

# 2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS  
Declaration of Commitment on HIV/AIDS



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## Preface<sup>1</sup>

In just two years, the world will evaluate ten years of work toward “Universal Access by 2010” to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world’s population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,<sup>2</sup> and there are 5.4 million young people living with HIV.<sup>3</sup> Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders “age out” and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.<sup>4</sup>

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country-level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.<sup>5</sup> The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves

Notably, the DoC recognizes young people’s higher risk to HIV infection and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
  - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
  - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
  - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
  - Strengthening reproductive and sexual health programs; and
  - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

<sup>1</sup> Adapted from GYCA and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2005. <http://www.youthaidscoalition.org/resources.html>

<sup>2</sup> UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. [http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi\\_slides.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp)

<sup>3</sup> UNAIDS (2007) AIDS Epidemic Update

<sup>4</sup> UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

from HIV infection. **However, as of 2007, only 40% of young men and 36% of young women had accurate HIV knowledge on transmission and prevention.**<sup>6</sup>

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

## Methodology

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.<sup>7</sup> GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV (YPLHIV) in their countries through focus group discussions, in-depth interviews and workshops.

Young people were asked to make recommendations for strategies to ensure that their country would meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

A guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.<sup>8</sup> A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,<sup>9</sup> were suggested to guide their research. Data collection and analysis focused on four main areas:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

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<sup>6</sup> UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.

<sup>7</sup> The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.

<sup>8</sup> The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."

<sup>9</sup> UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

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Since March 2006, Hien has been volunteering for Save Children Now - an online network of people working to help needy children around the world - in a role of voluntary Asia Co-Director. She also works as a Deputy Coordinator at Network of Promoting Youth Action for Community Development (PYNNet). From May to December 2007, Hien worked as the Viet Nam National Focal Point for the Global Youth Coalition on HIV/AIDS.

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**About the Global Youth Coalition on HIV/AIDS (GYCA)**

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective agents of change in their communities. For more information please visit <http://www.youthaidscoalition.org>, or write to [info@youthaidscoalition.org](mailto:info@youthaidscoalition.org).

<b>A Portrait of Viet Nam in Numbers</b>		<b>Date</b>	<b>Source</b>
Total population Including such ethnic groups as Kinh people (86%), Khmer Krom (1.5%), Chinese (3%), Muong, Tay, H'mong, Cham.	85.1 million	2007	Population Reference Bureau <sup>10</sup>
Population aged 10-24	26,600,000	2007	Population Reference Bureau
Population aged 15-29 living in rural areas (compared with total number nationwide)	75%	2008 <sup>11</sup>	
Gross national income in purchasing power parity (per person)	3300 USD	2005	Population Reference Bureau
Public expenditure on health (% of GDP)	1.5% of GDP	2007/2008	UNDP <sup>12</sup>
Estimated number of people living with HIV and AIDS	293,000	2007	2008 UNGASS Report
Percentage of young people ages 15-24 infected with HIV	0.3%	2005, VPAIS	2008 UNGASS Country Progress Report
HIV prevalence among men who have sex with men (MSM)	9%	2006, IBBS	2008 UNGASS Report
Young people ages 15-24 reporting using a condom the last time they had sexual intercourse with a non-regular partner	No data available		2008 UNGASS Report
Contraceptive prevalence rate of married women aged 15-49	77 %	2007/2008	UNDP, Human Development Report <sup>13</sup>
Young people ages 15-24 who can identify prevention methods and reject three misconceptions about HIV and AIDS	Total: 46.2% Male: 50.3% Female: 42.3%	2005, VPAIS	2008 UNGASS Country Progress Report
Number of physicians per 100,000 people	53	2007/2008	UNDP 2007/2008 <sup>14</sup>
Percentage of schools that provided life skills-based HIV education within the last academic year	No data available		2008 UNGASS country report

## I. Introduction

### Young People and HIV

In Viet Nam, young people under the age of 24 account for nearly half of the total population of 84.1 million people.<sup>15</sup> Increasingly HIV has become a reality for young people, with 50% of all reported cases among 20-29 year-olds in 2007.<sup>16</sup> Of the 40 to 120 people infected with HIV every day, the majority are young people.<sup>17</sup>

<sup>10</sup> PRB (2007) 'World Population Data Sheet.' [http://www.prb.org/Datafinder/Geography/Summary.aspx?region=161&region\\_type=2](http://www.prb.org/Datafinder/Geography/Summary.aspx?region=161&region_type=2)

<sup>11</sup> Communist Review (Tap Chi Cong San), April 2008, [http://www.tapchiconsan.org.vn/details.asp?Object=14350349&News\\_ID=9452524](http://www.tapchiconsan.org.vn/details.asp?Object=14350349&News_ID=9452524)

<sup>12</sup> UNDP (2007/2008) Human Development Report. <http://hdrstats.undp.org/indicators/50.html>

<sup>13</sup> UNDP (2007/2008) Contraceptive Prevalence Rate. <http://hdrstats.undp.org/indicators/56.html>

<sup>14</sup> UNDP (2007/2008) Human Development Report <http://hdrstats.undp.org/indicators/58.html>

<sup>15</sup> General Statistics Office of Vietnam. <http://www.gso.gov.vn>

<sup>16</sup> PRB. HIV in Vietnam. (2007). <http://www.prb.org/pdf07/VietnamHIVChartbook.pdf>

<sup>17</sup> UNICEF media report (2008). [http://www.unicef.org/media/media\\_26171.html](http://www.unicef.org/media/media_26171.html)

Viet Nam's rapid economic liberalization over the last 20 years has greatly impacted the social and sexual norms and practices of a traditionally closed society. Emerging cultural openness has found root in the lives of young people, especially as more than ever youth live apart from their families and migrate for education or employment.

One of the most pressing issues confronting the health of young people, however, is the lack of access to— and acceptance of— modern contraceptives. Young people are sexually active, but taboos, stigma and conservative social norms often prevent them from accessing and utilizing prevention-based services and information.

Abortion rates alone reveal the startling reality of sexual and reproductive health issues facing young people. Estimates suggest that one-third of all abortion procedures occur among young, unmarried women.<sup>18</sup> While rates have declined, Viet Nam earned the ranking of the world's highest rate of abortion in 1999, performing over 1.5 million abortions, or 83 per 1000.<sup>19</sup> Data from 2006 reveal that many hospitals perform more abortions than deliveries per year.<sup>20</sup>

With a concentrated prevalence rate of 0.5% the country is on the verge of a severely generalized HIV and AIDS epidemic due to rapidly increasing rates of transmission and skyrocketing sero-prevalence among injecting drug users (around 168,000 HIV positive)<sup>21</sup> and female sex workers (estimated over 50,800 HIV positive).<sup>22</sup> Men who have sex with men (MSM) are also at higher risk in part due to stigma.<sup>23</sup> Many MSM do not identify themselves as gay because of cultural norms discouraging homosexuality.<sup>24</sup> Discreet, underground sexual activity often leads to a lack of both access to contraception and acknowledgement of prevention methods.

Moreover, the majority of sex workers, intravenous drug users and men who have sex with men are young people. In Viet Nam, HIV is a youth issue.

- Nearly one third of Injecting Drug Users (IDUs) in five big cities including Hanoi, Hai Phong, Quang Ninh, Da Nang, and Ho Chi Minh are under 25 years old.<sup>25</sup>
- Many MSM are under 25 years old (77.4% in Hanoi and 58.6% in Ho Chi Minh City, 35.3% of MSM in Hanoi were students at the time of the interview.)<sup>26</sup>
- Around 25% of female street sex workers (FSW) are under 25, and slightly younger for karaoke sex workers (KSWs).<sup>27</sup> About 40% of KSWs<sup>28</sup> are under 25 years old in the five major cities; and approximately 11% are under 20.<sup>29</sup>

## About this Report

The author of this report conducted a literature review and qualitative interviews. The data and information was collected from e-newsletters from NGOs, official documents, and information exchange via internet with NGO staff working in Viet Nam. Other information was obtained from a critical review of published and unpublished research papers and reports. The author also conducted some interviews with youth in Hanoi, both from high schools and universities.

<sup>18</sup> SEICUS. (2006) PEPFAR Country Profile: Vietnam. [http://www.siecus.org/inter/pepfar/Viet\\_Nam.pdf](http://www.siecus.org/inter/pepfar/Viet_Nam.pdf)

<sup>19</sup> Guttmacher Institute. (2008) "The Incidence of Abortion Worldwide," <http://www.guttmacher.org/pubs/journals/25s3099.html>

<sup>20</sup> Happy News (2008) "Vietnam Man Runs 'Abortion Orphanage'" <http://www.happynews.com/news/432008/vietnam-man-runs-abortion-orphanage.htm>

<sup>21</sup> MOLISA, 2006, Statistical Year Book

<sup>22</sup> 2008 UNGASS Country Progress Report. [http://data.unaids.org/pub/Report/2008/viet\\_nam\\_2008\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2008/viet_nam_2008_country_progress_report_en.pdf)

<sup>23</sup> WHO (2006). "Epidemiological Fact Sheet WHO: Vietnam,"

[http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_VN.pdf](http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_VN.pdf)

<sup>24</sup> UNAIDS (2007). "HIV and men who have sex with men in Asia and the Pacific," [http://data.unaids.org/Publications/IRC-pub07/JC901-MSM-AsiaPacific\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/JC901-MSM-AsiaPacific_en.pdf)

<sup>25</sup> Integrated Biological and Behavioral Survey (IBBS) in Vietnam, 2005-2006. [http://www.fhi.org/en/HIVAIDS/pub/survreports/res\\_IBBS\\_2005-2006\\_Vietnam.htm](http://www.fhi.org/en/HIVAIDS/pub/survreports/res_IBBS_2005-2006_Vietnam.htm)

<sup>26</sup> WHO (2006).

<sup>27</sup> WHO (2006).

<sup>28</sup> Karaoke sex workers serve as sex workers in bars where people come for singing and dancing. They are different from ones working in hotels, motels, requested by appointment, or street sex workers.

<sup>29</sup> IBBS (2005-2006)

## Key Recommendations

- Accelerate the scaling up of needle and syringe exchange programmes at local levels and enacting policies that bar law enforcement from interfering with or deterring participation.
- Involve more youth peer educators in national strategy programmes and ensure interventions targeting at-risk groups involve like-minded peers.
- Increase accessibility and acceptance of VCT services for young people; make centres free from stigma and discrimination and located in closer proximity to higher risk youth.
- Develop activities and programmes for hard-to-reach young people and create deliberate interventions to connect young people to their schools and/or their teachers. These interventions should simultaneously target vulnerable students and involve guidance and welfare officers, social workers and protection services in a concerted effort to prevent school dropout. Such efforts should not be limited to within school boundaries, but should include street youth in both urban and in remote regions to create support networks to share experiences, healthy lifestyle trainings, and vocational training.

## II. Political Commitment

The government of Viet Nam acknowledges that HIV as an important development issue that requires the mobilization of different stakeholders outside the health sector. The Viet Nam Administration for HIV/AIDS Control (VAAC) under the Ministry of Health (MOH) reports on national HIV issues and progress to a multi-level, multi-ministry committee, the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control, which is chaired by the Deputy Prime Minister.

The 2004 *National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020* makes the following commitments to youth: to implement life skills HIV prevention education in the educational and vocational school systems, to provide youth friendly services for reproductive health, to empower health care providers with behavioral data on youth in order to improve care and access to services, to develop intervention measures for most at-risk youth (street children, orphans et al.), to increase youth participation in HIV policy making, and to increase gender awareness among policy makers, teachers, and healthcare providers.<sup>30</sup>

Reproductive health and HIV education is included in text books and is taught in primary school, but the effectiveness of this programme has not been properly studied.<sup>31</sup> In April 2007, Ministry of Education and Teaching launched the "action programme on reproductive health and HIV prevention education for secondary school students (2007-2010)". This programme builds on a policy framework that addresses gender sensitive HIV education for young people.<sup>32</sup>

## Recommendations

Viet Nam's 2008 UNGASS report states that young men engaging in high-risk behaviours are driving the HIV epidemic in Viet Nam and that the HIV positive population is getting younger as heterosexual transmission becomes more significant.<sup>33</sup> These statements are supported by the behavioural data: Only 26.3% of young people could both correctly identify ways of preventing HIV and reject major misconceptions about transmission.<sup>34</sup> Clearly, youth policies on HIV prevention are failing. Life skills HIV prevention should be taught in primary and secondary skills and HIV prevention should be included as an exam topic to increase accountability.

Youth should be mentioned and targeted in conjunction with other vulnerable groups such as SWs, IDUs, and MSM in governmental policies and strategies. Young people are among the pregnant, the incarcerated, sex workers and intravenous drug users. They are men having sex with men, and

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<sup>30</sup> SIECUS (2006) PEPFAR Country Profile.

<sup>31</sup> 2008 UNGASS Country Progress report.

<sup>32</sup> 2008 UNGASS Country Progress report.

<sup>33</sup> 2008 UNGASS Country Progress report.

<sup>34</sup> 2008 UNGASS Country Progress report.

many are living with HIV. In addition they are frequently at greater risk than their older counterparts, for example: the 2008 Progress report demonstrates that IDU's, SW, MSM and under the age of 25 are less likely to be reached by prevention programs or to get tested for HIV<sup>35</sup>. Therefore, young people must be approached as a heterogeneous group. The government policy to eradicate "high-risk" behaviour is increasing the stigma associated with these people and making HIV prevention campaigns more difficult.<sup>36</sup> HIV programmes should focus more on prevention through access to services and information rather than trying to change behaviour through judgements and condemnation.

### III. Financial Commitment

According to the 2008 UNGASS country progress report, young people have been allocated a specific budget in the National Strategy Plan (2004-2010). There is no specific budget allocation for youth in the *National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a vision to 2020* promulgated by Viet Nameese Government, nor in the National Action Programme on Information, Education, and Behaviour-Change-Communication for HIV Prevention to 2010 of MoH published in 2007.

The expenditure for HIV and AIDS Programs in 2006 was totalled \$47.15 million USD, which included \$4.95 million USD from government sources \$34.1 million USD from PEPFAR and \$US 7.78 million from other international sources<sup>37</sup>. PEPFAR funding has increased its funding to \$65.8 million USD in 2007. However, PEPFAR provides a significant proportion of its prevention funding to abstinence-only and faith-based initiatives that will not advocate condom use.<sup>38</sup> Given that most people in Viet Nam living with HIV have been infected through injecting drug use and unprotected sexual intercourse, this strategy will obviously fail. This strategy, which denies young people their right (as committed by the Viet Nameese government in the UNGASS DoC) to evidence-based information, education and services, could also be a cause of the sky-high abortion rates in Viet Nam.

### Recommendations

More funds must be granted to programmes and projects implemented by local NGOs and Centres for harm reduction with clear allocations to youth activities. PEPFAR should support youth HIV prevention that includes condoms, syringe exchange, safe injection sites, and substitution therapy as part of their programs.

### IV. Access to Information and Services

#### a. Information

While HIV awareness is high nationally,<sup>39</sup> health promotion and campaigns have been less effective in reaching young ethnic minorities<sup>40</sup> and out of school youth. Reasons for the lower awareness levels among some groups include: few public health campaigns and programmes in remote areas, low educational levels, and a lack of appropriate targeting of messages for different groups.

Communication activities remain formalistic and repetitive; therefore, the effect on changing behaviours and eliminating stigma and discrimination is still very limited. A number of NGOs including Save the Children/US, Population Services International (PSI), PEPFAR/USAID and Pact/Viet Nam funded a number of integrated Behaviour Change Communication (BBC) activities targeting different groups of young people.

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<sup>35</sup> 2008 UNGASS Country Progress report.

<sup>36</sup> SIECUS. (2006) PEPFAR Country Profile.

<sup>37</sup> 2008 UNGASS Country Progress report.

<sup>38</sup> 2007 PEPFAR Country Profile. <http://www.pepfar.gov/about/82441.htm>

<sup>39</sup> UNICEF/WHO. (2005) Survey Assessment of Vietnamese Youth , 2005. [http://www.unicef.org/vietnam/media\\_2383.html](http://www.unicef.org/vietnam/media_2383.html)

<sup>40</sup> In Vietnam, there are different groups of people, the majority of which are Kinh people, accounting for over 80% of total population. The rest are called ethnic minorities comprise H'Mong, Kh'me, Muong, Dao, Tay.

There are numerous websites specializing in reporting information, data, and news on HIV and AIDS in Viet Nam and worldwide. This creates opportunities for urban youth to educate themselves on sexual and reproductive health issues. However, young people in remote areas with limited or no internet access do not benefit from the proliferation of online materials.

### ***b. Condoms***

Free condoms are available at local clinics. However, they are rarely utilized in big cities as the quality is low, according to various youth who were interviewed for this report. As an alternative option, there are many externally-funded programmes and projects providing free condoms to those in need. DKT International, a social marketing organization, for example, has delivered more than 568 million condoms since 1993.<sup>41</sup> Most young people buy condoms at pharmacies because they believe this assures a higher standard of quality and offer a variety of colors and flavors. In Hanoi, there are vending machines selling condoms cheaply (typically just 500 VND per condom, or 0.03 USD). In 2005 approximately 40 machines were installed in the two districts of Hoan Kiem and Hai Ba Trung.<sup>42</sup> Now they are also installed in companies in industrial zones such as Quang Nam province.<sup>43</sup>

Awareness of where to obtain condoms increases dramatically with increasing education for both women and men. For young women, awareness increases from 16% for those who have never attended school to 85% for those with more than secondary education. Generally, young people with lower incomes are less likely to know where to get condoms.<sup>44</sup>

However, many of the young believe using condoms will reduce sexual desire. One youth survey revealed that 70% of interviews believed that using condoms signified having 'improper relations'.<sup>45</sup> Although 98.5% of young people recognize that condoms could reduce pregnancies, HIV and STIs, a majority of the stigma and taboos around sex prevent accurate acquisition of knowledge and the use of protective measures.<sup>46</sup>

### ***c. HIV testing***

Most big cities have a number of health centres that provide free and confidential voluntary counseling and testing (VCT) services. Awareness of one's HIV status helps prevent individuals from transmitting HIV. In rural areas there are far fewer VCT services offered.

Unfortunately, the majority of young women and men aged 15-24 have not been tested for HIV due in part to the general perception that VCT is for intravenous drug users, sex workers, and men who have sex with men. (Only 5% have been HIV tested).<sup>47</sup> However, many other factors prevent youth from getting tested, including fear, lack of confidentiality, stigma around HIV, and insensitive follow up and notification procedures.<sup>48</sup>

Typically, health care providers are not trained to provide culturally competent care and support for Lesbian Gay Bisexual Queers and Transgender (LGBTQ) youth, and as such many young people are reluctant to seek health care. This is particularly true in the case of sexual health services. Even when health care services are utilized, young people often do not return for the appropriate follow-up care. In one national survey conducted in 2005, only 2.7% women and 3.8% men aged 15-24 took HIV tests, and even fewer received their test results, 1.2% and 2% respectively.<sup>49</sup>

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<sup>41</sup> DKT International (2007) <http://www.dktvietnam.org/web/?page=info&cid=14&id=71> 6/2/08

<sup>42</sup> Vietnam Express. (2004) <http://vnexpress.net/GL/Suc-khoe/2004/07/3B9D4584> 6/2/08

<sup>43</sup> Tien Phong Online (2006) [www.tienphongonline.com.vn](http://www.tienphongonline.com.vn) 6/02/08

<sup>44</sup> Vietnam Population and AIDS Survey 2005, GSO, National Institute of Hygiene and Epidemiology Ha Noi, Vietnam - ORC Macro Calverton, Maryland, USA

<sup>45</sup> UNICEF/WHO (2005). SAVY.

<sup>46</sup> 2008 UNGASS Country Progress report.

<sup>47</sup> Vietnam Population and AIDS indicator survey 2005

<sup>48</sup> Khuat TH, Nguyen TVA, Ogden J. 2004. "Understanding HIV and AIDS-related Stigma and Discrimination in Vietnam." [www.icrw.org/docs/vietnamstigma\\_0204.pdf](http://www.icrw.org/docs/vietnamstigma_0204.pdf)

<sup>49</sup> Vietnam Population and AIDS indicator survey 2005

#### **d. Sexual Reproductive Health Services**

The extensive nationwide family planning campaigns that have taken place over the last two decades have inundated young people with reproductive health information around pregnancy and abortion.<sup>50</sup> As a result unwanted pregnancy rates and abortions trends have declined slightly. However, there is still a lack of programming that directly links sexual and reproductive health issues to HIV services. With HIV service delivery an ideal point of entry to discuss sexual health, gender inequalities, sexual negotiation and family planning, programming must also address broader sexual and reproductive health issues for both young women and men. Therefore, health care providers must be well versed in contraceptives, family planning, antenatal care, post abortive care, and domestic violence when counseling on HIV.

#### **Recommendations**

Reproductive and sexual health care should be available in a one-stop service package. Furthermore, it is imperative that service availability is increased in suburban and rural areas. Future programmes should focus on improving young people's knowledge of reproductive health related issues and increase awareness of the import and availability of STI testing and treatment.

### **V. Youth Participation**

Collaboration between youth and other sectors, with a focus on fundraising and sustainability, is crucial for the growth of young people's capacity to address HIV and AIDS in their lives and in their communities. Currently there are several agencies (including Governmental, local, international and bilateral NGOs) working to integrate the needs and unique perspectives of young people in almost every region of the country.

One example is Project NAM in which young people participated to develop a peer education manual and communication materials. According to Ms. Lisa Sherburne, of Save the Children/US, young people of varying backgrounds participated in a variety of ways<sup>51</sup>:

- Young people living on the street served as researchers in research conducted in Ho Chi Minh City to identify HIV risk practices, prevention strategies and programme plans.
- More than 200 youths participated in material development workshops in Ho Chi Minh City and Quang Ninh. These included prioritizing HIV prevention topics for communication to fellow youth; developing messages and behavioural recommendations; and designing two leaflets and a fact book. The leaflets covered abstinence, safer sex and reducing alcohol consumption.

Another very well-known programme is Dance4life, run by the World Population Foundation. Dance4Life started in Viet Nam in 2006 with a pilot version for 500 students with interactive, life-skill based activities.

Trang, an 18 year old Dance4life participant said of a training, "I found that the people living with HIV are very optimistic and energetic, not what I thought before. The other students and I have sympathy for people living with HIV." Another youth name Ngoc, 17, said that she was very happy to join this event, and found it very meaningful. "I think I learned quite a lot. I learned about HIV as well as how to protect myself from getting HIV. With an event like today, we, the students of the school and people in the community, are closer to each other."<sup>52</sup>

<sup>50</sup> UNICEF/WHO (2005) SAVY.

<sup>51</sup> Based on in-person interview

<sup>52</sup> Report on Dance4life, World Population Foundation, March 2008



Besides programmes run by NGOs and government agencies, there are also those led by Viet Nameese youth. However, these programmes frequently lack management and organizational capacity in part due to difficulties in obtaining funding. As such they often fail to work effectively with peer organizations and must keep their activities and programmes small in scale. Their programmes are frequently not sustainable and focus only on a short time frame. Thus, it is important that youth know how to obtain the knowledge and resources they need from supportive sources such as public institutions or NGOs. Peer support and exchanges, mentorships and linkages with partner organizations help youth-led organizations gain the footing and credibility necessary to sustain themselves.

## VI. Conclusion

### Major Gaps

- Basic harm reduction interventions have not been implemented on a large enough scale. Clean syringes and needle exchange programmes are not readily available, and sex workers do not have easy access to condoms.
- Outreach to sex workers and IDUs is severely hindered by police persecution. Prisoners lack basic HIV testing, prevention, treatment and care services.
- The organizations responsible for HIV and AIDS prevention and control lack skilled and experienced personnel.
- Public education campaigns do not reach all of the outlying remote areas nor all the most at-risk groups.
- Stigma and discrimination remain significant concerns for PLHIV. This leads to a reluctance to access prevention methods, testing, and treatment services. Too often, PLHIV face exclusion and rejection from work and family, which results in unstable living situations/conditions that perpetuate risk behaviours and an expansion of the epidemic. It is imperative that the Viet Nameese government acts on its policies to protect people from discrimination.

## VII. Overall Recommendations

- Properly fund and prioritize building youth friendly services including SRH/HIV counseling, care, testing, and treatment with programs to address the needs of unmarried young people, youth with HIV, young IUDs, young SWs, young MSM, and street adolescents;
- Provide a documented increased budget allocation for HIV prevention programmes for youth;
- Reserve seats on policy making committees at the local and government level to ensure greater youth involvement in HIV youth policy creation, implementation, and evaluation;
- Update and publicize research results/data to governmental agencies and mass organizations to speed up education programmes on SRH, safer sex and HIV AND AIDS;

- Develop specific resources to scale up programmes and interventions targeting HIV and SRH information and services for young people from ethnic minorities groups; build up specific programmes/interventions for youth that target health-compromising linked behaviours, such as intravenous drug use and unprotected sex;
- Create social marketing campaigns on condom use targeting youth to raise awareness that condom use is safe, responsible, and offers protection to individuals and their partners. Provide free, easily-accessible condom services in every corner of the country;
- Strengthen, expand and promote comprehensive drug prevention and treatment interventions, including harm reduction that reduces needle sharing not only among IDUs, but also among FSWs and MSM where intravenous drug use is prevalent;
- Scale up access to ARV treatment.