



Information Bulletin

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Understanding HIV-Related Stigma and Discrimination in Vietnam

The International Center for Research on Women (ICRW) and the Center for Social Development Studies (CSDS), Hanoi are investigating the causes, manifestations, and consequences of HIV-related stigma and discrimination at the community level in Vietnam. This research explores the community context in which HIV-related stigma occurs, the extent to which the stigma and discrimination associated with injection drug use and sex work intersect with that of living with HIV/AIDS, and the effects of gender on these processes. In addition, the project will bring together a group of leaders from key constituencies and strengthen their capacity to serve as advocates for people living with AIDS. This project is part of a larger research initiative on HIV-related stigma being undertaken by ICRW and the CHANGE Project/Academy for Educational Development—its partners in Zambia, Ethiopia, and Tanzania. CHANGE will develop pilot interventions based on data emerging from all four studies.

Stigma Accompanies and Fuels HIV/AIDS

Because of its association with sex and death (Wallman 1988), the HIV/AIDS epidemic has been accompanied by an epidemic of fear, ignorance, and denial, leading to stigmatization and discrimination against people with HIV/AIDS and their family members (Herek and Glunt 1988; Mann 1987).

Stigma and discrimination perpetuate the culture of silence and fear that surrounds the disease and can prevent individuals from being tested and treated for HIV/AIDS and associated infections (Nyblade and Field 2000).

The destructiveness of HIV-related stigma is further compounded for many people living with HIV/AIDS whose status is already marginalized due to poverty, involvement in sex work, drug use, or other

stigmatized activities. But the problem does not end there. Because stigma gets in the way of people taking preventive action, it may also contribute to the spread of the disease. HIV-related stigma is, therefore, problematic not only because it diminishes people's quality of life, but because it fuels the epidemic.

Currently stigma is believed to be one of the greatest obstacles to controlling and preventing HIV/AIDS—impeding interventions at the local, national and even global levels (Piot 2000, cited in Parker and Aggleton 2002; Rao Gupta 2001). Despite its importance in the context of the epidemic, however, there remains a serious dearth of data to help us better understand stigma and develop appropriate and sustainable interventions.

The HIV/AIDS Context in Vietnam

The HIV epidemic in Vietnam is at an early phase compared to that of its neighbors Thailand and Cambodia, but it is rapidly escalating. The estimated number of adults and children there living with HIV/AIDS reached 100,000 between the time of the first reported case in 1990 and the end of 1999 (UNAIDS/WHO 2000). Currently, the epidemic appears to be concentrated among those injecting drugs (around 65%), those involved in sex work (nearly 4%), and those with other sexual infections (around 3%) (NASB 2001). National data indicate that: HIV occurs mainly among men (86%), women are infected at younger ages, and young people are disproportionately affected with nearly 50% of those infected being 20–29 years of age (NASB 2001).

Though concentrated, the epidemic *is* beginning to reach the general population. According to sentinel surveillance figures, the aggregate prevalence across 20 provinces for women attending ante-natal clinics was 0.2% and for new military recruits was 0.9%. The highest prevalence rates yet reported are 1.9% among ante-natal women in one province and 2.6% among new military recruits in another province (NIHE 2001). However, these data must be read with caution, as it is apparent that the rates fluctuate over time and vary between provinces. In one province, for example, the overall prevalence rate *dropped* from 1% in 2000 to .5% in 2001 (NIHE 2001). Still, it is increasingly clear that in Vietnam, the epidemic is following the same path it has traveled in the region's high-prevalence countries: heterosexual infection is increasing, more women are becoming infected, and young people are increasingly vulnerable. Neither the health system nor communities are prepared to cope with the growing demands for care and support.

While very little research has been undertaken on stigma in Vietnam, anecdotal evidence suggests that HIV-related stigma is fueling the epidemic and preventing the most effective provision and use of services there, just as it does in other countries. Persons living with HIV/AIDS report feeling isolated and discriminated against within health care settings and workplaces, as well as within their own families

and communities. This stigma appears to be closely connected to pre-existing stigmas surrounding sex work and drug use.

The epidemiological trends in Vietnam have made HIV/AIDS synonymous with drug use and sex work—both of which are illegal and viewed as immoral by the general public. In response to the evident increase in these behaviors, and in light of their close association with HIV/AIDS, the Vietnamese Government has taken a series of legal and structural measures to reduce drug use and sex work. It established the National AIDS Standing Bureau, the National Drug Control Standing Bureau, and a new Department of Social Evils, located in the Ministry of Labor, Invalids and Social Affairs. The central thrust of the Government's campaign is to control AIDS by controlling the people and the behaviors that transmit it. While the response may be understandable in this particular political context, it could have the unintended consequence of increasing stigma and discrimination against those vulnerable to infection, thus worsening, rather than ameliorating, the epidemic. The extent to which this is, or is not, the case must be better understood.

The Research Initiative

In July 2002, Vietnam was added as a fourth research site to broaden the scope of findings from the USAID-funded collaboration between ICRW and the CHANGE Project of the Academy for Educational Development (AED) that began in Africa in August 2001. The expansion also allows researchers to compare the findings from Ethiopia, Tanzania, and Zambia, with those outside of Sub-Saharan Africa. Since HIV/AIDS is not yet as prevalent in Vietnam as it is in many African countries, the Vietnam project will explore the relationship between the stigmas of having AIDS and of being a sex worker or injection drug user.

The Vietnam research will take place in two sites—one in the north and one in the south of the country. A variety of qualitative methods will be used to:

- ▶ Understand the underlying factors that cause and allow stigma and discrimination to occur;

- ▶ Analyze the extent to which stigma and discrimination associated with injection drug use and sex work intersect with that of living with HIV/AIDS;
- ▶ Explore the role that gender plays in the causes and consequences of stigma;
- ▶ Document how stigma and discrimination are manifested in various communities and institutional settings;
- ▶ Map the consequences of stigma and discrimination for individuals, communities, and HIV/AIDS service use;
- ▶ Describe the strategies used by people living with HIV/AIDS and other marginalized groups and their households to deal with stigma and discrimination;
- ▶ Make recommendations for future interventions to reduce HIV-related stigma and discrimination.

CHANGE will incorporate the research findings from all four countries into pilot interventions. However, ICRW and CSDS will also undertake additional activities to help translate the research findings into programs and policies specifically relevant to Vietnam. The project will include a sensitization workshop where service providers will

explore the personal perceptions and institutional practices of addressing HIV/AIDS. In addition, and as with the projects in Africa, the Vietnam work provides a special opportunity to build capacity by bringing together prominent individuals from key constituencies to form a Leadership Advisory Council (LAC). This volunteer group will comprise 10–12 representatives from government agencies, such as the National AIDS Standing Bureau, and from the media, academia, the health care system, business, national and local NGOs, and the community of people living with HIV/AIDS. Through their participation, LAC members will become effective advocates and educators in efforts to overcome AIDS-related stigma and discrimination.

The National AIDS Standing Bureau will take the lead in disseminating the research findings nationally through the production of an official government publication. Further dissemination will occur over the lifetime of the project through community and LAC meetings, NGO workshops, and national and provincial policy roundtables. An updated information bulletin with preliminary findings will be distributed while the project is ongoing, and a final summary report with policy and programming recommendations will be disseminated widely.

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ICRW works to improve the lives of women in poverty, advance women’s equality and human rights, and contribute to broader economic and social well being, in partnership with researchers, policymakers, practitioners and others on issues affecting women’s economic, health, and social status in low- and middle-income countries. Its multicultural staff works in six technical teams that target poverty reduction and economic growth, HIV/AIDS, reproductive health and nutrition, social conflict and transformation, population and social transitions, and policy and communications.

The private, non-profit organization was founded in 1976 and is headquartered in Washington, DC, with an office in India. ICRW is supported by grants, contracts, and contributions from international and national development agencies, foundations, corporations, and individuals.