



Meeting Report

HIV/AIDS and Gender Issues Meeting

17 March 2005

Horison Hotel, Ha Noi

UNAIDS and the Royal Netherlands Embassy hosted a meeting with participants from the international and national communities to discuss: HIV/AIDS and other key issues affecting the enabling environment (eg. gender based violence, mobility, trafficking, sexuality and cultural norms, young men) and how to enhance programmes to encompass these areas that impact women and girls.

Meeting goal: To take stock and develop a shared vision with key priorities on how to effect change in the enabling environment to decrease women's vulnerability to HIV/AIDS as well as advance gender equality, women's empowerment, and development.

To begin the meeting 3 overview presentations were given to set the scene to further discuss current HIV and gender issues in Viet Nam:

- HIV in Viet Nam, Nancy Fee, UNAIDS
- Gender issues in Viet Nam, Trinh Thi Van Anh, Institute of Family and Gender Studies
- Key emerging issues in HIV and Gender in Viet Nam, Margaret Sheehan, World Health Organization

Following the presentations there were 4 discussion groups on specific topics led by facilitators from various organizations:

- Gender Based Violence, Magali Romedenne, UNFPA
- Migration, Trafficking, and Mobility issues, Carol Sherman, CARE International
- Young Men, Margaret Sheehan, World Health Organization
- Sexuality and Cultural Norms, Khuat Thu Hong, Institute for Social Development Studies

Each group was given 50 minutes to discuss six questions and prepare to report back to the group. Each group summarized their discussion and answered questions from the larger group. (See annex 1 for group discussion reports.) Finally, a plenary session was held to discuss work that different agencies are currently undertaking and strategies on how to move these issues forward.

Key issues from plenary discussion:

1. **Sexuality and cultural and gender norms-** There is a need to address gender and cultural norms that disempower both men and women, girls and boys and place them at a greater risk for contracting HIV in Viet Nam. There is also a need to broaden the focus beyond just safe sex and HIV prevention to encompass Sexual and Reproductive Health (SRH) and a broader definition of sexuality.
2. **Sexual education-** Are there entry points now in the school system or should international organizations look elsewhere? There are currently between 5-10 curricula in existence for young people in Viet Nam, but efforts are fragmented. Where to address sexual education also relates to the issue of sexuality and cultural norms (mentioned above) where parents and teachers aren't yet comfortable discussing these issues with children and youth.
3. **Trafficking-** There is a National Strategy on Trafficking, it is mentioned in the National Strategy for HIV/AIDS, and it is considered a crime in Viet Nam. The challenge is to assist the government to implement the national strategy on all levels in the country. There is a need for more information about trafficking, the definition of trafficking, advocacy and lobbying for signing the UN Trafficking Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children and best practices for working on prevention and protection throughout all levels of government.
4. **Stigma and discrimination-**HIV+ women suffer an extreme burden of stigma and discrimination. There is popular belief that women contract HIV due to sex work or promiscuity which are not socially acceptable behaviors for women in Viet Nam. HIV+ men are more likely to receive family and community support than women. This needs to be addressed with advocacy work at all levels throughout the country.
5. **Increased vulnerability of women due to HIV programming-** There is a need to look at development work and see if there are situations that make women more vulnerable to violence, stigma and discrimination and other negative consequences.

Example: Providing prevention of mother-to-child transmission services (PMTCT) without providing voluntary counseling and testing to both the woman and the man in a couple. This could lead to gender based violence if a woman tells her husband and/or family she is HIV+. She can also be ostracized, blamed and asked to leave family home.

6. **Anti-retroviral treatment** – As ARV treatment is scaled up in Viet Nam, there is a need to ensure equality of access and use of ARV among men and women.
7. **Lack of data** on many topics –There is not sufficient data on the extent of trafficking and migration, gender based violence, young people's use of alcohol and sexual behaviors, and gender norms.
8. **Lack of knowledge** about SRH and HIV transmission and prevention at the community and individual level for people who are trafficked, people before they leave their community to migrate, women, and also men who do not perceive themselves to be at risk.
9. **Gender based violence-** The legal framework needs to be improved on gender based violence. There is a lack of sufficient law enforcement of existing laws on gender based violence and trafficking. Additionally, there are no "safe places" for women to go if they are

victims of violence. There are no shelters and there is a lack of extension and social services to assist them.

10. There is an **increase of amphetamine type substances (ATS)** use by male and female youth in cities. It is not known how Vietnamese youth's (m/f) sexual behaviors change when using these substances.
11. There is along term need for **capacity building** of Vietnamese professional and administrators on gender issues. Currently, there are only a handful of gender experts in the country and this expertise needs to be expanded.

Work that is currently being done by different agencies: (List not comprehensive.)

1. CARE International

- Provides training on setting up Community Based Organizations and added a component on gender and sexuality to this training. CARE also works with its own staff to provide training on gender and sexuality issues. In addition, it has a 3 year project on HIV and Human Rights training in collaboration with Ho Chi Minh Political Academy. The objective is to draft a 2 year standardized course, meant for senior bureaucrats and administrators.

2. Save the Children (USA)

- Working with Ministry of Education Training (MoET) on a National Strategy for secondary school curriculum to include gender, HIV, and SRH.

3. Population Council

- Working with Central Party Science and Education Committee to organize a National workshop with provincial party officials.

4. International Organization Migration (IOM)

- Has developed a cartoon video on trafficking for youth which also has a situation that deals with HIV. This could be used with other curricula for youth mentioned. A girl who returns to her village tests herself and addresses the issues around HIV testing.

5. Swedish Development Agency (SIDA)

- Leadership training program on Sexual and Reproductive Health and Rights to be carried out in Stockholm. Gender and HIV could be integrated into this.

6. Institute for Social Development Studies (ISDS)

- Has a clearinghouse on for materials on gender, SRH, and HIV.

7. Pathfinder International

- Adapting the Integrated Counseling Curriculum for training health provider's skills in counseling in sexuality and reproductive health (Under the framework of Reproductive Health Projects)

8. National AIDS Conference to be scheduled in late 2005

- As part of the conference program, propose and plan a track and satellite meetings on gender and sexuality issues.

Recommendations for Action

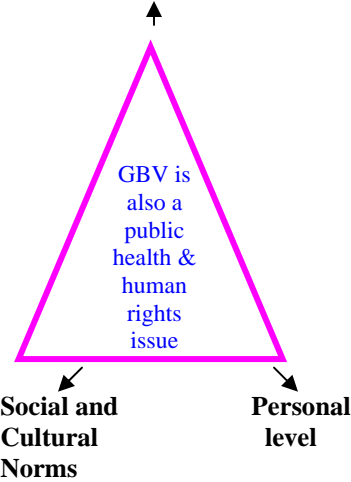
1. Create an advocacy strategy for gender role models addressing new models of masculinity and femininity.
2. Carry out advocacy activities with Head of Agencies, Ambassadors, and Government on on gender and HIV issues.
3. Advocate for donors to require a focus on gender to all proposals for funding.
4. As the National Campaign on Stigma and Discrimination is developed, take HIV+ women's needs into special consideration and include them in the campaign.

5. Hold a short retreat to develop 3-5 key advocacy messages on gender and HIV.
6. Focus on the long-term need for capacity building within Vietnamese professionals on gender issues.
7. Begin a sub-working group of the HIV Technical Working Group on Gender and Sexuality.
8. Hold follow up meetings based upon individual discussion group topics if there is continued interest. Discuss barriers and opportunities as well as priorities and next steps.
9. Advocate for special emphasis on trafficking and gender based violence in the Gender Equality Law which is currently in development.

Reports from Small Group Discussions-Annex 1

	Migration and Trafficking	Gender Based Violence¹ (GBV)	Sexual and Cultural Norms	Young Men
Key gender issues identified for each topic discussed.	<ul style="list-style-type: none"> • Women sacrifice themselves for their family “filial duty”, later marriage. • Power relations in the family are not equal, lack of negotiation ability for women • Poverty rate is higher among women than men 	<ul style="list-style-type: none"> • Women’s lower status in society, unequal power between men and women, lack of control • Social norms turning a blind eye to/accepting violence • Women try to keep “harmony” in family rather than assert their rights or seek help as victims of violence • Women often blamed for inciting men’s violence • Men’s alcohol and drug abuse related to GBV 	<ul style="list-style-type: none"> • Confucianist culture-roles of masculinity and femininity strictly defined (women are subordinate, quiet, passive, dress modestly), • Sex is dirty, shameful and shouldn’t be pleasurable for women, communism reinforced these values (work for the country, no time for private life or pleasure) • Some minority groups have more tolerant view on women’s sexuality and pre-marital sex is OK, women valued for fertility • Other minority groups values hinder women’s health- (Hmong women can only be seen without clothes by their husband, which creates problems with medical treatment for women). 	<ul style="list-style-type: none"> • Higher rates of IDU in men than women • Visit sex workers • Cultural norms of masculinity entitle men to more sexual freedom (pre-marital sex OK for men) • Feelings of invincibility (don’t feel personally at risk) • Lack of consistent condom use <ol style="list-style-type: none"> 1. not enough data/reliable data 2. cost and access not main issue 3. acceptability with sex workers and with their “primary relationship” 4. dislike of condom use- “reduced pleasure”, “smells”
How does this topic increase women’s vulnerability to HIV?	<ul style="list-style-type: none"> • Women lack sexual negotiation skills • Male migrants don’t have sufficient information and engage in high risk 	<ul style="list-style-type: none"> • Women cannot negotiate safe sex/condom use often in violent situations or when they fear violence • Increased biological risk for 	<ul style="list-style-type: none"> • Women lack ability to negotiate safe sex/condom use with partner/husband or refuse sex • Women lack information 	<ul style="list-style-type: none"> • Sex workers become infected by clients refusing to use condoms • Power relations-men dominate the relationships,

¹ For clarification the group defined the types of gender based violence: sexual harassment at the workplace, birth selection based upon sex, trafficking, sexual abuse, rape, emotional and psychological abuse, physical abuse

	<p>behaviors. When they return home, they can infect their wives.</p> <ul style="list-style-type: none"> No access to services due to “lack of legal status”/unregistered. Increased feminization of migration-women are away from family and social norms, exposure to drug use and other sexual risks Trafficking for sex work-exploitation of sex workers, forced sex/inability to negotiate condom use consistently, also violence. 	<p>HIV when women are victims of forced sex and rape.</p>	<p>about sexuality, sexual and reproductive health, HIV due to culture norms that look down on women knowing about and enjoying sex</p>	<p>women cannot negotiate condom use, safe sex</p> <ul style="list-style-type: none"> No disclosure of sex outside primary relationship Use of sex workers and lack of condom use in primary relationship Multiple sexual partners combined with lack of condom use in primary relationship
<p>How could the enabling environment be strengthened for women to exercise their rights?</p>	<p>Legal environment-</p> <ul style="list-style-type: none"> Improve the status and rights of migrants. Allow them to register and receive services (health, education, etc.) at migration point. Protection for victims of trafficking Law enforcement-recognition of trafficking as problem, enforcement of existing laws and prevention of trafficking. <p>Socio-economic-</p> <ul style="list-style-type: none"> Job creation and poverty alleviation 	<p>Policy and institutional level</p> 	<ul style="list-style-type: none"> Increase knowledge and capacity of teachers, parents and leaders on new gender roles, sexuality, SRH, and HIV Challenge social norms and stereotypes with mass media and the education system 	<ul style="list-style-type: none"> Change the disabling factors listed above in previous section Need to strengthen and enforce existing laws and policies (women’s rights law, international conventions, RH law, economic rights laws) Some of these laws exist, but how to change people’s values and decrease stigma. Evidence based advocacy Sensitization needs to be extended to entire community, not only to women on their rights.

	<ul style="list-style-type: none"> • Information and education regarding migration and trafficking to be able to make informed decisions <p>Political level-</p> <ul style="list-style-type: none"> • Capacity building of local leaders • Localize national strategies 	<p>Policy and institutional level</p> <ul style="list-style-type: none"> • Need data • Law enforcement • Improvement of legal framework and implementation <p>Social and cultural norms</p> <ul style="list-style-type: none"> • Increase public awareness and education about GBV • Mobilize public support to not tolerate/stop GBV • Decrease stigma related to GBV • Special focus on young people and gender norms <p>Individual level</p> <ul style="list-style-type: none"> • Increase access to GBV related social services (counseling, shelters, etc.) and prevention services • Increase access to legal justice • Increase coordination between social services and legal services 		
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<p>Priorities to address intersections of topic area and HIV/AIDS.</p>	<ul style="list-style-type: none"> • Planning-Integrate HIV/AIDS component into major migration and trafficking projects and creation of industrial zones • Information, education and communication at the local level-need for commitment and understanding of migration and trafficking and assisting people to make informed choices 		<ul style="list-style-type: none"> • Clearly define sexuality (doesn't = sex) in Vietnamese context and broaden the scope of the definition. Don't confine sexuality to only a health perspective. • Open discussion for young people, couples and women on sexuality, HIV, life skills and sexual negotiation • De-link social evils (sex work and IDU) with HIV • Empower women! 	<ul style="list-style-type: none"> • Protect women • Empower women through social movement and give women a space to discuss • Change stereotypes/role models (long term perspective) • Build a gender approach into life skills, sexuality (mandatory from secondary school-as a minimum)
<p>Strategies to address priorities mentioned above.</p>	<p>-</p>	<ul style="list-style-type: none"> • Raise social awareness on GBV • Create positive, non-violent role models • Break down social taboo of speaking about and confronting violence as a social and public health issue • Strengthen law enforcement on GBV and help victims access justice • Collect and use data on GBV to convince policy makers of urgency of issue • Work with providers (health, social services, and others) to strengthen community services for prevention of GBV and assistance to victims 	<ul style="list-style-type: none"> • Work with the Party and mass media to change discourse on sexuality and HIV (soap operas, journalist training, youth magazines) • Promote mandatory sexual education • Use evidence based research on sexuality for policy development, action plans 	<ul style="list-style-type: none"> • Advocacy for 100% condom use for men in high risk sexual relationships (social marketing) • Normalization of discussion about sexuality between men and women • Promote condoms as a contraceptive method in primary relationship (social marketing)

Annex 2
Gender and HIV meeting
17 March 2005

Participant List

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