Greater Involvement of People Living with HIV/AIDS (GIPA)

PARTICIPATORY RESEARCH
WITH PEOPLE LIVING WITH HIV/AIDS
IN HAIPHONG

(Research report translated from the Vietnamese version)

NGUYEN VAN BUOM & HOANG THI HUYEN
With the assistance of
Ha Ngoc Lan
Vu Van cong
Le Thi Thuy
Nguyen Duc Tuan
Dang Anh Tuan
Quach Thi Mai
Pham Van Trung
Tran Manh Ha
Pham Thi Hue

Haiphong
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Foreword

Save the Children UK is both pleased and proud to be associated with this unique and pioneering research on how to encourage the involvement of positive people in the response to the HIV/AIDS epidemic in Vietnam. We are completely convinced that improving the response to the HIV/AIDS epidemic in Vietnam remains one of the country's greatest economic and social development challenges, and to overcome this challenge the views and experience of positive people themselves must inform government and donor policies and actions.

This research offers evidence and insights regarding the situation of positive people in Haiphong, as part of a national study funded by the Ford Foundation, coordinated by CARE and COHED, and implemented by INGOs and their government partners in 5 provinces. We would therefore like to thank all the different stakeholders for their contribution to the success of this project, in particular the PAC and Health Department of Haiphong and especially the researchers, the majority of whom were positive people, who ensured that the results were more comprehensive and profound because of their participation.

The research also offers many avenues for practitioners and policy makers to consider in order to encourage the greater involvement of positive people in society and in HIV/AIDS programming, and to improve the quality of life for those living with HIV/AIDS. In fact, this research has shown that one of the most effective ways to improve the quality of life of positive people is for them to be more integrated into society and work. We hope that this research will encourage much greater support for this trend.

Bill Tod
Programme Director, Vietnam
Save the Children UK
Executive Summary

This research report from the province of Haiphong contributes to a national study on the lives and well-being of ‘positive people’, that is people living with HIV or AIDS (PLWHAs). Furthermore, in the spirit of the movement for the greater involvement of people with AIDS (GIPA), the research was carried out by PLWHAs as well as for PLWHAs, with the aim of gaining a greater understanding of how to respectfully involve PLWHAs in the response to the HIV/AIDS epidemic in Vietnam.

The research is based on 40 in-depth interviews with PLWHAs and group discussions with a further 25 PLWHAs, as well as interviews with health workers, carers and relatives of PLWHAs.

The findings are grouped under five themes: daily life, life and social relationships, stigma and discrimination, rights and legal framework, care and support from health and social services, and positive living. In each case the actual experience of PLWHAs provides powerful testimony of struggle and hardship, as well as about perceptions, attitudes and behaviour from all corners and levels of society.

The main findings point to the majority of PLWHAs still living with and being cared for by their families, but a significant number also who have been abandoned or isolated from their families, and a majority who are jobless or in very unstable work. Only a very small minority feel comfortable about publicly disclosing their status because of the negative impact this would have on employment, within the family and with friends, and within the community (including local authorities and service providers). The importance of confidentiality of HIV status is well understood by all, but it is recognised that in practice it is rarely kept a secret. Stigma and discrimination was reported to be very pervasive. Health services were considered to be improving but still inadequate, and social services for PLWHAs were found to be welcomed but all too rare and unsustainable. In general, most PLWHAs consider that their future is bleak.

In terms of recommendations, service providers tended to focus on the need to eradicate drug use and sex work (social evils). There was common support for the need for a more comprehensive and coherent national HIV/AIDS strategy to better mobilise local and international resources. Communication in support of awareness raising needs to be improved both in term of coverage (more use of the mass media) and in terms of quality, e.g. through greater involvement of people infected or affected by HIV/AIDS and more positive messages. Many recommendations were made for improving the health services: more frequent check-ups, more availability of medicines and consumables (condoms, needles…), less stigma and discrimination, better care and support. PLWHAs particularly expressed their desire for greater employment opportunities and a better social life through mutual support, e.g. forming social organisations or clubs, having meeting places, forming networks.

The research in Haiphong culminated in a provincial strategic planning workshop involving local authorities and service providers as well as PLWHAs to identify how the well-being and the participation of PLWHAs could be better addressed.
Part I - Overview of the research

I. Background
Vietnam is ranked 13th globally in terms of size of population and has successfully implemented family planning and population programmes. However, HIV/AIDS prevention programmes still have some limitations which need to be resolved. The HIV/AIDS epidemic has become more and more complex, threatening community health and wellbeing, and families’ lives as well. Furthermore, it has negative impacts on national tradition and customs, significantly on youth, on socio-economic development, and on the quality of human resources and future generations.

According to National AIDS standing Bureau - Ministry of Health, up to October 30th 2003, 73,660 cases of HIV infection have been found nation-wide, the number of AIDS cases is 11,254 and 6,325 cases have died of AIDS. In reality, the number of PLWHAS might be higher as many of them are not found yet.

In the fight against the AIDS epidemic, over the past years, the Vietnam Government and people have made an effort to develop and carry out HIV/AIDS prevention programmes, including investment policy making, IEC, new and effective models in HIV/AIDS prevention. A number of activities and projects have been realised with the support of international and non-governmental organisations, in which PLWHAS are mobilised for communication activities and to get support for access to services for PLWHAS. Nevertheless, with the increasing number of PLWHAS, the organisations and services for PLWHAS are insufficient to fight off the epidemic and meet the needs of support services for the infected. So far, several governmental and mass organisations, local and INGOs have worked with PLWHAS and caregivers. PLWHAS have gathered together for mutual support. Yet no scientific and systematic analysis nationwide on needs, strategies and networking of PLWHAS to promote their mutual support and their better life has been done. As a result, an initiative of participatory research with PLWHAS to help those infected identify their own needs, potentials and solutions for a better life has been developed and translated by local and INGOs working in Vietnam, namely COHED, Save the Children UK, Care International, Australian Red Cross, and Family Health International.

The project of greater involvement of PLWHAS (GIPA) in HIV/AIDS care and prevention has been realised on the basis of initiatives, resources, and experiences provided by the organisations mentioned above with positive support of governmental organisations and research locations, especially with a substantial grant from the Ford Foundation.

II. Research objectives
1. Overall objective
To promote the well being of people infected and affected by HIV/AIDS in Vietnam.
2. **Specific objective**

To gain a greater understanding and appreciation of how to respectfully involve PLWHAS in the response to HIV/AIDS in Vietnam.

- Improved capacities of PLWHAS to define their well-being and support services
- Mobilising PLWHAS to participate in the process of doing research, and project implementation in following stages as well.

**III. Research themes**

The themes were identified by GIPA members in the training course held in Hanoi (6/2003) as follows:

- Theme 1: daily life of PLWHAS
- Theme 2: life and social relationship of PLWHAS
- Theme 3: stigma and discrimination
- Theme 4: rights and legal frame for PLWHAS
- Theme 5: care and support
- Theme 6: positive living

For each theme the research aims to clarify the situation, analyse the causes of problems, and to find out solutions.

**IV. Research targets**

The groups below were selected to do the research:

1. **HIV/AIDS infected people**

This is the main group. In the process of doing the research, the research team conducted 40 in-depth interviews with HIV infected people (except 2 piloted ones) and group discussions with 25 other HIV infected ones.

Features of 40 participants in the in-depth interviews are as follows:

- 17 people are/were married, of whom now
  - divorced: 3 people
  - separated: 4 people
  - widowed: 2 people
  - have children: 16 people
- be found infected for:
  - 1 year: 10 people
  - 2 years: 7 people
  - 3 years: 8 people
  - 4 years: 7 people
  - over 4 years: 8 people
- job:
  - employed: 25 people
  - jobless: 15 people
- living status:
  - with family: 30 people
  - isolation: 6 people
  - on the street: 4 people
Actually, the number of homeless PLWHAs living in the street, parks and under bridges account for a substantial percentage. They are under no management mechanism and are not diagnosed HIV by an official health center. Thus, the research reached only 7 street PLWHAs for the interviews and group discussions.

2. **Health workers**

To understand local health services and their capacity to meet the health needs of PLWHAs, 10 local health workers (provincial to ward levels, and private sector as well) took part in the in-depth interviews. Due to technical mistakes, only 9 interviews are put into the analysis.

Among them are the secretary of the provincial AIDS standing committee, the vice head of the infectious diseases department of Viettiep Hospital (responsible for care and support of HIV/AIDS patients in Haiphong), the vice chairman and one official on HIV/AIDS from the Preventive Health Center of Le Chan (which is home to numerous PLWHAs and implements HIV/AIDS prevention work in Haiphong), the head of An Duong Health Center, the director and one doctor from private health centers, and 2 pharmacists of the private sector.

3. **Social workers and volunteers**

Along with the health service, social services for PLWHAs is an increasing need. So, 5 people from mass organisations and volunteers were interviewed. In addition, 3 others were asked to have ideas on what social services did for PLWHAs in the ward of Trai Chroi.

4. **Relatives of PLWHAs**

Life of infected people depends much on their self care and will, and the quality of social and health services. On the other hand, their life also relies on family care and support. Hence, 5 relatives of HIV infected people were interviewed in depth, and 6 relatives were involved in group discussions.

5. **Methodology**

The research applies various methods to deeply understand HIV positive people’s lives, social and health services that positive people enjoy, their wishes/hopes, and their own recommendations by PLWHAs to have a better life. Among the research methods, participatory and qualitative methods are seen as most important.

In the training held in Hanoi, and Hai phong as well, the majority of research members are PLWHAs (6/9 members). They are the ones to identify the themes, make decisions on research locations and target groups.
The differences between community participatory research and normal research are shown in the table below:

<table>
<thead>
<tr>
<th>Community participatory research</th>
<th>Normal research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Passive</td>
</tr>
<tr>
<td>Solve the problem</td>
<td>Get the information</td>
</tr>
<tr>
<td>Discover</td>
<td>Analysis</td>
</tr>
<tr>
<td>Participatory</td>
<td>Draw information</td>
</tr>
<tr>
<td>Base on own experience</td>
<td>Follow standards</td>
</tr>
<tr>
<td>Focus on the community</td>
<td>Focus on researcher</td>
</tr>
<tr>
<td>Jointly make decisions</td>
<td>Researcher makes decisions</td>
</tr>
<tr>
<td>Community develops potential/capacity</td>
<td>Community problems remain unsolved</td>
</tr>
</tbody>
</table>

During the research, PLWHAs showed their activeness, enthusiasm in participating in interviews and discussions. They are people to raise good ideas for the next project phases.

It is quite difficult to do research on sensitive issues related to PLWHAs. Thus, qualitative study is chosen to be core method. It helps to get in-depth results, indicating how hard PLWHAs experience in their life, what help them overcome difficulties, what problems they are facing, and how to make their life better.

The participation of PLWHAs in the research can be shown in the chart below:
During the research, there were 5 discussions on research findings and on making recommendations which included the participation of PLWHAs, including the provincial strategic planning workshop on 12/12/2003 with 52 representatives from provincial and local authorities related to HIV/AIDS work.

Comments on results of GIPA research

In the period of project implementation, thanks to PLWHAs’ active support, the research has come up with certain positive outcomes. I would like to offer some ideas:

This is a project aimed at empowering PLWHAs. The project proves that the community still pays attention to PLWHAs, never leaves them with difficulties and illnesses; on the other hand, many organisations and the government are seeking to support the PLWHAs to cope with difficulties in their life. We, PLWHAs, do hope to receive continual support from everybody, organisations, mass agencies, and the government as well to be able to overcome periods of difficulties and mental crisis, and depression that lead to the status of ‘let it be’. I’m not sure that how PLWHAs-focused projects like GIPA will care and support us, and how it will change, but for the time being, it offers spiritual encouragement to give a fresh breath into our life that makes us more optimistic and believe in the future. Consequently, we practice healthy thoughts and behaviours and try to make ourselves more useful and good to the community, actively participating in AIDS prevention campaigns to raise community awareness on the knowledge and how to avoid being infected by HIV/AIDS. The project is really practical and important to PLWHAs, which shows the interest and attention of community towards PLWHAs, especially when we get sick, or by creating work so that we can earn our living and socialise ourselves in the society. With the positive participation of PLWHAs in the project, people interested in the matter have good knowledge of current life and difficulties that PLWHAs meet in their daily life. I, an infected person myself, couldn’t imagine how difficult their life is. Because of family and community negligence, stigma and discrimination toward HIV people, PLWHAs have no place to live, or to depend on. Only after interviewing, do I really understand more their troubled and hard life. The project has woken up thoughts of the authorities at various levels to take proper actions to help PLWHAs to reduce material and mental burdens. Authorities can’t know how insulted PLWHAs are when receiving the attitude of people around. On behalf of PLWHAs, I hope that people practice a better behaviour of love, tolerance, and sharing with PLWHAs as in the struggle against HIV/AIDS epidemic, PLWHAs are the preliminary factor to fight off the disease, help other people avoid the infection and to make the world better without HIV/AIDS.

Haiphong, August 20 2003
Dang Anh Tuan
VI. Implementation

1. Location identification
In order to identify the research sites, the research team spent half a day discussing the HIV/AIDS situation in Hai Phong. Through the data and information on locations where PLWHAs live most and on the situation of HIV/AIDS in Hai Phong over the past few years, it is indicated that the 3 districts of Hong Bang, Le Chan, and Ngo Quyen are home to drug users and PLWHAs more than other districts. (shown in the table 13 below). Also in this table, the research team identified the wards with high incidence of drug users and officially diagnosed PLWHAs.

<table>
<thead>
<tr>
<th>Name of districts</th>
<th>Wards of drug users and PLWHAs</th>
<th>Ward of officially diagnosed PLWHAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong Bang</td>
<td>Quang Trung</td>
<td>Trai Chuoi</td>
</tr>
<tr>
<td>Ngo Quyen</td>
<td>Cat Bi</td>
<td>Lac Vien</td>
</tr>
<tr>
<td>Le Chan</td>
<td>Lam Son</td>
<td>An Duong</td>
</tr>
</tbody>
</table>

HIV/AIDS infection is closely linked with drug use and unsafe sex. The matter here is that those who use drugs and practise unsafe sex don’t visit health centers to check for their HIV/AIDS status. Thus, they are seen high risk groups in terms of being infected and transmitting to others. Till the end of 2002, according to health statistic of Haiphong, the HIV/AIDS epidemic is present in 136 out of a total of 216 wards/communes in Haiphong (equal to 75.5%), concentrating mainly in urban areas. Based on the reality, the research team agreed on 6 wards listed in the table above for research locations.

Picture 1: one communication session on HIV/AIDS prevention at Opera house of Haiphong
2. Division into research groups and realisation

The team was split into 3 small groups for the 3 districts, with 3 members per group.

*Group 1* for Hong Bang district, and interviewing social and health workers of ward level. Members are:
1. Vu Van Cong - leader
2. Quach Thi Mai - vice
3. Dang Anh Tuan - member

*Group 2* for Le Chan district, and interviewing health workers of private sector and relatives of HIV. Members are:
1. Le Thi Thuy - leader
2. Pham Thi Hue - vice
3. Pham Van Trung - member

*Group 3* for Ngo Quyen district, and interviewing health workers of district and provincial level, and volunteers. Members are:
1. Nguyen Van Buom - leader
2. Nguyen Duc Tuan - vice
3. Tran Manh Ha - member

The groups were assigned to carry out planned daily tasks (interviews, group discussion) and to report activities done at the end of each day. Daily team meetings were held to adjust timely and appropriately the tasks and work done and draw lessons learnt. Results of any in-depth discussions were to be transcribed immediately, but this is such a new work that it was not done timely. To get the results of group discussions, group leaders relied on notes and reports taken by the group to consider the continuation of exploring further information. In order to clarify results of some interviews, it was necessary to have 6 follow-up interviews on the same day and 4 other interviews were held after the first data analysis.

After having transcribed the interviews and discussion, research members read documents, along with the tape recordings, to check the interview results. All interviewers added the information after checking. It could be justified that some information recorded was not clear, some words or sentences that were not understandable are left out, even there’re some long blank moments in tape recorded. These mistakes were filled in by the interviewers before being taken to Hanoi for analysis.

3. Data analysis

After getting all research results from group discussions and in-depth interviews, the materials were brought back to Hanoi for completing, analysing and processing data.
- all in-depth interviews and group discussions were coded on principle
- to ensure the confidentiality of interviewees, only nicknames of interviewees were used in the report
- Data analysis was done based on the 6 themes by the qualitative method. During the process of analysis, attention was paid to linguistic aspects (the differences among stories in words/sentences used).

In addition to materials gained from interviews, group discussions, the report also made use of documents by the Party, authorities, department of health, and relevant agencies such as: report on 2 years of implementation of the ninth communist party resolution; the ninth resolution of provincial communist party; goals and initiatives of development of Haiphong to 2005 and 2010; provincial statistic yearbook of Haiphong-2002; final report on AIDS-drug-prostitution prevention in Haiphong in 2000-2002 of Committee on AIDS-drug-prostitution of Haiphong; and report on organisation and orientation of development of local health centers of Department of Health of Haiphong-2002.

4. Advantages and disadvantages of PLWHAs (as researchers) in the research

Advantages:
- Easy access to data and information. In Vietnam, PLWHAs are faced with numerous problems, among them is stigma and discrimination which prevent PLWHAs from being open and contacting other people. If not being a PLWHAs, the researchers find hard to get necessary information for the research.
- Understanding of feelings, life, needs and desires of PLWHAs themselves other than other people in community. The researchers as PLWHAs also experience what other PLWHAs do. For instance, reaction of PLWHAs against posters on HIV/AIDS prevention, what social and health services that PLWHAs need.
- Making recommendations much closer to the needs of PLWHAs
- For the time being, PLWHAs participation in the research empowers much PLWHAs, showing the useful contribution of PLWHAs to the society.
- In the future, the research team will be a core force in implementing next project phases

Disadvantages:
- Due to the fact of being drug users among almost PLWHAs, not all PLWHAs are available for the interviews when needed.
- It's difficult for the researchers to interview and lead the discussions with other target groups in community like health and social workers, parents of PLWHAs. Meanwhile, the researchers found much easier when interviewing and holding group discussion with PLWHAs.
- More significantly, the researchers have difficulties with their health, limited education level, and lack necessary skills of being a research. As result, a few events or issues were left out. They lack skills such as how to effectively and appropriately apply the method of observation, in-depth interview, group discussion and how to develop intervention activities.

These advantages and disadvantages have an significant impact on the success of the research.
5. **Research schedule**

The research was carried out in 2 phases of 10 days per each phase:
- phase 1: 5-14/7/2003
- phase 2: 17-26/7/2003

In the middle of the 2 phases, there’s 2 days off.

Following is the detailed schedule:

<table>
<thead>
<tr>
<th>No</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group discussions to find out the HIV/AIDS situation and select locations, and sampling</td>
</tr>
<tr>
<td>2</td>
<td>Instruct how to use tapes, research tools, group discussion</td>
</tr>
<tr>
<td>3</td>
<td>Sample of interview</td>
</tr>
<tr>
<td>4</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>5</td>
<td>Group discussion of target groups</td>
</tr>
<tr>
<td>6</td>
<td>Group discussion of research team</td>
</tr>
</tbody>
</table>

*Picture 2: Research team in the community*
Part 2 - The research results

I. Overview of research location

1. General socio-economic situation of Hai Phong city

Hai Phong city is 102 km from Ha Noi, the capital. In September 5, 2003 Prime Minister issued the Decision No 192/QD TTCP on recognizing Hai Phong as a Grade 1 urban centre at national level, covering an area of 1,519 km² with the population of 1.745 million people of whose the urban people account for 37.3%, having 14 districts of which there are 2 island districts (Haiphong statistic department, 4/2003, 2002 statistic yearbook).

Generally, Hai Phong is one of the trade, services centers of Vietnam, serving the Northern Coastal areas. It is also an important transportation focal point of northern provinces as well as the whole country. Hai Phong is political, economic, cultural and scientific center, owning a vital position in defence and security.
Laying stress on the role and position of Hai Phong, the Politburo has highlighted: “Hai Phong plays a vital role in national defence and security, having full aspects of in-land, sea, water, railways and air transportation. Hai Phong is not only a city port – one of the big cities in Vietnam but also an industrial city, developing sea, island economy of the North and whole country (remark by political bureau in the working session with provincial people’s committee and other leadership of Haiphong on June 28 2003).

Economically, Hai Phong has brought its advantages and internal strength into full play to keep the economy growing with relatively high speed in recent years (the GDP growth rate is 1.5 times higher than national rate: GDP in 2000 increased by 9.1%; the figure in 2001 was 10.38%, and the 2002 was 10.64%; GDP/ head/year was 843 USD in 2002.) (report of provincial people’s committee to political bureau conference in June 2003 held in Haiphong). There is a rapid and sustainable development in many industries. Efficiency and competition of the city has improved. So, Hai Phong more and more embodies its role as growth pole with an economic focus.

Culture and society

A report from Hai Phong People’s Committee said that the scale and quality of the education in HP has been improved in all learning fields and levels: maintaining pre-school compulsory education at right age, popularising secondary school, and now high school and vocational training mobilisation is being implemented. For the school year 2002-2003 there are 1,681 pre-school classes with 48,928 pupils, increased by 100.8% compared with last school year; 417 secondary schools with 12,870 pupils, the growth rate is 99.0% compared with the last year; 53 high schools with 1,959 pupils, the growth rate is 100.5% in comparison with the last year (Haiphong statistic department, 4/2003, 2002 statistic yearbook). The school and vocational training centers are step by step being upgraded, gradually meeting the City’s need of human resource training. The 2001 survey indicates that the total workers in national economic fields in the city is 850,756 people; of those there are 216 doctors, 817 masters, 33,174 BA and 12,320 graduating from colleges (equally 2.6 BA, colleges/1000 people); 38,525 employment high school people (22 with employment high school/1,000 people.); 75,012 technical workers (19 technical workers/1000 people) (report of provincial people’s committee to political bureau conference in June 2003 held in Haiphong).

The cultural, health, sport activities are focused to develop deeply. 100% communes have cultural house and post office; 13/13 districts have cultural house; there are 434 cultural resident areas, 403 cultural villages have been built.

In health, in 2002 there are 21 hospitals with 3,470 beds, 26 local clinics, 1 health care hospital, 207/216 communes have a health station; 100% communes have doctors, nurses (Haiphong statistic department, 4/2003, 2002 statistic yearbook). Notably, in March 2003 Hai Phong opened the first private hospital (Van Cao private hospital) of Northern Coastal Provinces. The hospital have 21 beds, and are equipped with modern technical equipments equal with the national level hospital in the city. Clinical services have sufficient facilities for diagnosis such as X-ray, ultrasound…. This is a new model of health service, making contribution to improving the quality of health care for people living in the city including HIV/AIDS infection group.
Besides the above achievements, Hai Phong still has some constraints such as economic development not responsive to the potentials, role and position. There remains many hot social problems including employment, social evils, especially the drug addiction, gambling, prostitution. The city have planned to solve those problems but the result is limited and not fully effective.

2. General HIV/AIDS infection situation in Hai Phong city

According to a report released by Hai Phong Health Department, by June, 1, 2003 the accumulated number of HIV infected people reached 5,272 people, accounting for 8.13% of the infected patients nationwide; the figure for AIDS is 885 people making up 8.9 % of the AIDS nationwide; the number of people died of AIDS is 377 people accounting 6.8 % of the national cases. Hai Phong ranks the third highest of high HIV infected people nationwide (the highest is Ho Chi Minh city, followed by Quang Ninh.) and is the second highest province with high prevalence of HIV/AIDS per 100.000 people (see table 1).

According to the department of health of Haiphong, the number of HIV cases found in the second 6 months of 2003 reduced. In Dec. 2003, 5 HIV cases were found whereas in some other provinces nationwide, the number is still high, e.g. in Hanoi: 252; Hochiminh city: 167; An Giang: 128… This doesn't reflect a reduction of PLWHAs numbers in reality, as the number is influenced by many factors such as number of visitors to health centers for check-ups, quality of services,….

The result of HIV/AIDS surveillance up to Dec, 31, 2002 shows that the HIV infected cases are mainly infected through drug injection (71.2%); sexual activity accounts for 9.9% (2.5 % relates to the prostitution) and the rest is other groups (See table 2).

<table>
<thead>
<tr>
<th>No</th>
<th>Provinces</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Quang Ninh</td>
<td>598,38</td>
</tr>
<tr>
<td>2.</td>
<td>Hai Phong</td>
<td>357,69</td>
</tr>
<tr>
<td>3.</td>
<td>Hochiminh</td>
<td>242,09</td>
</tr>
<tr>
<td>4.</td>
<td>Ba Ria - Vung Tau</td>
<td>233,85</td>
</tr>
<tr>
<td>5.</td>
<td>An Giang</td>
<td>188,89</td>
</tr>
<tr>
<td>6.</td>
<td>Ha Noi</td>
<td>178,28</td>
</tr>
<tr>
<td>7.</td>
<td>Lang Son</td>
<td>161,28</td>
</tr>
<tr>
<td>8.</td>
<td>Cao Bang</td>
<td>141,59</td>
</tr>
<tr>
<td>9.</td>
<td>Khanh Hoa</td>
<td>107,88</td>
</tr>
<tr>
<td>10.</td>
<td>Thai Nguyen</td>
<td>102,72</td>
</tr>
</tbody>
</table>

Source: National AIDS-drug-prostitution committee, 01/2004
Table 2. Classify HIV infection according to target group

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>1993 - 2001</th>
<th>2002</th>
<th>Accumulated By Dec, 31, 2002</th>
<th>Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug injection</td>
<td>2,516</td>
<td>1,034</td>
<td>3550</td>
<td>71.2</td>
</tr>
<tr>
<td>2</td>
<td>Prostitution</td>
<td>71</td>
<td>54</td>
<td>125</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>Blood givers</td>
<td>31</td>
<td>2</td>
<td>33</td>
<td>0.61</td>
</tr>
<tr>
<td>4</td>
<td>STDs</td>
<td>309</td>
<td>63</td>
<td>372</td>
<td>7.40</td>
</tr>
<tr>
<td>5</td>
<td>Mother to child</td>
<td>64</td>
<td>17</td>
<td>81</td>
<td>1.80</td>
</tr>
<tr>
<td>6</td>
<td>Tuberculosis</td>
<td>201</td>
<td>106</td>
<td>307</td>
<td>6.15</td>
</tr>
<tr>
<td>7</td>
<td>Military</td>
<td>53</td>
<td>25</td>
<td>78</td>
<td>1.46</td>
</tr>
<tr>
<td>8</td>
<td>Homosexuality</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.02</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td>274</td>
<td>16</td>
<td>493</td>
<td>8.72</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3519</strong></td>
<td><strong>1467</strong></td>
<td><strong>4986</strong></td>
<td></td>
</tr>
</tbody>
</table>


The number of HIV infected people are mainly men accounting for 85.4%, diversifying in ages, occupations. The result of HIV infected people classification also indicates that the HIV infected people are various including children infected through mother, some cases are in over 40 years old people. However, the majority are in 19 – 40 age group. (See table 3).

Table 3. Classify HIV infection according to age.

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>1993 - 2001</th>
<th>2002</th>
<th>Accumulated By Dec, 31, 2002</th>
<th>Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; 18</td>
<td>309</td>
<td>127</td>
<td>436</td>
<td>8.7</td>
</tr>
<tr>
<td>2</td>
<td>19 – 40</td>
<td>2897</td>
<td>1211</td>
<td>4108</td>
<td>82.4</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 40</td>
<td>313</td>
<td>129</td>
<td>442</td>
<td>8.9</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3519</strong></td>
<td><strong>1467</strong></td>
<td><strong>4986</strong></td>
<td>100</td>
</tr>
</tbody>
</table>


The result also shows that the HIV infected people mainly live in 3 districts: Ngo Quyen (23.3%), Le Chan (21.6%) and Hong Bang (12.4%) and tends to move to the suburban districts like Thuy Nguyen, An Iao, Kien Thuy, Cat Ba, Cat Hai (See table 4).

According to surveillance report on the situation of HIV/AIDS infection in Haiphong, it's proved that PLWHAs concentrate on urban areas where many factories and railways are based. Those are districts of storing and selling drugs in the province.
Table 4. Classify HIV infection according to area

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>1993 - 2001</th>
<th>2002</th>
<th>Accumulated By Dec, 31, 2002</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ngo Quyen</td>
<td>795</td>
<td>367</td>
<td>1162</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Le Chan</td>
<td>794</td>
<td>284</td>
<td>1078</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Hong bang</td>
<td>457</td>
<td>161</td>
<td>618</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kien An</td>
<td>172</td>
<td>68</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Do Son</td>
<td>140</td>
<td>63</td>
<td>203</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Thuy Nguyen</td>
<td>175</td>
<td>120</td>
<td>295</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>An Lao</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Kien Thuy</td>
<td>65</td>
<td>73</td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Vinh Bao</td>
<td>21</td>
<td>18</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Tien Lang</td>
<td>29</td>
<td>11</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An Hai</td>
<td>168</td>
<td>131</td>
<td>299</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Cat Ba</td>
<td>41</td>
<td>31</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Cat Hai</td>
<td>19</td>
<td>16</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Bach Long Vi</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Unknown area</td>
<td>632</td>
<td>104</td>
<td>736</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3519</td>
<td>1467</td>
<td>4986</td>
<td></td>
</tr>
</tbody>
</table>

Source: Steering board of Hai Phong AIDS-Drug – Prostitution Prevention "the 2002 AIDS prevention report"

The infection has been found in the groups considered the low risk groups such as farmers, pupils, students…. According to Hai Phong AIDS-Drug–Prostitution Prevention Committee, HIV infection in Hai Phong is serious and increasing. Although Hai Phong Party, Authorities, Mass organization and people have made great effort in co-operation with many international organizations to invest into human resource to fight the disaster, the infection rate has been rather increased than decreased. Hai Phong is facing with many difficulties as following:

- Some localities, mass organizations, leaders are not aware of the danger of the AIDS epidemic and don’t pay full attention to orient or support the implementation of AIDS prevention activities.
- Although the AIDS prevention network has been set up, it does not work effectively due to the lack of synchronised, coherent operation.

Diagram of AIDS-drug-prostitution prevention Committee

AIDS-drug-prostitution prevention Committee at provincial level (include vice chairperson of People’s committee – leader, representatives from mass organisations, agencies, among them department of health is AIDS standing office)

AIDS-drug-prostitution prevention committee at district level

AIDS-drug-prostitution prevention committee at ward/commune level
- Services for health check-up and treatment is still limited, especially for the HIV/AIDS infected people.
- Despite the increase in central and local budgets, and the mobilization of international organizations for AIDS prevention, resources remain limited to meet the practical need.

These difficulties have great impact on the HIV/AIDS prevention work in Hai Phong.

II. Key findings from the research

As indicated in the research purpose, the research team focused on analysing the research findings according to the 6 agreed themes, including: The daily life of PLWHAs, their living and social relationships, stigma & discrimination, rights and legal framework, care and support services for PLWHAs and how the PLWHAs perceive positive living. The research team made the following analysis based on the 40 in-depth interviews, interviews with 5 social workers, 9 health workers and 5 relatives of the PLWHAs and 5 focused group discussions (excluding the group discussions among the researchers). The research team came up with the following key findings:
1. The daily life of the PLWHAs

<table>
<thead>
<tr>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family status:</td>
</tr>
<tr>
<td>▪ Most of PLWHAs (60%) in the research location are living, having meals and doing other activities with their family…. This group has good conditions to care for their health against rapid progress of the disease.</td>
</tr>
<tr>
<td>▪ About 10% PLWHAs live with their family, but being isolated (separate room and meals, other separate activities). As a result, PLWHAs get nutritional care from their family, whereas other needs such as entertainment… are being ignored.</td>
</tr>
<tr>
<td>▪ About 30% PLWHAs live in the street, park, under bridges, or share with other people of the same situation… As being abandoned, isolated or self-separated from and by their family, this group has to earn their living, and care for their health on their own.</td>
</tr>
<tr>
<td>2. Most of PLWHAs are infected through drug using (over 70%). Many women and children have been infected or affected through their husbands/fathers.</td>
</tr>
<tr>
<td>3. Most of PLWHAs are jobless or employed in an unstable situation, and become family dependants (70%). It is impossible for them to work if their HIV status is revealed.</td>
</tr>
</tbody>
</table>

Karl Mark said that: ‘the human being is a complex of social relationship. Since being born, human being step-by-step join social activities. To sustain and develop one’s own life, man needs food, water, and knowledge to live with the nature… on the other hand, man also develops and expands his relationship with relatives, friends, colleagues, and neighbours…’ One can say that individual daily life refers to work, study, entertainment, and social relation… without exception, even for PLWHAs.

The research team finds that the daily life of PLWHAs depends very much on the surrounding environments including natural and social environment. There are 4 main factors affecting the life of the PLWHAs, which are: social environment, family environment, work and their health status. These 4 factors are inter-related and formed into a closed triangular. Among these factors, the family and social environments have the stronger impacts on the life of the PLWHAs.

In this research, social environment is understood as the social and economic situation of the community where the PLWHAs are living. This includes the economic development, cultural, educational and other social situation of the local household cluster or administrative ward. Family environment is where the person lives, where daily living activities happens and it is also a place where family members share and
protect each other. The relationship between individuals, family and the social environment is understood as the following drawing:

```
  Community
     |
     v
Family
     |
     v
Individual
```

Work is understood as legal activities that give income to the worker. Health is understood as the physical and spiritual health of the PLWHAs.

The field research shows:

**1.1. The social environment: In Hai Phong PLWHAs often live in the locations where there are more drug users and where people perceive as having complicated economical and social environment**

The research team finds that PLWHAs here concentrate more in the lower income areas or in areas with more complicated social situation within the inner city of Hai Phong. These include the wards of Trai Chuoï, Quang Trung (Hong Bang district), Cat Bi (Hai An), Cau Dat, Lac Vien (Ngo Quyen), An Duong and Lam Son (Le Chan). The situation of "birds stay in good land" explains partially for the increase in number of IDUs and PLWHAs in some of the areas. "There are people, at their last decision, who sold out their bigger house in the inner city to buy smaller house in our area because they are drug addicts, having no more capacity to work, no other thing to sell therefore increasing the number of drug addicts in our area. So to be honest, if you come here again in 3 days, the number would be increased again. Many people in the inner city who experienced bankruptcy, and also drug users, sold out their house there to buy house here. There the house would cost a few tens of gold tales (1 tale is about 6,000,000 dong - translator) and here it costs only a few tens million dong. Here is considered the remote area of the city where there is not much economic opportunities and it is the poorest part of the city” (Social worker – member of ward level red cross, 163,17,1).

When asked one mother of a PLWHAs about stigma and discrimination by the community against the family, it shows that the situation/ social environment in some areas or the city, apart from the railway area, is alarming. She said: " I get used to it. There is a drug addict in my family so people often look down at us but nowadays many families are like us, about 60 – 70 % of the households are in the same situation like us. In this small hamlet it is the same. Everybody is like that, there is not much changes. In
the past, we found it ashamed to go out to the street but now it (addiction) becomes normal because there are too many of them” (mother of a PLWHAs, 184,36,6). ‘Drug use leads to poverty’ (Vietnamese expression) and those families with drug users surely become broke, and tend to concentrate in one place that creates locations of complicated social matters. The picture below proves that:

![Picture 4: One of the drug selling point along the railway](image)

1.2. About the family environment

1.2.1. The majority of the PLWHAs interviewed are living with their families

According to our observation, about 60 % of the PLWHAs in Hai Phong are living with their family (living, eating together). This group is in the best situation compared to other PLWHAs in terms of having the opportunities and conditions for better health care in order to slow down the development of the diseases.

Being able to live with their families, PLWHAs are provided with support for their basic needs such as: eating, staying, using drugs (some family support partially or irregularly), and being cared for by other family members. In general, the life of the PLWHAs in this group does not change so much compared before and after their HIV infection "I live with my parents here and support them in selling small things to earn an living so the life is comfortable enough, there is not much for me to worry about" (Male, infected with HIV, 135,370,1)

"At the moment I live with my older/parents. One of my brothers is in the detoxification camp. I work as "xich lo" driver, porter … whatever people hire me to do. Other things like eating and using drugs, I have them enough for daily use. I manage on my own for the money for drugs and for eating it is my parents to take care of it" (Male, HIV infected, 124, 256, 2,3,4)
"I am Nguyen Van Thich, from Da Nang street. My daily life is normal, still working, living normally, still living with my parents and brothers and sisters" (male, HIV infected, 127,285,2).

**Case-study 1: Being able to live in the protection of the family**

Vietnamese people have a saying that: "each plant has its own flower, each family has its own situation". Toan is the only son of his parents and thus the whole family put a lot of hopes on him. Toan received good care and good education but unfortunately just after one minute of weakness he became a drug addict. Because he used unclean needles, he has been infected with HIV for almost 6 years. Getting weaker and weaker, Toan has to stop working as a driver, a job that he loved very much. Toan got very depressed but luckily he continues to receive good care from his family so he gradually got back to the person he has been. Although he is drug addict, HIV infected but Toan himself never involves in any stealing or robbery (both from his own family and from neighbours). He takes care of his own behaviours to prevent infection to other people. Toan is also an active member in many of the HIV/AIDS programmes of the city. Toan thinks that what he has got till today would be impossible without the great support from his own family.

1.2.2. The group of PLWHAS living separately to other family members

Like the previously mentioned group, this group is still living with their family in terms of living under the same roof but the PLWHAS in this group live separately from their family members and from other social activities. The research team observed that the majority of this group are drug addicts and comes from better off families. As they are 'put/locked' in separate room, they are provided with food only and for other needs they are hardly met. When being crazy about drug without money, the drug users do anything possible like selling house wares to have money to buy drug for their need. As the addiction related withdrawal symptoms are not easy to manage for the families, they chose to lock their addicted sons in separate rooms like that and inside the room there is normally nothing, no books, nor TV, nor other people to talk to. Other daily tools such as for eating, clothing or cleaning are all separated from those used by other members of the family. Some families among these allow their infected children to live in separate room (detached eating and living) but with a certain freedom so that they could go out to manage their own money and the family supports partially (maximum 50 %). "I discovered my HIV infection 3 years ago. Since then my life becomes more difficult. I stay alone in a room of 14 square meters. All of my brothers and sisters are married and live away from my parents. At the moment I don't live with them. The family forced me to live separately in the room downstairs and my parents live upstairs. The separation is partially due to the fact that because they are afraid that I would be too 'naughty" because of my addiction but mostly it is because of my infection with HIV and that they are afraid of being infected too" (male, HIV infected, 132A, 455,3). Because of such separation, although their basic needs for eating and living are met their emotional/spiritual life is quite heavy which leads to increased stigma and low self-esteem 'I have no social relationship any more, and being isolated from neighborhood' (male, HIV infected, 132A, 455,3).
1.2.3. The group of PLWHAs who live away from their family

This group includes those PLWHAs who are denied by their families or they themselves separate from their own families. This group in Hai Phong accounts for about 30% of the PLWHAs. The place of living of these people is quite diverse, such as on the street, in parks, under bridges, at certain market corners, at the wings of the opera house, around Tam Bac Lake, etc. Some live with their friends/peers or rent rooms for overnight. In Hai Phong, such room would cost 2,000 – 3,000 dong per night. This group lives quite independently in terms of both economic and health care aspects. Most of these people possess depressive feelings in which they feel they don’t need to live for anybody else but himself or herself.

According to surveillance report on the management of PLWHAs in urban areas of Haiphong, it shows that only 60% PLWHAs are under management, the rest is mobile and live on street. This number surely contributes to the increase of PLWHAs away from families and the increase of HIV transmission to the community.

“I live in this market these days. I put up a tent and live together with my younger brother who lost one of his legs. I just exist by begging from people, and I do that whenever I see a person that I know from before. With such I earn about 10,000 dong per day. Because I can say that I am very weak so I cannot expect to earn as before when I had better health. My life these days, to be honest with you, has lost all of the big things for a person such as housing, parents, wife… To be honest with you, sometimes I want to die, I feel bored to live so I would have committed suicide. Especially when I cough, I just want to die as fast as possible because I have nothing now, I feel very depressed” (male, HIV infected, 126, 173, 3, 9).

Above is the feelings expressed by an HIV infected man who lives as a homeless man in a local market. There are other people in the same group with him but live in the local parks or on streets but through interviewing with them they all expressed similar feelings. Such feelings are even stronger during rainy days.

“My life? As you see I am wandering here and there. Normally I stay here during the day and also sleep here at night but when it rains I have to find somewhere with the roof to sleep, for example going into the kiosk over there. In general, I do have difficulties because I live in the park” (female, HIV infected, 108, 77, 1, 2, 3, 4, 5).

Case-study 2

If you meet any ‘street person” in Hai Phong and ask for Phong, everybody knows her. She has been infamous among them since she was much younger because she was very good at trading and she was famous as a “heavy interest – loan giver”. She was also very famous among the gangsters and she uses drugs as well. One day she was unlucky and she dropped from being a rich person to a person with nothing as she is today. Her husband and her children left her, drugs attracted her and thus in order to meet her need for drugs, she works as sex worker every night in the park on Tran Hung Dao street. She looks very weak when we interviewed her, she said with difficult breath: “I now cough with blood, I feel dizzy all the time and more I feel pain in my chest and in general I always feel very tired. In general I feel very weak and think that I just live one day after another”.

24
1.3. Work of the People living with HIV/AIDS

Through the field research, the research team find that most of the PLWHAS interviewed don't have a stable job. Through the research analysis of 40 in-depth interviewees, 28 cases (70%) are jobless, 5 cases have a work like prostitution, and thievery…Only 7 cases (17.5%) have a stable job, they are in good health and hide their HIV/AIDS status. Their working situation (having no work or lost work) is mostly related to whether they are drug addict or not. Results from in-depth interviews and focused group discussions with PLWHAs show that they could not have a job or lost their job mainly because of their addiction.

“Do you think your HIV status has any impact on your work?”
No, it doesn't. The employers often watch us for a while and once they discover that we use drugs they stop hiring us. The reason can be said that our health cannot meet the job requirement or something like that”. (Male, HIV infected, 129,308,3).

Most of the private employers would easily decide to terminate the contract of their employees if they know that those employees are using drugs. For state employers, in case drug use is discovered with any of the employees, decision will be made for them to take off work for detoxification and in case they cannot stop addiction they would be fired as well.

PLWHAs do need health and work as having a work to do means that they would have income to cover their daily life. In addition, there are some PLWHAs who do support their family economically. It is therefore when they still have considerable health they try their best to find/create job for themselves. However, they do find it difficult to find work due to stigma and discrimination in relation to drug addiction and HIV infection.

“I have been infected for the last 6 years. Before my infection, I worked as a carpenter and I discovered the infection while I was still a carpenter. After that other people did not want to have contract with me anymore. They know that I am a drug addict so they don’t want to do business with me anymore and I think if I have only HIV infection, they would not have treated me like that” (male, HIV infected, 192, 11,10).

’I lost my job right after they overheard my HIV status and drug use. Immediately they fired me…’ (HIV male, 102A, 437,2)

The main reason why employers or customers refuse to do business with people related to drug addiction is the lost of trust as they are afraid that when the drug addicts need drugs they would do everything for that and thus it would affect the work contract in terms of physical losses or the progress of the work. Below is one extract of the interviews with PWLAs:

“ In my work, nobody knows that I have HIV so it goes alright. I would suspect that they would not accept me if they knew. In general, if you use drugs and have HIV then it is reasonable that people don’t want to hire you because they cannot trust you. Stealing and telling lies, who could trust those people?” (Male, HIV infected, 129, 308, 3).
In addition to the fact that most of the PLWHAs cannot find their job or lost their job because of their drug addiction, there are also cases where they experienced losing job because of their HIV infection.

“When I discovered my HIV infection, in terms of work I experienced disturbance. To be more concrete, before when people did not know about my status the selling in my small restaurant went very well but when people know that my family has an HIV infected person, the number of customers reduced considerably. Some old customers would sometimes come in because we insisted in inviting them but the next time they would purposely find their way out of our sight” (female, HIV infected, 194,31,1).

“Everyday I work by driving people around on my “xich lo” but if the customer know that I am HIV infected they would not choose to go with me anymore” (male, HIV infected, 125, 263, 12).

Among the PLWHAs, those who live with their family are in better position to find a job than those who don’t live with their family. One notable thing is that those who are homeless have to find their own ways to survive. A very small number of these are living on legal jobs such as shoe shining or scavenging. The majority of this group lives on illegal jobs such as prostitution, robbery or thief.

“My life? I often live around here. Everyday I need to earn some money. As I am a drug user so I have to think all the time how to earn some money to “play” drugs. It is getting more and more difficult. Everyday I come here in the morning to “go with customer”; from that I earn money for my drugs. In the evening I go with customers again. Some days I have no customer, so I don't earn any money and I feel very tired. At those moments, I think I could do anything to earn money for playing drugs and for other daily needs” (female, HIV infected, work as sex worker in local park, 108, 77,7).

“What do you do to earn your daily living”?
“Wondering around and pick-pocketing” (male, HIV infected, homeless, 118,199,4)

The life of those who are living on street by themselves is exactly like what they told us in their stories below:

“My life at the moment is like I live based on luck. I also look around but sometimes not. Whoever feels pity for me they give something. Sometimes I see a person I know then I would have something to eat. Otherwise, I have to suffer from hunger”

Apart from waiting for what people give you, do you do anything else?
“Yes, of course, I go around to collect paper, recyclables such as plastic bags or iron stuff… in general everything people throw away but which I can sell. Sometimes I work as a sex worker as well”. (Female, HIV infected, living in a local park, 105,39,1,3)

Beside people who got HIV/AIDS when they live on the street, many women are infected with HIV by their husbands. They are considered largely as victims and thus they receive more tolerance from other people in their work as well as in their daily life.
“When they know about your HIV status, do they still hire you?”

They still tell me to continue to work. Before I sew cheaper clothes for selling in local markets. Now I sew clothes for export. I got assignment from Ms. Phuong in Cat Dai street, she knows but she still gives work to me. My neighbours don’t isolate me, almost 100 % of them sympathize with me because I have never been too unreasonable in my behaviours. I just work as normal so people feel pity for me. Nobody isolates me. So if I want to work and ask for it, people still give me work”. (Female, HIV infected by husband, 101, 4,4)

But there are women whose life before infection was mostly dependent on their husband’s job or they were housewives. Their life has become much worse after the death of the husband because they themselves don’t have a job to earn a living and they themselves also are infected with HIV/AIDS.

“ I don’t have any job. Before everything was taken care by my husband as he worked. But now my husband is very ill. He cannot earn any money but I have to spend more money for medicines and treatments for him. And there are many other things to spend money for. I now still have some health so whoever hires me to do anything I would accept. But there is not so much work to do. In addition, my health does not allow me to take on too heavy jobs” (female, HIV infected by husband, child died of AIDS, 109, 90,5)

“ My work is very simple, it is doing housework. Since I got married, my income, I can say, is not much to tell. My husband is the main breadwinner so his income covers all of our expenses. When my children became bigger, I started to work on something to earn some extra money for the family, just to bear a bit of the economic burden for my husband. Now I earn nothing. I have to wait for support from my family. This means whoever feels pity for me would give me some money once in a while. That makes my main income. About my work, nowadays apart from cooking 2 meals per day for my husband’s family, I do nothing else” (female, HIV infected from husband, husband and child just died 1 months before the interview, 104, 29,2)

For those women who got HIV through their husbands but do not reveal their status yet, it seems from the outside that their work and other relationships are not much affected but deep inside they are suffering both psychologically and physically. Ms. Bui Ngoc Thii is one of the case-studies we would like to illustrate for this.

Case-study 3

Ms Thi, 38 years old got HIV through her husband and discovered that since 3 years ago. She has 2 sons, the elder is 17 years old and the younger is 13. Economically her family is very poor. Before knowing about the infection, apart from selling things in the market she used to sell blood regularly for having enough income for the whole family. 5 months ago, her husband died of AIDS and her health is getting worse very quickly. At the moment, the selling in the market does not go very well so she moved to work as assistant in a construction site. She does not reveal her HIV status at her work place. Everyday she has to try her hard to meet the hard work of a construction assistant. Still with her best, every month she could only work for 12 – 15 days. Her health is getting worse very quickly but she still has to work because she understands that if she stops working the family of 3 people will have nothing to eat.
1.4. Health situation of PLWHAs

According to definition of some HIV/AIDS specialists, PLWHAs can be divided into 3 groups:

- **Group 1**: those who still have good health - equivalent to the window period or HIV infection without symptoms yet.
- **Group 2**: equivalent to the period with symptoms or the beginning of AIDS development
- **Group 3**: those who have very bad health, equivalent to the end period of AIDS.

HIV infection was discovered the first case in Hai Phong in 1993. The out-break of the problem was experienced in 1998 and since then the number of HIV cases is increasing. Continuously. On average at the moment, each day there are 2 new cases of HIV infection in Hai Phong and every 3 days there is one case of AIDS related death. As most of the PLWHAs are poor, thus there is a limitation for them to take good care of themselves in terms of both nutrition and health care. There are many people refuse to go to health care as they don’t want to reveal their HIV status and thus there are still a lot of gaps in terms of health care situation for PLWHAs in Hai Phong. Among the 40 cases of in-depth interviews and 24 people involved in group- discussions, the health situation of those PLWHAs can be classified as follows:

- Having good health, no symptoms of HIV progression yet: 2 cases, accounting for 3 %
- Worsen health due to HIV infection with symptoms such as fever, local infection, weight loss, tiredness, etc.: 50 cases, accounting for 78 %.
- Having very weak health: 12 cases, accounting for 19 %.

In fact there are more PLWHAs who still have good health but they did not want to take part in the research, as they don’t want to reveal their HIV status. Therefore the above percentages only reflect the real situation of those who took part in the research.

For those who possess a weak health, common symptoms expressed include weight loss, skin infections and tiredness.

"Before my health used to be very good like other normal persons but now it is too weak, like it reduced by 50 % so that when I do anything a bit heavy I cannot stand it" (male – HIV infected for 6 years, 103, 22,7)

"Sometimes I have fever but nothing else more serious. For example before I could easily carry 30 – 40 kg but now I can carry only 5 – 10 kg and even that I find it very heavy already" (male – HIV infected, discovered for 1 years, 112, 129,1).

"My health is very weak. I played (drugs) for more than 10 years but my skin was still good but now it is destroyed. I used to feel like whenever I put myself down on bed I don't want to ever get up again but now I need to hold on something each time in order to lay down on bed and my back is very painful" (male – HIV infected, for 4 years, 123, 245,4).
Health situation of PLWHAs depends on many factors, of which there are basic factors such as diet, rest and health care... For those PLWHAs who live with their own family, the conditions of eating, resting and health care are much better than for those who are detached or don't live with their family.

"When you need health care, do you go to the ward, your family or who else?"
My mother would take care of me
How does your mother take care of you?
"My mom does everything even when I have bleeding. In such case, she wears gloves to clean my wounds. She does it like in the health station, very carefully" (Male, HIV infected for 5 years, living with the family, 122, 236,6)

How about your daily life?
Everything I ask my mom to help.
Who go to buy medicines for you?
I ask my aunt or my mom to do that. (Male, HIV infected for 3 years, 113,140,3,11)

In contrast to those who live with their family, those who live on street or those who detach from their family have to take care of their own health without others to support.

"What do you do when you get sick?"
When I get sick, I go to a pharmacy to buy some tablets, like headache relief – Paracetamol and then I take it and hope for the problem to go. (Female, HIV infected living in a local park, 108,84,11)

"At present, is there anybody who takes care of your health?"
Nobody. I have my sister but she is quite busy taking care of her own husband and her own children and her life it not easy either. She gives me food and sometimes gives me 1,000 – 2,000 dong for tea or cigarette. That's it. (Male, HIV infected living in a local market, 126, 274,1)

When I get ill I go to counselling rooms to ask for advices about health care. About medicines, I know about the availability but they are too expensive and I have no money to buy (Male, HIV infected living detached from his family, 132, 339,7)

Economically, most of the families of PLWHAs are already very desperate because of their children's drug addiction so it is more difficult for them to afford a normal health care service for their children like in other families.

This is actually like a vicious cycle affecting the health of the PLWHAs, which makes it even more difficult for them to prolong their life optimally.
1.5. Emotional support to PLWHAs from family and community

The emotional support from family and community to PLWHAs depends very much on the following factors:
- Whether the PLWHAs has revealed his HIV status or not
- How does he behave in daily life
- What group do they belong to (living with family or living on street)
- The available programmes by the local authorities

Those PLWHAs who have revealed their HIV status, are often found to have an easier psychological life and that they often receive sympathy and support from families and the community. However, there are also many of them who don’t receive such positive support but the reverse, which is stigma and discrimination.

Those PLWHAs who don’t reveal their HIV status remain a larger number among the PLWHAs in Hai Phong. The advantage of this is that they could maintain their work and their normal relationship within the family and community. However, they all the time have to live in worries and fears. They fear for losing their job, fear for other people to discover their status and fear for possible changes in their relationships with the family and with other people in the community. Especially that not revealing their status prevents themselves to access to social and health care services for PLWHAs.
Case-study 4:

Mr Tuan is a worker at a well-known enterprise in the city. The monthly salary is enough for covering expenses of his small family (Anh Tuan, 35 years old has one wife and 1 son). His life seemed to be very smooth until the other day when the "accident" happened. That was when he decided to "go" with a prostitute in Do Son. After a while, he felt some changes in his health so he decided to go for a blood test. When the doctor told him about the HIV positive status he could not believe his ears. What to do in order not to lose his job, not to be discriminated by the family and community … has been occupying his mind all the time. For more than a year now, he has been always living in such pressure of fear for his status to be discovered. Because of his worries, he loses his weight very quickly. Tuan thinks that he needs to prepare himself psychologically to cope with a lot of challenges and difficulties ahead.

Reasons for people to be infected with HIV are many and among those there are people who got it from their husband or children who got it from their mothers. These cases are normally considered sympathetically as victims and thus they often receive understanding and support from families and the community. However, the fact is that the majority of PLWHAs in Hai Phong are among IDUs. Many of the IDUs, especially during moments that they need drugs but could not manage money, have committed illegal activities such as robbery or stealing things from their own family or threatening other people so that they have to give them money. For these activities, the families and communities see many of the PLWHAs as a burden of the society.

Economically my family is quite difficult. So when there is nothing in the family he has to go out to beg and when he begs he seems to force them to give him. If they don't give him, he scold them or he even throw things so people have to give him in order to prevent any other bigger losses. If he has the money, he does not do anything more but if he can't get the money he scold everybody and he goes out to the street to do "naughty things". He would take anything of any value from the family, even the chain or the plastic sink … anything, which he can sell then he would take it. In my house nowadays there is almost nothing. The whole family lives on a small pension, which is not enough already (Mother of 2 HIV infected children, 186,24,2)

Those PLWHAs who live on street but have revealed their HIV status seem to have a more “comfortable psychological life”. For others, they are in constant fear for meeting with friends or relatives. : “In general, now I always feel ashamed as my life is hard, I am poor and just live one day after another. I just blame myself, don't want to be close to anybody and also don't want to worry anybody” (Female, HIV infected, living in a local park, 105, 40,9).

For those PLWHAs who get married, almost all have no desire of sexual contacts any more. Meanwhile, there’re still some who have sex with condom. “I have occasional sexual contacts. I got condoms from health department which I can use for prevention” (HIV male, 130.317.5)

What do you think about sexual intercourse when getting infected?
When knowing that I get infected, I have no desire more. (HIV male, 116.176.8)
For those PLWHAs who were not married, previously when they had been ignorant of their HIV status, they had sex. But when finding out their HIV status, they stop doing for fear of transmitting to others.

**Since knowing your HIV status, have you had sex?**
No. before knowing that, I did. But when finding my infection, I do no more.

**Why did you stop sex?**
As I don’t want to transmit the virus to others. (HIV male, 119.212.7.8)

However, in some cases they still do have sex even when finding their own HIV infection but with condoms. ‘I still have sex with condom in a correct way so that I can avoid transmitting to my partners’ (HIV female, 137.394.3)

### 1.6. Coping ability of PLWHAs with their current situation

Mass media these days talks a lot of about HIV/AIDS so the majority of people in the city understands about it already and thus there is not so much negative reactions when people hear about somebody near them having HIV. The research shows that most of the PLWHAs themselves when first heard about their status felt very shocked. However, time helps them to calm down and be able to get back to the speed with their current life. Most of them found the strategies to comfort themselves such as: “At the beginning when I heard about it I felt very shocked and did not want to live anymore. But after that I thought even I felt like that it did not help as the disease is very difficult to cure, or no curative medicines. Anyway, I have to bear the consequence of what I did/played. So after a while I felt calm again by comforting myself as worrying does not help” (Male, HIV infected, 115, 162, 7).

At the beginning I felt depressed, thinking that my life was terminated so I lost my control over my behaviours. Gradually, I thought again that such way of living also does not solve any problem so I could get back to the person that I used to be (Male, HIV infected for 6 years, 103,23,2)

At the beginning I felt depressed, thinking that I was just a useless guy, deserved to be abandoned but then I thought my death could help nothing but instead if I live well I could be helpful to somebody, at least I could help people to prevent HIV infection (Male, HIV infected for 4 years, 102,15,2)

“What have you been doing since your infection to cope with daily life”? I felt depressed, but then I thought of my wife and children so I have tried my best (Male, HIV infected for 1 year, 130,317,6)
Case-study 5

My name is Mai, 26 years old and I have a small daughter. My husband died of AIDS. I myself am a PLWHAs. I became an orphan myself when I was 14 years. I lived with my sister. I passed the entrance exam to university but as my family was too poor so I decided to go to work in a shoe-making factory instead. I became a girl-friend to the man who became my husband later and only very close to my wedding I knew that he was using drugs. I advised him to go for detoxification and attempted to stop the relationship with him 4 – 5 times but I could not do it because of his saying: “People beat those who run away not those who returned, so please stay to help me”. I was moved with that and decided to marry him still. We lived quite happily together until I had my daughter and discovered that I got HIV from him. I was very shocked. Depressed and many times I wanted to commit a suicide. However, thinking about being a mother I could not leave my daughter, as she is still very small and that she is innocent. Since then, my husband continued to use drugs and arrested after a robbery. He was imprisoned in Thanh Hoa and died there. After that I felt even more depressed but thanks to the support of both families (my own and his) and of the neighbours and also Ms. Nguyen from the local health station, I felt better psychologically. I have involved in various HIV/AIDS programmes such as: Hai Au club, NAV, IEC on TV and talking about the life of PLWHAs. I am also a contributor to the AIDS and Community Magazine. I do hope that there will be nobody else falling into the situation like mine.

2. Life and social relationships of PLWHAs

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<tr>
<th>Summary findings</th>
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<tr>
<td>1. It is only a small number of PLWHAS who publicly disclose their HIV status (about 5 - 10%). There are many reasons for this, mainly fear of discrimination and joblessness.</td>
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<td>2. For some PLWHAS, it has no significant impacts on life and work if they make publicly their HIV status.</td>
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<td>3. However, most PLWHAS lose their job.</td>
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<td>4. And relationships with friends and the community is significantly reduced when their status is revealed.</td>
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<td>5. Many PLWHAS interviewed are actively participating in HIV/AIDS prevention work.</td>
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Life and social relationships of PLWHAs often changes when they revealed their HIV status. Making the decision to be open about the HIV status is a big thing to do for all PLWHAs as being open about it also means that they have to cope with possible stigma and discrimination from the family and community. It may negatively affect their work and the happiness of their married life. For these reasons many people don’t want to be open about their HIV status and for a small number of other PLWHAs they are more open but only to their close family members. For those who live on street, they often share their status with their friends.

For those PLWHAs who are not open yet about their HIV status, there is not much change experienced in their work and social relationships. Those who have been open about it themselves or those whose status is known by accident have to try their best to cope with the situation.

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2.1 Some PLWHAs receive support and sympathy from families and thus their life and their social relationships don't experience major changes.

What do you do now?
I sometimes sell things in the market with my mother

How are you treated at home at the moment?
As normal like before when I was not addicted yet. Since my parents knew that I got the disease, my mother especially tried to give me psychological support by giving me advice to get on with life, to go for detoxification. However, I have tried several times for detoxification but I am not successful. Now I have been addicted for a few years and I told myself to look for some job to do. (Interviewed a male, HIV infected, 127,287,4,13)

Both families from my own side and from my husband's treat me very well. My parents and my brothers/sisters in law treat me good as well. For example my mother in law felt a bit scared at the beginning when knowing about my status and when she wanted to give me some rice or some soup but she did not dare to give them to my hands directly. She said she gave me some rice or some soup but wanted to pour them to another bowl and then came back to her house immediately. My bothers and sisters told her it was not nice to treat me like that and then gradually she stopped. At the beginning, I myself did not dare to eat together with my own parents. (Female, HIV infected through husband, 138, 409,1)

2.2 Since knowing about HIV status, emotional relationships from friends and neighbours for PLWHAs are largely reduced
Because HIV/AIDs is still new to some people and there is not yet a curative medicine, therefore many PLWHAs don't want to be open about their status of infection because of the fear of negative impact on their work and their relationships.

**Firstly about friendship:** Most of the interviews and group discussions confirmed that the fear for the infection makes very strong impact on the relationship between PLWHAs and those who are not infected: "even within my own nuclear family and in extended family or people from my home village, people in general treat us like they showed they are happy with us but actually deep inside they are not. They try to avoid me. My friends in the neighbourhood do the same. We were always good friends but since they know about my child's status, they don't want to allow their children to play with my son anymore. Even at the funerals of my husband and my child, they did not come". (Female, HIV infected through husband, 104, 31, 3, 4).

My friends, even those who used to be very closed friends, try to avoid meeting, don't want to play with me. Even when we happen to meet, they don't want to ask, they try to avoid talking to me (Female, HIV infected, 137, 314, 13).

**Do you think that HIV status make any impact on your social relationship?**
When you have this disease, to some extent you often have a bit of self-pity feeling in relationships and thus there are some un-smooth experiences in the relationships. For example, when people know that you have the disease, when being in contact with you or somebody from your family they would feel hesitant. People are afraid that they would be infected by us". (Interview with a male, HIV infected, 125, 263, 9, 10)

Some friends, when meeting they are afraid that I would ask them for money so they try to avoid meeting, but some other friends are still happy to meet (Male, HIV infected, living on street, 133, 315, 7)

**For relationships with neighbours:** The research finds that most of the neighbours do make rumours and gossiping about PLWHAs and most of them don't want the PLWHAs to come in their house, or don't want to share anything with PLWHAs. "I used to come in their houses and talked to them, just come to talk or gossip to make the time pass. Now, if I come and drink some water from a certain cup, the next day you would not find the cup anymore. I asked my child to go to borrow a needle for me to repair some buttons for her but the neighbour told her to bring the whole pack home and tell her not to return it anymore" (Female, HIV infected, 121, 230, 6)

If friends and neighbours know about my status now they would limit their contacts with me. For both making contacts and maintaining relationships, there is always some stigmatisation (Male, HIV infected, 125, 264, 1)

In general, my neighbours already hate to see me. It is true, to be honest with you. Because when they see me, even with my relatives, they foresee that I would ask them money and secondly they are also afraid of infection (Male, HIV infected, 126, 275, 9)

Any behaviours such as trying to avoid contact or "looking with mocking eyes" on PLWHAs all hurt the feelings of PLWHAs. "In those moments, to be honest, I feel very sad and angry. Sometimes I feel so angry that I told myself why people still cannot
sympathise with me even when the IEC work has been so active and so wide-spread." (Male, HIV infected, 123, 131, 2)

It is the fear and isolation, which the community has put on the PLWHAs that create stigmatised feelings among the PLWHAs towards relationships with the community.

**At the moment, who do you often socialise with/ meet with?**

*Nobody, to be more exact since I am addicted to drug I don't socialise with anybody, having no relationship with anybody. People may see me passing by and say some greetings but that cannot be called maintaining relationships or socialisation. It is self-stigma, you know*" (Male, HIV infected, 140, 426, 8)

In addition to some of the PLWHAs who feel self-stigmatised, many PLWHAs often gather together because they could understand and show sympathy for each other. *"In my neighbourhood there are a few guys like me who shared needles/drugs and all are HIV positive so in the evening we sometimes go together out to the street to talk. Drugs addicts socialise with each other*" (Male, HIV infected, 133, 352, 2)

"**Who do you often socialise/meet with these days?**"

*Nobody else except those drug peers.*

"**Do you socialise/meet with other PLWHAs like you?**"

*Those are the people I often meet near the railway. When I meet them I say hello. Now, it is possible only for me to make friends with those as it is very difficult to make friends with other people who are not drug addicts or who are not HIV positive*"

"**Why do you think that it is easier to make friends with other PLWHAs and why is it difficult to make friends with non HIV positive people?**"

*I don't know for sure whether they look down on us or for any other reasons that they often try to avoid meeting. They often avoid by saying that they are busy or that they need to go to another place, or please understand for this for that, anyway all in all they don't want to maintain relationship with us anymore. And for other PLWHAs, they are mostly like me, meaning being abandoned by the family, being isolated from friends and relatives so we understand each other as we share the same situation and it is easier to talk and make life more happy with each other*. (Male, HIV infected, 139, 416, 7,10)

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<th>Case-study 6</th>
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<td>When I came to the place, there was a funeral for a PLWHAS. The neighbours said that the owner of that house was a very young guy infected with HIV. His parents died and left him alone, being a drug addict and HIV positive. In order to have drugs to use daily, he used his house as a shooting point for other drug users. The used-to-be happy house then becomes a death's house. There have been some guys who died right here because of over-dose and that makes a lot of the people around scared. Many people questioned the role of the local authorities and mass organisations and why such situation does exist openly right in the centre of the &quot;first class&quot; city like this.</td>
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2.3 **PLWHAs have taken part actively in HIV/AIDS interventions**

As the number of PLWHAs has been increasing continuously and because of the impacts of HIV/AIDS, Hai Phong has encouraged different resources for IEC work to
improve people's awareness about HIV and for interventions to support PLWHAs. Many of the interventions have proven to be effective such as the HIV/AIDS IEC barber men, Hai Au club and other interventions supported by SC/UK, NAV or CDC, etc. These interventions have attracted active participation of PLWHAs. Interviewing among those PLWHAs who are open about their status shows that 70 % of them have actively taken part in the different interventions on HIV/AIDS in the communities. Many of the PLWHAs even become very active peer educators or communicators in their ward.

"What do you do in Hai Au club?"
I am not the member of the club but I received counselling from there and after that I do counselling for other people. (Male, HIV infected, 124, 306, 5)

"Do you talk about this disease at your friend-help-friend group?"
Yes, we do communication and distribution of clean needles along the railway area. We also distribute condoms and leaflets. (Male, HIV infected, member of a friend-help-friend group, 118, 201,12)

"You said you participate in HIV/AIDS prevention work, what activities are you participating in?"
I participate in the activities supported by CDC (the programme targeting IDU and the programme to protect the community)

"How come did you get involved in the programme?"
I participate in the programme because I find it interesting and useful for my life. Through the programme I become happier because I get to know other people who haven’t got HIV yet to help them understand the negative impacts of HIV/AIDS do that they can prevent themselves as well prevent other people in the community from infection. (Male, HIV infected, 122, 238,12)

The main reason why there are more and more PLWHAs taking part in the HIV/AIDS interventions is because they understand themselves the impacts of the epidemic and because through participation they can share with others to make them more relaxed, more opened. In addition, the programmes also provide them with some allowances, materials and clean needles, etc.

3. Stigma and discrimination

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<th>Summary findings</th>
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<tr>
<td>1. Nearly all PLWHAs admitted the existence of stigma and discrimination which increases in order of family, relatives, friends, and the community (including the healths service and law enforcement)</td>
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<td>2. The level also increases as follows: Mother → father → brother/sister → relatives → community.</td>
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<tr>
<td>3. Most families with an HIV infected person suffer discrimination from their relatives and the community.</td>
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<tr>
<td>4. Initiatives to fight stigma and discrimination against HIV infected people need to strengthen the effectiveness of communication (diversified methods, various targets, 2 way communication, encouraged participation of PLWHAs, more positive images), enhance further self assertiveness of PLWHAs.</td>
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The researchers found that most of PLWHAS in group discussions and in-depth interviews admitted the existence of stigma and discrimination against PLWHAS. The level increases from family, relatives, friends and to the community.

3.1 Family level

Due to lack of knowledge on HIV/AIDS, many parents practise a negative attitude and behaviour towards their children:

‘There’s not much difference among my father, and brothers/sisters except my mother. Despite public communication on HIV/AIDS transmission routes, my mother keeps her attitude. Any things I use are always packed with nylon by her, even with the water valve. More badly, being afraid that mosquitoes can transmit the virus, at dinner she asked me to stay inside and brought the dishes into my room. And finally, she is so terrified that she left the family.’ (HIV male, live alone, 115,164,6)

However, there are many ideas showing that mothers practice less stigma than fathers, and brothers/sisters stigmatise than parents.

‘The discussions indicate that families stigmatise and discriminate towards PLWHAs. This causes the feeling of inferiority among PLWHAs. It seems that mothers stigmatises least, next come fathers and finally brothers/sisters’ (discussion among male, 101,2)

Among the different groups of PLWHAs, the level of stigma and discrimination experienced from their own family differs. Those who live on the street seem to experience higher level of discrimination from their own family compared to those PLWHAs who live with their family.

"Have you ever experienced any discrimination?"
Yes, I feel it all the time. I take one example. When I stand next to anyone, he/she would stand away. Sometimes when I approach them they look at me as if I am a forest woman. They all try to avoid me. When I want to hand something to them, they hesitate to take it, even people within my kinship also treat me like that.

"Have you ever come back home since you decided to live on street?"
Yes, sometimes I come home. They still discriminate me. They never tell me to go for detoxification or offer me some money for buying medicines to stop addiction. Even when I ask for it, they also don’t give. They all hope that I would die quickly. That was why I ran into a moving train. When there is visitor in the family, even when they don’t ask about me, my family already talk ill about me with them. (Female, HIV infected, living on street, 105, 42,3)

My father lives upstairs. My family is quite better off but I myself am isolated within the 4 empty walls. Among the family members, my father is the only who doesn’t accept me. He asked me to stay within my room and he does not allow me to go upstairs. (Male, HIV infected, living in isolated room in the family, 132A, 149,1)
Siblings also discriminate against their PLWHAs brother/sister highly. *In daily life, PLWHAs are discriminated against by their siblings more than by their parents. For example, they often ask PLWHAs to sleep separately or use things in the house separately. They even would throw away things that were used by their positive brother/sister.* (Opinion raised by Bui Van H in group discussion 191, 3,2)

Siblings do discriminate but in terms of level it is higher than the discrimination by parents. Many of the siblings do not only worry about the infection to themselves but they worry about that to their own children so they don’t want to bring their children to the grand-parents’ house anymore (Opinion raised by Dang Anh T, 191,3,5)

"Is your family treating you like before?"
How can it be possible? To be more exact, before it was 10 points now it is only 1 point. My family now does not want to be close to me. (Female, HIV infected, living on street, 106, 57,11)

3.2 Discrimination against PLWHAs by extended relatives

The information collected from in-depth interviews and focused group discussions shows that the extended relatives also stigmatise and try to avoid meeting their relative PLWHAs

*The discrimination by extended relatives is also very strong. PLWHAs are not invited to any of the family events. Even they don’t invite us to weddings. They don’t want to be close to us or meeting with us as they are afraid that we would ask them favours* (Opinion raised at a focus group discussion with male PLWHAs, 141,3,6,7,8)

Quite a few people (relatives) used to come to my family for any death anniversary but now it is different. Even when we prepare all the food already they don’t come. My aunt even asked if I already touched the lemon when she came to ask for it in my family. (Opinion raised by Bui H, 191,4,2)

3.3 Discrimination against PLWHAs by the community

PLWHAs don’t only suffer from discriminative behaviour among their own family members or relatives but also by other people in the community.

*Family and relatives try to isolate us but other people in the community even try it harder. For example when they happen to meet us, they would step away and there are many people who don’t dare to sit next to us. They often look at us with suspecting eyes or making rumours behind us. They often whisper to each other behind us such as” sida boy, sida boy”. Some people even spit whenever they see us.* (Opinion raised at a focus group discussion with male PLWHAs, 191, 4, 3,4,9)

I would like to tell you one situation I experienced recently that was when I came to buy some tea in a local tea shop. The owner took one separate cup for me and when I asked why so he said other customers required him to do so because they are afraid
that they would catch my disease if I drink from the same cup. I was so sad that I stood up and left the shop immediately without even finishing my tea. (Male, HIV infected, 102,15,4)

Stigma and discrimination against PLWHAs does not only exist within the living areas but it also exists in state health service and law enforcement premises.

Oh my god, in Viet Tien hospital when I was there for treatment the doctors and nurses did not provide a proper care. They even refused to change the bandage for me and instead they hired somebody else to do it. (Opinion raised at a focus group discussion, 191,4,10)

For me, since I knew about my infection I have to accept whatever other people treat me. Nowadays, people often try to avoid us, don’t want to deal with our problems/issues even the authorities. For example, the other day I was beaten and one of my teeth was broken. I came to the local police station for help but they knew that I was infected so they did not want to receive me, they did not want to help me even when I was robbed. That’s what I experienced myself. People treat PLWHAs too cheaply. (Male, HIV infected, 139,429,2)

Stigma and discrimination do not only bring direct negative impacts on the life of the PLWHAs themselves but they do negatively affect the families of PLWHAs as well.

In general speaking, if any family has a member infected with HIV, the voice of that family is no longer important within the community. The relationships between the families and others in the community would become looser. (Opinion raised at a focus group discussion, 191,5,1)

I sell sugar care juice in the neighbourhood but now people don’t want to buy it from me anymore. It is getting a bit better as TV and mass media talk a lot about it so people feel less scared. At the beginning when they just discovered my son’s infection the whole family was isolated by the community. (Mother of a PLWHAs, 195,46,2)

In further discussion with participants in focus group discussion, it shows that the role of the families with PLWHAs has been strongly affected, which led to a lower position of the families within the community. However, the main reason for that is because the PLWHAs was related to drug addiction. Drug addiction often makes the family poorer and poorer and possibly leads to family conflicts. Poverty and family conflicts make the family’s role and position lower within the community. HIV infection of course contributes to worsen this already low position of the family in the community.

People seem to look down on us because we have addicted children and secondly because we are poor. (Mother of a PLWHAs, 183,26,7)

3.4 Impact of stigma and discrimination against PLWHAS

Stigma and discrimination against PLWHAs by the family members and the community have strongly affected the life and behaviours of PLWHAs.
Article 6, Decree number 34/CP issued by the Government on 1/6/1996 states that: no stigma and discrimination is allowed against PLWHAs. However, the field research finds that lacking of information or one-way communication have contributed to the fact that many people in the communities and even family members of PLWHAs find the PLWHAs very scary because they are afraid of the infection. Even some PLWHAs themselves, after discovering their status, became too negative and they behave badly, which even threatened the community more.

"Have you ever met any PLWHAs who thinks that what they received from the society they would return it to the society?"
There are many people because they are too angry then they sometimes have such thinking. For example, Ms. Xuan who knows about her HIV status for more than 10 years but she still does not use condom sometimes when she goes with customer/ sell sex. (Female, HIV infected, street sex worker, 105, 44,4)

"What do you think could be the impact of stigma and discrimination?"
Being discriminated against means you have nothing else in the life. The person would feel depressed and will lose control of his own behaviours. (Male, HIV infected, 130,319,3)

Stigma and discrimination against PLWHAs exists from family to community, from state service provider to private ones. This has been an issue for a lot of debates these days.

The more you discriminate against PLWHAs, the more the infection spread because there are still people think that they need to “pay back” to those who discriminate against them. Some people say: what I receive from the society I have to pay it back”. This is part of the MANEKO philosophy, you know (MAKENO = make no in Vietnamese = it is not my problem or let it be. (Opinion raised by Huu H in a group discussion, 191, 5,4)

Stigma and discrimination make PLWHAs more depressed and become more negative. They therefore practice more negative behaviours. They lose control over their behaviours, they don’t care much about the consequences of what they do or they think they don’t need to prevent it for anybody. (Opinion raised by Manh H in a group discussion, 191,5,5)

Stigma and discrimination make the economy of the PLWHAs ‘s family going down and the family members become more depressed. Each member has his own opinion and sometimes because of conflicting opinions the whole family is broken and all members become isolated or the family is no longer in harmony (Opinion raised by Huu H in a group discussion, 191, 5,6)

The consequence of stigma and discrimination is the loss of resources of the family and of the society. This means that without stigma and discrimination, PLWHAs would have lived more positively and they therefore could have contributed more to the family and to the society (Opinion raised by Ngoc H in a group discussion, 191, 5,7)
3.5 Reasons for stigma and discrimination

There are different reasons that lead to stigma and discrimination against PLWHAs. The analysis of the information collected from the field research shows that:

- The first factor affecting this situation (stigma and discrimination) is the risks/dangers of the HIV/AIDS epidemic in terms of its widespread and the high percentage of death but no availability of curative medicines.
- The second factor is related to the communication work. Although it has been very proactive but there are still problems such as too much emphasis on the negative aspects of the epidemic, which created a terrible image of PLWHAs among the community and thus people are too scared of PLWHAs.
- The third factor is that stigma and discrimination in Hai Phong particularly is strongly related to drug addiction issues.

4. Rights and legal framework

<table>
<thead>
<tr>
<th>Summary findings</th>
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<tbody>
<tr>
<td>1. The research indicates that most of PLWHAs have an understanding of their basic rights and responsibilities. However the right to confidentiality is not assured.</td>
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<tr>
<td>2. A large number of PLWHAs are aware of their specific responsibilities towards their family and society as well to promote the HIV/AIDS prevention.</td>
</tr>
<tr>
<td>3. Few HIV infected people know about the decrees on HIV/AIDS prevention and control</td>
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To address the problems in relation to HIV/AIDS, the communist party of Vietnam and the Government of Vietnam have developed many guidance and policies in relation to HIV/AIDS programming. Among these policies, it is notable to mention some of the legal documents such as the instruction paper No 52/CT-TW about leadership for HIV/AIDS control issued by the Central Party Committee on 11/3/1995. Other legal papers include:

- Ordinance for prevention and control of HIV/AIDS issued by the Standing committee of the National Assembly on 31/5/1995.
- Decree No 34/VP issued on 01/6/1996 by the Government instructing the law enforcement in relation to HIV/AIDS

The research finds that most of the PLWHAs understand about their basic rights and responsibilities.

4.1 Understanding about rights

By different ways of explanation, interviewed PLWHAs expressed their understanding that they have the right to have their status kept confidential, the right to access to health care, to work and to information as well as other rights.
"What do you know as the rights of PLWHAs?"
Yes, we have the right to keep the HIV status confidential so that other people do not discriminate us.

"What other rights do PLWHAs have?"
Rights to recreation, right to work if they have fit health for it (Male, HIV infected for 3 years, 113,143,12)

PLWHAs have the right to be confidential about their status, right to access to health care service, right to live and right to work, right to education like other people. (Male, HIV infected, 113,355,1)

Results from the focused group discussions show that most of the PLWHAs could identify the basic rights of PLWHAs. They understand that PLWHAs have all rights like other people. However, they are victims of the global epidemic so they can also enjoy some special rights such as: confidential about their status if they wish, right to access health and social services for PLWHAs.

4.2 About responsibilities and obligations

Rights always go together with responsibilities or obligations. Most of the PLWHAs interviewed during the research understand clearly about their obligations and responsibilities like those of other citizen. However, as they are PLWHAs they also have the responsibility to prevent themselves from infecting other people and responsibility to take part in the HIV/AIDS prevention work in the communities.

"What do you think as the social responsibilities of PLWHAs?"
PLWHAs have the responsibility not to infect other people, or not to make other people falling into the situation like ours.

"What are PLWHAs’s responsibilities towards their families?"
They have the responsibility not to infect other family members and to keep the harmony in the family. (Male, HIV infected, 133,355,2,3)

When PLWHAs are still healthy or if their health still allows them to work, they should work and if the works are too heavy for their health they can choose not to involve. They also should prevent infection to other people and help other people to understand about HIV/AIDS. (Male, HIV infected for 3 years, 113,144,7)

In addition to the above quoted opinions, there are also other opinions mentioning that PLWHAs should live optimistically, be happy and live healthily.

The research finds that although most of the PLWHAs have had good understanding about their rights and responsibilities, there are still some PLWHAs who don't care so much about these aspects. For them, their life is not too long ahead and some of them just think about their death.
I am a PLWHAs but since my infection I have not yet benefited anything as rights for PLWHAs. I even don’t want to understand about them because there is no organisation to help me to do so. (Male, HIV infected 139,418,3)

4.3 Knowledge about the HIV/AIDS prevention and control ordinance

It has been 8 years since the issue of this ordinance but it seems that there is very few people who are interested or who understand about it. Among 85 PLWHAs and their relatives interviewed during the research, there are only 6 people who understand a bit about the ordinance.

I have never read the ordinance but I understand briefly that it says we have equal rights, have right to live and access to health care as all other people. I understand it like that but actually I have never read it. (Female, HIV infected, 110,107,3)

4.4. Disclosure of HIV/AIDS status

HIV infected people at the first stage have no different features to other people. They work and do activities without knowing their HIV status. Only when feeling something unusual inside (most of them are drug users), do they go for blood testing.

I feel not good with so many rashes, and from seeing HIV infected people. I am so afraid that I go for testing and know that I get infected. (a HIV female as sex worker, 81, 1).

I shared needles with my friend for 2 months before he became sick. After his death 3 months ago, I went for blood testing (late 1999) and knew my HIV status. At first, I felt depressed and did nothing. I disclosed the truth to my family. My parents told me that despite their love toward me, even selling our house, there is no medicine. (HIV male, injection drug user, 115, 162, 7).

From the survey on HIV situation in Haiphong, it is shown that the status of most HIV people are found from the main sources as follows:

- suspect own self of being infected by HIV leading to voluntary testing
- hospital – based treatment
- obligatory testing in 05-06 centers (state-owned treatment and rehabilitation centers of sex workers, and drug users)
- treatment as a result of traffic accident
- annual military recruitment

The majority fall in the two groups of voluntary testing and obligatory testing for sex workers and drug users in 05-06 centers. Most of HIV infected people, belonging to whichever group, are kept confidential related to their HIV status in health centers.

“We also keep the confidentiality for our clients. For instance, in my faculty, only I have the right to tell the truth to patients or their relatives after considering thoroughly their attitude. There are different ideas on revealing the truth. On one hand, it’s necessary to tell them in order not to transmit to others; on other hand, patients have right to keep their status confidential when they receive their profile. For us, we try, in a cautious way,
to inform patients. In infectious faculty of the Viet tiep hospital, there are 4 rooms among them some are for HIV people. When we leave a patient in that room, they will understand without being informed formally. This is for identified cases. For unidentified cases, they will stay in other rooms for surveillance. For people who go to hospital for their broken leg, if they are moved to infectious faculty, we have reasons to explain such as tuberculosis, virus fever." (one doctor, Viet Tiep, 142, 15, 1).

The confidentiality of HIV status is stipulated in the decree and is seriously followed by the health sector, especially those who work in this field. Through in-depth interviews, all nurses, doctors and health workers in public and private health services learn well this important principle.

As far as I know, all information concerning the infected people, from local to provincial level, is kept secret (ward health doctor, 145, 33, 2).

I have been infected by HIV for several years. Monthly, ward health workers distribute medicine and they keep the secrecy when I ask them to do so. (male HIV from drug injection, 123, 251, 8).

Due to the confidentiality, for many cases, relatives get shock when knowing the HIV status. Those people in this cases don't use drug or bad people

My husband is strong. We got married and had children like other families in the community, he had no illness. In February 2002, he coughed and went to the hospital of 203. the doctor there told he had cough. After that, my child got so sick that I brought him to children hospital of Duc. There, he was found HIV when testing blood. First, I thought they confused as my husband did not use drug, or did something bad. He never did anything which caused bad thoughts among friends, parents, neighbours. Only after that moment, did my husband tell me the truth that when he was young or unmarried, he had a sexual intercourse with a sex worker in Do Son (a HIV female, 104, 30, 7).

I don’t blame him as he has no idea about when he got infected… Actually he is an excellent husband, no drug, no sex. Only for one reason, when he was young, working in Quang Ninh, he had sex with prostitute (a HIV female from her husband, 109, 93, 5).

For HIV infected children, health workers inform immediately their families to prevent transmission.

In 2/2003 when he coughed, and used medicine, but no effects. He lost weigh and ate so little. It is said he is grade 3 malnourished. When I took him to the children hospital, they tested the blood. They said that both my child and I got infected, I don’t know why, when, and how. Only when my husband told his HIV status, did I know the HIV status of my family members. (HIV female,104, 32, 2).

In addition to infected children, all infected sex workers in 06 centers and drug users in 05 centers have to pass a health checkup and their HIV status is made public on the center board.

"In what cases are you found infected?

When I lived in the center, anybody got a blood testing. If someone get infected, their name will be put down on the board.
**What center did you live?**

*In Vinh Phuc*. (a HIV male, 107, 66, 12).

**'How long have you known your HIV status?**

*Since 2000. the time I lived in the center. After a blood testing they told me the truth.* 

(a HIV male, 134, 361, 4).

Through the research study, after being diagnosed by a health center, relevant local authorities will be informed of the number of PLWHAS in their locality to manage. Health centers always keep the confidentiality for the PLWHAS when being asked.

**Where do you get the list of PLWHAs?**

*District health center, after getting the result from the provincial preventive department and other well-known testing centers like Viet tiep and pregnancy hospital, gives us. Those infected people are found through testing and health treatment. In tuberculosis hospital as well, they inform district health level the result and come next to ward level.*

(ward health worker, 163, 17, 3).

However, for numerous reasons, many HIV cases are discovered which causes trouble or hindrance to social and professional state of PLWHAs and their family as well.

*People could not know when she went to school as usual. But the police station didn’t keep her secret, but made public her HIV status. I think that only in provincial health center is HIV related information kept confidential, but when the information comes to ward center, it’s difficult to keep the confidentiality. My child is an example. It’s the police who disclose the HIV status of my child which makes us troubled.* (mother of a PLWHAs, 181, 8, 4).

*For example, ward health workers tell family members the HIV diagnosis of a family member. Then family members could not keep confidential. It’s difficult as one person may keep the confidentiality but two people make the situation different.* (mother of a PLWHAs, 181, 8, 4).

For a few PLWHAs, private health sector is better in keeping the confidentiality.

*I visited private health doctors for any check-up. As I think that private sector implement better the right of confidentiality of PLWHAs than in public sector. As they protect and respect their work result.* (a HIV female, 110 107, 8).

The HIV result can be informed directly either to PLWHAs, their relatives, or by friends of health workers, by attitude and behaviour of health workers, or finally by relevant agencies in charge of managing PLWHAs. The process of HIV disclosure is summarized as below:
5. Social and health services

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<tr>
<th>Summary findings</th>
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<tbody>
<tr>
<td>1. The majority of infected people revealing their health status get access to health services, mainly in ward level.</td>
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<tr>
<td>2. Generally, health services meet needs of health check-up and treatment of infected people, esp. at local level (ward health centers) and the private sector.</td>
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<tr>
<td>3. HIV infected people reach various forms of health services (both public and private)</td>
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<tr>
<td>4. Many people mention the improvement of health facilities related to HIV infected people but PLWHAs find the services inadequate</td>
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<tr>
<td>5. Many suggested to increase the frequency of check-up and medicine provision and support to the infected people (from every 6 months to every 3 months).</td>
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<tr>
<td>6. Raising awareness on improving attitudes and behaviour of health workers is necessary</td>
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<tr>
<td>7. Maintain friend to friend group to support AIDS patients.</td>
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<tr>
<td>8. Only a few social services (like mutual support groups, counselling centres) are for PLWHAs. These models have worked but with their scope is limited.</td>
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<tr>
<td>9. Social services should be open to support PLWHAs and their families with loans, and work.</td>
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<tr>
<td>10. Other social services need being promoted such as clubs, locations for PLWHAs to access social and health services comfortably.</td>
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<tr>
<td>11. To set up groups of volunteers like friend to friend group.</td>
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One of global AIDS prevention strategies is to reduce the infection rate, and AIDS impact socially and economically. There’re many alternatives to fight the epidemic, of which the management, care and counseling of HIV/AIDS is prioritized.

Management, care and counseling of HIV/AIDS covers the 4 main dimensions as bellow:
Clinical management is involved how to promote access to health services for PLWHAs.

Care and support for PLWHAs.

Counseling of PLWHAs.

Creation of enabling environment for PLWHAs to live, including job

The research in Haiphong has proved that, faced with the rapid spreading of HIV/AIDS epidemic, provincial party, authorities, mass organisations and people have mobilized resources available into the HIV/AIDS prevention work.

The province has built clinics or health centers for HIV/AIDS patients as Viet Tiep hospital, Tuberculosis Hospital in Kien An, and improved the quality of health services at all levels. On the other hand, it has strengthened the counseling system and made used of various support from international organizations for HIV/AIDS prevention. Since 1997, 9 projects funded by international and INGOs have been carried out, making effective contribution to HIV/AIDS prevention.

About public and private services on care and support for PLWHAs in Haiphong, there’re services available as follows:

**Public sector:**

- Viettiep Hospital: infectious faculty
- Dermatology Hospital (Tran Phu street)
- Counseling and free HIV/AIDS check-up section at provincial preventive health center
- T.B hospital in Kien An district
- District preventive health centers
- Public pharmacy
- Ward/commune health centers (monitor and provide health services to PLWHAS in community)

**Private sector**

- Van Cao hospital
- Health center at 73 Dien Bien Phu
- Other private health centers
- Private pharmacists

Health services for PLWHAs are supported not only by provincial and local authorities, but also from international organisations in the form of project implementation. 7 projects are now under operation, which can be named as follows:

- Child-focused HIV/AIDS intervention and management project by Save the Children UK since 2000 in Ngo Quyen and Thuy Nguyen district.
- The project has implemented such activities as peer education in and out of school, drama performances, HIV/AIDS writing and drawing contests, exchanges
between PLWHAs and the community, establishing of PLWHAS public speaking group. Despite limited communication sessions and target groups, the project has made significant influences on children and young people in the project locations.

- B07 project, HIV/AIDS prevention focusing on drug users by UNDCP in Gia Vien and Cat Bi ward, Ngo Quyen district.
- AIDS prevention project in Do Son and Phi Liet prison by NCA.
- AIDS prevention project in Do Son and Phi Liet prison by NCA.
- AIDS prevention of mother to child transmission by UNICEF in Thuy Nguyen District.
- AIDS prevention for mobile groups of long distance drivers and seafarers by World Vision.
- Condom Marketing in Do Son by DKT.
  - AIDS prevention on caregivers of HIV/AIDS in the community by NAV.
  - Life gape targeting drug users in 3 focal districts, voluntary testing in the province.

The project of communication, peer education and capacity building for staff by FHI and World Vision are highly appreciated by local PLWHAs, authorities and people.

5.1 Health services

5.1.1. These services have met relative needs of health checkup and treatment of PLWHAs

PLWHAs in Haiphong get counseling, checkup and treatment at any health centers in the province. The research indicated that most of PLWHAs making public of their health status can access to state-owned health services, mainly at ward level. Once per 6 months, all wards make schedule of health checkup and medicine provision to PLWHAs. Health services for PLWHAs can be seen on 2 aspects: beneficiaries and health workers (services).

In term of PLWHAs’ comments on these services, almost all gave positive thoughts on the practices by health workers in public centers.

"Do you have any thought about the attitude of nurses and doctors in Viet Tiep hospital when they reached you?"
*They warmly welcomed me. When finding my infection status, they had a private talk with me…In Hospital 203, they told me that here they did not operate for AIDS patients when knowing my status. And in Viet Tiep, nurses and doctors took immediate actions of operations with enthusiasm." (HIV male, 134, 366, 3,4).

“When knowing your HIV status, did health workers in hospitals allow you to enter their private room?"
*Treat me with a little bit different attitude.

What do you mean ‘different’?"
*They helped me inject with caution.

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Did they serve you with enthusiasm?
Yes, quite kindly in a few people...some of them were so afraid that they did not bring medicines into my room, but left outside for us to take anytime we want. Mrs. Head of the Faculty is very kind, she encourages and reminds us to take medicine timely". (HIV male, 142, 20, 11, 12).

"I know health center of Hong Bang district, Quang Trung, and Viet tiep hospital. I stayed there twice, health workers there are quite good ". (HIV male, 102, 142, 21, 6).

"After 2 times of checking health in Ngo Quyen hospital and tuberculosis hospital, what comments do you have on their services?
Concerning to health check-up, most of health workers pay relative attention…I have not much money, so everything is the same. It’s popular that people should take money when going to hospital. My disease differs to others, thus anywhere makes no difference. I am treated as normal without worries". (HIV male, 113, 356, 9, 10).

“Do you have any comment on ward health services?
"In general, they are enthusiastic and kind to patients” (HIV male, 125, 268, 9).

According to health workers, despite the fact that health facilities or equipment related to HIV/AIDS are inadequate and not advanced and those who are working with PLWHAs are not appreciated properly and commensurately, health workers (nurses and doctors) are still whole-hearted and kind enough to meet all requirements by the patients.

"At present, we have 10 more beds (total 20 ones) to be able to reach all health needs of PLWHAs in general and AIDS patients in particular. Only in the month of Tet holiday, is no AIDS patient present in the hospital; the other months all beds are occupied. Sometimes the number of 20 beds is not enough " (a doctor of infectious faculty of Vietiep hospital, 142, 7, 1).

"I have been in charge of managing HIV/AIDS cases of 12 wards in the district of Le Chan since 1994 concerning the number of cases alive, dead, on the street. Along with the role of a doctor at a preventive medicine department, I also do counselling or care for HIV/AIDS patients of serious condition or impending death. For those cases, I pay direct visit to their family to get to know their health condition and give instructions on treatment" (Doctor Tran Thu Hoa, 144, 29, 1)

“PLWHAs always visit local health centers. If possible, I provide them with medicines, with information and knowledge related to HIV/AIDS situation, and how to care themselves and prevent transmission to their family and the community" (Head of ward health clinic, 145, 33, 4)

Beside these positive comments on services provided by state health locations, complaints on quality and attitude of state health workers still remain

"Do you have any difficulties in staying in hospital?
Yes. They are too afraid to transfuse blood for me, instead my relatives help me do". (HIV male, 116, 180, 8).
“Do you think that ward health services is equipped with enough facilities?

"Lack of medicine. For instance, all patients need medicine and proper attention which are absent in wards... if there are, we feel sympathetic, encouraged, and more optimistic". (HIV male, 133, 357, 6, 7)

In the process of renovation or ‘doi moi’, everyone in the society enjoys health services provided by not only state sector but also by non state owned services which are developed and integrated in projects. The research showed that none state health services in Haiphong have gradually improved their services to meet the need of health checkup of the community in general and PLWHAs in particular. Many of them are quite popular among PLWHAS: health center at 73 Dien Bien Phu (previously at 42 Tran Phu), or one at 7 Lach Chay, Acupuncturist of Dr.Thinh, Dr.Diep, Dr. Xuong.

“As far as I’m concerned, every time of illness, we visit ward health center to ask for medicine, counselling on how to use medicine, in addition to private doctors. We never visit hospital despite of coming death. We are afraid of stigma and discrimination " (HIV female, 110, 107, 8).

"In addition, when you get some illnesses like fever, diarrhoea…where do you buy medicine, how is their attitude?"

*In private pharmacy, they are enthusiastic*: (HIV male, 119, 215, 10)

According to Dr. Trinh Anh Dung – Director of private center at 73 Dien Bien Phu, in 06/2003 (one month before the survey) the center received 173 people for voluntary testing, of which 17 cases were found HIV infected. This number proves that the center has attracted clients to come for health checkup and counseling thanks to its good quality and services.

Many who had health checkup and medicine distribution at the Hai Au club had positive comments on the center.

“I like to visit Hai Au club every Saturday morning for check-up. Death happens rapidly to those (like me) who get infected, use drug and live in the street as they can’t have a good health. Here in Hai Au,we get free health check-up, syringes and condoms. Furthermore, the workers are free of discrimination" (HIV male, 192, 23).

"In Hai Au, every Saturday, visitors get free health check-up, and medicines of febrifuge and antibiotic. Once per 3 months, World Vision organizes health check-up and medicine distribution” (HIV male,192, 22, 8).

At present, health services in Haiphong confront with the reality that limited health facilities and technology can’t meet the need of increasing number of PLWHAs.

5.2 Social services

Along with health services, so far, social services for PLWHAs and their relatives in Haiphong have been increasing like counseling service (direct or indirect by telephone of 1088), club models, peer education, support with job creation of Cau Dat ward, Minh Khai, car washing in Cat bi ward...however, these services have worked with limited results.
5.2.1 Strengths of social services for PLWHAs

Hai Au Club is highly appreciated for its social service for PLWHAs. The club is established and came into operation in 5/2000. Because of difficulties in seeking location, the club is now reopened. This is a best model for PLWHAs to recreate, get counseling and health care in Hai phong. Here, PLWHAs can read book, magazines, play sports, karaoke, and receive free health services. Moreover, they can meet and share with people of the same situation without any problems (e.g: unfriendly eyes of somebody)

*In deed, in Hai Au club, we PLWHAs are warmly welcomed and leave it without worries, only with happiness, encouragement and sympathy... we get syringes for free here (HIV male, 133, 352, 6).*

*I also participated in activities in Hai Au Club. There, they provided counseling to us on diseases and transmission routes. We also had entertainment activities to make our life less boring... I took part in every daily activity there. People here show their friendship to me, seem to understand me. Here, I feel much optimistic and happy with my life (HIV male, 139, 427, 2, 5).*

In addition to club activities, districts and wards also paid visit to PLWHAs families and held recreation chances for PLWHAs

*I took part in monthly exchanges in Do son held by Red cross, in which we discussed, expressed our thoughts about social relations, drug using. I also joined the network of communicators. In the exchange in So Dau, we sang songs and performed dramas. Occasionally, the club organised contests on HIV knowledge (idea in a discussion 192, 13, 6, 7).*

*It seems to me that in some places, jobs are created for PLWHAs, for example in friend to friend groups (HIV male, 131, 334, 8).*

*Many people know my health status, in some occasions like lunar holidays, middle autumn festival, support services and sympathy clubs ....present gifts to my family. In Hai Au club, we get counseling (a HIV female in a discussion, 193, 27, 4).*

The research shows that authorities of various levels pay attention to HIV/AIDS prevention. In addition to the main role of health department, mass organizations like youth union, women’s union, actively join the work of communication, counseling, and support for HIV/AIDS people.

*Women’s union has done some work focusing on relatives of mothers or wives of PLWHAs. The union creates favourable conditions for them to get a stable life such as only a small loan without or soft interest rates as the fund is by individual members ( in the discussion with head of women’s union in Trai Chuoi Ward, 163, 19, 1).*

*Youth union organises communication activities among the youth, meet PLWHAs to give them instruction on how to prevent transmission to the wider community, as how to use syringes safely, safe sexual contacts...For children of PLWHAs, they receive books, favorable conditions in studying, medicine support (secretary of Youth union of Quang Trung ward, 164, 21, 2).*

In addition to efforts made by provincial authorities, mass organisations, many international and INGOs have helped Haiphong to confront the epidemic such as...
developing effective prevention models of groups of hairdressers supported by FHI, intervention model in Le Chan supported by World Vision, counseling, care and support for PLWHAs by NAV... These models have helped effectively the PLWHAs and the community as well.

5.2.2 Bad points of social services

Many people highly appreciate the activities in social services but the fact of the matter here is that only limited beneficiaries enjoy the services and the sustainability of these models after projects come to an end is not assured.

"It is obvious that when the project remains, its effectiveness is 10 (supposedly the highest grade is 10), but when it ends, the effectiveness reduces to 3 or 4" (in the discussion with cadre of preventive medicine center of Le chan district, 143, 27,1)

"TV and radio also say about the provision of medicine for PLWHAs. The question here is that the medicine don’t go to those who need. What come to them is just useless medicine. " (a mother of PLWHAs, 181,10,1).

"The disadvantage of HIV support projects is that PLWHAs receive material support which can’t be used for any individual purpose. On the way back to their home, they will sell what they are supported. I think that for the future projects, it’s better if they consider to provide things that meet the needs or demands of PLWHAs. " (a ward doctor 145,34, 2).

6. Positive living

<table>
<thead>
<tr>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Almost PLWHAs think that a bleak future is waiting for them.</td>
</tr>
<tr>
<td>2. Most of PLWHAs have a need to participate in IEC activity, community activities with other people of the same situation, and to have a job.</td>
</tr>
<tr>
<td>3. Some of HIV positive person find an appropriate way of living such as self-confidence, proper nutrition, doing exercise, work, participation into recreation and other useful social activities.</td>
</tr>
<tr>
<td>4. Stigma and discrimination of families and community towards the HIV infected people.</td>
</tr>
</tbody>
</table>

HIV infection does not mean having AIDS. From HIV infection to AIDS development, it is a process, which could be years. During these years, PLWHAs can be still healthy and can work as normal. However, this process is longer or shorter depending very much on many factors of which it is important to consider the factors of awareness, behaviours, nutrition, physical exercises, work, lifestyle and rest. Therefore positive living would help the PLWHAs to strengthen their health, giving them more energy, confidence, which are important to prolong their life. All these factors depend mostly on the PLWHAs themselves but they do need support from the family, the community and the society.

The research shows that PLWHAs have had different feelings and are in different situations. The most common feelings are those of depression, pessimistic and sometimes these are mixed with more positive thinking.
6.1 Most of the PLWHAs interviewed feel that their future is very blurred and gloomy

The impact of HIV/AIDS, the pressures of daily life and the hopelessness about curative medicines have all contributed to the situation in which PLWHAs feel depressed, disappointed and sad.

**Very gloomy as I am infected with HIV and at the same time using drugs so I don't think about anything else but working and using drugs.** (Male, HIV infected 102,19,7)

**My thinking these days is all about the wish to die as quick as possible like other guy you just saw his funeral. Now, I just don't want anything.** (Male, HIV infected, 126,276,10)

6.2 Positive living

Support and sympathy from families and social organisations help PLWHAs to think more positively. Many of them expressed wish to take part in social activities, having work and be able to join recreational activities.

*I like to participate in communication programmes but my conditions are more difficult so I have to go out to work to earn a living. The wider the communication reaches, the more people would understand about it and it would be much better.* (Female, HIV infected,121,232,6)

*I myself very much want to do something to contribute to the society because I have understood well about the disease and that as long as I have some health I could still do good things to contribute to the society like to make people to understand about it as well. I really want to communicate about HIV/AIDS prevention to other people.* (Female, HIV infected, 109,94,10)

Some PLWHAs have found themselves a positive living by being confident, ensure good nutrition, maintain physical exercise, working and participate in recreational and social activities.

*I think I should try to stop using drugs and that would mean I could do decent work and that would bring my husband and my children back to me.* (Female, HIV infected, 106,64,1)

*I also wish to have an organisation in which PLWHAs can be involved in and do more communication work on HIV/AIDS prevention to other people, to prevent the widespread of the disease. I wish to have a stable job, good income and I wish to live as long as possible to be useful to my wife and my children.* (Male, HIV infected, 133,355,6)

HIV/AIDS, an epidemic of the century, has been a great threat for Vietnam in general and for Hai Phong in particular. Everyday, the number of HIV infected cases is increasing and it makes it more and more difficult for the health service of the city to
provide good care for this increasing number of patients. This research, especially with the great participation of PLWHA\textquotesingles; themselves as researchers, shows that in order to improve the quality of HIV/AIDS programmes, it is very important to involve active participation of PLWHA\textquotesingles; in addition to more efforts by the local authorities, mass organisations and local people. PLWHA\textquotesingles; will be active agents in the IEC work on HIV/AIDS prevention and they could be active actors in the provision of care and support to other PLWHA\textquotesingles;.

III. Conclusion and recommendations

1. Conclusion

At the current time, Hai Phong city ranks the third in terms of national HIV/AIDS infected people rate. Because of the increasing rate of HIV/AIDS infected people, the Hai Phong Party, Authorities, mass organizations as well as citizens have actively made great effort to reduce the infection and impact of AIDS epidemic on the socio-economic development of the city. The internal and international resources have been mobilized, many modules plus solutions have been implemented by the city. They are typically communication groups, the “friends to friends” “Hai Au” club. Many districts, communes have built good HIV/AIDS prevention and intervention modules. Many healthcare, social supports have been carried out to gradually meet the needs of the infected people. However, there remains severe discriminations from the family and community on the infected people. As a result, the number of HIV infected people who dare to reveal their situation is limited. Not daring to reveal the HIV infected situation not only reduces the effectiveness of the healthcare and social services for the HIV infected people but also can increase the potential ability of HIV infection to family and community.

Regarding the city’s current HIV situation, the need and the aspirations of the HIV infected people as well as the resources, we make some following recommendations.

2. Some proposals and recommendations

In the face of increasing number of PLWHA\textquotesingles; in Vietnam, it is demanded that a comprehensive HIV/AIDS prevention strategy should be developed: national strategy, intervention activities in the health sector and other mass organisations, cooperation and support of international organisations, local and INGOs, with more emphasis on capacity building for PLWHA\textquotesingles; in prevention and care and support for PLWHA\textquotesingles; in community. This can be shown as following:
2.1.1. Main solutions

- Reduce the number of drug users and other social evils

Like many other countries worldwide, the number of PLWHAs in Haiphong increases with substantial contribution of injection drug users. Many people think that reducing the number of injection drug users and other social evils will contribute to the decreased HIV/AIDS transmission. "The core reason for HIV/AIDS infection nowadays is drug users. It's difficult to fight against HIV/AIDS epidemic without getting rid of drug use as a priority. It's seen dangerously as either a health disease or a social evil." (private health sector doctor, 146, 41, 1).

- Concentrate on focal points and groups

"In my opinion, the highest risk groups are drug users and sex workers – the two main sources to the broader transmission in the community. HIV/AIDS infection now is dominant in urban districts and Do Son town with a tendency to rural districts of Thuy
Mobilise all resources (human, material and finance) into HIV/AIDS prevention

The research find that the three resources of human, material and finance have not been well mobilised into HIV/AIDS prevention in Haiphong, resulting in the increased number of PLWHAs. The question here is how to mobilise local and international resources from different levels and people into HIV/AIDS prevention (which was promoted effectively in the struggle against SARS and bird flu), and more importantly the active participation of PLWHAs. "So far, after the 2 phases implementation, it is proved that the project is more effective if we receive external support which can be seen in the awareness, behaviours of PLWHAs. When the project came to an end, we sustained the communication activities, but we could not afford the provision of services to PLWHAs including health care services. We have no money to buy medicine, needles or syringes for PLWHA and other health facilities. Thus we are in need of financial support from NGOs or international organisations in HIV/AIDS prevention. … The amount of 46 million VND for each district in 1 year provided by the province is not enough. 2/3 of the total amount will be used for the persons in charge, only 5 million for communication, and for health care and treatment for PLWHAs it is only 5-7 million. Meanwhile, there're many other activities like project launching workshop, printing, and visits to AIDS died patients which have only 5 million. In conclusion, lack of funds causes many difficulties and hindrances". (a doctor from district preventive center, 143, 24, 2, 3).

2.1.2. Specific recommendations
2.1.2.1. Communication

Many alternatives to improving the quality and effectiveness of HIV/AIDS prevention have been recommended, with more emphasis on communication.

Only communicating makes them understand, such as distributing leaflets, posters and providing with basic knowledge on HIV/AIDS and to reduce discrimination against PLWHAs (a HIV male 103, 25, 2).

There're many ways of communication like TV, press, or radio.

Continue to communicate with improved quality (a HIV male, 191, 6, 6).

Many ways to communicate. We should make use of their advantages like radio, TV, newspapers, posters, etc (a HIV male 191, 6,7).

The communication way is through newspaper, and TV. It’s quite effective if integrating HIV/AIDS prevention contents in the time of a good film being shown. At this moment, the good thoughts or comments of audiences about the film will direct into the contents that we want to convey to them in HIV/AIDS prevention. It’s an effective way. On the contrary, distributing leaflets or posters cannot make them pay attention. Only some of passengers pick up" (a HIV male, 171, 7, 1).
2.1.2. 2 Solutions to reducing stigma and discrimination

There exist various solutions to reduced stigma and discrimination towards PLWHAs.

“Continue communication works and improve the quality of communication works. Communication works should take further use of the strengths of the mass media such as newspapers, radio, TV, poster and leaflets”. (Opinion raised by Tuan A in a group discussion, 191, 6,6)

For remote areas, the best mass media channel is radio but it is better to use TV for urban/city areas. Communication work should not only involve the authorities but they should encourage active participation of PLWHAs themselves. For example PLWHAs could take part in distribution of leaflet to the public or doing counselling work to other people in the community (Opinion raised by Bui H in a group discussion, 191, 6,9)

There should organised meeting or organisation in such a way that encourage people who have no addicted children to come to listen to those who have addicted children so that they would understand the sorrows suffering by these families and thus they would not look down on the families anymore. Otherwise, these families have to suffer too much. Many times we have to cry and sometimes we think that we cannot stand it anymore but still we have to tell ourselves to calm down to live (Opinion raised by a mother of a PLWHAs, 183, 28,1)

Especially some PLWHAs raised the opinion that it is important to have curative medicines in order to reduce stigma and discrimination against PLWHAs. In addition, they also think that the PLWHAs themselves need to lead a more positive / more healthy lives.
I think that the most important factor is in relation about the information on availability of curative medicines for AIDS diseases. I am sure that when such information is announced, other people would be willing to shake our hands immediately (Opinion raised by Huu H in a group discussion, 191, 6, 11)

In order to reduce stigma and discrimination, I think we need to stop using drugs. When we don’t use drugs we could work as other people then the family members would not discriminate us anymore (Male, HIV infected, 106, 58,2)

What do you think as a good way to reduce stigma and discrimination?

I think the best way is to keep myself not to use drugs again and find a stable job. Only by that people would like to be close to me again (Male, HIV infected, 123, 251, 2)

Generally speaking I think activities should be done to make people understand and stop discrimination against PLWHAs. I myself can prove to people that although I am infected but I have tried to be myself – being able to stand up like now (female, HIV infected through husband, 104, 34,2)

In order to reduce stigma and discrimination again PLWHAs, we – the PLWHAs ourselves need to make first attempts. We need to have a decent job to gain trust back from other people (Male, HIV infected, 139,418,2)

The research shows that there are many different solutions, which can contribute to reduction of stigma and discrimination against PLWHAs. Among these, it is important to include awareness raising, treatment medicines and active participation of PLWHAs.

2.1.2.3. Health services

Many recommendations made to the province to improve and develop its health facilities and equipment for services of PLWHAs.

As a national metropolis, Hai phong hasn’t got an advanced health facilities. Although, over the past years, city authorities have invested in upgrading and equipping advanced facilities with the health department, the distance to the practice is still long, significantly to the faculty of HIV/AIDS treatment.

Care of AIDS patients is still in difficulties. We lack a machine to breathe and to suck for patients. In addition, a separate room for patients in the agony of death is needed as sharing will have negative impacts in terms of mental problems and the quality of life on other patients (doctor of infectious faculty, 142, 9, 1).

Even with Le chan district where the project of World Vision is successfully implemented, the project is coming to an end, causing difficulties to health services of PLWHAs.

"When the project ends, we continue the work of IEC. Mentioning support services, we are really in trouble of no finance support. We have no money to buy medicine, health facilities if they are down/out of date or in need such as syringes, gloves, things for health check-up, stethoscope...." (Doctor of Le chan distr., 143, 24, 2).
Based on the real situation of inadequate equipment related to PLWHAs, many PLWHAs recommend the province to increase the budget for treatment of PLWHAs. Some of them ask for a specific health center for PLWHAs.

"I hope that there are specialized health centers for PLWHAs" (HIV female, 193, 26, 7).

"There should be a hospital for PLWHAs only, not faculty in hospitals. At present, the infectious faculty for PLWHAs of the hospitals is usually put in the basement. What we wants is a hospital for PLWHAs where PLWHAs can socialize with each other without facing stigma and discrimination" (HIV female, 110, 108, 8).

"Currently, ward health facilities for PLWHAs are in poor condition" (ward doctor 145, 35, 7).

Poor facilities in checkup and treatment for PLWHAs have direct impacts on health services.

**Comments by PLWHAs on the frequency of medicine distribution and health checkup.**

The survey proves that most ward health centers have a schedule of health checkups for PLWHAs. Today, PLWHAs in Haiphong receive health checkups once every 6 months (excluding other activities provided by projects). The work has been done well but it is recommended to increase the frequency to once every 3 months.

"If possible, the health department should hold regular health checkups and distribute medicine for PLWHAs once every 3 months" (mother of one HIV patient), 182, 16, 2).

"Do you have any idea to improve social and health services"

For example, in order to encourage PLWHAs to distribution centers, workers there should have a friendly and enthusiastic attitude to PLWHAs with better care, more regular medicine distribution and health checkup " (HIV male, 129, 313, 9).

Through the research in Haiphong, most of PLWHAs are poor, homeless. Over 70% of them are involved in drug, thus, they have no money to reach better health services. They pin all their hopes of support on ward health services and others provided by projects as friend to friend group, Hai Au Club.

**Maintain volunteers group of care for PLWHAs in Viet Tiep hospital**

The research shows that due to increasing need of care and support for PLWHAs and their family, and due to the lack of human resources in hospitals to take on that task, those who have been treated in the hospital voluntarily set up a group of volunteers of PLWHAs, helping the infected patients in the hospital. Previously the group included 4, now it reduces to 2 members. Dr Ngo Viet Hung – vice of infectious diseases faculty, said the volunteers made substantial contribution to the treatment of PLWHAs.

The hospital set up a group of PLWHAs who volunteer to care for AIDS patients. These people are infected with HIV/AIDS and treated in the hospital, they are willing to stay in the hospital to take care of AIDS patients. They act as orderlies to inform us if a patient has problem with breathing, or with his throat, get a fever. The group helps us take patients to tests…accompanied by our nurses (Doctor Ngo Viet Hung, 142, 10, 1).
These people work so hard, buying meals, water for AIDS patients, helping patients to put on or take off clothes…or to throw rubbish away (Doctor Ngo Viet Hung, 142 13, 1)

Through the discussion with 6 families of HIV/AIDS in infectious faculty of Viet Tiep hospital, we find that because of difficulties and risk of being infected, these families want to have someone take over the work of care and support of their relatives. This sort of service has been developed. It costs 15 - 20.000VND/day (for serious cases: 30.000VND/day).

I befriended with some serious cases when staying here, some of them get swollen, becoming decomposed. Their family asked me to care of them for months. People here encouraged me to do the work, then many other families also asked me to help (HIV female, volunteer of Viet Tiep hospital 165, 24, 1).

Due to the character of easy infection, almost all patient relatives, nurses, orderlies and doctors hesitate to contact AIDS patients, these volunteers should be encouraged. They are in the same situation so they can share and sympathize with each other.

Here we have many interesting stories, one which impressed me a lot is the first man I met. He was in serious condition, his pain ulcerated. I took care of him for 2 months, then he died. I felt shocked and missed him, and cried as if he was my relative. When he lived, I encouraged and shared with him much, his family also spiritually praised me that made me happy. For families giving me money for my work, I treated them differently. Here, many orderlies showed their attention to me as I helped them so much. (HIV female, volunteer of Viet Tiep hospital, 165, 29, 3).

It's necessary to expand free testing centers. Haiphong is home to over 1 million people with only one place of this kind. It should have anonymous voluntary testing centers at district level… Private health centers should be provided with financial and material support when treating or taking care of PLWHAs (a private doctor, 46,3, 5, 6).

I wish there’s a health center where PLWHAs can visit to get medicine, or it distributes medicine to those PLWHAs with real address. (a HIV female, 193,26, 9).

2.1.2.4. Social services

Expand social services for PLWHAs to reach, such as clubs, recreation locations

According to the research, PLWHAs highly appreciate activities of social services, significantly clubs. Today, the number of PLWHAs increases day by day in such a big city of Haiphong and many models have come to an end due to limited finance support, PLWHAs express their hope to sustain and expand social services for PLWHAS such as job creation, loan, recreation places…

"Do you think that it is necessary to set up a club of sympathy for PLWHAs?"

Yes, for PLWHAs to share the feelings and thoughts with each other, and have recreation as well. (HIV male, 133, 357, 9)

Now I get HIV/AIDS, I can't earn my living as no employers want to hire me. I do hope to have a work so that I can cover my daily expenses, buy medicine and prolong my lifetime (HIV male, 132, 340, 2)

If your locality supports you in getting a work, will you accept their support?

Yes, it’s my real desire” ( HIV male, 102, 18, 12)
Getting a job is the desire of not only PLWHAs themselves, but also of their family.

*Only if getting a job, can he feel at ease and release his mind from stress or strains. If so, he can eat anything he wants. After that, he can treat others normally. Even if he doesn't want to steal but no work, nothing to eat will provoke him to steal to satisfy his addiction, leading to the situation of boredom and negative behaviours. All the burdens lay on my shoulders which he may know, for no work at all and impossibility of thievery, he surely disturbs me to ask for money* (mother of a PLWHAs, 181, 10, 1).

As many ideas among PLWHAs in discussions, in the face of stigma and discrimination, and increasing need of mutual support, it is necessary to form networks of volunteers of PLWHAs at provincial and central level.

The network will create chances for PLWHAs to get access to information and projects providing support to PLWHAs to help them have a better life. On the other hand, PLWHAs have opportunities to meet and share with the others lessons learnt and experiences of communication, health care and how to get a job to improve their life.

*Actually, the State and society should pay more attention to PLWHAs. It could be job creation. When having work, PLWHAs will forget their health status by focusing more on working and have money to cover their medicine and other things. Otherwise, they think of the disease all the time.* " (a mother of PLWHAs 181, 9, 1).

### 2.1.3. Specific recommendations from research team

Continue to improve the quality and effectiveness of communication work with diversified kinds:

- Panel, poster.
- Leaflets.
- Manual for HIV/AIDS prevention and HIV/AIDS infected people caring books (already have but small in quantity).
- Talk about HIV/AIDS prevention topic with community groups (high risk group, pupil, youth groups; families having drug-addicted, HIV infected people...).
- Diversify the kinds of counselling, especially for families having HIV infected people to help them understand, not to discriminate against the infected people.
- Increase the communication time for HIV/AIDS prevention on the city’s media like newspapers, television, radio.
- Of these, the two-way information must be paid attention. Not only harmful impact should be strongly addressed but also the communication should be about infected people trying to live better lives and good models of HIV/AIDS prevention work should be actively implemented.

**Health care and social services**

- To make the infected people live better, the healthcare and social services must be strengthened.
- Mobilizing resources to increase the frequency of health check-ups and medicine distribution for the HIV/AIDS infected people at commune level. May be once for three months.
Increasing the rate of HIV/AIDS infected people who do not reveal their situation enjoying the healthcare services through at-home service or in-person appointment to have health check-up at commune health station.

- Strengthening the health check-up, medicine distribution and health services such as delivering condoms, syringes and needles at places (club) for HIV infected people to reduce the rate of infection to the community.

- The City should invest more infrastructure, equipments for check-up and treatment work for the HIV infected people. For the time being, it should focus on check-up rooms, departments with high density of infected people’s visits and treatment such as Faculty of Infection of Viet Tiep hospital, Tuberculosis hospital in Kien An.

- Set up voluntary group to care HIV/AIDS infected people. These groups not only come from Faculty of Infection of Viet Tiep hospital but also being built in community such as the “friends to friends” group. However, to set up and maintain these teams, the money and organizers are needed. On the side of organizer, the health sector or some mass organizations can be assigned. But on the money side, it is recommended to set up its own project by the community, local, central budget and sponsor from NGOs and international organizations.

- Increase the allowance for people who directly work with HIV/AIDS infected people, especially for doctors, nurses, medical orderlies who daily work with HIV/AIDS infected people (The Faculty of Infection of Viet Tiep hospital has 4/20 people enjoying more 40% of their salary for serving high infection people). Besides the allowance, they have to enjoy the risk policy as they have high risk to be HIV exposure. Having right preferential policy will mobilize fully mental potentials of doctors, nurses and medical orderlies to check up and care HIV/AIDS infected people.

- Mobilize resources to supply free services for families having HIV infected people in the commune such as rubber gloves, Javel, Gentian, bandage….to generate favorable conditions for poor families to care HIV/AIDS infected people and not discriminate them.

2.3 Social services

- Maintain and improve the quality of activities of current clubs.
- Conduct the research to expand the “friends to friends” clubs in many places in the City based on the mobilizing local resources and assistance from international organizations and NGOs.
- Recommend the City to have solutions to the employment for HIV infected people who still have labor force through employment generating model, credit for HIV infected people or their families (Ho Chi Minh city and Department of Planning and Investment have built two industrial parks – new citizen urban Nhi Xuan attracting 5,000 – 6,000 youth after drug-giving up).

2.4. Organizing and managing

- Strengthen managing and monitoring drug-addicted and HIV/AIDS infected people. There is no longer a “Charnel-house” in the heart of the city, generating a healthy social environment, no more social evils.
Recommend the City to study how to manage the HIV/AIDS infected people wandering in the parks, markets, pavements. Managing them is to make them not only enjoy better, more thoughtful healthcare but also to make contribution to reduce the rate of infection through prostitution, to reduce stealing situation made by the non-managed drug-addicted and HIV infected groups.

Study now to build HIV infected people network operating from locality (commune) to the city and higher level. The network will help them to get faster access to the information serving for themselves such as medicine, integrated-living experience, employment generating and better living experience. The network can work under the sponsor of Red Cross Association or Department of Health.

Recommend the City to adjust the cooperation mechanism between the police and some other sectors relating to HIV/AIDS prevention work as the past activity shows that the peer education group had difficulties in delivering syringes and needles or condoms.

2.5. Family

Regarding basic, long-term aspect, building harmony and happiness is the most important solution to preventing social evils and HIV/AIDS. So, the city should continue directing to make families the strongest fortress. For families having infected people, it is necessary to understand, sympathize, care HIV/AIDS infected people physically and mentally, help them live more meaningfully. No stigma and discrimination.

The programs should try to help families to get access to information and support with healthcare and social services.

2.6. HIV Infected people

Addressing stigma and discrimination and living more comfortably for the rest of one’s life requires HIV/AIDS infected people to live more actively. More active living means:

- Work, according to ability, as long as there remains health.
- Live and self-protect to avoid infection to relatives and community.
- Have regular diet, drink and living.
- Take part in sport activities to combat against sadness and concern.
- Participate actively in activities useful for families, community and society such as communication, voluntary to help other HIV infected people….

Above, these are the recommendations resulted from the research conducted in community.

We do hope that after the result of the first research there will be a intervention project for the coming phase. As such, the right needs and aspirations of the HIV/AIDS infected people will soon come true.
### Annex: Provincial Strategic Plan in prevention, care and support towards HIV/AIDS in Haiphong
(at the strategic planning workshop in Haiphong on 22/12/2003)

<table>
<thead>
<tr>
<th>Identified problems</th>
<th>Previous and current activities</th>
<th>Proposed activities to address the problem</th>
<th>Expected outcome</th>
<th>Time</th>
<th>Lead agency + collaborator</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is still stigma and discrimination against PLWHAs</td>
<td>- IEC</td>
<td>Increase quality of the current activities</td>
<td>80 % of the general population changed their behaviours towards PLWHAs and their family members</td>
<td>3 years</td>
<td>- HIV/AIDS control system - Health depart - Cultural &amp; Infor Dept - PLWHAs themselves</td>
<td>- Government budget - Assistance from Int. Orgs - Health equipments - IEC equipments</td>
</tr>
<tr>
<td></td>
<td>- Awareness raising workshops</td>
<td>Workshops for PLWHAs based on rights to make them know that they have right not to be discriminated against</td>
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<tr>
<td></td>
<td>- Development of friend-help-friend clubs</td>
<td>Identify where discrimination occurs and have the workshops there (e.g. health service, family...) Establish more counselling centers and out-patient clinics or mobile health services</td>
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<tr>
<td>Health services do not meet the need of PLWHAs yet</td>
<td>- Capacity building for health personnel</td>
<td>More systematic training of existing and future health personnel on: diagnosis, treatment with ARV, Preventive treatment, counselling skills, and knowledge on comprehensive care for PLWHAs</td>
<td>Ability to provide health care for 100 % of PLWHAs</td>
<td>10 years</td>
<td>- Health Depart</td>
<td>- Increase number of full-time health workers for HIV/AIDS - Allowance for health workers - Government budget - Assistance from Int. community</td>
</tr>
<tr>
<td></td>
<td>- Access to services for PLWHAs</td>
<td>Availability of care and support service for PLWHAs at ward/commune level</td>
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<tr>
<td></td>
<td>- Specialized treatment</td>
<td>Availability of affordable ARVs Introduce more preventive treatment on opportunistic infections</td>
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<td></td>
<td>- Care and support</td>
<td>Regular check up at hospital: every 1 – 3 &amp; 6 months Establish VCT centers at district level</td>
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<tr>
<td>Social services do not meet the need of the PLWHAs and their families yet</td>
<td>- Provision of small loans for income generation</td>
<td>Continue and increase the provision of loan for income generation</td>
<td>Help the PLWHAS and their families to improve their living quality Prevent self-stigma and discrimination or isolation from the community by PLWHAs and their family’s members themselves. Slow down the HIV/AIDS infection rate</td>
<td>1 – 3 years or more</td>
<td>- Mass – organization - Government authorities - NGOs - Private sectors - Religious institutions - PLWHAs themselves</td>
<td>- Availability of curative medicines - Equipments - Budgets from different sources</td>
</tr>
<tr>
<td></td>
<td>- Establishment of clubs for PLWHAS and their family members</td>
<td>Apart from friend-help-friends clubs, more clubs for family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- IEC on HIV/AIDS prevention and related legal documents</td>
<td>Extend entertainment and educational activities</td>
<td></td>
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</tr>
</tbody>
</table>
| PLWHAS’s efforts in integrating into communities are still limited | - Friend-help-friend clubs (e.g. Hai Au club)  
- NAV supported activities for women  
- Home care for PLWHAS | - Establishment of organization of PLWHAS | - Strengthened and improved quality of participation of PLWHAS | Start as soon as possible and last as long as possible | - Health Dept  
- Local authorities at different levels  
- PLWHAS and their relatives | - Support from the people mentioned previously  
- Budget: may need extra budget from Int. org  
- Real estate: land or houses for making offices/places for PLWHAS. |