

# Youth and HIV in Vietnam

A brief overview presentation  
for TWG Meeting 12<sup>th</sup> March  
2008:

- the situation
- most at risk youth
- activity of sectors and settings
- main approaches and methods
- major implementation activities



*“Vietnam’s HIV epidemic is still in the concentrated phase, with the highest sero-prevalence among most at risk populations, including injecting drug users, female sex workers and men who have sex with men.”*

Country Profiles MoH 2007

- What is not highlighted clearly enough is that the majority of the at risk groups **are young** and therefore HIV **must be seen as a youth issue**.
  - About 40% karaoke sex workers are less than 25 with about 10% less than 20 (IBBS 2006)
- The youth lens on HIV remains weak although the past few years have seen progress. In 2006 Country Profiles, of 123 country projects on HIV only 13 specifically identified youth within their description. Strengthening specific youth outcomes in HIV programming activities is needed.



## Common terms and definitions used in the “youth area”



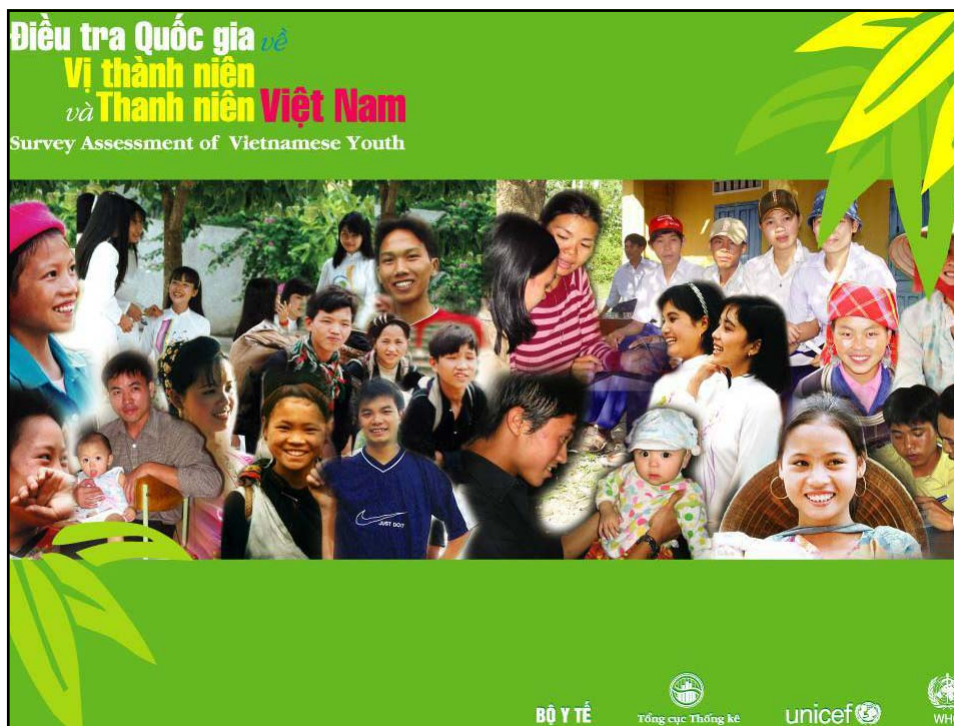
- Adolescents: 10-19
- Youth: 15-24\*
- Young People: 10-24
- Youth Union: 15 to 30
- Disaggregation 20-29 (common in IDU)
- SAVY age group: 14-25
- IBBS 2006 18-25 IDU, FSW 15-25  
MSM

## Prevalence data



The prevalence of HIV infection among young people in Vietnam differs greatly depending on age (dis-aggregation) and the sub sections or target groups of youth considered.

Young people 15-24	0.3 (DHS 2005)
Young Men 15-24	Less than 1% Lao Cai 1.3% (Vietnam Report to UNGAS)
Young female sex workers	8-12%
Young IDU's	30% (IBBS 2006)
Young MSM:	9% (IBBS)
Migrant workers:	2.1-2.3% (Country Profile 2007)



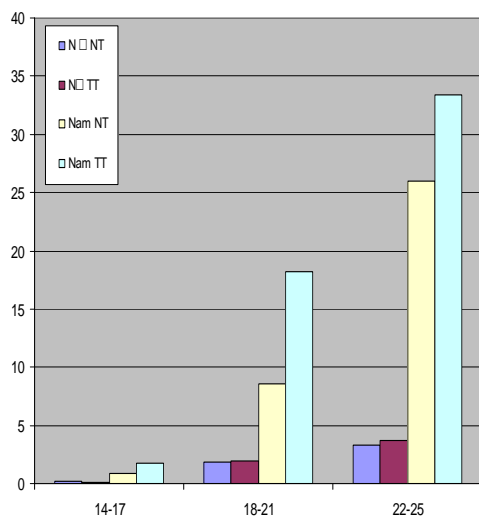
SAVY 1 Survey Assessment of Vietnamese Youth first ever national baseline data on many areas of young people's lives including work, sexuality, schooling, family relationships, alcohol and drug use, mental health with specific questions around HIV KAB.

**Generally what did SAVY tell us:**

- The major importance of work in young people's lives
- Most young people value education, were treated well by teachers **however** 13% reported leaving school because they failed.
- A number of unmarried young people are sexually active (graph)
- Ethnic minority youth have far poorer outcomes on nearly every measure except belonging to their family
- Significant gender differences exist (both + and - different issues)
- 33% of young men aged 22-25 reported to be sexually active. 1 in 6 of them reported having sex with a sex worker.
- Association between alcohol and other risk behaviors (being drunk, racing motorbikes, sex with sex worker)
- Limited IDU reported\*

SAVY 1 assisted in strategic direction, programming priorities and master plans/action plans in at least

## SEXUAL BEHAVIORS



- 7.6% of all respondents sexually active
- 4.9% unmarried and 22.2% married reported having premarital sex
- 15% married women, 32% married men (defacto figure)
- Highest pre marital sexual activity in urban males 22-25= 33%
- Stark gender differences

## What does SAVY tell us about knowledge, attitudes and behaviours of young people related to HIV?



- While nearly all young people in SAVY were aware of HIV (98-100%) knowledge levels suggest incomplete knowledge and limited understanding in some areas.
- 50% young people have high knowledge and understanding of HIV prevention methods
- Most young people believe that condoms are very effective in preventing HIV and pregnancy, **however** attitudes to condoms are generally negative
- There is a strong association of condoms with improper behaviour
- Only 50% of young people used contraception during their first sex
- Mass media is most common source of information about HIV- **especially TV**
- Young people have conservative attitudes about pre martial sex however males are more accepting of it than females
- Attitudes towards PLWHA are accepting with less than 10% young people not wanting to be friends or help someone with HIV.
- 20% of the sample did not understand what homosexuality was, however 4% of those who did, reported having a homosexual friend.
- While minimal drug injecting was reported many young people knew an IDU in the local area.

## What do we know about knowledge, attitudes and behaviours of at risk young people related to HIV?



- IDU's share equipment because:
  - 43% to save money
  - 37% have to share and use with friends
  - report
  - 33% Can't access clean needles when needed
  - 30% don't believe dangerous
- About half of IDU's in IBBS 2006 started using drugs in their teen years and risky behaviours start very early on leading to many new infections in the youngest group of users.
- 15% FSW inject drugs and 20-30% reported shared injecting equipment in prior 6 months
- MSM sample 21% Hanoi and 40% HCMC reported selling sex in the previous month and condom use was infrequent with MSM and their partners.
- Condom use is not consistent enough
- While about 40% of IDU's have been tested about 20% of groups in IBBS had ever been tested, even in places where testing was readily available.
  - 36% IDU's and 40% MSM did not use condoms during any of their 5 previous sexual encounters
  - Perceived risk of infection still relatively low( only 43% IDU said they were at risk of HIV)

## What do parents and leaders think?



- 81% parent willing to talk to children about harms of drug use while only 26% willing talk about wet dream or period
- 2/3 parents want schools to teach RH/HIV education programme
- 40% parents/leaders do not support needle programmes, and around 30% do not support providing condoms to un married youth
- Parents had highest rate of believing mosquitoes could transmit HIV compared with IDU, CSW and MSM.
  - (Preliminary Finding HIV Prevention Among Youth: Baseline survey, 2008 – data collected October Nov 2007)

	Primary prevention/protective factors	Prevention Education (IEC)	Provision of services	Treatment and care
Mainstream	Local Leisure/recreation programmes Creating Connections Universal Secondary schooling	School based programmes Life Skills	Youth Friendly Health Services	
Vulnerable		Outreach peer education programmes IEC and some services	Private public partnerships-factory based services-screening	
High risk			Condoms and clean needles VCT, STI treatment	Limited ARV
Parents/	Parenting	RH Education		

## Approaches and Methods for Youth HIV prevention

- Legislation/Policy development
- Research
- Education and information (IEC) (BCC)
- Community based activity through IPC
- Mass Media
- Provision of Services: harm reduction, screening STI, VCT, condoms, counselling,
- Peer Education IPC through models
- Creating Supportive Environments
- Edutainment
  - Theatre, dance, concerts, campaigns, events, competitions

## Settings and sector activity



- **Education /Schools**

- Policy and Programming around RH and HIV Prevention Education: Action Plan, curriculum development programmes, Pre teacher training initiatives
  - PEPFAR, SC/US and MoET, PACT
  - Education Partnerships Group: DIFID, EU, UNESCO
  - Life Skills including HIV UNICEF, MoET, YU and WU
  - Web based Program : WPF
  - Numerous RH and HIV school initiatives –caution coordination must be through MoET

- **Employment Worksites**

- IEC Outreach to workers
- Entertainment venues condoms
- Factory areas health services/screening

- **The street**

- Needles and syringe programmes (still limited) not necessarily targeting young (HIV Prevention Among Youth Project is 15 provinces specifically for youth)
- Condom provision and promotion

- **Community settings and clubs**

- Youth union clubs at schools,
- Youth Clubs
  - HIV awareness raising education events: concerts, competitions, WAD, Youth Day, meetings, training workshops, local campaigns
- Pre marriage clubs
- Youth leisure centres
- Condom café's

- **The mass media**

- TV still most accessed source for HIV information, Radio phone ins, Internet, blogs, newspapers,

- **The Family**

- Connecting young people to families, education from parents to young people

- **Public Security**

- Re education centres

- **Health Sector:**

- Youth Friendly Health Services, Youth friendly corners,
- VCT sites: Life Gap
- Harm reduction: needles condoms through peer educators: innovative training for peer educators Thanh Hoa



## Some significant activity occurring in the area



- **HIV Prevention Among Youth Project**
  - Advocacy local leaders accelerate youth interventions
  - National Mass Media TV series 105 episodes (The house with many windows) cutting edge story line, high quality production
  - Radio phone in programmes, Website, news articles,
  - VCT sites and outreach to thousands at risk young
  - Community based activity: schools, parent education
  - SAVY 2 will also allow for feedback/evaluation on the TV drama
- **YFHS approach** including training for service providers. The new National Guidelines for YFHS include VCT sites, STI sites and makes practical suggestions about policy and procedural changes
- **Surveillance and Strategic Information**
  - SAVY 2
  - HPAY Baseline

### **Mandating RH and HIV curriculum with teacher training materials**

- MoET has developed an Action Plan and an Action programme and work in underway to further develop a and class room curriculum.

## Actions needed to accelerate HIV prevention among youth in Vietnam



- Accelerate the up scaling of needle and syringe programmes at local level and facilitate this through dissemination of HR law/decrees to ensure acceptance at local level
- Involve more young peer educators in NSP and ensure interventions targeting at risk groups with like peers.
- Increase accessibility and acceptability of VCT services for young people: make them youth friendly and take the services closer to most at risk youth (MARA). Young people must know their status to protect themselves and their families
- Develop activities/programmes to build protective factors for young people who are “falling through the cracks” . This should include deliberate interventions to connect young people to their schools and or their teachers. Similarly the risk factors that young people face need to be minimized eg: competitive schooling that fails some students, guidance and welfare officers, social workers, protection services. Initiatives like and teachers dropping out of school
  - Women’s Union Creating Connections: mothers and daughters learning about and learning how to talk about “life love and sex”

**Primary Prevention is often forgotten in the HIV discussion:  
Building protective factors for young people**



Underlying determinants approach forces us to ask the questions why??

- Why are young men experimenting with drugs?
- Why do young people see condoms so negatively?
- Why can't/won't Vietnamese parents speak to their children about sexual relationships
- It is an upstream approach where instead of catching young people floating down the stream and fishing them out- we build a fence so that they stop falling in.
- Common problems= common solutions
  - Connection to school, family, community and individual resilience can protect young people from a range of common health and social problems. The development of good recreational activities at community levels could have positive outcomes for young men.
  - Opportunity for economic participation can create skills, generate income, build resilience and self perception (KOTO, Blue Dragon, small enterprise initiatives)