



Policy Brief

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HIV/AIDS-RELATED STIGMA AND DISCRIMINATION IN VIETNAM LEGAL AND POLICY FRAMEWORK IMPROVED BUT PROBLEMS REMAIN

Vietnam's legal and policy framework on HIV/AIDS-related stigma and discrimination has been dramatically strengthened in recent years. The Law on HIV/AIDS Prevention and Control took effect in 2007, prohibiting all major forms of stigma and discrimination based on HIV status. A Decree on Administrative Sanctions in Preventive Health Care, Health Care Environment and HIV/AIDS Prevention and Control was developed with the assistance of USAID/Health Policy Initiative (USAID/HPI)¹. This decree, which promulgated on August 8, 2011 and took effect on October 1, 2011, specifies penalties for committing acts of prohibited discrimination.

In 2010, USAID/HPI carried out the first national survey of people living with HIV (PLHIV) regarding HIV/AIDS-related stigma and discrimination in Vietnam. One year later, in 2011, the Stigma Index Survey in Vietnam was conducted by the Vietnam Network of People Living with HIV/AIDS (VNP+), with support from UNAIDS and the German International Development Agency (GIZ).

Comparison of selected results from these two surveys revealed that, **despite strong legal provisions, stigma and discrimination based on HIV status and related risk factors such as drug use, sex work, and men having sex with men remain serious problems in the country**. Such stigma and discrimination not only harm PLHIV and their families, but also threaten the effective implementation of prevention, care, and treatment programs by discouraging participation of PLHIV and most at risk populations (MARP) in these programs for fear of status disclosure and resultant mistreatment.

THE TWO SURVEYS ON HIV-RELATED STIGMA AND DISCRIMINATION

The **USAID/HPI survey** (with additional support from USAID's Health Systems 20/20 project) was conducted in 2010 three years after the HIV/AIDS law took effect with the intent to produce the first national estimates of stigma and discrimination in Vietnam. For this survey, 1,200 participants who are PLHIV in 17 provinces were selected from the list of Provincial AIDS Centre (PAC) using systematic sampling. Patients were drawn from the regions used to generate Vietnam's Estimation and Projection Package (EPP) estimates². Focus group discussions with men and women were also conducted in the seven PEPFAR focus provinces including Hanoi, Hai Phong, Quang Ninh, Ho Chi Minh City (HCMC), Can Tho, An Giang, and Nghe An. Data collection was carried out from July to November 2010^{3,4}.

¹ This initiative is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and President's Emergency Plan for AIDS Relief (PEPFAR). The author's views expressed in this publication do not necessarily reflect the views of the USAID or the United States Government.

² The 17 provinces were: Can Tho, Ho Chi Minh City, Hanoi, Hai Phong, Nghe An, Yen Bai, Bac Ninh, Quang Nam, Nam Dinh, Ha Tinh, Lam Dong, Ba Ria/Vung Tau, Dong Thap, Thai Nguyen, Quang Ninh, Khanh Hoa, and An Giang.

³ Messersmith L and Semrau K. (2011) Report of the national study of the levels and types of discrimination against people living with HIV/AIDS in Vietnam. Hanoi and Boston: USAID/HPI, Boston University, CCRD, CCIHP;

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Data collection for the **Stigma Index (SI) survey in Vietnam** was conducted from November to December 2011 in 5 provinces: Can Tho, HCMC, Hanoi, Haiphong, and Dien Bien. This survey also covered 1,200 OPC patients. In addition, “snowball” samples of people who inject drugs (PWID), sex workers (SWs), and men who have sex with men (MSM) were surveyed, with one of these groups covered in each of three provinces.⁵

There are some useful insights to be drawn from a comparative analysis of the two surveys. Comparisons presented here are based on data from the four provinces included in both surveys - Can Tho, HCMC, Hanoi, and Haiphong – as well as on the full sample data. Table 1 compares the sample demographics in the four common provinces.

Demographics of Survey Samples		
	USAID/HPI Sample (2010)	SI Sample (2011)
Gender	~60-40% Male-Female	
Age	Majority 30 – 39 years	
Marital Status	~50% married	
Divorced Women	~30%	
Rural	60%	20%
Ethnic Minority	6%	15%

Table 1: Demographics of survey samples

Type of Discrimination	USAID/HPI sample: 2010 (max. n=507)			SI sample: 2011 (max. n=1,012)		
	Men (%)	Women (%)	Total (%)	Men (%)	Women (%)	Total (%)
Experienced any discrimination	46%	46%	46%	28%	39%	32%
Denied health care	1%	2%	1%	3%	3%	3%
Children denied education	0%	6%	3%	1%	4%	2%
Lost job	6%	4%	5%	0%	1%	1%
Lost home/forced to move	2%	6%	3%	2%	3%	2%
Counseled against having children/abstinence	35%	34%	35%	23%	31%	26%
Sterilization advised	3%	5%	3%	2%	3%	2%

CHANGING PATTERNS OF STIGMA AND DISCRIMINATION

Table 2, based on comparison of the OPC samples in the four common provinces, shows results from the two surveys on major types of discrimination.

There were statistically significant reductions ($p < 0.001$) in reported experience of any discrimination, of losing a job due to HIV status, and of being counseled against having children.

Still, the reported rate of experiencing some types of

Table 2: Experience of stigma discrimination: Can Tho, HCMC, Hanoi, Haiphong

discrimination remained relatively high. Reportedly being denied health care increased slightly, although the percentages reporting this were very small in both surveys.

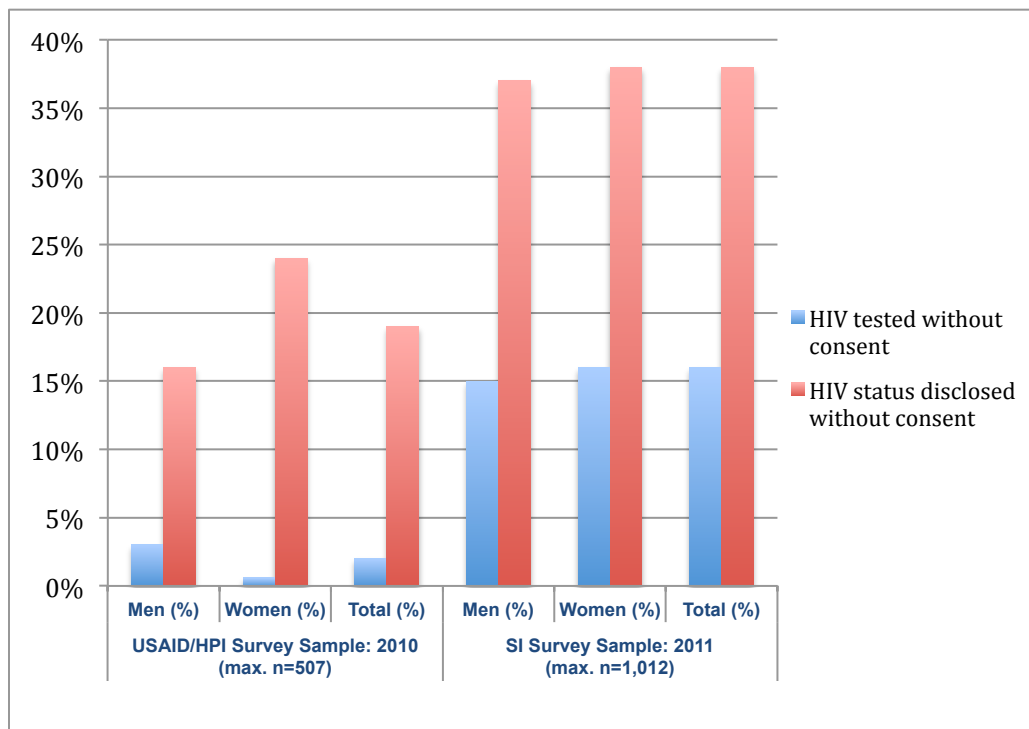
⁴ Messersmith LJ, Semrau K, Hammett TM et al. (2012) ‘Many people know the law, but also many people violate it’: discrimination experienced by people living with HIV/AIDS in Vietnam – results of a national study. *Global Public Health*, DOI:10.1080/17441692.2012.721893

⁵ VNP+ (2012). The Stigma Index survey in Viet Nam. Hanoi: VNP+.

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Particularly of note in the 2011 SI survey, **larger percentages of women than men reported discrimination** compared to a more equal distribution in the 2010 survey. Comparison of results from the full samples in both surveys generally revealed higher percentages of PLHIV reporting discrimination than in the analysis limited to the four common provinces.

As shown in Chart 1, **testing without consent and unauthorized disclosure of HIV status and other violations of confidentiality remained common.** Regarding testing without consent, comparisons are more challenging because of differing questions in the two surveys. Unauthorized disclosure of test results increased significantly from 19% to 38% between the two surveys ($p < 0.001$).



SEEKING LEGAL ASSISTANCE

Both surveys revealed that very few people who reported discrimination sought any legal assistance or pursued legal redress, despite the existence of penalties and sanctions for prohibited acts of discrimination.

In the SI survey, almost 30% of those not seeking legal redress said that they had little confidence that such action could be successful.

Chart 1: Testing/Disclosure of HIV status without consent: Can Tho, HCMC, Hanoi, Haiphong

STIGMA IN THE COMMUNITY

As shown in Table 3, results from the SI survey in the four common provinces show that **community stigmatization of PLHIV, and of members of MARP groups, continues to be prevalent.**

Insult, physical assault, and stigma related to MARP status were more commonly reported in the Stigma Index survey’s supplemental snowball sample of PWID (Dien Bien only), sex workers (Hanoi only), and MSM (HCMC only) than in the OPC sample. Patterns were similar in the full five province SI survey.



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Type of Discrimination	SI OPC sample: 2011 (max. n=1,012)			SI snowball sample: 2011		
	Men (%)	Women (%)	Total (%)	PWID (%) Dien Bien (n=219)	SW (%) Hanoi (n=148)	MSM (%) HCMC (n=136)
Aware of gossip	32%	33%	32%	37%	49%	49%
Verbally insulted	4%	8%	6%	8%	31%	19%
Physically assaulted	2%	4%	2%	1%	21%	4%
Stigma due to injecting drug use	71%	14%	53%	97%	n/a	n/a
Stigma due to sexual orientation	2%	1%	2%	0%	n/a	90%
Stigma due to sex work	2%	4%	3%	1%	97%	n/a
<i>n/a = Data not available because questions were not asked.</i>						

Table 3: Stigma measures from 2011 SI OPC and snowball survey samples

PERSISTENT STIGMATIZATION

The focus group discussions conducted for the USAID/HPI survey confirm these findings, suggesting that while some forms of overt discrimination may have receded, more subtle - but just as harmful - stigmatization persists. This demonstrates the changing nature of stigmatization for PLHIV in Vietnamese communities.

According to a female participant in a focus group discussion in Quang Ninh: ***“If they say something directly, we will have evidence. But now that they speak very subtly, it is difficult for us to fight.”***

The SI OPC survey revealed significant stigmatization of PWID, reflecting the fact that many of the people in this sample are PWID. Reported stigmatization of injection drug use, sex work, and homosexuality was nearly unanimous in the snowball samples of these respective groups. **It is clear that so-called “double stigma” for HIV and risk factors are common.** This adds further to the difficulties faced by those people experiencing discrimination, and also creates further challenges for the programs seeking to reach them with services. Several other studies in Vietnam have also identified similar problems of stigma and discrimination inhibiting HIV/AIDS service delivery⁶⁷

⁶ Rudolph AE, Davis WW, Quan VM et al. Perceptions of community and family level IDU and HIV related stigma, disclosure decisions and experiences with layered stigma among HIV positive injection drug users in Vietnam. *AIDS Care* 2012;24:239-44. Doi:10.1080/09540121.2011.596517.

⁷ Thanh DC, Moland KM, Fylkesnes K. Persisting stigma reduces the utilization of HIV-related care and support services in Vietnam. *BMC Health Services Research* 2012;12:428. <http://www.biomedcentral.com/1472-6963/12/428>.

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RECOMMENDATIONS

The prevalence and persistence of stigma and discrimination against PLHIV and MARP members led both study teams to make similar recommendations. These include the following:

- Increased dialogue among government, civil society organizations, and other stakeholders on further improvements to the legal and policy framework on HIV/AIDS-related discrimination;
- Expanded education and training on the legal provisions regarding stigma and discrimination for policy makers, law enforcement officers, legal aid staff, health and social service providers, employers, PLHIV, civil society organizations, and the general public;
- Improved collaboration among agencies and sectors in enforcement of the legal prohibitions against, and penalties for, acts of discrimination, HIV testing without consent, and unauthorized disclosure of HIV/AIDS-related information.
- Improved legal services for people suffering discrimination related to their or their families' HIV status or MARP membership;
- Improved protections regarding confidentiality of HIV-related information;
- Elimination of HIV testing without consent;
- Protection of reproductive rights, including the right of PLHIV to bear children safely; and
- Monitoring of the implementation of the HIV/AIDS law and related regulations with the increased involvement of PLHIV and MARPs, including additional surveys of stigma and discrimination among PLHIV and MARP members.

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