

Chapter 3

An Intervention Model of HIV/AIDS Protection for Sex Workers: The Case of Quang Ninh Province

Nguyen Thi Minh Tam and Le Thi Ha

Abstract

The HIV/AIDS epidemic in Vietnam will not be dealt with effectively without strong prevention methods. Controlling HIV via sexual transmission is one of the most pressing requirements as sexual “services” are becoming more and more common in hotels, restaurants, and entertainment centers. A survey to assess the risk awareness of the workers of these establishments was conducted during the year 2005 in Quang Ninh province. Sex workers and waitresses at high risk for prostitution answered 150 questionnaires; while 30 in-depth surveys were conducted with the participation of local authority officers (12 surveys) and owners of restaurants and hotels (18 surveys). The survey results reveal that sex workers and people at high risk for prostitution are not well aware of methods to prevent HIV/AIDS, and restaurant and hotel owners as well as local authority officers do not pay enough attention to the transmission of the dangerous virus that causes AIDS. Their poor awareness of safe sex, especially condom use, is another finding. Psychological interventions, therefore, seem to be appropriate. Peer clubs, skill-training classes, and personal counseling are crucial to change attitudes and create good habits and behaviors of safe sex for sex workers. Based on that and on the generalized results of the in-depth survey, the authors suggest an intervention model of HIV/AIDS transmission prevention to change the attitudes, habits, and behavior of people at high risk for prostitution. Quang Ninh was chosen as the first pilot location because this province has the most serious HIV/AIDS problem with the highest number of HIV/AIDS-infected people in the country.

1. Introduction

Since the early 1990s, the HIV/AIDS epidemic has spread rapidly in Vietnam. In December 1990, the first HIV case was recorded. The total number of HIV infections in Vietnam, calculated up to 19 December 2005, was 103,900. People at the highest risk of HIV infection are injection drug users and sex workers. In 1996, the rate of HIV infection among sex workers was only

0.73 percent, but the rate increased to 6 percent in 2000. It should be noted that statistics are just the tip of the iceberg, because only one-third of the sex workers (16,801 files out of estimated 51,000 sex workers nationwide) are recognized. Therefore, the risk of HIV transmission through sex is very high and very difficult to control.

Finding an appropriate prevention model for sex workers is thus necessary. However, this is a challenging task because almost all sex workers are working as “waitresses” in restaurants, hotels, and entertainment centers. Meeting them to educate them on risk and prevention is very difficult, if not to say nearly impossible, because no one admits to being a sex worker.

There have been a number of studies that focus on sex workers, particularly HIV/AIDS-infected sex workers (see, for instance Do and Le (1995) and Hoang (1998)). However, those studies focused on analyzing the social characteristics, reasons, and current situation of sex workers in relation to HIV/AIDS transmission. There have been no studies on the awareness, attitudes, and behavior of sex workers towards HIV/AIDS prevention, and there also has been no research on finding an intervention model for them.

Therefore, doing research on the topic and building an intervention model of HIV/AIDS transmission prevention for sex workers and people at high risk for prostitution (like waitresses in restaurants, hotels, and entertainment centers) is an urgent need. In this paper, Quang Ninh—specifically Ha Long city and Hon Gai town—is chosen because it is a tourism center attracting many domestic and foreign tourists; there are many restaurants, hotels, and entertainment centers; and as mentioned before, this place has the highest rate of HIV/AIDS-infected people nationwide (572.2 infections/100,000 people).

This paper aims to evaluate the need and to suggest an intervention model of HIV/AIDS prevention for sex workers and waitresses at high risk for prostitution in restaurants, hotels, and entertainment centers. It will focus on the following research tasks and questions: (i) generalize the previous studies on the topic and give an overview of official statistics; (ii) evaluate the awareness, attitudes, and behavior towards HIV/AIDS prevention of sex workers in Quang Ninh; (iii) study the awareness and attitudes of management persons toward HIV/AIDS protection for waitresses at high risk for prostitution; and (iv) suggest an intervention model of HIV/AIDS prevention for sex workers and wait-

resses at high risk.

The rest of this paper is organized as follows. The next section will present our research methodology, in which our survey and data will be described. Section 3 will provide an analysis of the results and policy implications. The last section concludes the paper.

2. Research Methodology

To accomplish the above research tasks and questions, we implemented the following research steps.

First, we collected data from various sources, such as articles, reports, survey results, and official statistics related to HIV/AIDS prevention for sex workers. Then we analyzed those pieces of information.

Second, we conducted a sociological survey of 150 sex workers and waitresses at high risk for prostitution to gather information we would later use to form an intervention model of HIV/AIDS transmission protection for the group. The questionnaires addressed their awareness, attitudes, and behavior towards HIV/AIDS protection. They were collected and analyzed based on frequency, and relationship of age group, education levels, home town, marital status, and region.

Third, we conducted an in-depth survey of managing people about awareness, attitudes, and behavior, such as HIV/AIDS prevention and protection for sex workers and people at high risk. There were 30 in-depth surveys, of which 12 were conducted with local authority officers at the provincial, district, and ward levels. The other 18 were implemented with owners of restaurants, hotels, and entertainment centers.

Despite time and financial constraints as well as difficulties in approaching the people, the research results are reliable and can be a foundation for evaluating the current needs and for building an intervention model of HIV/AIDS prevention for sex workers and waitresses at high risk.

Table 1: Summary of the survey sample

<i>No.</i>	<i>Characteristics of Respondents</i>	<i>Quantity</i>	<i>Rate (%)</i>
1	Age group		
	Under 20	46	30.7
	21–25	68	45.3
	26–30	27	18.0
	Over 30	9	6.0
2	Education level		
	Primary school	7	4.7
	Secondary school	73	48.7
	High school	46	30.7
	College, university	24	16.0
3	Home town		
	City, town	47	31.3
	Rural areas	103	68.7
4	Marital status		
	Married	46	30.7
	Single	104	69.3

Source: Authors' estimates from the survey

3. Research Results and Analysis

3.1. An overview of the sample and research results

Prostitution and the HIV/AIDS epidemic have been spreading in Vietnam for the last ten years, and especially after the year 2000. A great deal of research and studies have focused on these topics; some of them focus on HIV/AIDS-infected sex workers, while others investigate characteristics of the HIV/AIDS-infected sex workers. Table 1 shows the survey sample for our research.

3.1.1. Characteristics of sex workers

Sex workers in Vietnam are not a homogeneous group; they vary widely in personal background, ethnic heritage, age, education, occupation, and family situation. About 70 percent of the Vietnamese sex workers are from rural areas. They travel to cities, begin working in high-risk workplaces, and then become sex workers. Most of them are still young, ranging in age from 18 to 25. Of sex workers, 70 percent are under 25. The number of adolescent sex workers is growing higher and higher—especially those working under the name of “waitresses” or “karaoke girls” in entertainment centers. According to an unpublished report on the behavior of sex workers in 2000 with a sample of 2,302 sex workers, the average age of sex workers is 21.9 in Hanoi, and 21.0 in

Hai Phong. The education of sex workers is generally low. Most of them finish secondary school with limited social knowledge. Their jobs are very unstable, and it is quite difficult for them to go back to normal life. Most of them are single or divorced. In general, their families usually have difficulties.

Sex workers are also classified by categories like working location, income, type of customers, and customer amount. There are three main groups: the “high-quality” group (young, beautiful), the “medium-quality” group (popular, majority working in inns, restaurants, etc.), and the “low-quality” group (old, ugly, diseased, and working on streets). Besides, there are also karaoke girls. It should be noted that the most difficult to identify group is unprofessional sex workers (or indirect sex workers). They are waitresses working in entertainment centers and service centers. Some of them have other jobs, but they sometimes still work as sex workers.

The working locations and characteristics of sex workers are also very different, depending on which group they belong to, and how long they have been working. The “career road” of a sex worker can be described as: at the beginning, when they are still young and beautiful, they work under the control of managers in restaurants, bars, karaoke, massage centers, inns, and hotels. Then, when they become older and less beautiful, they are dismissed and become street walkers. The working time is not the same. Most of them (60–70 percent) work for about three years. This shows that the number of sex workers is increasing annually. Old sex workers are replaced by younger workers.

Their income varies widely, depending on their class, working location, their customers, and their age. The older they are, the less their income is. On average, 50 percent of them are paid about 50,000 VND to 100,000 VND for one time. According to the survey result, about 10 percent of sex workers have incomes as much as one million VND per month. However, sex workers cannot receive all the payment. If they work under the management of others, they have to pay for pimping services. “Indirect” sex workers like karaoke girls, waitresses, and massage girls have fewer customers than do professional sex workers, but their income is not less than the professional workers’ income because separately from the basic payment, they sometimes receive tips from customers. The attractiveness of the high income makes sex workers find it very difficult to give up their job and go back to normal life.

Another feature of the sex worker group is high mobility: sex workers often change their working location. Because of the high mobility of sex workers, the possibility of HIV transmission is also higher. Higher mobility means greater difficulty for intervention and prevention activities. With a high frequency of working, the possibility of HIV transmission into the community via sex workers is high. The average working frequency of a sex worker is two or three times per day. Some have five or six customers per day.

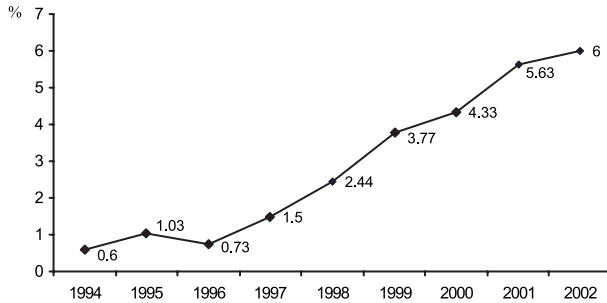
The customer age ranges from 19 to 50. They are divided into two groups. The first group includes those who do not have much money and whose jobs are unstable. They work as motorbike drivers, cyclo riders, etc., and have sex with street walkers. The other group is those who have money and stable jobs, and many of them have sex with the “high-quality” girls. Some of them are public servants; others include pupils and students. Customers are the bridge to transmit HIV from sex workers into the community via their wives or sex partners. Prevention and intervention activities are therefore a very urgent task.

3.1.2. HIV transmission and HIV/AIDS prevention

According to a report of the Ministry of Health (MoH), in 2002, the total amount of accumulated HIV infections in Vietnam was 59,200, of which 4 percent were sex workers. If we look at HIV-infected sex workers as a proportion of total HIV infections, we can see that the percentage of HIV-infected sex workers is increasing annually. Figure 1 indicates the trend of HIV transmission among sex workers.

However, the rate of HIV-infected sex workers in surveyed locations is much higher. For instance, in the Center Number 5 of the Department of Labor, Invalids and Social Affairs (DOLISA) Hanoi, sex workers accounted for 7.8 percent of HIV infection in 1998; in 1999 the rate was 20.2 percent, and in 2000 the rate increased to 31.5 percent. According to the survey result of the project “Community Actions Against AIDS” in 2002, the rate of HIV infections among sex workers was very high in frontier provinces in the south, especially in An Giang province. In this group, the rate of HIV-infected street walkers (24.3 percent) is higher than the rate of HIV-infected sex workers working in restaurants (16.2 percent). However, some studies find that most sex workers are not HIV tested, therefore the actual rate of HIV-infected sex workers is still

Figure 1: HIV infection among sex workers as a percentage of total infections



Source: Ministry of Health (2002)

unknown, and it may be much higher than the recorded rate. Because sex workers are considered a “high risk” group for HIV infection, doing research on sex workers’ attitudes and behavior related to HIV/AIDS is very necessary and urgent.

According to the World Health Organization (WHO), a person who has the right knowledge about HIV prevention can mention at least two out of the following three HIV prevention methods: (i) do not have unsafe sex, (ii) use condoms when having sex, and (iii) do not share injection needles. By this definition, the rate of sex workers who have the right knowledge about HIV prevention is rather low (only 51 percent). According to the survey results from a joint project between Vietnam and Germany in 2000, 43.3 percent of sex workers think that they do not have to deal with the risk of HIV transmission, 20.7 percent think that the risk of HIV transmission for them is medium, only 5.2 percent think that they are at high risk of HIV transmission, and 29.8 percent do not know whether or not they are at risk of HIV transmission. At the same time, few sex workers spontaneously get themselves tested for HIV tests. And among those who think that they are at high risk, only 46.7 percent are willing to take an HIV test.

Regarding to the sex behavior related to HIV/AIDS, in most recent studies, sex workers always said that they only used condoms with unfamiliar customers. This means that they rarely use condoms when having sex with close customers or their boyfriends. This should be noted when carrying out interven-

tion programs. The condom use selection of sex workers puts them at the risk of HIV transmission into the community. The joint project between Vietnam and Germany in 2000 also finds that the intervention programs provide sex workers not only condoms, but also counseling and HIV testing services.

Apart from transmission through having sex, the transmission of HIV among and from sex workers when they share injection needles is also a problem. Among drug-addicted sex workers, many of them use drugs by injection. There is a relationship between the rate of HIV infection and the rate of drug injection. It can be said that sex workers are facing a double risk of HIV transmission: they are at the risk of HIV being transmitted from their customers and from those who share their injection needles. Once they are infected, they will transmit the HIV into the community.

Coping with the situation, many propaganda programs and intervention programs have been conducted. However, most of them are just pilot programs and there are difficulties in the legal framework and traditional cultural values. The results of those programs show that sex workers received condoms and counseling services are few. Similarly, few of them have opportunities for HIV tests and sexually transmitted disease (STD) checking for sex workers. This reveals another need not only to change the attitudes and behavior of sex workers, but also to change the attitudes and behavior of the community, especially the local authority managers.

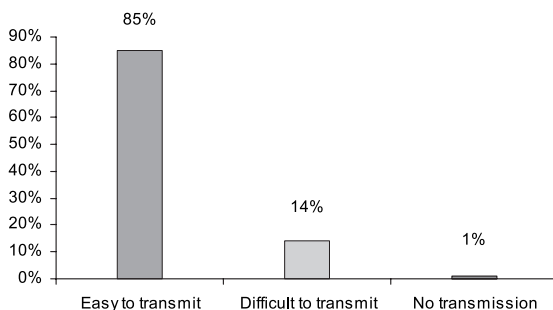
3.2. Awareness of sex workers and waitresses at high risk of HIV/AIDS transmission and HIV/AIDS prevention

3.2.1. Awareness of the risk of HIV/AIDS transmission

The survey shows that the majority of respondents are aware of the danger of HIV/AIDS, and of the possibility of HIV/AIDS transmission prevention and of the prevention function of using condoms.

To be precise, 96.7 percent respondents are aware of the danger of HIV/AIDS. This shows that the propaganda about HIV/AIDS is effective and has a good impact on the awareness of sex workers and waitresses at high risk. However, some people who have levels of low education cannot be fully aware of the danger of HIV/AIDS (five people, accounting for 3.3 percent, think that

Figure 2: Awareness about sexual transmission possibility of HIV/AIDS



Source: Authors' estimates from the survey

HIV/AIDS is not a dangerous disease; four of them finished secondary school). Their thinking will their decision to use or not use HIV/AIDS prevention methods.

Regarding the respondents' awareness about the transmission of HIV/AIDS through sex, Figure 2 shows that 15 percent think that HIV/AIDS is not easily transmitted, and even cannot be transmitted through sex. It can be concluded that many people are not fully aware of the possibility sexual transmission of HIV/AIDS. It is more dangerous when the sex workers and waitresses in restaurants, bars, and entertainment centers—who are at high risk—are not aware of the danger of the epidemic. When they are not aware of the danger of unsafe sex, the possibility of HIV transmission into the community is very high.

If we look at the background and the answers of the respondents, we will see a significant difference between rural and urban respondents. Only 76.3 percent of rural sex workers and waitresses think that HIV/AIDS can be sexually transmitted, while 92.4 percent of urban respondents know about this. Therefore, it can also be concluded that the propaganda about the HIV/AIDS epidemic is conducted better in urban areas than in rural areas.

Although most respondents think that HIV/AIDS is avoidable, their knowledge about prevention methods is very poor; even some of them even believe incorrect information. The wrong understanding about HIV/AIDS prevention will lead to discriminative attitudes toward HIV-infected people (nearly 76 percent of the respondents). Some people believed that HIV could be transmitted through kissing, even holding or shaking hands. In Table 2, among the

Table 2: Awareness of HIV/AIDS protection methods

No.	Prevention Methods	Number	%
1	Maintaining monogamous sexual relationship with partner	145	96.7
2	Using condoms when having sex	135	90.0
3	Not sharing injection tools	114	76.0
4	HIV-infected mother should not have baby	111	74.0
5	Not kissing, not holding or shaking hands with HIV/AIDS-infected people	37	24.7
6	Others	4	2.7

Source: Authors' estimates from the survey

prevention methods, having safe sex to protect oneself from HIV transmission (maintaining monogamous sexual relationship with partner and using condoms) was selected by most respondents.

However, 62 percent of the respondents think that HIV/AIDS is avoidable and preventable even when they have sex with many people. Therefore, it is clear that these respondents are over confident that they will be safe in any case.

3.2.2. Awareness, attitudes, and behavior of the interviewees towards the method of using condoms to avoid sexual transmission

The above section discussed the survey results about the awareness of sex workers and waitresses at high risk about HIV/AIDS prevention methods. Awareness about the prevention function of condoms was also discussed. We will next go into more depth on the results, focusing on the awareness, attitudes, and behavior towards the use of condoms to prevent sexual transmission of HIV/AIDS.

The survey shows that different people have different awareness, attitudes, and behavior towards using condoms, and also different difficulties in using condoms. Only 2 out of 150 respondents do not know about the prevention function of condoms. This means 98.7 percent—a sweeping majority—know that using condoms is an effective method to prevent HIV/AIDS sexual transmission. However, respondents' attitudes towards using condoms do not correspond with their awareness. Although 98.7 percent are aware of the importance and function of condoms, only 68.0 percent want to use them. This means that 30.7 percent do not want to use condoms (see Table 3 for more detail).

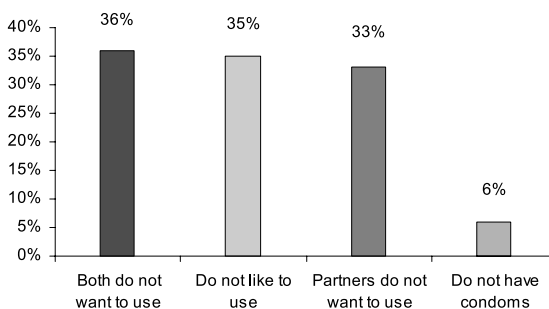
Why do some people not want to use condoms? There are many rea-

Table 3: Differences in awareness and attitudes towards condoms for preventing HIV/AIDS

<i>Awareness and Attitude</i>	<i>Yes (%)</i>	<i>No (%)</i>
Aware about HIV/AIDS prevention function of condoms	98.7	1.3
Want to use condoms when having sex	68.0	32.0

Source: Authors' estimates from the survey

Figure 3: Reasons for not using condoms



Source: Authors' estimates from the survey

Table 4: Right to decide to use or not to use condoms

<i>Self Decision</i>	<i>Number</i>	<i>%</i>
Yes	108	72
No	42	28

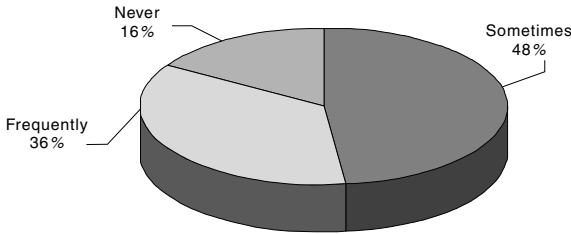
Source: Authors' estimates from the survey

sons. According to the survey, 36 percent said that both they and their partners do not want to use condoms; 35 percent do not want to use condoms because they do not like to use them; 33 percent do not use condoms because their sex partners do not want to use them; and only 6 percent answered that they do not use condoms because they do not have any (Figure 3).

These results indicate that people do not use condoms because of subjective reasons—not because of objective reasons like lack of accessibility (Table 4). Therefore, consulting activities are necessary to persuade them to use condoms. The aims should be (i) to persuade them to use condoms and (ii) to equip them with skills to persuade their partners to agree to use condoms.

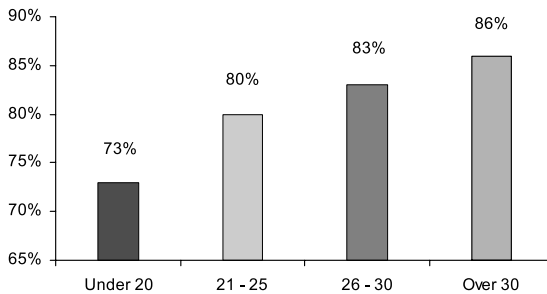
Regarding the question of frequency of using condoms, only 36 percent use condoms frequently. Nearly two-thirds of the respondents answered

Figure 4: Frequency of condom use



Source: Authors' estimates from the survey

Figure 5: Ability of deciding to use condoms, by age group



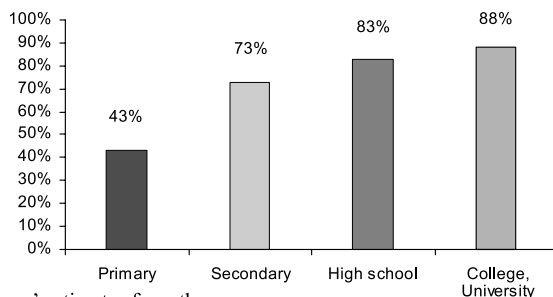
Source: Authors' estimates from the survey

that they sometimes use or never use condoms (Figure 4).

To sum up, there is a wide variety among the attitudes of sex workers towards condom use. As mentioned above, 96.7 percent are aware of the danger of HIV/AIDS, and 85.0 percent know that HIV/AIDS is easily sexually transmitted. Although 98.7 percent know that using condoms is an effective method to prevent HIV/AIDS transmission, only 68.0 percent want to use condoms and only 36.0 percent use condoms frequently. Therefore, about one-third do not want to use condoms and nearly two-thirds do not use condoms frequently.

It can be concluded that propaganda activities should focus not only on the danger of HIV/AIDS, its transmission possibility, and prevention methods, but also on personal consulting, group discussion, experience exchange activities, club activities, and other activities for sex workers in order to change

Figure 6: Ability of self-decision making to use condoms, by educational level



Source: Authors' estimates from the survey

their attitudes and behavior.

The survey also shows that the decision of not using condoms depend not only on sex workers but also on their partners and the surrounding conditions. Therefore, analyzing the answers shows that each person's freedom to use condoms is not the same; 28 percent cannot decide by themselves whether or not to use condoms.

If we consider the age of the respondents in analyzing their condom use, we can also see that there is a relationship between age and the decision to use condoms. The older they are, the greater their ability to decide whether to use condoms (Figure 5). The experience of sex workers may explain this result. When they are more experienced, they are more skillful in persuading their partners to use condoms.

If the answers are analyzed with consideration to education level, we can see that the higher the education level is, the more ability the sex workers can persuade their sex partners to use condoms (Figure 6). The ability to decide to use condoms among those who have college or university education level is double that of those who finished only primary school (88 percent and 43 percent, respectively). Therefore, intervention activities should focus more on those who have low education levels because their ability and awareness about condom use is limited.

One of the reasons confirmed by 31.7 percent of respondents for not using condoms is that they are not able to persuade their sex partners. There-

Table 5: Difficulty in persuading sex partners to use condoms, by age

No	Have difficulty or not	Under 20	21-25	26-30	Over 30
1	Yes (%)	34.4	34.4	28.3	17.2
2	No (%)	65.6	65.6	71.7	82.8

Source: Authors' estimates from the survey

Table 6: Difficulty in persuading sex partners to use condoms, by educational level

No	Have difficulty	Primary	Secondary	High school	College, University
1	Yes (%)	71.4	31.6	27.1	26.5
2	No (%)	28.6	63.9	72.9	73.5

Source: Authors' estimates from the survey

Table 7: Awareness of the reasons for not using condoms

No	Reasons	Number	%
1	Unaware of the epidemic	132	88.0
2	Do not want to use	105	70.0
3	Do not know how to persuade sex partners	85	56.7
4	Do not have condoms	37	24.7
5	Not allowed to use condoms	29	19.3
6	Others	7	4.7

Source: Authors' estimates from the survey

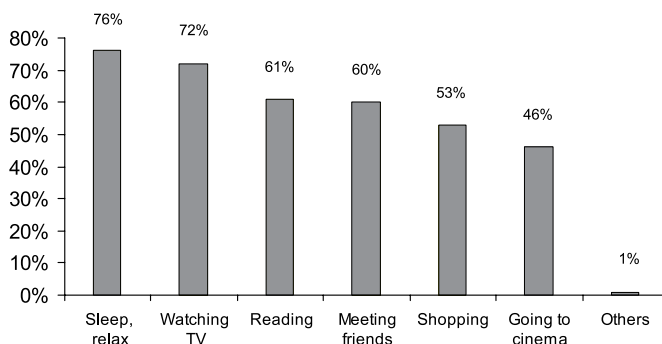
fore, persuading partners to use condoms is not simple for normal sex workers, especially for young ones (Table 5), and ones who have low education levels (Table 6).

When being asked about the reason of not using condoms, 88 percent think that people do not use condoms because they are not well aware of the transmission of the virus behind the HIV/AIDS epidemic. Two other reasons are that people do not want to use condoms and that they do not know how to persuade partners to use condoms (Table 7).

Analyzing the answers by age group helps to conclude that age (related to experience) has an impact on the ability to persuade sex partners to use condoms. Counseling is especially necessary for those under 30. Also, as we have seen, higher education levels mean a greater ability to persuade sex partners to use condoms. The survey results show that the persuading ability of those who finish college or university is up to three or six times higher than that of those who finish only primary education.

Two answers, “do not have condoms” and “not allowed to use condoms,” were also mentioned. About 20 percent of the respondents chose these

Figure 7: Activities in spare time



Source: Authors' estimates from the survey

Table 8: Activities outside working hours, by educational level

Unit: %

No	Activities	Primary	Secondary	High school	College, University
1	Sleeping, relaxing	71.4	81.5	73.6	64.7
2	Watching TV	71.4	74.0	70.7	70.6
3	Reading	42.9	55.5	65.0	70.6
4	Meeting friends	28.6	61.3	60.7	61.8
5	Shopping	57.1	51.3	53.6	55.9
6	Going to cinema	42.9	40.3	49.3	52.9
7	Others	0	1.7	1.4	0

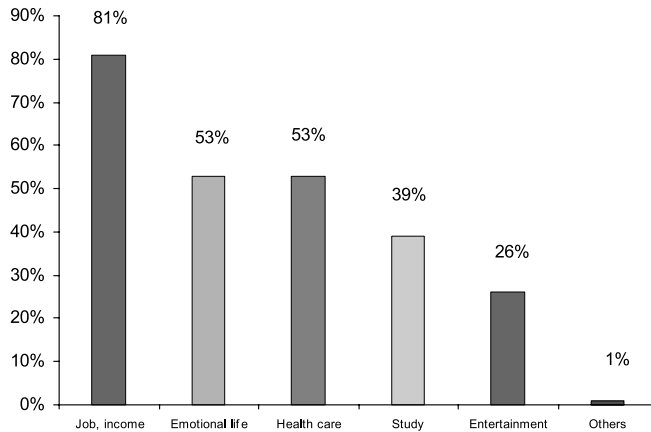
Source: Authors' estimates from the survey

two answers. However, these are reasons of the surrounding conditions, and although they should not be neglected when encouraging people to use condoms. The respondents think that they are less important than the three reasons mentioned above. Therefore, it is essential to focus on psychological changes like the changes in awareness, attitudes, behavior, and persuading ability. The second focus should be on improving the surrounding conditions like providing condoms and persuading managers to allow sex workers to use condoms.

3.2.3. Needs and desires of the sex workers, and proposal of an intervention model to prevent HIV/AIDS transmission

The purpose of the survey is to gain information to form a proper intervention model through which to reduce HIV/AIDS transmission among and from sex workers. Therefore, studying their needs and desires is very important. The needs, desires, and habits of the respondents could be under-

Figure 8: Priority of waitresses for their lives



Source: Authors' estimates from the survey

Table 9: Priority of waitresses, by age

Unit: %

No	Desire	Under 20	21–25	26–30	Over 30
1	Job, income	90.0	75.8	81.1	75.9
2	Emotional life	50.0	52.3	49.0	75.9
3	Health care	54.4	44.5	54.7	82.8
4	Studying	23.3	46.1	45.3	48.3
5	Entertainment	25.6	22.7	22.6	48.3
6	Others	0	0	1.9	3.5

Source: Authors' estimates from the survey

Table 10: Priority of waitresses, by educational level

Unit: %

No	Expectation	Primary	Secondary	High school	College, University
1	Job, income	85.7	91.6	77.1	58.8
2	Emotional life	42.9	55.5	55.0	41.2
3	Health care	14.3	58.0	52.9	44.1
4	Studying	14.3	32.8	39.3	67.7
5	Entertainment	42.9	28.6	23.6	23.5
6	Others	0	0.8	0.7	0

Source: Authors' estimates from the survey

stood through a series of questions about how they use their spare time. Figure 7 and Table 8 present our survey results from these questions.

The most popular activity in spare time is sleeping and relaxing. Respondents also spend their free time on watching TV, reading, meeting friends, shopping, and going to the cinema or theatre. Although they do not

have as much free time as their managers said, they still participate in many activities and have demand for communication and entertainment. However, if we analyze relationship of these answers with other factors, we can see differences in the demands, preferences, and habits of each group. For instance, activities chosen in free time vary across educational level. The results show that those who have a primary education level rarely participate in activities outside, whereas those who have higher education levels, such as those with college and university education, are likely to participate in many other activities. When they have free time, they prefer reading and shopping to sleeping and relaxing.

The habits of different groups should be focused on when organizing intervention activities. However, when being asked about their current priority, most of the interviewees replied that their desire was job and income first, then emotional life, and next their health (Figure 8). Entertainment was the last priority.

The survey data also indicate great differences in the desires of each group, divided by age (Table 9) and educational level (Table 10).

Table 9 shows that respondents who are over 30 pay more attention to health care, emotional life, and entertainment than do the other groups. Respondents in the under-20 group pay more attention to job and income, and little attention to studying and nearly no attention to other activities. It can be said that if intervention activities, such as counseling activities, club activities, and peer education activities, are carried out, the under-20 group will be the most difficult group to attract.

In Table 10, the group of low education level (primary school) pay most attention to entertainment and least attention to studying and health care. The group of higher education (college, university) pay most attention to studying and least attention to income. The two groups of secondary and high school education levels pay most attention to job and income, and then to emotional life and health care. These differences in priority should be taken into consideration to organize proper intervention activities. At the same time, it is necessary to pay attention to integrative activities, such as propaganda programs, education programs, supporting programs, and entertainment programs. These activities should be organized in order to be attractive enough for all ages and education levels.

**Table 11: Answers to the question
“When you have difficulty, who will you go to for help, consulting, or support?”**

No	Solutions	Number	%
1	Family	91	60.7
2	Friends at workplace	62	41.3
3	Solve by yourself	56	37.3
4	Friends from the same hometown	46	30.7
5	Managers	18	12.0
6	Others	5	3.3

Source: Authors’ estimates from the survey

Table 12: Preferred club activities, by age

No	Preferred activities	Under 20	21–25	26–30	Over 30	All
1	Health care consultation	66.7	70.6	67.3	64.3	60.0
2	Cultural activities	58.7	65.1	57.7	82.1	56.0
3	Sport activities	53.3	59.6	61.5	71.4	52.3
4	Health check, treatment	45.3	50.5	46.2	64.3	46.3
5	AIDS prevention propaganda	50.7	45.0	61.5	71.4	43.7
6	Providing condoms	41.3	41.3	44.2	57.1	38.3
7	Counseling when having difficulty	36.0	40.4	38.5	67.9	36.7

Source: Authors’ estimates from the survey

Because of the characteristics of their occupation, sex workers cope with a great deal of trouble and problems in daily life. But when they have difficulties, from whom will they seek help or support? Those who they will go to for help are the ones who have the most influence on the behavior and attitudes of sex workers or waitresses. Intervention must be more effective through such people. Respondents deal with difficulty in several ways.

As the most popular solution, the majority (60.7 percent) will seek family’s help to share their difficulty (Table 11). It is traditional for Vietnamese people to seek family’s help when they have difficulty. The majority understand and are aware of the value of their family in dealing with their personal problems. However, it is not certain that they do receive the help from their family because many of them are living far away from their families and are not able to return to their family when they have difficulty. Actually, many of them feel ashamed of their occupation and feel that they cannot return to their families. Some of them even avoid contacting their families. Perhaps due to this situation, 41.3 percent chose friends at their workplace, instead of their families, to share their difficulties. The other 30.7 percent share difficulty with friends who come from the same hometown. An intervention model of peer education in

Table 13: Expectation about intervention activities, by educational level

No	Expected activities	Primary	Secondary	High school	College, University
1	Health care consultant	16.7	68.9	71.3	63.3
2	Cultural activities	66.7	64.2	63.1	63.3
3	Sport activities	83.3	56.6	59.8	63.3
4	Health check, treatment	16.7	50.9	54.1	60.0
5	AIDS prevention propaganda	50.0	50.1	52.5	33.3
6	Providing condoms	33.3	47.2	42.6	36.7
7	Counseling when have difficulty	16.7	34.9	46.7	50.0

Unit: %

Source: Authors' estimates from the survey

clubs would be appropriate in this case. According to the survey results, 88 percent are willing to participate in clubs.

However, among those who want to participate in club activities, expectations differ widely (Table 12). Health care and consulting activities are expected by most respondents. Other expectations are cultural activities, sport activities, AIDS propaganda, free health check and treatment, providing condoms, and life consultants. Collected data, however, indicated that there were different expectations of waitresses in groups depending on age and educational level. The group of those over 30 want to attend all the club's activities. Younger people want to attend fewer activities, especially the group of people who are under 20.

Regarding to the education level (Table 13), the group of those who have low education level (primary) pays most attention to sport activities and cultural activities, but little attention to health care. The college and university group pays more attention to AIDS prevention propaganda and condom supplying, but they do not pay attention to free health care. The other two groups pay most attention to health care consultant.

It can be affirmed that when organizing club activities, we should consider the characteristics and expectations of the respondents at different ages with different education levels in order to make the intervention activities more effective.

3.3. Influences of the authorities over sex workers and waitresses at high risk in terms of HIV/AIDS prevention

Intervention activities will be more effective if both the sex workers and their managers are approached in terms of awareness, attitudes, and behavior. Table 4 shows that 28 percent of the respondents said that they could not

decide to use or not to use condoms by themselves. This points to the fact that surrounding conditions have a significant influence on the safety of their sexual behavior. This was the reason for us to study the managers' impact on HIV/AIDS prevention for sex workers. Therefore, the surveyors conducted an in-depth survey with the two groups of managers. The first group includes local government officers and union members who are directly managing the sex workers, and the second group includes owners of hotels, motels, inns, restaurants, karaoke entertainment centers, etc.

First, we can see that, at the macro level, local authorities have a great impact on policy application. The effectiveness of the HIV/AIDS prevention activities depends much on how the local authorities understand prostitution; the possibility of HIV transmission depends on whether their awareness is equivalent to their attitudes or behavior. Thus, the direct managers of sex workers are those who may change the behavior of sex workers. Data in Table 7 indicate that 19.3 percent of sex workers said that they did not use condoms because they were not allowed to use them, and the results in Table 11 indicate that 12.0 percent would seek the help of their managers when they have problems. Therefore, it is clear that the awareness, attitudes, and behavior of masters of restaurants, hotels, and entertainment centers will have impact on the awareness and attitudes of sex workers towards HIV/AIDS prevention and sexual behavior.

3.4. Local authority officers, associations, and unions

3.4.1. Awareness of prostitution and disguised prostitution

The majority of the authority officers were worried about the prostitution increase, especially that of disguised prostitution in tourism centers. A police officer in Quang Ninh said, "Quang Ninh is a developing tourism center. It attracts many tourists and prostitution is unavoidable. However, the prostitution activities are all disguised and very difficult to discover. Normally, sex workers and customers make a deal over the telephone and then they hire a motel or hotel to have sex, and so it is quite difficult to control and manage. Disguised prostitution surely exists but is hard to identify."

Some of the sex workers in disguised prostitution here are waitresses working in restaurants, bars, and entertainment centers. A woman union's offi-

cer said, “Waitresses easily change their occupation and become sex workers because of their working environment. They may not prostitute at their working places but they can go somewhere else.”

All the local officers and officers at unions and associations confirmed that disguised prostitution has become popular with call girls working in hotels and motels. A difficulty in controlling the waitresses is that most of them come from other provinces and they work temporarily in bars, hotels, motels, and entertainment centers. Many of waitresses do not even register their residence and they do not have any personal papers. In order to manage these people, we need a comprehensive management solution with the support of information technology to maintain the database. If such a database is established, an officer of a department of prevention of social evil stated, “wherever sex workers are arrested, police will know how many times they have been arrested, and how to treat them.”

3.4.2. Awareness of the possibility of HIV/AIDS transmission among sex workers, and the necessity to apply prevention methods to prevent HIV/AIDS for sex workers

Prostitution—and especially disguised prostitution—is becoming more popular. It seems that prostitution activities have grown to exceed the managing ability of authority officers. People are worrying about the transmission of HIV/AIDS in their community because of the uncontrollable development of prostitution and disguised prostitution. Most government officers surveyed agreed that the possibility of HIV/AIDS transmission from sex workers through disguised prostitution is a high risk for the community. A medical officer shared that “the HIV/AIDS infection rate in Quang Ninh is the highest nationwide, and it is 10 times higher than the average rate of the whole country. The number of infected people in Quang Ninh is second highest after Ho Chi Minh City. It is obvious that besides drug addiction and injection, prostitution is another high possibility of HIV/AIDS transmission. Especially, the possibility of HIV/AIDS-infected waitresses working in restaurants, bars, karaoke establishments, hotels, motels, and entertainment centers is very high, ranking second after the possibility of drug addicted people.” Results of many in-depth interviews also show that risks from sex workers all stem from unsafe sexual

behavior. So waitresses at high risk should also be educated in HIV/AIDS prevention programs. One medical officer at the ward level said that “if waitresses at high risk are not protected from HIV/AIDS, they will become a risk for the community. And the way of transmission from them is unsafe sex.”

A ward-level authority officer also warned that “we must prevent HIV transmission from infected sex workers and warn infected people about their transmission possibility.” He also cited a letter written by an HIV-infected sex worker before she committed suicide. She said that she had transmitted HIV to many foreign people. However, she did not mention how many Vietnamese people had received HIV from her.

Some interviewed local officers said that even if prostitution is prohibited by the government, it still exists. Therefore, to protect the community from the dangerous risk, we must apply prevention methods for both the community and sex workers.

3.4.3. Attitudes towards prevention method application for sex workers and waitresses at high risk

Authority officers are all aware of the danger of HIV/AIDS among sex workers. They all support HIV/AIDS prevention programs for sex workers and waitresses at high risk for prostitution. Among the prevention methods, the first method to be mentioned is management by authorities and government. Polices must manage and control all profiles of waitresses working in restaurants, bars, karaoke establishments, hotels, motels, and entertainment centers. For restaurant, hotel, and entertainment center owners, they must guarantee that there will not be any kind of prostitution in their business. Administrative management should be improved. To limit the number of sex workers, if waitresses at high risk do not have personal papers, they will not be allowed to register their temporary residence.

The second method is propaganda. Propaganda programs should be conducted to approach both sex workers and sex buyers. Peer group propaganda is also necessary, especially for those who have low education levels. Peer propaganda should be focused more on unskilled laborers in Bai Chay and Cam Pha towns because most of them are working away from their families, and they will easily spend money on prostitution.

The third method is condom use encouragement programs. A medical officer said that “not everyone is aware of the importance of condom use. Condoms are provided for free in all hotels and motels but not all sex buyers want to use condoms. Staff at hotels, motels, and entertainment centers may work as sex workers but they do not have sex at their working places—they do it somewhere else. Therefore, approaching them is quite difficult. Propaganda programs should be strengthened and improved in order to protect the community and the sex workers.”

Another medical officer shared that condom providing is also a sensitive issue. People must understand that giving them condoms does not mean to encourage them to have sex, but to protect them from sexually transmitted diseases.

In addition, a socio-economic method to prevent HIV/AIDS infection is job creation. Women should be given priority in finding a suitable job. Vocational training for sex workers is necessary in order to give them a chance to integrate into the community and have a normal life.

Another proposed method is to provide free health care services for waitresses at high risk. These services would be put in place to discover whether or not they are HIV-infected, and if they are infected, to provide them appropriate support. Free health care should be combined with other activities like club activities, propaganda programs to improve awareness towards HIV/AIDS prevention, and providing condoms to prevent HIV/AIDS transmission into community.

3.4.4. Main proposals: Free health care and condoms provision

Free health examination and treatment for waitresses at high risk are very essential. The first reason is that they are always hesitant to go to medical centers for health examination and treatment. The second reason is that they cannot afford medical services. The third reason is that through health examination, authority officers can discover whether or not they are HIV/AIDS-infected, and if they are infected, they will receive appropriate solutions to prevent HIV/AIDS transmission.

Many ideas we heard in the surveys held in common that health examination and treatment are not only the demand of waitresses at high risk

but also the demand of the whole society. It should be noted that free health care provided by the masters or managers of restaurants, bars, or entertainment centers is nearly a farce. Therefore, financially supported health care programs are necessary. Even if the health care is provided with financial support, many sex workers dare not to go because they do not want others to know that they are sex workers, and that they have diseases.

When waitresses are healthy, they can still work. But when they diagnosed to be diseased, they will be dismissed. The situation of dismissed sex workers is very miserable; the time after being dismissed is the time they most need help and support. Propaganda programs should focus on these people to support them in time. Sex workers should be informed of an address for urgent care that they can visit whenever they have difficulty. If one person is helped and supported in a time of trouble, that person's friends and peers will come to that address too when they have troubles. This is a peer education method.

In contrast to the wide agreement we found regarding health care, opinions about how to provide condoms are very different. There are three main groups with different suggestions. The first group said that condoms should be provided through masters—the managers of restaurants, hotels, and entertainment centers, and that the condoms should be provided with appropriate propaganda. The second group thought that condoms should be provided directly to sex workers and waitresses. Providing condoms at a consulting office is another opinion, put forward with the reason that visits to such an office are the most suitable time for propaganda.

Because prostitution is illegal, approaching sex workers is very difficult; to provide them condoms is also not easy. Second, it is illegal to support prostitution or any prostitution-related activities. Therefore, from the outside, providing sex workers with condoms seems to be illegal. Third, providing condoms will be rejected by restaurants, bars, and entertainment centers in most cases.

A police officer said that “another difficulty when providing condoms is a psychological dilemma. If there are condoms in restaurants, bars, and entertainment centers, people may think that they are encouraging prostitution. But if there is no condom, it will be difficult to prevent HIV/AIDS.”

Although the difficulties are identified, all interviewees agreed that it

is essential to prevent HIV/AIDS transmission for sex workers and waitresses at high risk.

3.5. Managers and owners of restaurants, bars, hotels, and entertainment centers

3.5.1. Awareness and attitude towards HIV/AIDS prevention for waitresses

In every in-depth interview, managers and owners of restaurants, bars, hotels, and entertainment centers all confirmed that HIV/AIDS was very dangerous and incurable. A director of a hotel in Ha Long said that “HIV/AIDS is still a pressing problem in our society. It is easily transmitted. The latent time of AIDS is long. If we do not know how to protect ourselves from HIV/AIDS, we will face the risk of being infected by HIV/AIDS.”

These interviewees are aware of the two ways of HIV transmission: through injected drug use and through unsafe sexual behavior. Many of them said that it was necessary to protect and prevent their female staff members from HIV/AIDS because their prevention and protection also means the protection and prevention for the whole society. However, many interviewees thought that it was not necessary to prevent HIV for their waitresses because they believed that these workers have no relations with HIV/AIDS. Currently, there are no prevention and protection methods available in their locations.

Some sympathized with HIV-infected waitresses if such workers were working in their locations. They understood that if they neglected and drove away such employees, the infected waitresses would become more dangerous for society. However, many did not express such sympathy.

It can be concluded that some of the interviewees had good attitudes toward HIV/AIDS prevention and protection, while others did not.

3.5.2. Attitudes of managers towards applying prevention methods for waitresses

Some interviewees think that providing regular and periodical health examination for staff is very good. But the frequency must depend on their financial ability and other conditions. Some interviewees said that, if these examinations are provided by a government agency, it would be better.

About condom provision, interviewees have many different ideas.

Some think that condoms should not be provided in hotels or entertainment centers because doing so may unintentionally encourage prostitution. Another reason is that if condoms are provided freely in hotels and entertainment centers, sex workers may think that the hotels and entertainment centers agree and support them to have sex there.

For those hotels and entertainment centers who would agree to provide condoms at their locations, they suggested that condoms should be given in an appropriate way, such as keeping them in the medicine box. Customers could then use them at their own discretion.

3.6. Proposed intervention model for sex workers and waitresses at high risk

3.6.1. Suggestions from local authorities

In in-depth interviews and the discussion among members of the research group, local authorities suggested that there should be educational and supporting activities in the forms of clubs, peer groups, “friend-help-friend” groups, health care, and examination programs.

One interviewee emphasized that education and supporting activities for waitresses in hotels and entertainment centers are essential, but there will be one problem that no one would admit to being a sex worker. Therefore, the interviewee said, encouraging people to attend these activities is very difficult. On the other hand, sharing work time for attending public activities like that may not be supported by their bosses.

Another suggestion was that we should focus on creating clubs, such as a young mother club, female youth club, or health care club, to attract high-risk people to attend. Condoms would be provided freely in these clubs. If activities were conducted in this way, infected people would not feel that they are treated differently from normal people and they would be more encouraged to attend. Club officers should be sensitive and enthusiastic because sex workers and waitresses at high risk often have a complex about their jobs and situations.

It was suggested that the activities of clubs be diversified, and that, if possible, vocational training be combined with other activities because sex workers need a stable profession in order to return to normal life. Some appro-

ropriate activities might include flower arranging and cooking.

We heard many different opinions about the number of club members. Some think that because high-risk waitresses are those who are very difficult to approach to attract them to attend the club activities, clubs should be organized right at their locations. In order to be effective, some said that clubs should be limited to 6–10 core members.

Others think that the size of the clubs should be neither too small nor too big. Clubs should not be too big because their activities therefore would be very well-known, which is not attractive for hesitant people like sex workers. On the other hand, if there are only a few members, clubs' activities would not be attractive enough. Some think that an appropriate number of club members should be about 20. Others think that the number of club members must depend on the situation in each province, and that there should be about 30 to 50 members in a club.

Clubs' activities should be under the control of local authority. The participation and support from women's unions, the Department of Tourism, the police, HIV/AIDS Prevention Committees, and ward committees are necessary.

3.6.2. Opinions of the managers of restaurants, hotels, and entertainment centers

According to the results of the in-depth surveys with managers of restaurants, hotels, and entertainment centers, many of them supported the idea of organizing clubs for sex workers and waitresses at high-risk. In an opinion echoed by others, one interviewee said, "To prevent HIV/AIDS in hotels and in the community, we are willing to provide conditions for those who want to attend clubs. But we will not be able to force them to attend these activities." Some others went further, with one saying "We will support and allow our waitresses to attend activities for HIV/AIDS prevention. If these activities are effective, we may financially support them to make it become more effective."

Some managers also understand that the importance of clubs' activities is not only in HIV/AIDS prevention but also in awareness improvement of their staff.

One hotel manager in Quang Ninh also highly evaluated the role of clubs in educating and managing waitresses. This manager said that, "we also

remind them and try to persuade them to attend such activities, but we did not know how to say persuasively as we are not professionals and so they did not understand. Therefore, if they attend clubs, they would understand and could receive the necessary knowledge.” However, there are some opposite opinions. For example, “We are too busy with our business. We have no time for other things. And if our staff members have spare time, they need to sleep instead of going to clubs.”

For these people, propaganda and persuading activities are necessary. Some further suggestions for clubs’ activities include:

- Club organization: A manager of a hotel in Ha Long suggested, “Because hotel staff members work by shifts, clubs should be organized at the proper time and location. The activities should be changed frequently to be attractive.”
- Club member: It is suggested that the core members should be female. Each hotel or entertainment center should choose for themselves one or two core members to attend in turn because they cannot go to the club at the same time. They still have to work. Some people think that the members should be not only staff working in hotels or entertainment centers, but also from other organizations. More members will mean more active and interesting activities.
- Activity content: It should focus on HIV/AIDS prevention propaganda because people go to clubs for consultation about HIV/AIDS prevention. A hotel manager said, “For the purposes of HIV/AIDS prevention and prostitution prevention, I think that clubs are necessary but the locations must be appropriate and integrated with other organizations’ activities.”

Therefore, it is obvious that though there are some different opinions, most hotel and entertainment centers agreed with the idea of establishing clubs. However, they do not have a clear picture of appropriate club activities.

4. Concluding Remarks and Recommendations

Following are our findings and recommendations for HIV/AIDS prevention for sex workers and waitresses at high risk.

1. Sex workers working in hotels, entertainment centers, and massage cen-

ters are many. However, their awareness about HIV/AIDS prevention is rather low. Their managers do not pay enough attention to protect their staff from the epidemic.

2. Almost all waitresses interviewed in the survey were aware of the danger of HIV/AIDS transmission and the function of condoms in HIV/AIDS prevention. However, many people are not fully aware of the transmission possibilities of HIV/AIDS and prevention methods. The majority of new waitresses have a good awareness about sexual transmission possibility of HIV/AIDS. Some interviewees have incorrect understanding and then have discriminative attitudes towards infected people.
3. There is a difference between awareness, attitudes and priority versus self-decision making ability. There is also a gap between the ability to persuade sex partners to use condoms and condom use to prevent HIV/AIDS. According to the survey data, the awareness of respondents about HIV/AIDS is rather high. But their attitudes towards prevention method application are significantly lower: safe sexual behaviors are not paid much attention. Therefore, in the propaganda programs of HIV/AIDS prevention, improving awareness is not enough. The more important thing is to change their attitudes and behavior.
4. In addition to good propaganda programs about the danger of HIV/AIDS, its transmission possibility, and HIV/AIDS prevention methods, we should also apply psychological methods. Activities which require individual participation like clubs, peer education groups, and personal consultation to change attitudes, to provide living skills, and to create necessary habits and behavior are important.
5. The most important factor in applying condom use encouragement among sex workers is psychological impact. That means to change their awareness, attitudes, behavior, and ability to persuade their sex partners to use condoms. Creating good surrounding conditions is essential. Surrounding conditions are the availability of condoms and the agreement of their boss for them to use condoms when they have sex.
6. In addition to families, friends are the ones whom sex workers seek for help when they have trouble. Therefore, peer clubs for waitresses would be very effective.

7. Knowledge provision, life skill training, health support, and entertainment activities like singing, sports, flower arranging, and cooking should be integrated in clubs' activities. Classes should be designed in order to be suitable for those who have different education levels.
8. The content of education and activities of clubs for waitresses and peer groups should prioritize knowledge about HIV/AIDS prevention, about HIV transmission risks with all types of sex partners, and about the ability to persuade their partners to use condoms. It is necessary to maintain the availability of condoms. Periodical health examination is necessary to detect infections early.
9. Improvements should be made in the health care service network, the condom providing network, and the consulting network for women in difficulty, especially for those who are sex workers and waitresses working at high-risk locations. Government and local authority support needs to be mobilized.
10. Local government officials must have the right attitude towards HIV/AIDS prevention and protection. Apart from that, they should apply a more realistic plan to apply AIDS prevention methods among waitresses and sex workers.
11. The role of hotel and entertainment managers is important. They will have a direct impact on the decision and possibility to attend clubs for sex workers and waitresses working at their locations.
12. In order to implement effectively intervention models for sex workers and waitresses, government officials and social unions must cooperate to mobilize these women to participate in club activities. Medical centers should provide condoms to them and support them in health care services. Police should pay more attention to security at high-risk locations.

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Appendix 1: Survey Questionnaires

Dear friend!

To give a hand to women's health care, we would like to ask for your cooperation in answering the following questions. Please tick the answer(s) that you think most suitable, or please give your opinions for the questions with special requirements.

Your cooperation is highly appreciated!

1. Do your current job have a bad effect on your health?

1. Yes 2. No

2. Do you think that HIV/AIDS is a dangerous disease and that infected people may die of it?

1. Yes 2. No

3. What do you think about the possibility of HIV/AIDS sexual transmission?

1. Easy
2. Difficult
3. Impossible

4. Are you afraid of being infected?

1. Yes 2. No

5. Do you think that HIV/AIDS is preventable?

1. Yes 2. No

If yes, how?

1. Monogamous relationship with partner
2. Not kissing, not holding or shaking hands with HIV/AIDS-infected people
3. Using condoms when having sex
4. Not sharing injection tools
5. HIV-infected mother should not have baby
6. Others (in detail please): _____

6. Using condoms when having sex is an effective method to prevent HIV/AIDS transmission. Did you know that?

1. Yes 2. No

7. Why do you think people do not use condoms when they have sex?

1. Not aware of the transmission of this disease
2. They are not allowed to use
3. They do not know how to persuade their sex partners
4. They do not have condoms
5. They do not want to use condoms
6. Other reasons (please list): _____

8. Do you want to use condoms when having sex?

1. Yes
2. No

9. How frequently do you use condoms when having sex?

1. Very frequently
2. Sometimes
3. Never

10. Are you allowed to use condoms when having sex?

1. Yes
2. No

11. Do you often have difficulty in persuading your sex partners to use condoms when having sex?

1. Yes
2. No

12. Are you encouraged to use condoms when having sex?

1. Yes
2. No

13. According to your observation, how often does a sex worker have sex per day?

1. 0–2 times
2. 3–10 times
3. Over 10 times

14. Which do you think is more difficult when having sex? (please choose one option only)

1. To persuade sex partners to use condoms
2. To persuade managers to let you use condoms

15. Do you think that it is still possible to prevent HIV/AIDS when having sex with many different people?

1. Yes
2. No

If yes, please list how to prevent: _____

16. Would you like to attend club activities with your peers?

1. Yes
2. No

If yes, which ones do you prefer?

1. Singing, dancing
2. Sport activities
3. Health care consultation
4. Free health examination and treatment
5. AIDS prevention and protection propaganda
6. Condom introduction and provision
7. Life skill training
8. Others (please list): _____

17. What do you often do when you have spare time ?

1. Relax
2. Read
3. Watch TV
4. Shop
5. Meet friends
6. Go to cinema
7. Others

18. When you have problem, who do you go to for help?

1. Friends from the same province
2. Colleagues
3. Boss
4. Family
5. No one (solve yourself)
6. Others

19. What is your highest priority now?

1. Emotional life
2. Job, income
3. Health care
4. Studying
5. Entertainment
6. Others

20. Please let us know some more about you:

Age: Under 20 From 21 to 25 From 26 to 30
Over 30

Education level:	Primary school	Secondary school
High school	University, college	
Your hometown:	City, town	Rural area
Marital status:	Married	Single

Thank you very much for your cooperation and we wish you good health!

Appendix 2: In-depth Interview Questions for Local Government Officials

1. Is there any prostitution in your location? If yes, how serious is it? And where is the most popular location?
2. How do you evaluate the possibility of AIDS infection possibility of waitresses in hotels and entertainment centers?
3. Do you think that if sex workers are not protected against HIV/AIDS transmission, they would be a risk for the whole community? Why or why not?
4. Do you agree with the opinion that even if the government forbids prostitution, we should not neglect the risk of HIV/AIDS-infected sex workers and it is necessary to apply prevention methods? Please list some methods that you know.
5. In your opinion, what are the obstacles in applying HIV/AIDS prevention methods?
6. In your opinion, does condom provision for sex workers and waitresses eliminate the transmission possibility of HIV/AIDS? If you think so, how should condoms be provided?
7. To prevent prostitution and AIDS, do you think that it is necessary to have social activities like clubs, education activities, and supporting activities for sex workers and waitresses at high risk? If you agree, how should we organize these activities?
8. Do you have any opinion about HIV/AIDS prevention for sex workers and waitresses at high risk?
9. Do you have any recommendation for the government to improve the effect of HIV/AIDS prevention activities for the community in general and for sex workers in particular?

Appendix 3: In-depth Interview Questions for Managers in Hotels and Entertainment Centers

1. What do you think about HIV/AIDS prevention and protection of your staff, especially your female staff members?
2. How do you evaluate the need for periodical health examination and for health examination of your staff? Is it necessary to have supporting health care services to help waitresses?
3. If there were any HIV/AIDS-infected people among your young staff members, what would you do?
4. In your opinion, is it necessary for managers of hotels and entertainment centers to provide conditions or to participate in condom provision activities to stop the epidemic? If you think it is necessary, what are the advantages and disadvantages in your location?
5. As a manager, which prevention methods do you apply to prevent HIV/AIDS transmission in your location?
6. To prevent HIV/AIDS and prostitution, do you think that it is necessary to have social activities to gather waitresses to provide them help and support? Which models do you think are suitable?
7. According to your observation, do waitresses have time, and do they really want to attend these activities? Which models do you think are suitable?
8. If they have that need, how should the activities be organized to be effective (member number, content of the activities, location)?
9. Do you have any interesting ideas about HIV/AIDS prevention for waitresses working in hotels, restaurants, and entertainment centers?
10. Do you have any recommendation for the government to improve the effect of HIV/AIDS prevention activities for the community in general and for sex workers in particular?