a short period of time. Most of the CSWs in China from Vietnam return to Vietnam when they reach the age of 25 or 30 years or they marry Chinese men in the inner part of China. Those CSWs who return to Vietnam often live far away from their home village. They are not brave enough or don't dare to go back to their village. They often stay in the border provinces and continue selling sex.

There are several reasons why most Vietnamese sexual clients in the border area tend to seek sexual service on the Chinese side. First, prostitution on the Chinese side is not as strictly controlled as it is on the Vietnamese side. Second, there are many CSWs on the Chinese side and they come from different countries (Vietnam, Hong Kong, China, etc.). They can satisfy the men's curiosity for having sex with “foreign women.” Third, the price in China is lower (VND 50,000) than it is in Vietnam (VND 80,000-100,000<sup>10</sup>). And finally, many men prefer to have sex with women in localities far away from their home villages. Many Vietnamese traders and tourists also go to this area to satisfy their curiosity because of the availability, price, and easy accessibility. Despite the fact that most Vietnamese clients at the border area go to China for sexual services, the majority of clients in these areas are Chinese.

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<sup>10</sup> VND 80,000-100,000 equivalent to USD 5.5 to 6.7

*"When I have a sexual desire, I often go to China, I also seek CSWs on this side but seldom. I prefer going there because my family is living here, so I feel more comfortable in China. I often go by boat." (IDU, Lao Cai)*

### ***High-risk behaviors for sexual transmission of HIV/STI***

High-risk behaviors for HIV/STI transmission to and from CSWs include unsafe sex, untimely treatment of STIs, and having sexual intercourse during their menstrual period. Information gathered from the assessment also shows that injection drug use among the street sex workers is common. As a consequence, they face the risk of getting diseases not only from sexual intercourse but also from sharing injecting instruments and needles.

*"In the entertainment services there (China,) there are drug injecting CSWs. They are willing to go there because of their drug addiction and they are in need of making money. What the owners are interested in is whether the CSWs can work for them or not regardless of whether or not they are using drugs." (CSW, Lan Song)*

Condom use for the purpose of self-protection from HIV/STIs is encouraged by the owners of the entertainment services; however, condom use among a large proportion of CSWs depends on more than one factor, such as the clients' sexual demand, extra money temptations, and a friendly relationship with clients.

*"My friend is rather old, so she agrees to sell sex at any cost and anywhere, e.g., for VND 20,000-30,000<sup>11</sup> per time, even for 4 men at the same time, "bare sex," up on the hill or in their own houses." (CSW, Lang Son)*

*"We have sex together in the same way as spouses do and he told me that he did not have any disease. I trust him and I please him by having bare sex. His is only one case among 10 clients. If three clients were like that, I would die soon. I have suffered from inflammation several times." (CSW, Lao Cai)*

It is a common belief that the transmission of HIV/STIs can only occur through vaginal sex. Some street girls in Lao Cai and Lang Son towns seem unconcerned while talking about oral sex, or "playing clarinet" in their slang. All of the interviewed CSWs answered that they often pleased their clients by "playing clarinet" if their clients wanted. CSWs from the south of Vietnam are often "best sellers" because they are considered skilled in meeting their clients' demands. These CSWs, therefore, are at a higher risk of HIV/STI transmission.

*"CSWs from the southern provinces are often more attractive because they are "honey-mouthed," and they also know how to please men during sex. During excited sex, they can do everything; nothing is left out." ( IDU, Lao Cai)*

*"All of them "play clarinet." They do not use condoms. Condoms are hardly ever used for "playing clarinet." (IDU, Lao Cai)*

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<sup>11</sup> VND 20,000-30,000 is equivalent to USD 1.5 to 2.0.

In addition, the number of CSWs who have voluntary HIV tests is still low. The main reason for this is the fear that they will be HIV-positive, which is considered a death sentence. Another is the fear that their positive status would be disclosed. Some other reasons are concerns regarding the availability and price of the HIV test.

*"I don't know if I am HIV infected or not because I have never had a blood test. I don't care. It is good if I am not. If I am, I do not want to know." (CSW, Lang Son)*

Information gathered during this assessment shows that the number of clients using condoms has been notably increasing. Border guards in Lang Son said they found condoms in the cabs of Vietnamese truck drivers who were going to China. Nevertheless, the number of clients who do not use condoms is still high. Some middle-aged and older men think that they will not survive long, so it is useless to protect themselves. Some clients and CSWs have misconceptions about condom use. They believe that it is good enough to wear condoms just before ejaculation or that using condoms might have bad effects on their health.

*"Nowadays most clients use condoms, but my old clients do not." (CSW, Lang Son)*

*"I prepare condoms myself. They only use condoms when their fluid comes out." (CSW, Lang Son)*

*"It was said that condoms are not good because of the lubricant. If I use condoms too much, the lubricant will stay inside my vagina and I will have to go to Hanoi for treatment, but I have no money to go there." (CSW, Lang Son)*

Some IDUs who are infected with HIV or STIs insist on not using condoms for sex as one way of "taking revenge on life." Many men have sex after drinking, so their capacity for self-control is lower and they do not use condoms.

*"Some people on the other side know that I am HIV-positive. The owners know, but the CSWs do not. Sometime I have sex with CSWs; some of them are HIV-positive and some are not. Some CSWs are mean, they looked down upon me, they thought I did not have money and told me that I looked pale. I got angry so I did not use a condom so as to transmit HIV to them. I gave HIV to those I did not like." (IDU, Lao Cai)*

*"One month ago, I was infected with the disease from a man who intentionally transmitted it to me because he did not use a condom." (CSW, Lao Cai).*

### ***High-risk behaviors for HIV transmission through injecting drug use***

At the time of the assessment, most interviewed IDUs in both provinces were in detoxification centers. However, interviews were conducted with other IDUs, some of whom were also CSWs.

Frequency of injection is quite high. The number of people sharing injecting instruments is still rather high. Some are too poor to afford to "get high" alone, so

they try to survive by sharing drugs with their peers. Other IDUs share injecting instruments as a result of insufficient knowledge. The first injection experience of many IDUs was with the “residues” of other IDUs, using shared reused equipment. Sharing injecting instruments may be unintentional during their first injections. The first injections might occur when many people cannot control themselves, e.g., when they are with their excited friends, or when drunk.

Some others trust their peer IDUs and believe that they know each other well. For instance, there are IDUs who often inject together or as lovers. Even though quantitative data on this issue was not collected, it was indicated that the existing proportion of IDUs sharing injecting instruments is a major cause leading to increased risk of HIV infection among IDUs.

In addition, some interviewed IDUs had no hesitation in sharing injecting instruments when they had the craving for drugs. Some said that they would not be able to control themselves if they had cravings and the only thing that their minds were set on was getting the drug, without thinking of the possible consequences. This dangerous situation augments the risk of HIV transmission.

*“I started injecting drugs about two years after smoking. At the moment, I inject about 3-4 times/day with VND 50,000.<sup>12</sup> I do not reuse the syringes I used the day before. I often buy new ones with VND 1,000 each. I can still afford VND 50,000 for drugs . . . . There are some of my friends who are still sharing syringes.” (IDU, Lang Son)*

In general, the informants confirmed that sharing syringes has decreased. Before, many people shared syringes due to the shortage of syringes and inadequate knowledge. Results from the interviews show that many people now have more knowledge of HIV prevention. However, some had shared syringes many times before being informed of their HIV-positive status.



**A place where IDUs often gather to inject in Lang Son town**

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<sup>12</sup> VND 50,000 is equivalent to approximately USD 3.3.

In addition to sharing syringes, some IDUs share distilled water. According to those interviewed, most IDUs avoided using distilled water from used syringes. They poured distilled water into the syringe, and then divided it into two halves before injecting. Some IDUs used drugs filled in a syringe without knowing if it was a new syringe or not, or if the drug had been moved from a used syringe. Such cases occurred amongst the IDU group who often injected together and who often shared drugs due to a shortage of money. This happens less now, as the awareness of the IDUs has improved. However, it is a possible reason for HIV transmission among the IDUs because they can get HIV after a single use of a shared syringe.

Another high-risk behavior for HIV transmission among IDUs is collecting the drugs left in syringes after injecting or “collecting syringes.” Even though this is not common, because the addicts know the value of drugs to them and not many give others a chance to “collect syringes,” it still occurs. The IDUs who “collected syringes” are often in difficult circumstances or they are HIV-positive. They think that they “have nothing to lose” and the only thing they are interested in is meeting their pressing demand for drugs at any cost.

*"After I injected and threw the syringes away, he picked it up for injection. He does not have syringes. I told him that I was HIV positive, but he insisted on taking my used syringes . . . It's a common practice for some addicts. Every addict will die, either by addiction or AIDS. There is no difference. The addicts often have such a pessimistic way of thinking." (IDU, Lao Cai)*

It should be noted that only a few of the IDUs who had shared syringes, drugs, or distilled water had HIV tests. Some of them had HIV tests when they got ill and testing was needed for a diagnosis. As a consequence, it was very difficult to say who among them was HIV-positive as a result of sharing. Even though they were not sharing syringes at the point of research, they might have been infected by doing so before.

### ***Health-seeking behavior for treatment of STIs***

While the public health facilities are well equipped with laboratory facilities, only a small proportion of married women come to these facilities. STI patients prefer to go to the private clinics, though no tests are available and treatment depends on the practitioner's experience. Diagnostic tests are normally conducted by a few private laboratories or in the hospitals far from the clinics in both provinces. According to the venereal specialists, most of the clients accessing the venereal clinics are male, while most of clients in the gynecological clinics are female. Clients often seek medical services when their diseases are at the chronic stage or after their self-treatment has failed. Treatment discontinuation among clients is very common, which makes the diagnosis and treatment more difficult. In addition, treatment for couples is rare. Only a few clients take their sexual partners for treatment because they want to hide it from their families; as a result, treatment can only partially solve the problem.

*"Some clients ask to have tests after counseling. However, most of them prefer to suffer the disease than to test and know their disease." (Medical doctor, Lao Cai town)*

*"I had infection without pain when passing urine. I consulted the pharmacist, bought the recommended medicines, and took two tablets each time. It worked when I used the medicine; however, sometimes the disease recurred. I used that medicine too many times to remember." (CSW, Lang Son)*

STI clients of the public and private clinics in Lang Son and Lao Cai are somewhat diversified. A large proportion is CSWs in the entertainment services, including girls coming back from China. However, a significant number of housewives and trading women of reproductive age also attend for STI infections. Only a few of the CSWs working in the entertainment services in Vietnam access the health facilities when the STI is acute; the majority come at the chronic stage. Providers report that the most common STIs are chlamydia, chancroid, herpes, candida, gonorrhea, and syphilis.

One of the reasons for the CSWs' delayed treatment or being untreated is their attitude towards the necessity of medical services. They say that it is their occupation to serve their clients and that the disease will recur tomorrow even if it is absolutely cured today. Many people believe the misconception that STIs can be successfully treated with several doses of antibiotics. A street girl in Lao Cai town said that she got the disease from a client who insisted on "bare sex." She came to the pharmacy and asked the owner to help her inject antibiotics. Another CSW in Lang Son city said she often took several tablets of antibiotics whenever she had an unusual or unpleasant feeling in her genital parts. Medical services are too time-consuming for the CSWs and they are afraid of losing clients. They go to health facilities when the problems can be easily noticed by the clients, or when the disease becomes unbearable for them.

*"In general, clients access the medical services at a late stage, especially those working in massage parlors. They use medicines when they have diseases, but often discontinue before the full dose is used. They come here when the disease is very serious, and then discontinue when they feel better." (Medical doctor, Lao Cai)*

*"Many people suffer from multi-recurrence of the disease. They had treatment somewhere else but it did not work. Some of them returned for the 10th time or more." (Medical doctor, Lao Cai town)*

The Vietnamese CSWs serving in the entertainment services on the Chinese side of the border often seek medical services in Chinese markets. They return to Vietnam when they decide to leave their job or their diseases become so serious that no client dares to have sex with them.

### ***Existing programs for responding to HIV/AIDS prevention needs***

In **Lao Cai** province, in addition to the provincial AIDS committee, a Steering Committee for intervention programs for IDUs and CSWs has been established for running the peer education and harm reduction programs. It was funded by GTZ and Save the Children/US during the period 1997-2003 in several communes in the north of Lao Cai town, some others in Bao Thang district, and in Sa Pa town. Interventions were targeted mainly on IDUs and inadequately addressed CSWs, clients, and migrant laborers. There is a great number of AIDS staff working in provincial and district

levels, and capacity has already been built in management, planning, and communication. There are a limited number of medical personnel available to provide treatment and care in both public and private clinics. There are three STI public services and eight private clinics that mostly provide services outside office hours. Prevention and control of cross-border HIV/AIDS transmission has been discussed at the meetings between Lao Cai and Hekou, but at the time of the assessment, a specific plan had not been developed.

In **Lang Son**, there are 13 STI clinics and 14 public health facilities doing HIV tests and 22 private clinics. Some international projects are being implemented in the province, including "Comprehensive interventions on the basis of peer education for the intravenous drug users" (Ford Foundation), and "HIV prevention and care for people living with HIV/AIDS" (CDC/US), with voluntary anonymous counseling and testing in Dong Kinh ward and an outreach approach in Chi Lang and Huu Lung districts. A memorandum of understanding on cooperation between Trang Dinh, Van Lang, Cao Loc, Loc Binh, and Dinh Lap districts (Lang Son, Vietnam) and Pingxiang district (Guangxi, China) was signed in June 2000. Many activities have been implemented as a result of that memorandum of understanding for HIV prevention and control in the border areas between the two countries since 2002. Activities include information, education and communication; surveillance; management; care; counseling; treatment; safe blood transfusion; and specific border area HIV prevention activities. However, HIV/AIDS prevention and control in the community is difficult due to the high mobility in the border areas.

## **V. Recommendations**

The risk of HIV transmission in the border areas of Lang Son and Lao Cai provinces is likely to remain high in the coming years because HIV transmission is not only among the CSWs and IDUs but also among clients and the general population. Therefore, a comprehensive model for prevention and control of cross-border HIV transmission needs to be considered. This should emphasize not only the high-risk behavior groups but also the general mobile population in these areas. Following are the research team's recommendations for interventions in Lao Cai and Lang Son based on the findings of this needs assessment.

### ***Target groups***

High-risk behavior target groups for focused interventions should include commercial sex workers, their clients (including long distant truck drivers and hired workers), and drug users. However, interventions for the general population also need to be considered.

### ***Intervention model***

The intervention model includes the following main components: advocacy, behavior change communication, and support services.

## **1. Advocacy**

- a. Advocacy for cooperation policies on cross-border HIV/AIDS/STI prevention on both sides of the border, focusing on legal regulations on condom distribution, needle exchange, and regular health checks among high-risk behavior groups.
- b. Advocacy for cooperation of owners of the entertainment spots to prevent HIV transmission.

## **2. Behavior change communication**

- a. Peer education among the CSWs, especially in the entertainment spots in towns and markets, using former CSWs who used to serve in the entertainment spots in the border areas, as they have good understanding. IEC activities are necessary for newcomers of the entertainment spots because of the high mobility of CSWs.
- b. Peer education among the IDUs in districts and towns of border areas. The IDUs should be provided with more in-depth knowledge on the risk of HIV transmission through sharing syringes, and distilled water and the danger of cross-infection.
- c. Increase availability of information at pharmacies, entertainment spots, and public and private health facilities. IEC materials need to be printed in two languages (Chinese and Vietnamese).
- d. Small group communication for migrant workers. There should be a plan to conduct speeches providing HIV/AIDS-related information, e.g., patterns of transmission and prevention methods.
- e. Mass media on the possibility of HIV/AIDS transmission in the community and the adverse consequences of STIs. Areas of focus should include the risk of infection, signs of STIs and when to seek medical services, adverse consequences of self-treatment, and delayed and discontinued treatment of STIs.
- f. Establishing cultural spots at the border gates to introduce culture, history, etc., of the two border provinces to attract the attention of the tourists. At these spots, HIV information on the current HIV situation and how to prevent it can be provided.
- g. Providing training on HIV prevention to people working at border gates so that they can be actively involved in IEC activities in these areas.

### **3. Support health services**

- a. Improving the HIV/STI diagnosis and treatment in both public and private health clinics working at the border and surroundings. Establish voluntary counseling and testing centers integrated with STI diagnosis and treatment built on the available public and private services.
- b. Making condoms, clean needles, and syringes available and accessible.
- c. Establishing more medical service stations for health checks at the border gates.

#### ***Cooperation model***

This assessment and those from Hekou and Pingxiang indicate that the success of HIV/AIDS interventions in these border areas will be considerably enhanced with increased collaboration and cooperation between agencies and organizations on the two sides of the border. Therefore, in addition to defining specific activities for intervention, a joint model for cooperation needs to be developed.

During the dissemination workshop for the assessment studies, groups were formed of the related cross-border groups to discuss the development of a cross-border cooperation model, and to begin the process of developing future action plans for addressing HIV transmission in a truly cross-border fashion. The two groups discussing Vietnam-China cross-border activities were Lang Son/Pingxiang and Lao Cai/Hekou.

The recommended activities should be carried out on both sides of the border, within a coordinated structure. Coordination between Vietnam and China at the local and provincial levels is essential to ensure consistency in terms of messages and methods, and to provide an environment for the development of mutually supportive interventions.

The relationship between the authorities and other relevant parties on the two sides of the border needs to continue to be strengthened. At the dissemination workshop the participants from Vietnam and China proposed the following activities for strengthening coordination and developing joint action plans.

- Conduct a more detailed baseline survey on both sides of the border.
- Jointly organize a dissemination workshop to report the results from the survey to the local authorities and relevant stakeholders.
- Develop a memorandum of understanding between the local authorities on each side of the border.
- Jointly develop a concrete action plan based on the results of survey.
- Set up a technical coordination group consisting of Vietnamese and Chinese members to coordinate and implement the action plan, and share information and experiences.
- Hold regular meetings of the technical coordination group.
- Set up project offices on both sides of the border to organize and carry out specific activities.

While the major stakeholders in the coordination of HIV prevention activities in the border areas are the local authorities at various levels in the provinces on either side of the border, the importance of involving a third party in the coordination effort was repeatedly noted during the workshop. This third party has a crucial role to play in the facilitation of bilateral cooperation.