Key Population Research and Advocacy Project

Section **B**

Summary on Access to Health Services and Community Assessment of Quality of Service Delivery of HIV, Sexually Transmitted Infections and Sexual & Reproductive Health Services for Female Sex Workers Study in Vietnam

Background

Sex workers are disproportionately affected by sexually transmitted infections (STI), especially human immunodeficiency virus (HIV), due to existing barriers to testing, treatment and counselling services, and that hindered them in access to sexual and reproductive health (SRH) services for disease prevention and health promotion. Female sex workers are likely to acquire HIV than other women of reproductive age; this is especially significant in Asia and the Pacific region. Sex workers are at particular risk of HIV transmission due to social and legal factors, and are often stigmatized, marginalized and criminalized by societies. In the region, there is a lack of legislation and policies protecting sex workers who may be at risk of violence from both state and non-state actors such as law enforcement, partners, family members and their clients. Accessibility, availability and acceptability of comprehensive and quality HIV, services among sex workers are low, and less than half of the female sex workers in the region know their HIV status. Evidence-based interventions by the community are proven to be most effective when they address the legal and social barriers that affect sex workers.

According to a report by the Department of Social Evils Prevention, Ministry of Labor, Invalids and Social Affairs (MoLISA) in 2017, the number of sex workers in Vietnam as reported by provinces/cities were over 13,000 people, which only represents the managed and recorded sex workers. However, the number of sex workers is, in fact, much higher. According to ILO's 2016 data, there were 101,272 sex workers in Viet Nam and most of them were female (72,000). Sex work is becoming increasingly diverse with the participation of male, female and transgender sex workers (previously sex workers were mainly women) (ILO, 2016). The work locations of the sex workers in Vietnam are varied from public areas, bars, hotels and hostels, to entertainment establishments, they also can find clients via different means such as mobile phones or through social media platforms such as Facebook, Zalo, Viber, etc. From a human rights perspective, sex workers are a vulnerable group because they are at high risk of becoming victims of sexual abuse, violence, exploitation, discrimination and infection of a number of diseases such as HIV and STI due to limited access to health protection and social and healthcare services. Therefore, harm reduction interventions for sex workers, service quality improvement, promotion of accessibility to services

and social protection for this social group needs to be prioritized.

This study aimed to explore the situation of health services and barriers to HIV, STI and SRH services for female sex workers, to inform recommendations to improve access to quality health services for FSW.

This study has been carried out under the Key Population Research and Advocacy Project in Vietnam-funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and managed by Save the Children as the Principal Recipient. This study is implemented by Asia Pacific Network of Sex Workers [APNSW] as SR and SCDI as SSR in collaboration with VNSW under the scope of KPRA Project.

Methods

This study employed a mixed method approach, using interviews of key informants and community-based surveys of female sex workers to assess the situation of access to health services and the quality and barriers of HIV, STI and SRH services. Two study sites were selected in Vietnam, based on the high FSW population; Ho Chi Minh City and Hanoi. A total of 11 key informants from the government, inter-government and non-government sectors were interviewed, and a total of 314 FSW participants were surveyed.

Key Findings

In recent years, there have been many changes in the mind-sets of local authorities, including the police, policy makers and ministries regarding FSWs in Vietnam, which has made it easier for NGO's interventions for FSWs. Following several years of advocating for harm-reduction, governmental bodies such as Department for Controlling Social Issues and MOLISA have become much more open to SW related activities and have increased their support for FSW related programs. Therefore, the harm-reduction activities have been rolled out much easier than in the past. Budgeting for interventions is based on the project designs (NGOs, INGO) or by annual allocation (government) which is not divided specifically for each target population. For example, in the national HIV program, budget for activities are allocated for two target groups: general community and high-risk populations, where FSW is categorized under high risk population. Compared to other high-risk populations, FSWs are not a prioritized group.

Currently there are several challenges in providing services to address FSW needs. These include:

- **Government-led program difficulties in reaching FSW.** There are several programs to provide free condoms and lubricants for FSWs and free syringes and needles for those who also are IDUs; however, the activities rely on peer educators who are FSWs. Therefore, without the connection with CBOs, government-led interventions become impossible if FSW refuse to join or communicate with program officers.
- **The mobility of FSW makes it harder for service providers.** Intervention programs find it difficult to keep track of FSWs due to their high mobility and low level of commitment in participating in the project. The mobility of FSW is also a challenge for the project data management and follow-up interventions.
- **Operating capacity:** Among the projects that require collaboration between NGOs and CBOs of FSWs, program officers have reported that because of the limited capacity of CBOs, they face difficulties in ensuring compliance of donor's reporting, deadlines, and other requirements.
- **Social workers' attitude toward sex work.** Even when providing services, some program officers, social workers do not fully understand and are not sensitive while working with FSWs.
- **Government HIV agencies and organizations do not have enough information and insights.** They do not fully understand the diverse risky behaviours and specific needs of different groups of SWs.

The key informants believe that expanding reach-out through collaboration among different governmental bodies is important. This includes closing the gaps between service providers and FSWs through more consultations with FSWs, receive feedback, ideas, suggestions from FSWs. Additionally, training and sensitizing of governmental social workers and officers on topics related to SW is needed to develop suitable programs for FSWs, these include programs such as coping with violence, Livelihood after quitting sex work healthcare for FSW, childcare and child protection for children of FSWs. Finally, health care providers should reduce cost or have no extra-cost for overtime health services. He providers should be trained to increase awareness and sensibilities in working with FSW patients and provide more community-based and diverse services.

Recommendations

The following are key issues and recommendations that must be addressed in Vietnam:

- **Fear of stigma and discrimination related to sex work.** This assessment found that 7.03% of FSWs reported ever being discriminated or stigmatized by healthcare providers within the last 12 months. FSWs avoid revealing their occupation to healthcare providers in fear of being treated differently by the hospital staff once they

know they are SWs. In general, when going for healthcare services, the women tend not to reveal to healthcare providers that they are FSWs due to shame and embarrassment (60.5%), fear of stigma and discrimination (34.7%), and thinking that the information was not relevant to the visit (34.7%). About 8% FSW have reported to have felt that they were treated worse than other clients at the clinics by the healthcare providers. Also, some healthcare providers may not be sensitive when asking questions that may cause FSW patients uncomfortable, such as invasion questions about risky sexual behaviours, sexual partners, etc. Most hospitals have private rooms for check-ups and consultation with doctors; however, the reception areas are often communal, where patients sit and wait to be called upon. For many FSWs, these areas are the intimidating spaces where they feel insecure about the risks of being revealed as sex workers. There needs to be more friendly services for FSWs, with better quality and space for FSWs to seek services in privacy and maintain their confidentiality. And health care providers should obtain training with knowledge and skills to understand the issues and needs of FSWs.

- **Clinic Operation.** Of all health facilities, community health center/ DiCs, and government hospitals are the places where the FSWs felt most comfortable to disclose to the healthcare providers about being a sex worker. However, most of the hospitals only open during the office hours (from 7AM until 5PM). Also, each visit to the hospital takes around two to four hours. This causes difficulty for FSWs to find suitable time off from work to go to hospital for check-ups and treatments, especially those who are working at the entertainment establishments. Some hospitals only offer check-up services in their morning working hours and provide the test results in the afternoon or even in the next day. However, these are the rest and sleeping hours for many FSWs who have to work all-night the day earlier. There needs to be more facilities with convenient locations with shorter wait times. Facilities should be encouraged to provide more community-based health services at the residential areas and provide more satellite clinics with flexible operating hours to meet FSW needs.
- **Difficulties with identification documents and administrative procedures:** Many FSWs do not have ID, have lost it, or their ID is being held by their work establishment. Therefore, they cannot register for check-ups or treatments at some public clinics/ hospitals or healthcare programs. For some harm-reduction programs (such as methadone program), FSWs need to show either their ID or (temporary) resident registration to get access to; however, many of them came from other provinces and live in the city without any registration and also do not have ID, thus impossible to get the services from such projects. In addition, many FSWs due to lack of self-confident and literacy capacity face difficulties in filling out administrative forms and communicating with police officers and authorities.
- **Cost for healthcare services and Insurance.** Many FSWs do not have stable income yet they have to financially support their family and children, thus cannot afford high quality healthcare services. Cost is a consideration for most FSWs in selecting their health service provider. Most of FSWs do not have any health insurance. Even those who have national health insurance, many feel resistances to go to public hospital for check-ups and treatment because they want to avoid long hours of queuing and waiting as well as the lack of privacy while seeing the doctors. FSW should be provided with information on health insurance, how to obtain insurance and correctly use it to decrease their healthcare expenditure.
- **Knowledge of health issues.** Among some of the reasons for not obtaining health services and testing is the belief that they are not at risk, no one advised them to go and did not want to know their HIV/ STI status. It is important to encourage FSWs to participate or be involved in CBOs or have access to peer education and IEC/BCC activities that work in sex worker related activities. Often IEC/BCC events, trainings or healthcare services are mostly held during daytime, within office hours, and may last several days long. FSWs find it difficult to stop working for a few days to join such activities, or sometime it is impossible for them to get up early in the morning to participate in trainings, or go to hospital after a long working night. The activities should target FSWs, be developed through CBO collaboration and be held during days and times where most FSW are able to attend. This will increase FSW access to information, bolster their knowledge on health issues, including awareness of HIV, STI and importance of SRH services, and empower them to seek health services.

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