

Sexual Behaviour Related to HIV/AIDS: Commercial Sex and Condom Use in Hanoi, Viet Nam

Even though most of the respondents said they knew about HIV/AIDS, their risky behaviour is evidence that the community needs further HIV/AIDS knowledge advocacy

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Globally, 40 million adults and children were living with HIV (human immunodeficiency virus)/AIDS (acquired immunodeficiency syndrome) at the end of 2001. Of infected adults, 48 per cent were women. In 2001, the global

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adult HIV prevalence rate was 1.2 per cent. During that year, 5 million people were newly infected with HIV and 3 million died due to HIV/AIDS. In many parts of the developing world, the majority of new infections occurred among young adults, with young women being especially vulnerable. About one third of those currently living with HIV/AIDS are aged 15 to 24 years. Most of them do not know they carry the virus. Many millions more know nothing about the virus or too little to protect themselves (UNAIDS, 2001).

Since the first clinical evidence of HIV was reported in Ho Chi Minh City in December 1990, HIV has spread to over 61 provinces and cities in Viet Nam. According to a report released by the Viet Nam National AIDS Committee, 29,421 people had been infected with the virus by the end of February 2001. Of those infected, 85.8 percent were men aged 20 to 29. Of those infected, 4,835 people developed AIDS and 2,549 succumbed to the disease (Vietnam National Aids Commission, 2001). In reality, the estimates may be higher than those in the official report (Thanh Nhan, 2001). HIV infections occur not only among injecting drug users (IDUs) and commercial sex workers but also among other groups of people.

Injecting drug use presents particular risks for HIV transmission because it is a far more efficient mode of transmitting HIV than sexual intercourse (UNAIDS, 2000). Drug injection is often practised among networks of people, which can facilitate the sharing of needles. In Hanoi, there were 8,700 IDUs in 2001. Currently in Viet Nam, injection drug use accounts for approximately 63.8 per cent of HIV infections (Vietnam News Agency, 2002).

Another reason for the rise in HIV infections is an increased likelihood of people engaging in unprotected sex with multiple partners (McCoy and others, 1996). In Viet Nam, prostitution is illegal; therefore, sex workers are not officially managed and their health is not monitored. Perhaps this is the reason why the number of commercial sex workers infected with HIV has increased. According to the Ministry of Labour, War Invalids and Social Affairs, there are 36,800 commercial sex workers in Viet Nam. Of the 36,800 sex workers, 34.6 per cent are drug users, while 18.4 per cent of the drug users are HIV positive. In Hanoi's social assistance centre No. 11, about 30 per cent of supervised sex workers are drug users and half of them are HIV infected (Thanh Nien, 2001). HIV/AIDS prevention programmes in Viet Nam, therefore, should be linked with the issue of prostitution.

Injection drug use and its correlation with HIV/AIDS is one of the top concerns of the Government which has invested in a number of social measures and programmes to curtail drug use. Although the impact of unsafe sex on the increase of HIV infections is also recognized, issues related to unsafe sex and

HIV/AIDS are not documented. Since personal resources are limited, the author could conduct a study in one city only. However, the findings from this study can provide a general picture of sexual behaviour among men that focuses on commercial sex and condom use related to HIV/AIDS in other large cities of Viet Nam.

Methodology

There are three main questions examined in this study: (a) What is the current situation regarding commercial sex and who has access to it? (b) Why does a Vietnamese man feel the need to buy sex services? (c) Are the men aware of the risks associated with unsafe sex in relation to HIV/AIDS and do they know how to protect themselves when visiting commercial sex workers?

Research in the United States of America and Thailand suggests that socio-economic status is positively correlated with the person's age when intercourse is first experienced, and negatively correlated with sexual experience with commercial sex workers (VanLandingham and others, 1995). In Viet Nam, socio-economic changes are presumed positively correlated with both the person's age when intercourse is first experienced and sexual experience.

The transformation of the Vietnamese economy, known as Doi Moi, has opened a new window for young people to be connected with the Western world. Lifestyles and conceptions of life have changed among young and single men. Currently, they are more likely to want to know about females and sex (Nguyen Minh Thang and Gammeltoft, 1999; Khuat Thu Hong, 1998). At the same time, the socio-economic changes have created new opportunities for a number of middle-aged men in big cities to be successful in business. Many of them have obtained more political and monetary powers. In turn, these powers provide a favourable environment for exploring new sexual practices. Young men and high-income business people are, therefore, more active in multi-partner sexual activities, which include commercial sex.

Even though socio-economic development has started to change lifestyles in Viet Nam, a happy married life might be able to keep men away from commercial sex. If so, the Vietnamese traditional family can play an important role in the struggle against prostitution and other social issues related to HIV prevention.

Detailed information on sexual behaviour, condom use and knowledge of HIV/AIDS, including knowledge of modes of transmission, is always important for HIV prevention programmes. Educational level, the number of lifetime

sexual partners and knowledge about HIV/AIDS are significantly and positively associated with the use of condoms to prevent HIV infections (Messersmith and others, 1994). A survey on male knowledge of reproductive health showed that Vietnamese men, especially young men, are not knowledgeable about HIV/AIDS (Population Research Consultants, 1998; Nguyen Minh Thang, 1999). It is important to find out whether people who live in large cities are aware of the risks associated with unsafe sex practices, and whether they know how to reduce the risks when visiting commercial sex workers. At present, the primary means for deterring the further spread of HIV/AIDS remain behavioural risk prevention interventions. Thus, developing and implementing interventions that focus on behavioural prevention are of the utmost importance.

In our study, a quantitative approach was used. A survey questionnaire with 88 questions was designed to investigate AIDS-related knowledge and sexual experience, especially with regard to commercial sex workers, premarital and extra-marital sex. A limited number of in-depth interviews were conducted in order to gain further knowledge about sexual experience, the conditions under which the sexual experience occurred, the relationship between HIV/AIDS knowledge and patterns of sexual activity etc.

The population targeted in the survey was men aged 18 to 55 years. There were five target strata for this study: (a) university students, (b) factory workers, (c) government officials, (d) businessmen and service providers (including people working in hotels and restaurants) and (e) mobile workers (drivers and other mobile labourers). The field survey was conducted in Hanoi from January to February 2002, with support from Population Research consultants.

A self-weighted sample was designed for this study. A stratification sampling procedure was applied to determine the sample size for each of the five strata. In each stratum, targeted men were selected by a random selection procedure. Data from the Census of 1999 were used as a sampling frame. A sample size of 493 men was selected, proportionate to the population size of the urban area of Hanoi. The participation of the men in this study was voluntary: 126 students, 176 factory workers, 67 government Officials, 75 businessmen and service providers, and 49 mobile workers took part in the survey. One third of the respondents were 25 to 34 years old; 83.9 per cent of the respondents had a high school education or higher; about half of them had never been married; 53.5 per cent were born in rural areas; and more than 63 per cent do not follow any religion.

Table 1. Percentage of respondents who have sex with commercial sex workers

	Visited prostitute	
	Percentage	Number
Type of work		
Student	49.0	49
Factory worker	23.2	155
officers	29.8	57
Businessmen	39.7	68
Mobile worker	38.6	44
Age:		
20-24 years	42.9	56
25-34 years	37.1	132
35-44 years	29.3	116
45 and above	20.3	69
Education obtained:		
Middle school or less	29.4	34
High school	30.0	30
Graduated high school	34.2	197
College and above	31.3	112
Home village:		
Urban	27.6	196
Rural	37.9	177
Age at first intercourse:		
Under 20 years	70.8	24
20-24 years	38.3	141
25 and above (25-34 years)	24.3	208
Monthly income (dong):		
<100,000	25.0	72
100,000-300,000	30.4	227
>300,000	45.9	74
Happy married life: ^a		
No	42.9	28
Yes	23.2	220
Total	32.4	373

^a "Happy married life" is only considered for those who are currently married and live with wife/partner. In this analysis, there are only 248 married/cohabited men among the 373 men who ever had sex.

Findings

The study shows that 68 per cent of respondents indicated that commercial sex has become popular in Viet Nam. They also commented that prostitution was not strongly discouraged by members of the community and society: 23.9 per cent of respondents were firmly convinced that community members did not object to commercial sex and 58.4 per cent of them thought that prostitution was viewed as evil only by a few members of their community. Among the 493 men interviewed in this study, 373 reported that

they ever had sex with a woman. **Table 1** shows the percentage of these 373 respondents who have had sex with a prostitute, and those who visited a prostitute for their first sexual experience.

Students have the highest rate of experience with prostitutes, 49 per cent, followed by businessmen, mobile workers and government officers. Younger men are more likely to visit prostitutes than older men: 70.8 per cent of those who first had sex before the age of 20 experienced a sexual relationship with a sex worker. The rate was 38.3 per cent for those who had their first sexual experience between 20 and 24 years and 24.3 per cent for those aged between 25 and 34. None of the respondents had their first sexual experience after the age of 34. Higher educated men were more likely to visit commercial sex workers. However, men who graduated grade 12 and did not continue higher education were more likely to visit sex workers than those in other groups. Men who came to the city of Hanoi from rural areas were more likely to visit prostitutes than men who were born there, 37.9 and 27.6 per cent respectively. Income and the quality of married life were also important factors in understanding why men chose to buy services from sex workers.

A descriptive analysis of those who have had sex with prostitutes ($n = 121$) revealed interesting facts about their sexual behaviour (**table 2**). First, the age at which the first sexual experience occurred with a sex worker was quite young: 6.8 per cent of respondents reported that they had sex with a prostitute before reaching 20 years old. At age 24, the percentage increased to 40.7 per cent. This means that more than 50 per cent of men have had sex with sex workers before the age of 25. Students are more likely to have access to commercial sex at an early age.

Second, the visits are quite frequent. During the six months preceding the interview, more than 45 per cent of the men had had sex with a commercial sex worker more than five times. The most frequent visitors are government officers (80 per cent), followed by businessmen (55.6 per cent). Even though students represent an important fraction of customers, their visits are less frequent than other groups.

Third, commercial sex clients do not always return to the same place. While 52.9 per cent of customers went back to the same place, 31.4 per cent went to a different place. But even when clients visited the same place, they did not meet the same girl. Only 11.6 per cent of the respondents reported having sex with the same girl in the six months prior to the interview. These figures suggest not only that commercial sex is widespread in Viet Nam but also that clients tend to choose a different partner each time.

Table 2. Sexual behaviour and practice with commercial sex workers

	Type of work					Total
	Student	Factory workers	Officers	Businessmen	Mobile workers	
Age at first intercourse with sex worker:						
< 20 years	12.5	0.0	6.7	11.1	5.9	6.8
20-24 years	87.5	22.9	33.3	44.4	11.8	40.7
25-34 years	0.0	45.7	40.0	25.9	58.8	33.1
>34 years	0.0	31.4	20.0	18.5	23.5	19.5
Number of visits in the last 6 months:						
< 5 times	87.5	52.9	20.0	44.4	58.8	54.7
5 times and above	12.5	47.1	80.0	55.6	41.2	45.3
Where:						
Same place	50.0	58.3	35.3	48.1	70.6	52.9
Different place	37.5	27.8	29.4	33.3	29.4	31.4
Do not answer	12.5	13.9	35.3	18.5	0.0	15.7
Meet with the same girl	4.2	13.9	0.0	22.2	11.8	11.6
Accompanied by:						
Close friends	87.5	22.2	52.9	29.6	11.8	39.7
Friends	12.5	44.4	17.6	40.7	41.2	33.1
Acquaintance	0	16.7	17.6	7.4	23.5	12.4
On their own	0	16.7	11.9	22.3	23.5	14.8
Type of place visited for commercial sex (most recent visit):						
Karaoke, massage parlour	29.2	38.9	11.8	18.5	64.7	32.2
Barber shop	0.0	5.6	0.0	0.0	0.0	1.7
Restaurant	4.2	13.9	0.0	14.8	0.0	8.3
Bar, dancing club	8.3	0.0	0.0	3.7	0.0	2.5
Hotel, motel	45.8	22.2	35.3	51.9	17.6	34.7
On the street	0.0	13.9	0.0	0.0	17.6	6.6
Other	12.5	0.0	11.8	0.0	0.0	4.1
Do not answer	0.0	5.6	41.2	11.1	0.0	9.9
Duration of the most recent visit:						
Short	58.3	61.1	35.3	55.6	82.4	58.7
Over night	41.7	27.8	23.5	37.0	17.6	30.6
Do not answer	0.0	11.1	41.2	7.4	0.0	10.7
Payment for the most recent visit:						
<50,000 dong	16.7	30.6		3.7	35.3	18.6
50,000-100,000 dong	75.0	66.7	78.6	85.2	64.7	73.7
>100,000 dong	8.3	2.8	21.4	11.1	0.0	7.6
Number	24	33	17	27	17	121

Table 3. Condom use when having sex with sex worker

	Type of work					Total
	Student	Factory workers	Officers	Business-men	Mobile workers	
Use of condom:						
Never use	0.0	11.1	0.0	0.0	17.6	5.8
Sometimes	4.2	8.3	17.6	25.9	11.8	13.2
Almost always use	0.0	25.0	11.8	25.9	17.6	17.4
Always use	70.8	27.8	29.4	22.2	35.3	36.4
Don't know	25.0	27.8	41.2	25.9	17.6	27.3
Condom use for the most recent visit:						
Use	91.7	77.8	76.5	81.5	64.7	79.3
Do not use	4.2	16.7	5.9	14.8	17.6	12.4
Don't remember	4.2	5.6	17.6	3.7	17.6	8.3
Attitude when suggested to use condom:						
Agree and comply	83.3	44.4	58.8	59.3	41.2	57.0
Use if think it is necessary	16.7	38.9	35.3	29.6	11.8	28.1
Do not feel concerned	0.0	16.7	5.9	11.1	47.1	14.9
Number	24	33	17	27	17	121

Finally, clients commonly visit prostitutes in the company of someone else. The survey revealed that only 14.8 per cent of men visit sex workers on their own. Among the rest, [table 2](#) shows that 39.7 per cent go with close friends, 33.1 per cent with other friends and 12.4 per cent with acquaintances.

Karaoke bars and massage parlours are common places for commercial sex, as are hotels and motels. Some hotels and motels serve as sex providers while some just provide a room for rent. Visits often take place under a short time span of an hour or so. Surprisingly, however, 30.6 per cent of respondents reported having spent the night with the sex worker during their most recent visit. The regular price for each visit ranged from 50,000 to 100,000 dong. The maximum payment reported in the survey was 250,000 dong (IUS\$ = 15,270 dong).

The attitude and the practice of condom use among those who visited prostitutes are the other focus of this study ([table 3](#)). The study shows that only 36.4 per cent of those surveyed invariably use condoms when visiting sex workers, while 5.8 per cent reported never using condoms when having sex with prostitutes. The never-use-condom respondents were mobile workers and factory workers. Many people reported using condoms from time to time. For their most recent visit, 79.3 per cent used condoms, 12.4 per cent did not use any, while the rest did not remember whether they used one or not. The study

Table 4. Self-evaluation of the possibility of HIV infection and STDs for interviewed men

	Type of work					Total
	Student	Factory workers	Officers	Business-men	Mobile workers	
Ever anxious of being infected by HIV						
Never	71.4	71.6	73.1	76.0	65.3	71.8
Sometimes	26.2	25.0	25.4	24.0	32.7	26.0
Always	2.4	3.4	1.5	0.0	2.0	2.2
Possibility of HIV infection:						
High	3.2	0.6	3.0	0.0	0.0	1.4
Medium	2.4	2.3	1.5	1.3	2.0	2.0
Low	10.3	14.2	11.9	16.0	22.4	14.0
Cannot be	69.8	62.5	68.7	68.0	46.9	64.5
Don't know	14.3	20.5	14.9	14.7	28.6	18.1
Need treatment for STD	7.9	15.9	13.4	4.0	18.4	12.0
Number	126	176	67	75	49	493

also shows that 14.9 per cent of men do not heed advice to use condoms, and 28.1 per cent said that they might follow the advice if they thought it necessary.

Because of the risky behaviour involved, men might not feel comfortable answering questions about whether or not they are concerned about contracting HIV. Twenty-six per cent of the respondents reported that they were sometimes concerned about contracting HIV, and 2.2 per cent admitted that they were always concerned about contracting the virus (table 4). Mobile workers are more concerned about the risks than other workers. Even though 71.8 per cent of the respondents said they were not concerned, only 64.5 per cent of them were sure that they could not be HIV positive. Twelve per cent of respondents reported that they needed treatment for STDs.

Table 5 presents some relationships between visits to a sex worker and not using a condom, and the need for sexually transmitted disease treatment among the study group of 373 men who have had any sexual experience and the 121 men who have had sex with prostitutes. The survey data confirm a high risk of STDs among those who visit sex workers, especially those who do not use a condom when doing so. Of those who visited prostitutes, 19.8 per cent reported that they needed treatment for STDs, 11.1 per cent higher than those who never visited a prostitute. Since the data collected are from self-reporting with no clinical test, the actual estimate of the need for STD

Table 5. Percentage of respondents who need STD treatment (classified by ever having sex with sex workers and condom use when visiting sex workers in the six months prior to the interview)

	Need STD treatment		
	Yes	No	Number
Visit to sex workers:			
Never	8.7	91.3	252
Visited	19.8	80.2	121
Condom use when visiting sex workers during the six months prior to the interview:			
Use sometimes	31.3	68.4	23
Almost always use	28.6	71.4	21
Always use	15.9	84.1	44

treatment might be higher. The concern is even greater when analysis reveals that 31.3 per cent of those who have had sex with prostitutes and just used condoms some of the time reported that they needed treatment for STDs. Even among those always using a condom when visiting a sex worker, there is still a 15.9 per cent need for STD treatment.

Discussion

“I think commercial sex has become popular now because the need for commercial sex is increasing. I think that is normal. It is being human,” said a medical doctor who works at Bach Mai Hospital. It is clear that commercial sex is not alarming in Viet Nam communities because of the mass media. Commercial sex is more of a problem than Vietnamese society realizes. It is obviously an urgent issue in Viet Nam because of the high prevalence, frequency and duration of the visits to sex workers. People who visit prostitutes are not only mobile workers far away from home but also businessmen, government officers, factory workers, and especially students. Not only do wealthy people, but also poor people, visit sex workers. Education does not show clearly its influence on whether or not a man visits a prostitute. Even those who consider themselves as being happily married account for a small portion of customers.

At the early stage of Doi Moi, national socio-economic development might not have positively influenced commercial sex. But later, men with high incomes became more likely to visit prostitutes. More and more students and

young people are obtaining early access to commercial sex, sometimes, though not often, in order to discover the “strange taste,” students said. Peer groups seem to be a major factor affecting visits to prostitutes. “Normally, on an occasion, we get together to drink.... When a little drunk, we feel we need something, then call for each other to go out to find girls. They are available in motels”, said a student from Hanoi National Economics University. Karaoke bars, massage parlours and motels seem to be popular places for commercial sex. During Doi Moi, many rural men moved from their rural villages to big cities for job opportunities. In traditional villages, people are strangers to commercial sex. Houses are always open to visitors and villagers live close to relatives and neighbours. These conditions are not favourable to prostitution activities in general. Men accustomed to village living may be shocked when they first experience the industrial lifestyle of urban areas. This may explain why people born in rural areas are more likely to visit prostitutes than those born in urban areas.

There are a number of reasons why men visit commercial sex workers. “It depends...some may want to find out how other people live. Some may go for fun at the invitation of some friends. Some may go following a quarrel with their wife. Some may just seek new feelings or may simply need sex etc... . There are a thousand ways...”, said an officer working for an import-export company. But respondents generally agreed that the main reason for visiting sex workers was the pursuit of new feelings or tastes.

A major concern is the fact that many men are not concerned with the risks associated with unsafe sex. Many of the respondents interviewed for this study do not use condoms when having sex with sex workers. A number of men think that having sex with expensive prostitutes, young girls and girls who live in remote areas is safe. The men who were interviewed did not seem to care much about condom use, even when prompted by friends. Younger people seem to take more risk than older ones. Even though education is not a positive factor with regard to preventing visits to prostitutes, it is a positive factor for condom use. Therefore, people with minimal amounts of education should be the target of information and communication campaigns for condom use related to HIV/AIDS.

Even though most of the respondents said they knew about HIV/AIDS, their risky behaviour is evidence that the community needs further HIV/AIDS knowledge advocacy.

The study clearly shows interesting findings on sexual behaviour related to HIV/AIDS in the capital city of Viet Nam. But there is a need for further studies to expand the research objects and obtain nationwide estimates.

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