

Sexual Risk Behavior of Women in Entertainment Services, Vietnam

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An increase in heterosexual HIV transmission is occurring in Vietnam, where women working in entertainment establishments as well as women in brothels may practice commercial sex. This study surveyed a cross-sectional sample of 500 women in entertainment services in the tourist city of Vung Tau in southern Vietnam in 1996. The mean age of the women was 24 years, 23% were married, and 266 (53%) reported sex during the last 12 months, of whom 70% were having multiple or casual partners (nonregular sex). Twenty-nine percent of married women were having extramarital relations; the mean number of partners during the last year was 22.5 among married women and 18.8 among unmarried women (range 2–360). The HIV prevalence among sexually active women was 0.5%. Factors associated with having more than 5 partners or nonregular sex included working in bars or coffee shops and having a high declared income (>100 USD/month), even though many received no official salary. It is likely that many of these women are practicing commercial sex. Despite the difficulty of access, these women must be targeted for condom promotion and HIV prevention services.

KEY WORDS: HIV; Vietnam; women; indirect sex workers; risk behavior.

INTRODUCTION

Vietnam is at the beginning of an increasing HIV epidemic, with 72,256 cumulative number of infections at the end of 1998 (Long *et al.*, 1998). The predominant number of HIV infections has occurred among intravenous drug users (Vietnam National AIDS Committee, 1998), but there is an increasing number of heterosexually transmitted cases, suggesting a trend similar to the initial HIV epidemic in Thailand (Frerichs *et al.*, 1995). Concern regarding sexual transmission is greatest in southern Vietnam (Thuy and Khiem, 1996; Thuy *et al.*, 1997), where 70% of all cumulative HIV cases in the country have

been reported. The HIV seroprevalence among commercial sex workers (CSWs) in the south increased from 0.8% to 5.1% from 1995 to 1998, and among STD patients the HIV prevalence rose from 0.4% to 1.8% during the same time period. The male-to-female ratio of identified infections decreased from 8.4:1 at the end of 1993 to 3.3:1 at the end of 1996 (unpublished data, Pasteur Institute, Ho Chi Minh City).

The role of commercial sex in the HIV epidemic in Vietnam has not been well studied. CSWs are defined here as women who have sex with men for money or for other benefits such as gifts or jobs. As prostitution is illegal and officially labeled a “social evil,” most studies of CSWs have been performed in education or “rehabilitation” centers where the women are sent for training and encouraged to engage in other work. Conducting community-based studies is difficult because no official census of sex establishments or brothels exists as it does in Thailand; in addition, most prostitution is thought to be conducted by street-based CSWs and women work-

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ing in entertainment services. Sex is sold in places such as "minihotels," dancing and massage parlors, beer bars, and coffee shops. Women working in these types of businesses are referred to in Vietnamese as "distinguished prostitutes" or as being in the "sex plus services" sector.

Until recently, HIV sentinel surveillance has been performed primarily among CSWs in reeducation centers, among whom the HIV prevalence in Ho Chi Minh City (HCMC) was 3.8% in early 1998 (regional data, Pasteur Institute, HCMC). Since 1998, surveillance data have also been obtained at some sentinel sites from women in the "sex plus services" sector. In Can Tho, a province in the Mekong delta, the HIV prevalence among these women in early 1998 was 1.6% compared to 9.8% among CSWs in reeducation centers. A descriptive qualitative study of practices among women selling sex in entertainment services in Ho Chi Minh City and Hanoi was carried out in 1993 (CARE International in Vietnam, 1993), but few if any other systematic studies looking at predictors of risky sex have been performed in this population.

Our study evaluated HIV risk behavior among women working in the entertainment industry in a coastal tourist city in southern Vietnam. Information on HIV and sexually transmitted disease (STD) prevalence and risk behaviors was obtained to guide future prevention measures focusing on heterosexual transmission.

METHODS

Study Design and Study Areas

We conducted a cross-sectional study between September 1996 and November 1996 in Vung Tau, a seaside tourism city in southern Vietnam. Vung Tau, also known as Cap Saint-Jacques in French, is 130 km from Ho Chi Minh City and hosts numerous entertainment services including beer and karaoke bars, minihotels, massage parlors, dancing and night clubs, restaurant bars with beer or alcohol services, coffee shops, and refreshment stands. These establishments serve Vietnamese tourists, foreigners (Taiwanese, Filipinos, Malaysians, and Europeans including French and English) and short-term workers of the petroleum companies situated in Vung Tau.

Subjects and Procedures

Entertainment and food service establishments are listed with the local Center for Preventive Medicine (CPM), which requires entertainment service workers to undergo a routine health check every year. Women were recruited for the study during this health check. Information was reviewed for 3,840 women registered as working in entertainment services in Vung Tau. Among these women, 1,540 were identified as coming into direct contact with customers as opposed, for instance, to working in food preparation. All 1,540 women received group education on HIV and STDs provided by the project staff. Following their health check and general physical examination, every third woman was asked to participate in the study until 500 women were enrolled. Enrollment took place from September 1996 to November 1996. Subjects provided verbal informed consent after an explanation of study procedures by trained project staff using a standardized format. This included an explanation of the content of the questionnaire, issues of confidentiality, and assurances that their health care would not be jeopardized if they chose not to participate or answer particular questions. Women completed an anonymous face-to-face interview administered by a trained interviewer and had a blood specimen drawn. No women refused enrollment. The questionnaire included 45 closed-ended items concerning socioeconomic and demographic factors, sexual behavior and practices, drug use, and STDs. Local physicians conducted routine gynecological exams, and interviewers administered surveys in Vietnamese. Study participants received hepatitis and syphilis testing free of charge, whereas they would usually be required to pay. All project staff had undergone training based on the results of a pilot study to evaluate operational procedures and the acceptability of questionnaire items.

Laboratories at the Center for Preventive Medicine of Vung Tau performed an agglutination test (Serodia HIV; Fujirebio Inc., Japan) and an ELISA (Genelavia Mixt; Sanofi, Diagnostic Pasteur) for detecting HIV antibodies, a VDRL for syphilis, and an ELISA for hepatitis B surface antigen (HBsAg) (MonoLisa, Sanofi). The Pasteur Institute in HCMC confirmed positive HIV tests using Western blot (New LAV Blot I and II; Sanofi, Diagnostic Pasteur) and confirmed VDRL positive results by *Treponema pallidum* hemagglutination test (TPHA, Organon). All women had a VDRL drawn, and only positive specimens were confirmed by TPHA. Specimens

were considered HIV-positive if they were found to be positive on both ELISA and Western blot testing. Women received group pretest counselling and individual HIV posttest counselling. Seropositive women with signs or symptoms of HIV disease were referred to the local hospital for follow-up. STD follow-up and treatment were according to local standards of practice.

Statistical Analysis

Data were entered at the Pasteur Institute, HCMC, using Epi-Info (version 6.0). Statistical analyses were performed at Pasteur Institute, HCMC, and at the Center for AIDS Prevention Studies at the University of California, San Francisco, using Epi-Info and SAS (version 6.12). Women were categorized as to whether they had been sexually active in the last 12 months. Among those who had a sexual encounter, women were classified as having regular sex (defined as being married or having a steady partner for 12 months or more *and* only having sex with that partner) or having nonregular sex (defined as being married or having a regular partner and having sex with someone other than their spouse or steady partner *or* as being unmarried and having a sexual relationship for less than 12 months). Subjects were also categorized as having one, two to five, or greater than five sexual partners in the last 12 months.

Primary outcome variables were considered to include nonregular sex in the last 12 months, having more than five sexual partners in the last 12 months, and always using condoms in the last 12 months. The associations between relevant sociodemographic and behavioral factors and the primary outcome variables were evaluated using the chi-square test, the Mantel-Haenszel chi-square test for trend, and Fisher's exact test. Only those variables associated with the outcome at $p \leq .08$ in bivariate analyses were included in the final stepwise multiple logistic regression models.

RESULTS

Demographic Characteristics of the Study Population (Table I)

Most women were unmarried (77%), and their mean age was 24 years ($SD \pm 5.3$, range 15–51). Half

of them were migrants who had come from outside Vung Tau, although 77% had an urban residence for more than 6 months. More than half (51%) had worked at their current employment for less than 6 months. Seventy-five percent of the women had a total monthly income of >100 USD from all sources, although 29% received no official payment from the service owner, with their income being derived from customer "tips." Receiving no direct payment from owners was most common among women working in restaurants and karaoke or hotel bars (37%), coffee shops (24%), and refreshment stands in the streets (22%).

Vung Tau is a tourist city, and 38% of women reported having foreigners as customers. Twenty-five percent of the Vietnamese customers were thought to be businessmen or traveling salesmen. The age of customers was estimated by study participants to be less than 40 years old (82%). Most women (71%) had occasional rather than regular customers. Women reported on how frequently they had customers who drank alcohol; 41% of women reported that they had customers who drank at least some alcohol and 6% of women claimed that they often (more than 50% of the time) had customers who drank. Drinking status was not necessarily correlated with type of establishment; for example, 35% of women at dancing halls reported often having customers who drank, compared to 15% of women at refreshment stands and 9% of women at restaurant bars. Thus, men could arrive at an establishment already having drunk alcohol and would not necessarily purchase the alcohol on site.

Sexual and Risk Behavior (Table II)

For the purposes of analysis, women were categorized according to their sexual histories as shown in Figure 1. A small proportion (85; 17%) had never had sex; 149 (30%) had had sex, but none during the last 12 months. Of the remaining 266 (53%) women who had been sexually active during the last year, 116 (44%) were categorized as being "married" (including 11 women who were not legally married, but had a partner for more than 12 months) and 150 (56%) as "unmarried" (including those who were single, divorced, widowed, or separated and who did not have a regular partner). The 34 married women who had had sex outside marriage in the last 12 months (29% of all married women), as well as all 150 unmarried women who had had sex in the last

Table I. Sociodemographic Characteristics of 500 Women in Entertainment Services, Vung Tau

Factor	Frequency %	Factor	Frequency %
Urban residence	77.0	Duration of current work	
Age (years)		<1 month	21.2
≤20	31.6	1 to <6 months	29.5
21–25	37.4	6 mo to <1 year	12.8
26–30	20.6	1 to <5 years	31.9
>30	10.4	≥5 years	4.6
Married/regular partner	23.2	Monthly income (USD)	
Have children	26.0	<50	9.5
Education		<100	15.9
None	5.4	≥100	74.6
Primary	27.6	Occupation of customers	
≥ Secondary school	67.0	Traders, businessmen	25.1
Preceding occupation		Office workers	12.4
Farmer	11.2	Policemen, soldiers	1.1
Laborer	6.4	Seamen	3.3
Small trader/low skill	32.2	Unknown	51.9
Office worker	5.6	Foreign customers	38.4
Student	6.8	Age of most of customers (years)	
Other ^a	26.4	<30	15.2
Unemployed	11.4	30–39	66.7
Current working place		≥40	18.1
Restaurant, karaoke, hotel	31.0	Type of customers	
Massage parlor	20.6	Regular	29.1
Wine/beer bars	13.6	Occasional	70.9
Dance club	12.6	Have customers who drink	
Coffee or refreshment shop	11.2	Often, >50% of the time	6.4
Stand	6.8	Seldom, <50% of the time	34.2
Hotel room service	3.6	Not at all	59.4

^aIncludes women who were housewives.

12 months, were considered to have “nonregular” sex. Thus, 70% of women who had had sex in the last 12 months were categorized as having nonregular sex. Unless otherwise stated, the remainder of the analysis on sexual risk behaviors (nonregular sex, number of clients, and condom use) is reported only for the 266 women who had had sex in the last 12 months. A comparison of women who had had sex in the last 12 months with those who had had sex, but not in the last 12 months, showed no significant demographic differences, except that by definition all women not having sex in the last year were currently unmarried. The 85 women who had never been sexually active, compared with the remaining sample, were more likely to be younger (22.0 vs. 24.3 years, $p < .001$); there was no difference in their place of employment.

About 19% of sexually active women had had their first intercourse at 17 years of age or younger; mean age of first sex was 19.6 years ($SD \pm 1.3$, range 12–35). The mean number of partners in the last 12 months among women having nonregular sex was 19.3 (range 1–360); 36% of these women had more

than 5 sexual partners. The mean number of partners in the last 12 months among married women having nonregular sex was 22.5 (range 2–100), and among single women having nonregular sex, the mean number of partners was 18.8 (range 1–360).

Knowledge of condoms as a means of STD prevention as well as use of condoms increased among those women who had more than five partners; condom use also increased among women with nonregular sex (Table II). Women with nonregular partners and those with more than five partners in the last year were the most likely to always use condoms (47% and 73%, respectively, $p < .001$) and the most likely to have used condoms during the last sexual encounter (91% and 46%, respectively, $p < .001$). In all categories (having a regular or nonregular sexual relationship, high or low number of partners), women were more likely than their male partners to propose condom use; this was most pronounced among women having nonregular sex and a greater number of partners. Most condoms were bought in drug stores (75%). Drug use was uncommon. No women reported injecting drugs, and only one reported using drugs by inhalation.

Table II. Condom Use and Risk Behavior Among Women Who Were Sexually Active During the Last Year (N = 266)

	Sexual relationships (%)		Number of partners last 12 months (%)	
	Regular N = 82	Nonregular N = 184	≤5 partners N = 195	>5 partners N = 63
Condom use				
Always	4.9	46.7***	21.2	73.0***
Sometimes	26.8	26.6	27.5	20.6
Never	68.3	26.6	51.3	6.4
Knowledge of condoms				
Aware of use in STD prevention	75.6	77.2	70.5	95.2***
Condom use proposed by ^a	(N = 26)	(N = 135)	(N = 94)	(N = 59)
Woman	53.9	74.8	60.6	84.8**
Partner	34.6	19.3	29.8	11.9
Both	11.5	5.9	9.6	3.4
Condom use in most recent encounter	46.2	91.1***	75.5	96.6***

^aProposed condom use evaluated only among those who had used condoms in the last 12 months.

p < .01; *p < .001.

HIV and STD Status (Table III)

Self-reported history of an STD or abnormal vaginal discharge was strongly correlated with increasing sexual activity and was most prevalent (36.5%) among women having more than five sexual partners in the last year. Women who had sexual intercourse for the first time at 17 years of age or less were also more likely to report an STD (41% vs. 22%, p < .05) (data not shown). Among women with past STDs, 40% had received no medical treatment or had self-treated (data not shown). Syphilis seropositivity (positive VDRL confirmed by TPHA) was more likely to be detected in women having nonregular sex (7% vs. 1.2%, p = .07); there was no relationship between presence of HBsAg and sexual activity. There were only two women who were HIV-seropositive; this corresponds to 0.5% of the 415 women who had ever been sexually active. Both women reported nonregular sex; one was single, and one was married.

Factors Associated with Sexual Activity and Condom Use (Tables IV, V)

We evaluated variables associated with having nonregular sex, more than five partners, and always using condoms. Women having nonregular sex were more likely to have a nonurban residence, to be less than 30 years old, to be single, to have less education, to work at bars or coffee shops, to have a monthly income >100 USD, to have worked fewer than 6 months, to receive no official payment from their employer, and to have had early first intercourse. These characteristics along with having clients who drank frequently were also significantly associated with having higher numbers of sexual partners. These relationships, although not always statistically significant, were also similar for women who used condoms consistently.

Stepwise multivariate logistic regression was used to identify those variables that were independently associated with the three primary outcome measures. These are shown in Table V. Women who had nonregular sex and multiple partners were more likely to use condoms consistently.

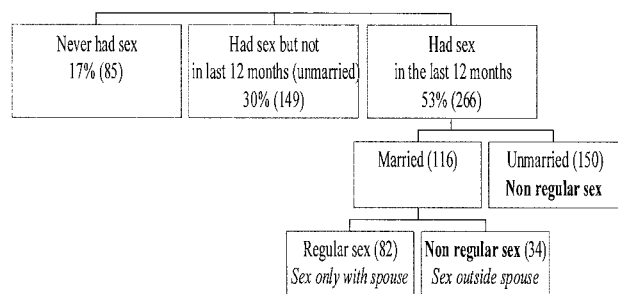


Fig. 1. Sexual behaviors of 500 study women.

DISCUSSION

We found the HIV seroprevalence to be 0.5% among sexually active women working in entertainment services in Vung Tau in 1996. This rate is comparable to the 0.6% found through sentinel surveil-

Table III. History of Sexually Transmitted Diseases and Association with Risk Behavior Among 266 Women Sexually Active During the Last Year

Characteristics	Sexual relations (%)		Number of sex partners (%)		Consistent use of condoms (%) ^a	
	Regular (82)	Nonregular (184)	≤5 (195)	>5 (63)	Yes (90)	No (140)
Abnormal vaginal discharge	12.2	27.7**	18.5	36.5**	31.1	18.6*
History of STD	13.4	32.6**	21.5	42.9**	35.6	22.9*
Syphilis (VDRL) ^b	1.2	7.1***	3.1	7.9	4.4	6.4
HbsAg	8.5	12.5	12.3	9.5	11.1	10.0
HIV	0	0.5	0.5	0	0	0.5

^aThere are fewer women in the analysis of women using condoms due to missing values.

^bWomen were screened with VDRL; positive results were confirmed by TPHA.

* $p < .05$; ** $p < .001$; *** $p = 0.07$.

lance in a similar population of women in the “sex plus services” sector in Can Tho in 1997, a province in the Mekong delta of southern Vietnam (unpublished data, Pasteur Institute, HCMC). There are few other data for comparison among women in entertainment services in Vietnam. Among CSWs in rehabilitation centers in Vung Tau, HIV infection rates found during sentinel surveys were lower than in other areas of the country (0.8% in Vung Tau in 1997 compared to 2.8% in HCMC, and 3.7% in An Giang along the Cambodian border). Nevertheless, reported prior history of an STD (32.6%) and syphilis seropositivity (7.1 %) among women having nonregular sex in our

survey were still substantial, although lower than among direct CSWs in another survey in southern Vietnam (50% prior history of STDs, 16.3% syphilis seropositivity) (Duong *et al.*, 1997; Thuy *et al.*, 1998). These findings indicate the potential for spread of HIV and STDs in this population.

We did not ask women directly whether they had exchanged sex for money, largely because the classification in Vietnam of prostitution as a “social evil” puts these women at risk for arrest or detention. Therefore, we used surrogate markers for commercial and high-risk sex, such as having nonregular and multiple partners. In our study, 70% of women having

Table IV. Demographic and Behavioral Factors Associated with Risk Behavior Among 266 Women Sexually Active During the Last Year

Characteristics	Sexual relations (%)		Number of sex partners (%)		Consistent use of condoms (%) ^a	
	Regular (82)	Nonregular (184)	≤5 (195)	>5 (63)	Yes (90)	No (140)
Urban residence	86.6	73.9*	81.0	66.7*	72.2	82.9
Age <30 years	70.7	89.1**	81.0	90.5	88.9	79.3
Unmarried	0	81.5	48.7	54.1***	80.0	43.6***
Low education ^b	18.3	49.5***	30.3	61.9***	47.8	32.9*
No children	26.8	81.0**	57.4	85.7***	80.0	54.3***
Work sites at bars or coffee shops	26.8	75.0**	49.2	90.5***	73.3	48.6***
Monthly income >100 USD	76.6	84.4	76.0	94.8**	89.0	80.8
Have worked for <6 months	21.9	62.0**	43.6	66.7***	64.4	36.4***
No official payment by the owner	5.1	48.2**	20.1	65.0***	48.8	28.1***
Have most clients <40 years old	76.9	87.7*	80.6	93.6*	90.9	83.9
Occasional customers	73.3	70.0	72.3	68.3	61.8	75.2*
Often have customers who drink	3.7	8.9	3.7	15.9***	13.5	3.7***
Age at first intercourse ≤17 years	5.1	27.5**	13.2	35.5***	28.9	17.8
Having nonregular sex	—	—	—	—	95.6	54.3***
Number of sex partners >5	—	—	—	—	52.9	12.7***

^aThere are fewer women in the analysis of women using condoms due to missing values.

^bLow education refers to primary school or less.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table V. Factors Associated with Risk Behaviors in the Last Year, by Stepwise Multivariate Logistic Analysis

Risk behavior (associated factors) ^a	Adjusted OR (95% CI)
Nonregular sex (<i>N</i> = 230)	
No children	12.10 (5.62, 26.05)
Having worked for less than 6 months	3.24 (1.37, 7.66)
No official payment from the owner	8.29 (2.48, 27.80)
Age at first intercourse ≤17 years old	4.04 (0.92, 17.66)
High number of sex partners, >5 (<i>N</i> = 221)	
Being single	3.99 (1.66, 9.60)
Low education (none, primary school)	2.62 (1.21, 5.64)
Working at beer bars or coffee shops	8.72 (3.10, 24.50)
High monthly income, >100 USD	8.45 (2.29, 31.11)
Have customers who drink often	5.32 (1.40, 22.31)
Consistent condom use (<i>N</i> = 192)	
Having worked for less than 6 months	1.79 (0.91, 3.52)
Often have customers who drink	5.53 (1.16, 26.41)
Nonregular sex	10.08 (3.24, 31.39)
More than 5 sex partners in the last 12 months	3.11 (1.51, 6.40)

^aVariation in *N* due to missing values.

sex in the last year had nonregular partners. Among both married and unmarried women in this group, the mean number of partners was close to 20 during the previous year, and some women had up to 360 partners. Having nonregular sex was associated with an increased history of STDs ($RR = 2.4$) and of syphilis seropositivity ($RR = 5.8$). In addition, many women declared a monthly income of more than 100 USD, greater than the usual income of a salaried employee, despite not receiving any payment by the owner of their establishment. High income was associated with increased risky behaviors and was independently associated with greater numbers of partners, both of which support the likelihood that many of these women were selling sex. Although this may be the case, we do not imply that all women in these establishments are engaging in commercial sex or that all services employ sex workers.

The indirect sex trade has been well described in Thailand and to some degree in Vietnam (Brugemann *et al.*, 1995; CARE International in Vietnam, 1993; Weninger *et al.*, 1991; Wilke and Kleiber, 1991). In neighboring Cambodia, a behavioral study among “beer girls” showed that 21% of women were having sex with their customers (Phalla *et al.*, 1997). Beer girls were defined as women who serve beer or wine in bars. They often talk with clients and invite them to drink as much as possible; this part of their job is often required by the service owner. Indirect sex workers have been described in other studies as cater-

ing to more affluent clients, including foreigners. In our survey, many women reported having traders or businessmen, who are more likely to be wealthy, as sex partners. The potential for spread of HIV and STDs among these women is compounded by the fact that many are quite mobile. The establishments in this survey employed women who were largely young (87% were <30 years of age), came from other areas of the country (50%), and had worked in the current services for less than 6 months (>50%). The clandestine nature of the sex work may encourage women to migrate from their homes to obtain additional money and anonymity. Another study in Thailand estimated that indirect CSWs changed work sites every 3–4 months (Khananukornkun *et al.*, 1989).

Much concern has been raised in southeast Asia about the spread of HIV and STDs from male clients of sex workers to their spouses and then to the general population. However, it is also possible that female CSWs can place their own spouses at risk. This study and others reveal that women who engage in sex work to supplement their income are often married, and this may be particularly true for indirect sex workers. Here, 19% of women having nonregular sex and 16% of those with more than five sexual partners were married. Other studies have shown that up to 39% of direct CSWs also have steady partners (Brugemann *et al.*, 1995; Thuy *et al.*, 1998). Surveys of the general population of women in Vietnam (Goodkind *et al.*, 1997) and Thailand (Sittirai *et al.*, 1991, 1992) have reported lower rates of extramarital relations or multiple partners among women in a comparable age group than those in our study. In the Vietnamese survey (Goodkind *et al.*, 1997), the mean number of partners was 1.2 in the last year among married women and 6.5 among unmarried women. In the Thai survey, 29% of married women had additional partners. The mean age of first sexual intercourse reported here, however, is comparable to the general female population in Vietnam (19.5 years of age) (Nhan and Hang, 1996) and Indonesia (20 years of age) (Merati *et al.*, 1997).

A major factor independently associated both with having nonregular sex and a high number of sexual partners was working at bars, coffee shops, or refreshment stands. Bars are popular places for men coming with friends to pick up casual sexual partners, and “blue light” coffee shops in Vietnam have also been linked to commercial sex work (Thuy *et al.*, 1999). One survey of these services reported that many owners fear that without women there would be few if any customers (Care International in Viet-

nam, 1994). We also found that the drinking status of clients, independent of the type of establishment, was related to higher numbers of sexual partners among study women. This is consistent with many other studies (Ambwani and Gilada, 1998; Celentano et al., 1993; MacQueen et al., 1996; Merati et al., 1997; Quintana et al., 1998; Vanlandingham et al., 1993) that have shown a relationship between alcohol use and commercial sex.

Condom use was most prevalent among the women in this study who were more sexually active, and 48% of women having nonregular partners reported using condoms consistently in the last year. We do not have separate data, however, for condom use with regular partners or spouses compared to casual partners. Overall, these rates of condom use are encouraging, although not adequate, and are similar to the 35% consistent condom use reported among direct CSWs in southern Vietnam (Thuy et al., 1998). Experience in Thailand has shown that with intense condom promotion, 89% of indirect sex workers used condoms with paying clients (Mills et al., 1997) compared to 18% with nonpaying clients. This is in contrast to Cambodia (Phalla et al., 1997), where the opposite situation was found to exist. In a study of beer girls, only 15% used condoms with clients, compared to 53% with boyfriends.

The large proportion of women working in the food and entertainment industry in Vietnam, many of whom may have multiple sexual and nonregular partners, underscores the need to target this group for HIV and STD prevention efforts. Despite the clandestine and indirect method of sex work practiced by these women, which makes accessing them more difficult, it is important not to neglect their role in HIV control. These women and their customers should be targeted for condom promotion and education before we see a rise in HIV infection rates with spread to infants and spouses.

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