BEHAVIORAL SURVEY OF MALE CLIENTS OF FEMALE SEX WORKERS ACROSS SEVEN PROVINCES IN VIETNAM

VIETNAM REPORT 2009

TABLE OF CONTENTS

RESEARCH TEAM 2

ACKNOWLEDGEMENT 3

EXECUTIVE SUMMARY 4

Key findings 4

BACKGROUND 7

Research objectives 8

Methodology 8

Profile of male clients in the study 11

Sex-related risk behaviors 13

Segmentation analysis: Factors influencing consistent condom use 19

Use of HIV testing and VCT services 21

Exposure to program interventions 22

Evaluation of exposure to project interventions 25

Conclusions and programmatic recommendations 27

Annex A: Sample size requirement 29

Annex B: Questionnaire 30

Annex C: PSI behavior change framework 39

Annex D: Analysis process and syntax structures 42

Annex E: Statements used for ‘safe sex worker’ scaled construct 44

RESEARCH TEAM

Study design, field supervision, data analysis and report writing

Vu Ngoc Khanh

Duong Le Quyen

Le Linh Chi

Gary Mundy

Yasmin Madan

Field data collection and Training Support

Consultation of Investment for Health Promotion (CIHP)

ACKNOWLEDGMENTS

The research presented in this report was supported by United States Agency for International Development (USAID) under the “Social Marketing Prevention and Supportive Services in Vietnam” Project, implemented by Population Services International (PSI), Vietnam. This study was conducted by PSI. PSI’s research partner, Consultation of Investment in Health Promotion (CIHP) provided the training, supervision, and oversight of the data collection process. The PSI/Vietnam program and research team in close consultation with Gary Mundy, South East Asia Regional Researcher, finalized this report.

We would like to acknowledge our partners from the Provincial Health Department (PHD) in Hai Phong and Provincial AIDS Centers (PAC) in Hanoi, Quang Ninh, Nghe An, Ho Chi Minh City, Can Tho and An Giang for their support and assistance for the program. Findings from this study will be used to inform the Comprehensive HIV prevention activities targeting male clients of female sex workers implemented by PSI in partnership with PHD and PACs in seven project provinces. We would also like to acknowledge the men who participated in this study for their time and willingness to openly share their experiences. In addition, we would like to acknowledge the owners of entertainment establishments who provided support for the data collection process.

We would specifically like to thank the United States Agency for International Development (USAID) for its financial support of this research and publication through the U.S. President’s Emergency Plan for AIDS Relief.

Yasmin Madan
Country Representative
PSI Vietnam

EXECUTIVE SUMMARY

Between June and July 2009, PSI Vietnam, in partnership with Consultation for Investment in Health Promotion (CIHP) conducted a survey of male clients of female sex workers, across seven President's Emergency Plan for AIDS Relief (PEPFAR) priority provinces in Vietnam (Ho Chi Minh City, Hanoi, Hai Phong, Quang Ninh, An Giang, Nghe An and Can Tho). Behavioral and other data relevant to HIV risk were collected, together with a wider range of social and demographic information.

Data was collected via individual face-to-face interviews, using a structured questionnaire. The survey was conducted with a probability sample of men selected from entertainment venues where PSI outreach interventions have been operating since 2007.

A total of 1,602 male clients were interviewed for the behavior survey. 'Male client' was defined as men aged 18-40 who reported having had commercial sex ¬in the three months prior to taking part in the survey.

KEY FINDINGS

1 A high proportion of men in targeted intervention sites report sex with sex workers in the last three months.

39.1% of men aged 18-40 reported having had commercial sex in the past three months. This ranges from a high of 60.9% in Nghe An to 31.0% in Quang Ninh. In the large urban populations of Ho Chi Minh City and Hanoi, the estimates are 34.5% and 41.2% respectively. This figure is likely to be higher if the time period for reported commercial sex is increased.

Male clients also reported high frequency of sex with female sex workers, with an average of 5.6 times over the past three months; 25.9% of men reported that they were regular clients of at least one of the sex workers that they had sex with.

2 There is potential to increase consistent condom use with female sex workers. Although overall condom use is high, the risk of inconsistent use increases as the frequency of commercial sex increases.

13.2% of male clients in the study reported inconsistent condom use with female sex workers over the past three months. This estimate varies across provinces, from a high of 23.3% reporting inconsistent condom use in An Giang, to a low of 7.4% in Hai Phong.

In the large urban centers of Hanoi and Ho Chi Minh City, where a large proportion of male clients reside, consistent condom use was reported as being 89.1% and 86.4% respectively.

The proportion of male clients reporting consistent condom use declines with increased frequency of sex with female sex workers. Among men who reported having commercial sex at least 10 times in the past three months, almost a quarter (24%) reported inconsistent condom use.

3 Multiple partnering is common among men who have are having sex with female sex workers.

One fifth (20%) of male clients in this study reported having had sex with only a female sex worker within the past three months. The overwhelming majority of men (80%) reported having had sex with at least one other partner type in the past three months. 56% reported having had sex with a regular partner, as well as commercial partners; 17% reported having had sex with a casual partner, as well as their regular and commercial partners.

On average, male clients reported having sex six times with female sex workers in the past three months, 19 times with regular partners (among men with regular partners) and five times with casual partners (among men with casual partners).

4 Even with high levels of reported multiple partnerships; consistent condom use in non-commercial sex is low.

There are no significant differences in consistent condom use with female sex workers between male clients who have only had commercial sex in the last the months and male clients who have also had sex with other partner types.

Consistent condom use with sex workers is around 85% to 90%. Consistent condom use with regular partners is very low, with around one fifth of male clients (21%) reporting consistent use in the past three months. Three quarters of male clients (75%) report consistent condom use with casual partners in the past three months.

5 The overwhelming majority of commercial sex is taking place in hotels and guesthouses.

Whilst men report accessing female sex workers in a number of different ways and across a range of locations, the overwhelming majority of sex is reported as taking place at hotels and guesthouses (86.1% of all commercial sex in the past three months).

Whilst 16.1% of male clients reported accessing sex workers in massage parlors, and 14.1% in karaoke bars, the proportion of male clients that report having sex with sex workers in these locations are very low, only 7.7% and 2.9% respectively.

6 Less than half of male clients have been tested for HIV and know their HIV status, and only a minority have accessed voluntary counseling and testing (VCT) services.

40.0% of male clients reported having been tested for HIV (39.1% tested and received results). Only 12.7% reported having ever accessed VCT services with 8.6% using VCT services in the past year.

7 The project's mass media campaigns promoting condom use and VCT services are reaching almost three quarters of male clients. Provincial outreach teams have engaged around 20% of male clients.

71% of male clients in the study reported having seen the Know When To Play: Know When To Stop (Vui Co Chung, Dung Dung Luc) condom promotion campaign. Around two thirds (63%) of these reported

seeing the campaign on billboards, around one third (35%) in newspapers and one third (30%) reported seeing it on the Internet.

A similar proportion (72%) reported having seen PSI's Chan Troi Moi campaign promoting VCT services. One fifth (19%) of male clients in the study reported contact with the Provincial Health Department/Provincial AIDS Committee male client outreach teams promoting both of these campaigns.

A little more than a quarter (27.6%) proportion of male clients were not reached by any communication channel used in the program – either outreach or mass media.

8 There is a strong association between consistent condom use with sex workers and exposure to program activities (mass media, outreach, informational and educational communication materials)

Male clients who reported contact with the provincial outreach teams and who had been exposed to the mass media campaign were significantly more likely to use condoms consistently with female sex workers (FSWs) than male clients who reported no exposure. 98% of male clients who reported five or more outreach contacts were consistent condom users with female sex workers. This compares with 77% of male clients with no exposure to the media campaign and no outreach contact. Even male clients with only one outreach contact, when exposed to the media campaign, showed a significantly higher proportion of consistent condom use compared with male clients with no campaign exposure and no outreach contact (87% compared with 77%).

9 There is a strong association between exposure to the Chan Troi Moi campaign and use of VCT services. Contact with outreach further increases uptake of VCT services.

Male clients who had frequently seen the Chan Troi Moi VCT mass media campaign were significantly more likely to have accessed VCT services compared with male clients who had not seen the campaign (10.8% for those with campaign exposure compared with 6.3% with no exposure). Differences in VCT access in the past 12 months were also significant: 7.2% for male clients exposed to the media campaign, compared with 3.8% among those who were not.

Use of VCT services was much higher among male clients who had contact with the provincial outreach teams. Of those with outreach contact and mass media exposure, 18.4% reported having used VCT services, compared with 6.3% of men with no outreach contact and no campaign exposure through mass media.

BACKGROUND

Male clients of female sex workers account for more new HIV infections in Vietnam than any other group. Between 279,000 and 558,000 male clients are estimated to be regular clients of sex workers across the seven PEPFAR provinces in Vietnam[1]. These male clients pose a substantial risk of transmission of HIV and sexually transmitted diseases (STIs) to their regular sex partners. A recent report concluded that 'a stabilizing 2% prevalence among sex clients from 2007 implies a steady rate of new infections' [2]

The number of male clients who have sex with sex workers makes interventions with male clients of sex workers strategically important. Preventing HIV transmission among clients of sex workers will also reduce the growing HIV incidence among their partners and children. By including male clients in the HIV response, this project ensures a gender-based approach that does not limit the responsibility of HIV prevention with sex workers alone.

With funding from USAID, PSI Vietnam is implementing a five-year, US$15.5 million project in partnership with the Government of Vietnam (GoV) that supports the PEPFAR five-year strategy. The primary goal of this project is to reduce HIV prevalence among most-at-risk populations (MARP) – sex workers (SW) and their clients, injecting drug users (IDU) and men who have sex with men (MSM) – by promoting HIV related commodities and services, increasing the adoption of safer behavior practices, and reducing the initiation of drug use. PSI uses evidence-based techniques to develop customized interventions to address HIV prevention needs of MARP groups. This project is designed to enhance the capacity of Government and local partners by integrating social marketing and behavior change communications techniques into HIV prevention programs. PSI provides technical assistance to a wide network of peer educators and outreach workers in high HIV prevalence provinces.

PSI, in partnership with Provincial Government Agencies (Provincial Health Departments (PHD) and Provincial AIDS Committees (PAC)) launched a branded program, ***Vui Co Chung, Dung Dung Luc*** ("Know When to Play, Know When to Stop") designed to increase personal risk perception and promote safer sexual behavior among male clients. As identified in the 'Behind the Pleasure' qualitative study conducted by Family Health International, male clients often congregate in entertainment establishments (*bia hoi* and *quan nhau)* before visiting sex workers. PSI and its partners used an integrated behavior change communication approach to promote safer sexual behaviors and the use of HIV prevention products (male condoms) and services (VCT) among male clients of sex workers, using a range of communication channels to deliver HIV prevention messages that included mass media, community events and small group outreach activities in entertainment establishments. This program is an example of strong local partnerships (with the provincial government agencies, local research and training agencies) and international partnerships (Save the Children).

Outreach workers use a range of tools and materials to engage male clients in discussions about their risk behavior and decisions to use condoms.

In addition to promoting condom usage through targeted behavior change communication activities, PSI increases condom availability in hot zones for MARP, including non-traditional outlets such as guesthouses, hotels, street vendors, cafes, etc. ***Number One*** male condoms are priced to ensure affordability among male clients and long-term sustainability within private sector channels. PSI also collaborates with USAID and the Vietnam Administration for HIV/AIDS Control (VAAC) to provide technical assistance to PEPFAR partners related to free condom distribution in Vietnam.

[1] Viet Nam HIV/AIDS Estimates and Projections 2007-2012, MOH/VAAC, 2009
[2] Viet Nam HIV/AIDS Estimates and Projections 2007-2012, MOH/VAAC, 2009

PSI promotes the use of free and confidential HIV counseling and testing services for MARP through its ***Chan Troi Moi*** ("New Horizon") campaign. Campaign support for 62 VCT sites in seven provinces includes mass media channels such as billboards in high-risk sites, online media to reach male clients and direct marketing strategies for SW and MSM.

RESEARCH OBJECTIVES

The study was commissioned with the following objectives:

- Build upon the existing knowledge base about male clients of sex workers
- Establish a social and demographic profile of male clients of sex workers
- Understand patterns of behaviors relating to sex with sex workers, casual and regular partners
- Track current levels of consistent condom use in high risk relationships
- Identify behavioral determinants of consistent condom use with sex workers among male clients
- Determine levels of HIV testing and use of VCT services
- Evaluate the reach and the impact of the male client intervention

METHODOLOGY

STUDY SITES

Seven provinces and cities were selected for this study: Hanoi, Hai Phong, Quang Ninh, Ho Chi Minh City (HCMC), Can Tho, An Giang, and Nghe An. The sample size from each site was proportionate to the estimated male population in intervention districts in each city (Table 1).

In total, sampling was conducted in 20 Districts across the seven cities/provinces (Table 2). These Districts are predominantly urban, and reflect the key areas where male clients of female sex workers congregate and where the project's outreach teams are working with these male clients.

Sampling was conducted at beer halls and popular restaurants, referred to as a whole as entertainment establishments (EEs). Screening information showed that these venues represented the most efficient way of reaching the male client population. A large proportion of the target group visit these venues, with screening data suggesting that more than four out of 10 male clients approached in these venues to participate in the study reported they had sex with a commercial sex worker in the last three months.

There are no other venues or locations where such a high proportion of the target group congregate and which allow for a probability sample to be collected and for the administration of a face-to-face interview using a structured questionnaire. Household sampling is clearly inappropriate for this target group, given the nature of the information that is being collected. Previous attempts by PSI and local research agencies to conduct a pilot test to sample from the hotels and guesthouses where the majority of commercial sex takes place and also other entertainment establishment venues such as karaoke and massage parlors have not been successful. Access is often a problem and refusal rates are very high.

Table 1: Male population estimates across intervention Districts

Province	Male population at intervention districts (General Statistic Office 2004)	Sample size
Hai Phong	264,062	205
Quang Ninh	98,097	100
Hanoi	623,621	484
HCMC	581,087	451
Can Tho	187,834	146
An Giang	129,414	101
Nghe An	114,766	100
Total	**1,998,881**	**1,587**

Table 2: Intervention Districts from which sample was taken

Hai Phong	Ha Noi	Quang Ninh	HCMC	Can Tho	An Giang	Nghe An
Le Chan	Cau Giay	Ha Long	Quan 10	Ninh Kieu	Long Xuyen	Vinh city
Ngo Quyen	Hai Ba Trung	Bai Chay	Quan Tan Binh	Binh Thuy		
Hong Bang	Thanh Xuan		Quan 5	Cai Rang		
Hai An	Ba Dinh		Quan Binh Thanh			
	Dong Da					

STUDY POPULATION AND INCLUSION CRITERIA

The study population was male clients aged 18 to 40 years old who reported having sex with female sex workers in the last three months and resident for at least the past six months in the province where they were being sampled.

SAMPLING APPROACH AND SAMPLE SELECTION PROCESS

A representative sample of the target population living in priority program areas was drawn. Stratified two-staged cluster sampling was used to recruit study participants. The sampling process was conducted independently for each province and venues were selected from PSI's own mapping work.

Venues were included in the sampling frame if they had received at least two visits from outreach teams and if they had a minimum of at least 20 customers on most days.

The data collection was done in the early evening, the peak time for having large groups of men frequenting the venues. Venues were chosen systematically using probability proportional to size (PPS), based on each venue's average number of customers per day. Within each selected venue, a fixed number of respondents were recruited. This procedure ensured that a self-weighted sample from the study population would be obtained.

SAMPLE SIZE

A sample size of 1,602 male clients of female sex workers at entertainment venues was established for this study. It is the minimum number of male clients, using the assumptions outlined in **Annex A**
Data Collection

A structured questionnaire was used to collect data, including modules in the following areas: population characteristics; commercial sex and consistent condom use with commercial, regular and casual partners; opportunity, attitude and motivation factors that may act as determinants of consistent condom use or of uptake of VCT services. A copy of the questionnaire is included in **Annex B**.

Data from formative qualitative studies and/or input from researchers and programmers were used to modify scaled questions and other context-specific questions.

The questionnaires were back-translated into English/Vietnamese and were pre-tested by conducting approximately 100 interviews with male clients of sex workers in Hanoi and HCMC in a pilot survey. These male clients were excluded from participation in the study. The pre-test was used to check for question comprehension and procedures for conducting interviews. It was also used to revise the questionnaire based on the following points: ease or difficulty of statements, comprehension, confidence in response, level of discomfort and social desirability.

All participants gave informed consent before interviews were conducted. After completing the interview, the interviewee received an incentive of 70,000 VND (Vietnam Dong), which is the equivalent of roughly US $4. Interviews took approximately 30 minutes to complete.

SCREENING SUMMARY AND REFUSALS

Across all study sites:

- A total of 7,526 men were approached to participate in the study;
- 5,485 of these (73%) agreed to be screened. 4,497 (82%) of these met the demographic criteria.

Of the 4,497 that met the demographic criteria, 39% reported having had commercial sex with a sex worker in the past three months

All respondents that met the screening criteria were taken through the informed consent process (see script in Annex B). Of these, 94% gave their consent to be interviewed for the survey, a refusal rate of only 6%.

An incentive of 100,000VND was paid to each participant upon successful completion of the questionnaire.

ANALYSIS CONDUCTED

Analysis for this study was informed by PSI's Behavior Change Framework (Annex C). The framework links behavior to a series of underlying factors grouped together under three headings: 'Opportunity', 'Ability' and 'Motivation'.

Understanding the prevalence of the behaviors of interest, together with an understanding of the key factors driving these behaviors, as well as information on program reach, provides information to shape and inform future program activities.

Frequencies and Crosstabs were used to produce the tables presented. All significance testing is conducted using univariate analysis of variance (UNIANOVA). For 'segmentation' analysis to identify factors related to consistent condom use, a combination of Exploratory Factor Analysis (EFA), reliability testing, logistic regression and UNIANOVA was conducted, using study design variables as controls.

For Evaluation tables, UNIANOVA is used to produce estimates, using study design and key population characteristics as controls.

A detailed overview of analysis techniques used throughout this report and how they combine together to produce the tables presented, is in Annex D

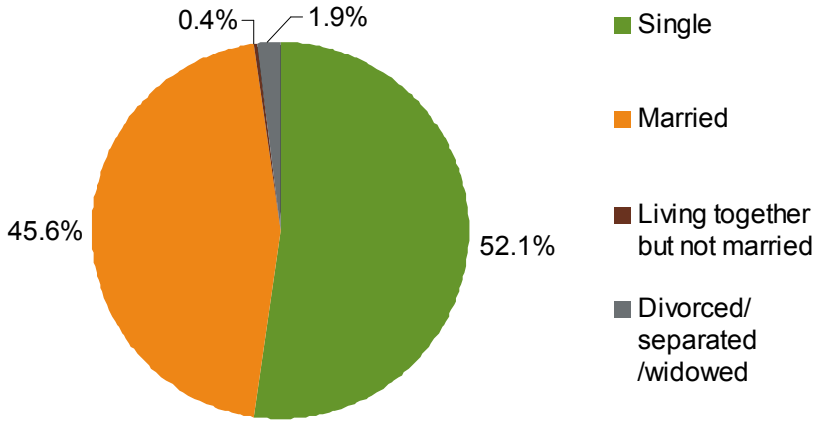
All analysis was conducted using Statistical Package for Social Sciences (SPSS) version 17.0

PROFILE OF MALE CLIENTS IN THE STUDY

Male clients in the study were relatively young, with a mean age of 29 years. Their average reported monthly income was around 5 million VND with some variations across provinces. Generally, male clients in Hanoi and HCMC reported higher levels of income compared to the smaller provinces like Can Tho, An Giang and Nghe An.

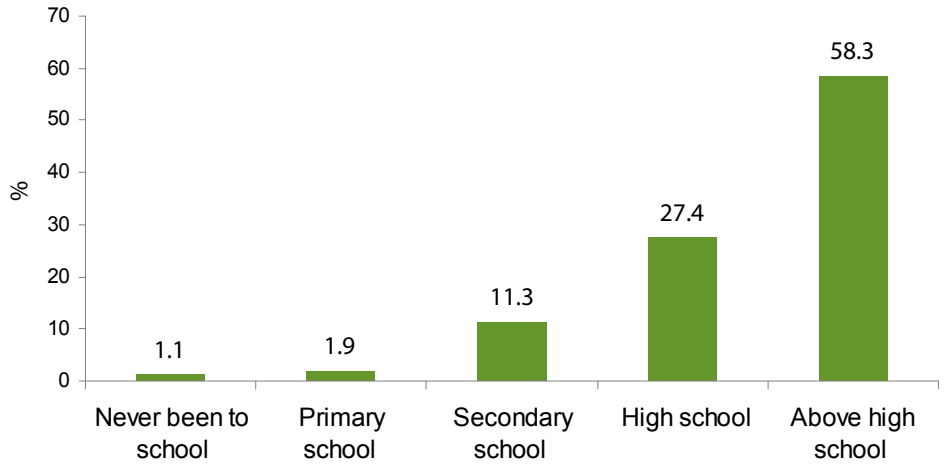
A large proportion (46%) of the respondent population reported being married (Figure 1) and 42% reported having children.

Figure 1: Marital status of male clients in the survey



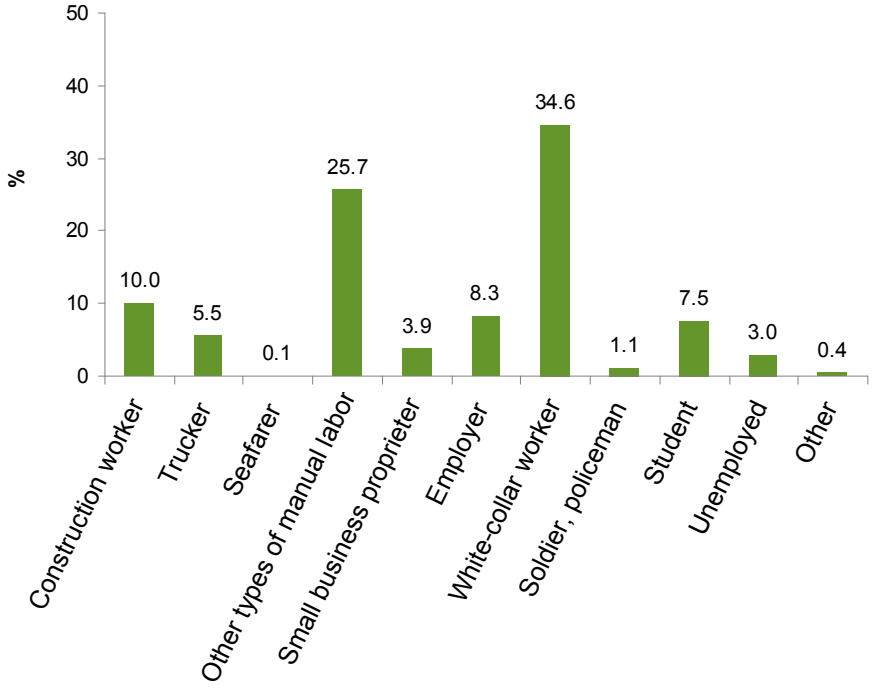
Overall, male clients of female sex workers reported very high education levels (Figure 2) as among the general male population in Vietnam. Roughly 86% of male clients had attended high school or above high school.

Figure 2: Educational levels of male clients



Respondents reported a wide range of occupational backgrounds (Figure 3). The most common occupations were white-collar work (34.6%), with generic manual labor and construction work being the second highest category (35.7%, combining construction work and other types of manual labor). A fair proportion of the sample (15.6%) has occupations that classify them as migrant/mobile populations - truckers, seafarers, and construction workers. Although these were not specifically targeted, they were reached through sampling from entertainment venues.

Figure 3: Occupations of male clients

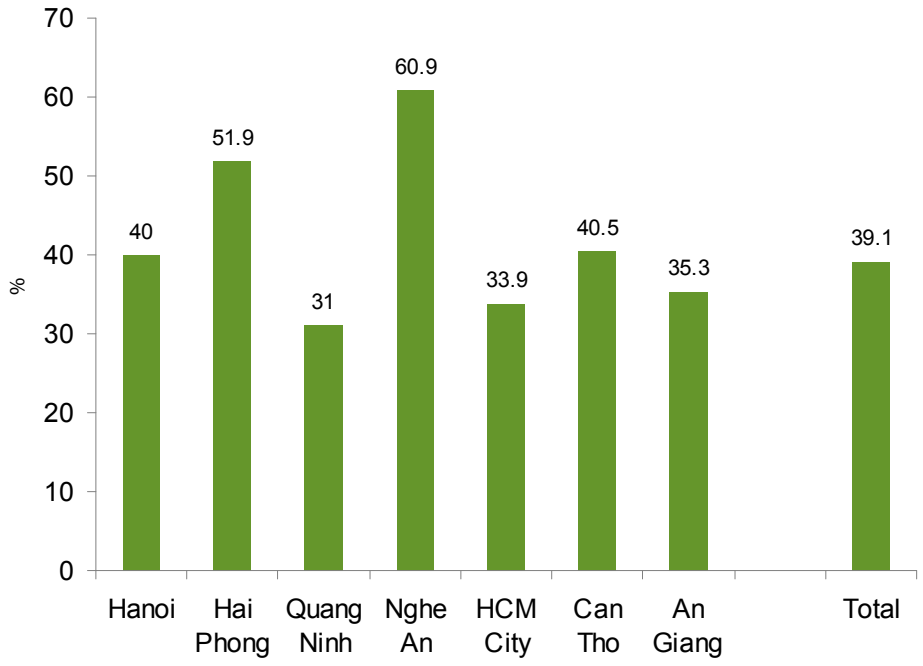


SEX RELATED RISK BEHAVIORS

39% of male clients approached to participate in the study, and who met the demographic criteria (aged 18 to 40, and having lived in province for a minimum of six months) reported having sex with a sex worker in the past three months (Figure 4). It is important to note that this proportion is likely to be a lot higher if the time period for reporting sex with sex workers had been increased to six or 12 months.

This proportion varies across sample provinces, from a low of 31.8% in Quang Ninh, to Nghe An where 60.9% of male clients reported having sex with a female sex worker in the past three months.

Figure 4: Proportion of men who met selection criteria for male clients i.e. reported having had commercial sex in the past three months, by sample province



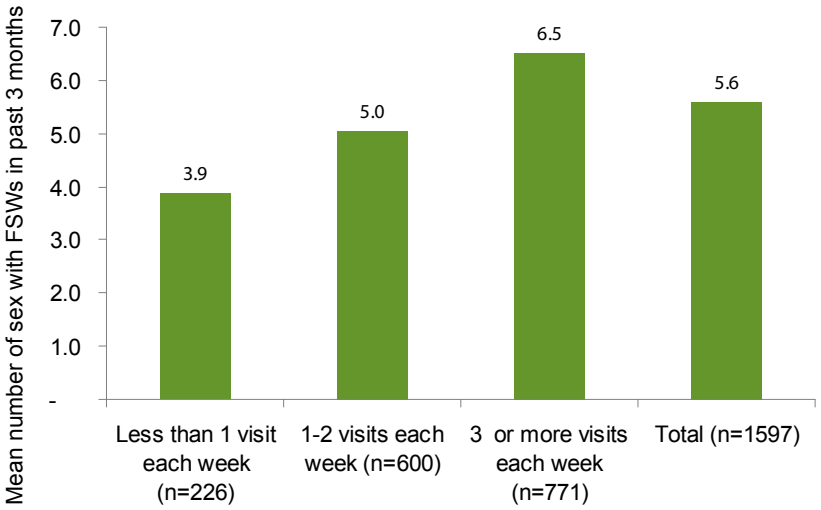
Of the male clients that reported having sex with a sex worker in the past three months (i.e. those who were recruited to participate in the full survey), these male clients reported having had sex with sex workers an average of nearly six times in the past three months, and with an average of three different sex workers (**Table 3**). 26% of male clients reported that they had been a 'regular client' of a SW in the last three months[3].

Table 3: Average frequency of commercial sex, number of commercial sex partners and proportion of commercial sex partners that are 'regular' partners

Indicator	Mean or %
Average number of times male clients of sex workers had sex with sex workers in the last three months	5.58
Average number of sex workers with whom male clients of SWs had sex in the last three months	3.33
Proportion male clients of sex workers who report being regular clients of sex workers with whom they had sex with in the last three months	25.9%

Male clients who report more frequent weekly use of entertainment establishments (*bia hoi and quan nhau*) are also more frequent users of commercial sex (**Figure 5**) (p<.05). Male clients who report frequenting these venues less than one time each week reported having had commercial sex an average of 3.9 times in the past three months. This increases to an average of 6.5 commercial sex acts in the past three months among male clients who reported visiting entertainment venues an average of three times or more each week. There is a positive correlation between frequency of visiting entertainment establishments and frequency of sex with sex workers (p<.001), helping establish this as an efficient channel to reach male clients of sex workers.

Figure 5: Mean number of commercial sex acts in past three months, by average number of weekly visits to entertainment venues (p<.001)



COMMERCIAL SEX AND OTHER PARTNER TYPES: EXTENT OF MULTIPLE PARTNERING

A low proportion of the total respondents (20%) reported having ***only*** had sex with a sex worker in the past three months (**Figure 6**). The overwhelming majority of male clients reported having had sex with at least one other partner type. 56% reported having had sex with a regular partner (their wife or girlfriend), whilst a further 17% reported having had sex with a casual partner, in addition to their regular partner.

This multiple partnering with both 'high risk' and 'low risk' partners highlights the role that male clients play as a potential bridge for the HIV epidemic into the general population.

Figure 6: Multiple partnering among male clients who reported commercial sex in the past three months

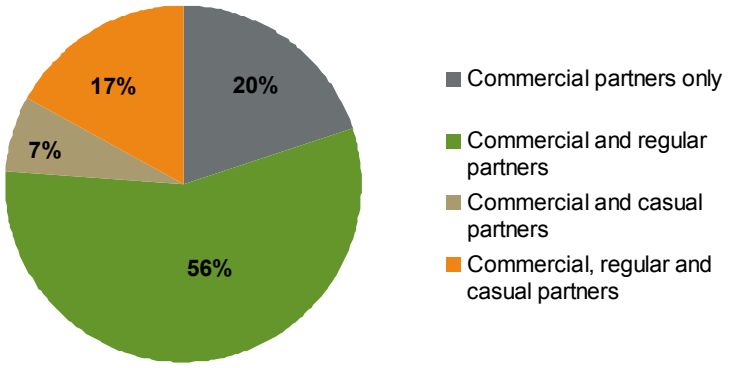


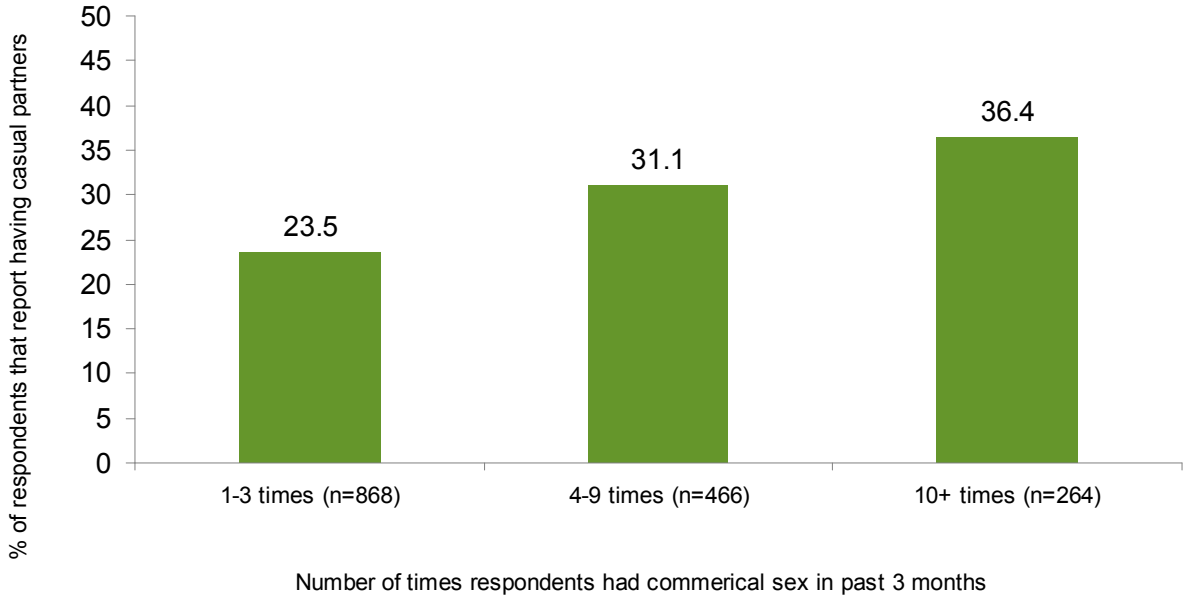
Table 4 shows the average number of sex acts by each partner type in the past three months. This further illustrates the extent of HIV risk posed by male clients in this study. They have multiple partner types and are highly sexually active.

Table 4: Average number of sex acts in the past three months, by partner type

Average number of sex acts in past three months by partner type	
Average number of sex acts with commercial partners	6
Average number of sex acts with regular partners	19
Average number of sex acts with casual partners	5

Male clients with a greater number of commercial partners in the past three months are also more likely to report having had sex with casual partners (**Figure 7**). Less than a quarter of male clients (23.5%) who had commercial sex between one and three times in the past three months also reported having had casual partners over the same time period. This compares with 36.4% of men who had commercial sex at least 10 times, who reported report also having had sex with casual partners ($p<.05$).

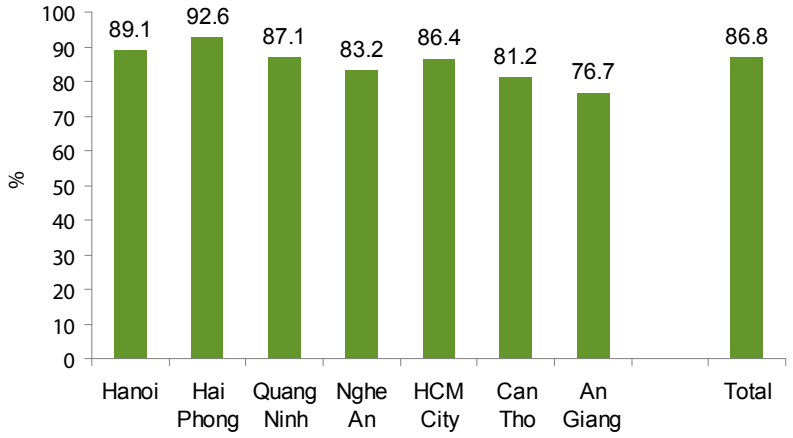
Figure 7: Relationship between number of commercial partners and casual partners ($p<.05$)



BEHAVIOR: CONDOM USE WITH DIFFERENT PARTNER TYPES

Reported condom use with sex workers in the past three months is high, at 87%. There are some variations in reported consistent condom use across the seven provinces (Figure 8). Respondents from An Giang is the lowest (76.7%) and Hai Phong the highest (92.6%).

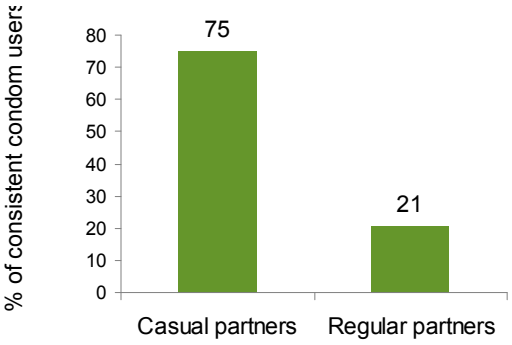
Figure 8: **Consistent condom use with sex workers in the past 3 months, by province**



Consistent condom use with commercial partners is seen to decline with an increase in the number of commercial sex acts reported **(Figure 9)**. Among male clients who reported having commercial sex just once in the past three months, consistent condom use is reported at 89%. Among male clients with 10 or more commercial partners in the past three months, consistent condom use declines to 76% (p<.01).

Figure 9: **Consistent condom use by number of commercial sex acts in the past three months (p<.01)**

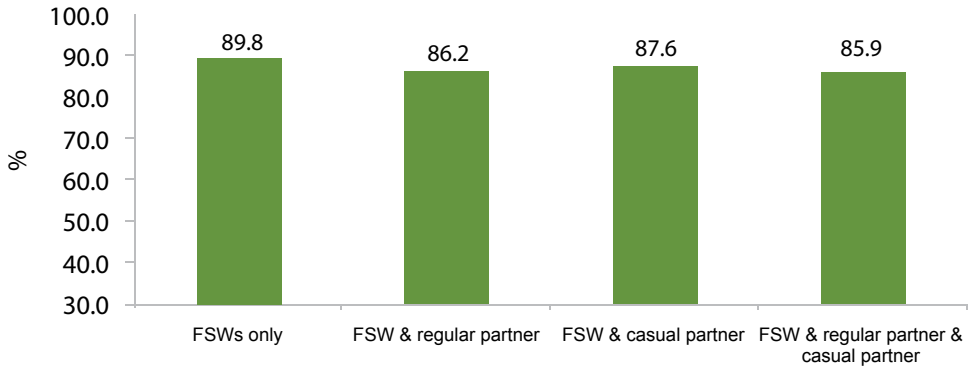
Figure 10: **Consistent condom use with casual partners and regular partners**



Consistent condom use with casual and regular partners is lower than use with commercial partners **(Figure 10)**.

Rates of consistent condom use with female sex workers were not significantly different among male clients with different partner types **(Figure 11)**. Consistent condom use is between 86% and 89%, regardless of whether male clients had only commercial sex, had commercial sex plus sex with regular partners, or had sex with commercial, regular and casual partners.

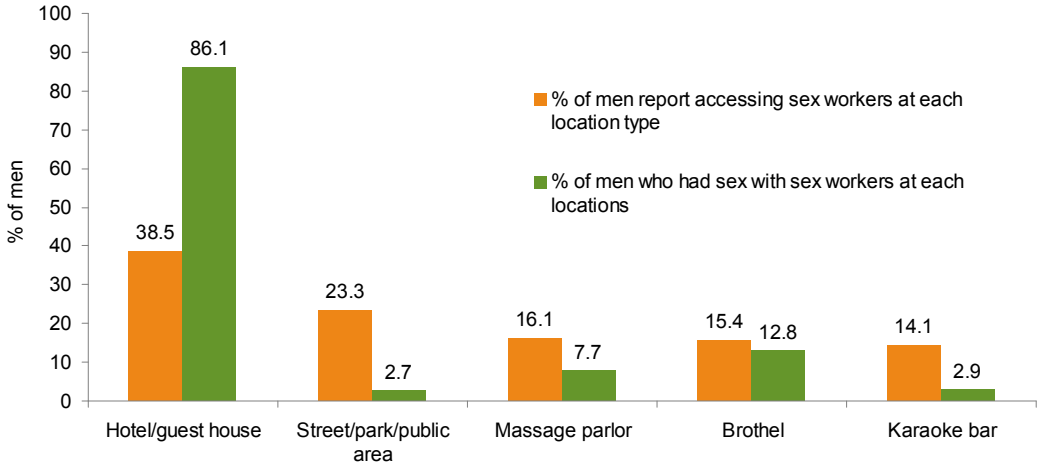
Figure 11: Consistent condom use with female sex workers in the past three months among male clients with combinations of different partner types



ACCESSING SEX WORKERS AND LOCATIONS WHERE COMMERCIAL SEX TAKES PLACE

Sex workers are accessed at a wide variety of locations and venues. 38.5% of male clients reported having accessed sex workers at hotels and guesthouses, 23% in public places such as streets, parks and other public spaces, and around 15% each in massage parlors, brothels and karaoke bars (Figure 12). Other venues where male clients reported accessing sex workers were via telephone calls (17.1%), at restaurants (7.2%), beer halls (6%) and cafes (5.7%). A small number (1.7%) reported accessing via the internet.

Figure 12: Top five locations where male clients reported accessing sex workers, compared with locations where male clients report having sex with sex workers



This diversity in locations where sex workers are accessed contrasts with the fact that the overwhelming majority of commercial sex (86.1%) takes place in hotels and guesthouses. Relatively little commercial sex actually takes place at the other locations where male clients access sex workers.

LOCATIONS AND TIMES OF ACCESSING CONDOMS AMONG MALE CLIENTS

The majority of male clients report that they don't obtain condoms until the point at which they are with the sex worker (52%). More than a third (37.4%) report having the condom with them already when they go to have commercial sex, and just less than one fifth reporting obtaining condoms after meeting the sex worker (**Table 5**).

Table 5: Times at which male clients obtained condoms for commercial sex

Times when male clients of sex workers obtained condoms to have sex with sex workers in the last three months	%
On the way to meet a SW	9.6
Once I met the SW	19.3
The SW had it on her	52.1
Had a condom with me already	37.4

The most commonly cited source from which male clients obtain condoms for commercial sex is a pharmacy (47%). The sex worker themselves (39.6%) is the second most commonly mentioned source, with hotels/guesthouses being the third (27.5%) (**Table 6**).

Table 6: Places from which male clients obtained condoms for commercial sex

Places where male clients of sex workers got condoms to have sex with sex workers in the last three months	%
From the SW	39.6
Hotel/Guesthouse	27.5
Beer hall/Restaurant	0.3
Karaoke bar	1.5
Massage parlor	2.7
Cafe/Refreshment shop	0.1
Tea stall	0.7
Pharmacy	47.0
Health facility	10.7
Supermarket	1.8
Grocery	1.5
Other	2.0

SEGMENTATION ANALYSIS:
FACTORS INFLUENCING CONSISTENT CONDOM USE

The purpose of segmentation analysis is to identify the key determinants of a behavior, i.e. factors that distinguish those that perform the desired behavior from those that do not[3]. It helps identify those attributes or factors that may need to be promoted to increase the number of people from the target population that are performing the promoted behaviors.

PSI's behavior change framework (see **Annex C**) organizes factors into three groups:

- **Opportunity –** Factors that relate to an individual's opportunity to use condoms, and which are beyond their immediate control. For example, the availability of condoms at places where they are having sex.
- **Ability –** Factors that relate to the capacities that an individual has to use condoms, such as their knowledge about HIV transmission, or their self efficacy in using condoms.
- **Motivation –** Factors that relate to an individual's desire to use condoms.

For this analysis, all socio demographic variables and relevant determinants are entered into a logistic regression analysis. All significant variables are then reported on as being 'key determinants' of consistent condom use with commercial sex workers.

'Determinants' are measured using a four-point scale that captures the extent of agreement/disagreement with a statement. Table 7 shows those variables that have a significant relationship with the behavior(s) in question. Estimates of variable values are given for those performing the behavior (consistent condom use) and those that are not. The tables divide (or segment) along these lines.

Odds Ratios (OR) for each variable are also given in the tables. The Odds Ratio indicates the strength of the relationship that each variable has with the behavior. Where OR=1, the variable has no influence on the behavior

DETERMINANTS OF CONSISTENT CONDOM USE

The strongest determinant of consistent condom use is the perception that the risk of HIV posed by sex workers can't be judged by their characteristics (young, attractive, believed to use condoms with other clients, from a source they trust etc). Male clients with higher scores on this scaled construct are **more than 3 times more likely** to use condoms with sex workers than male clients with lower scores on this scale (a full list of items included in this scaled construct are contained in **Annex E**).

In total, seven significant determinants were identified (**Table 7**). Of these, the only population characteristic to show as a significant determinant was level of education. Respondents who studied above high school level are twice as likely to be consistent condom users compared with those that studied below this level.

One factor identified relates to the availability of condoms; the remaining factors all relate to beliefs and attitudes held by respondents.

[3] Segmentation tables are produced through three analysis procedures in SPSS: i) Exploratory Factor Analysis to identify scaled constructs and Reliability testing (Cronbach's Alpha) to establish reliability of scales; ii) Logistic regression is conducted to identify variables that are significantly associated with the behavior in question; iii) UNIANOVA is conducted to identify the estimated values for each factor identified as a significant determinant.

Table 7: Significant determinants of consistent condom use with sex workers, with Odds Ratios.

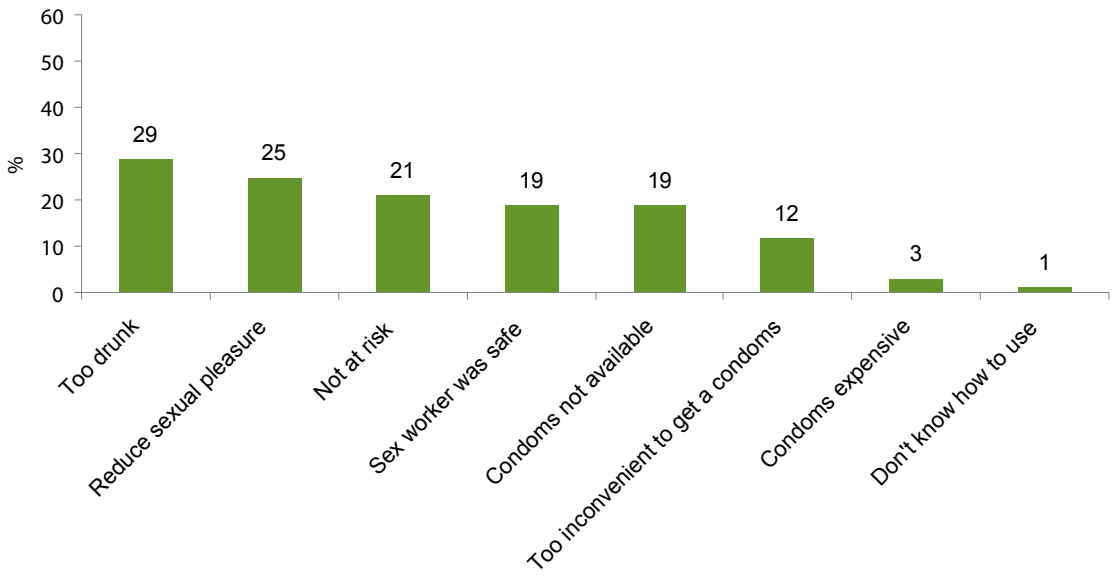
INDICATORS		Consistent condom use (N = 1,132)	Inconsistent condom use (N = 129)	Odds Ratio
OPPORTUNITY				
There were no times I did not find condoms at places where I have sex with sex workers	R[4]	2.94	2.78	1.54
MOTIVATION				
"Safe sex worker" [Scaled construct – See **Annex E** for list of items)]		3.46	3.29	3.43
Every fifteen minutes, one more person gets HIV in Vietnam		2.93	2.77	1.43
I can get HIV if I have sex without a condom with a sex worker just once or twice	R	3.38	3.19	1.37
After drinking, I remember that I have to use condom with sex worker	R	3.05	2.94	1.59
When I am aroused, I do remember that I have to use a condom with a sex worker	R	3.14	2.98	1.57
POPULATION CHARACTERISTIC				
Studied above high school level		59.3%	46.1%	2.00

In addition to exploring factors related to consistent condom use in the past three months, the survey also identified a range of reasons given by the male clients for any times when they have not used a condom. The most commonly mentioned reasons for not using a condom were that they were too drunk at the time of having sex (29%) and due to a perceived reduction in sexual pleasure (25%). Low personal risk perception or the belief that they were not at risk of HIV (21%) was another commonly given reason, as was their belief that the sex worker was safe (19%).

19% reported that their decision not to use condoms was because condoms were not available to them at the time; 12% reported the reason as being because it was too inconvenient to get condoms when they needed them (**Figure 13**).

[4] 'R' denotes that a reverse scale was used.

Figure 13: Reasons why male clients did not use condoms with commercial sex workers in the past three months



USE OF HIV TESTING AND VCT SERVICES

Questions were asked so as to distinguish between male clients who had been tested for HIV without pre- or post-test counseling services, and those who had voluntarily been tested for HIV and received counseling services (VCT use).

A larger proportion of male clients in this study (39%) reported having been tested for HIV and having received the results of their test. Without further information, the assumption is that this includes diagnostic testing in public and private health facilities (part of health check etc.).

Only 13% reported having received VCT. In the past 12 months, 8% of male clients reported that they had been tested at a VCT center and received their results (**Figure 14**).

Figure 14: HIV testing and use of VCT services

BARRIERS TO ACCESSING VCT SERVICES

Male clients who reported that they had never been tested for HIV were asked the reasons why. The overwhelming majority reported that it was because they did not believe that they were infected (85%). Just more than one in 10 (12.4%) said that they had not been tested because it would be a waste of their time, 7% reported that they were afraid of the result.

Table 8: Reasons why male clients had not been tested for HIV

Reasons for not getting HIV tested	% (N = 925)
Believe that I am not HIV-infected	85.2
I don't need to know my HIV status	5.9
Afraid of the result	7.2
Don't know where to get tested	3.0
Lack of confidentiality	3.5
Too expensive	1.2
Unfriendly service providers	0.2
Afraid of pain/taking a blood sample	3.1
Afraid of stigma	3.5
Waste of my time	12.4
Other reasons	2.9

EXPOSURE TO PROGRAM INTERVENTIONS

This section presents information on the extent to which the target population is being reached through the key intervention channels.

The male client program uses two types of communication campaigns for promotion of consistent condom use and uptake of VCT services. The *'Know when to Play, Know When to Stop'* (*Vui Co Chung, Dung Dung Luc*) campaign aims to increase personal risk perception and increase safer sexual behaviors. This behavior change communication campaign was developed based on previous qualitative and quantitative research among male clients to understand their behavior purchasing commercial sex and barriers to safer sexual practices. The information presented below is for the '*Know When to Play, Know When to Stop'* (KWTP, KWTS) campaign. KWTP, KWTS uses a range of media channels to increase exposure opportunities among male clients in key high-risk areas and during time periods when they are most likely to be influenced. All three channels shown below operate in the intervention districts across each of the seven project provinces included in this study.

- Mass media (billboards, newspaper and the internet)
- Outreach intervention conducted among small groups of male clients in entertainment establishments (*bia hoi, quan nhau*)
- Community mobilization i.e. larger-scale interactive events held across similar venues

The second campaign explored is *Chan Tro Moi* (CTM). CTM promotes the use of VCT among male clients. The evidence-based campaign was developed to increase personal risk perception, increase understanding of the counseling aspect and quality of VCT services and awareness of site locations.

CTM is communicated through a range of mass media channels (billboards, newspapers, internet) and outreach activities across all project intervention areas.

KNOW WHEN TO PLAY: KNOW WHEN TO STOP (KWTP, KWTS)

The overwhelming majority of male clients in the study (71%) reported having seen the KWTP, KWTS campaign. There is some variation across provinces, ranging from 66% in HCMC to 86% in An Giang (**Figure 15**). Almost two thirds (63%) reported seeing the campaign on billboards, 35% in newspapers and 30% through the internet ([5]**Figure 16**).

Figure 15: Exposure to mass media intervention ('Know When to Play Know When to Stop' campaign), by province.

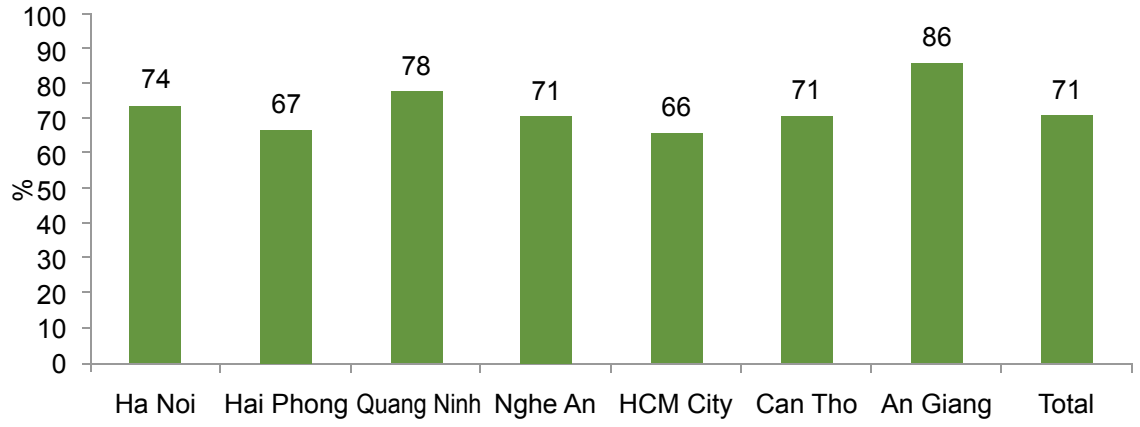
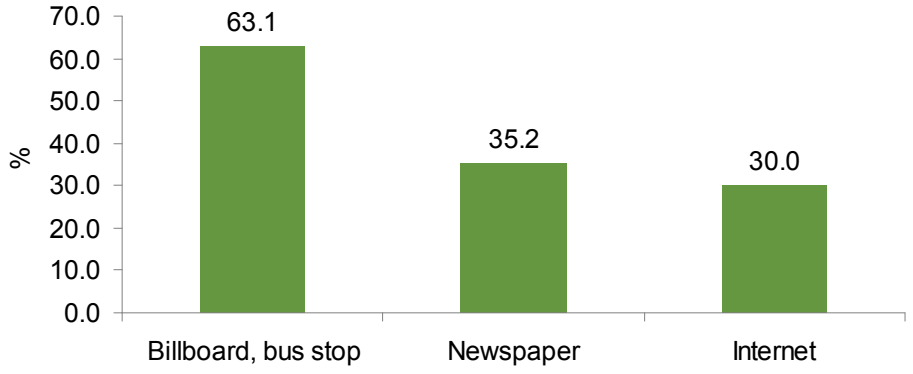


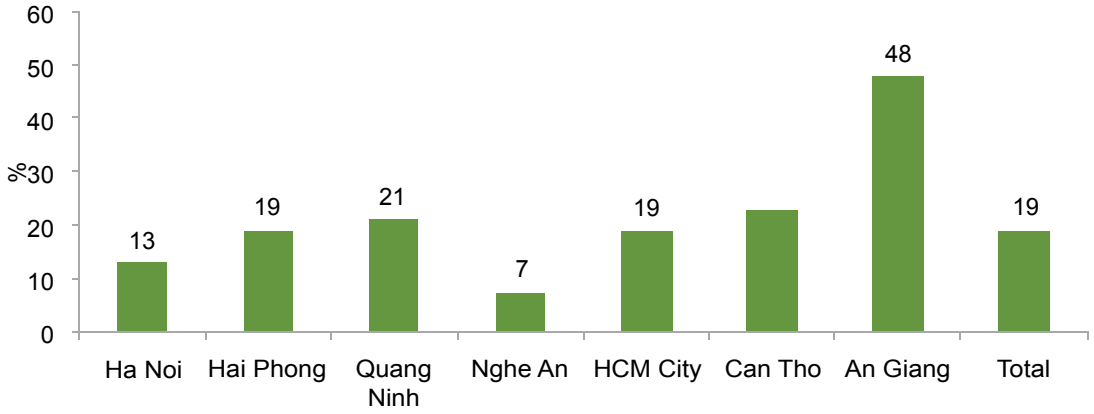
Figure 16: Sources from which respondents reported seeing KWTP, KWTS mass media campaign outputs



[5] These figures includes only respondents who reported seeing the campaign 'sometimes' or 'often'. They exclude respondents who reported that they had seen the campaign only 'rarely' from each source.

Around one fifth of male clients (19%) reported having had contact with outreach teams, although there were substantial variations across provinces, from 48% in An Giang to 7% Nghe An. In the large urban centers of HCMC and Hanoi, contact with outreach was 19% and 13% respectively (**Figure 17**).

Figure 17: Exposure to outreach, by province



CHAN TROI MOI VCT CAMPAIGN

Across the seven sample areas, an average of 72% of male clients reported having seen the CTM mass media campaign. This ranges from 48% in Hai Phong to 90% in An Giang (**Figure 19**).

Figure 19: Exposure to mass media for Chan Troi Moi campaign, by province

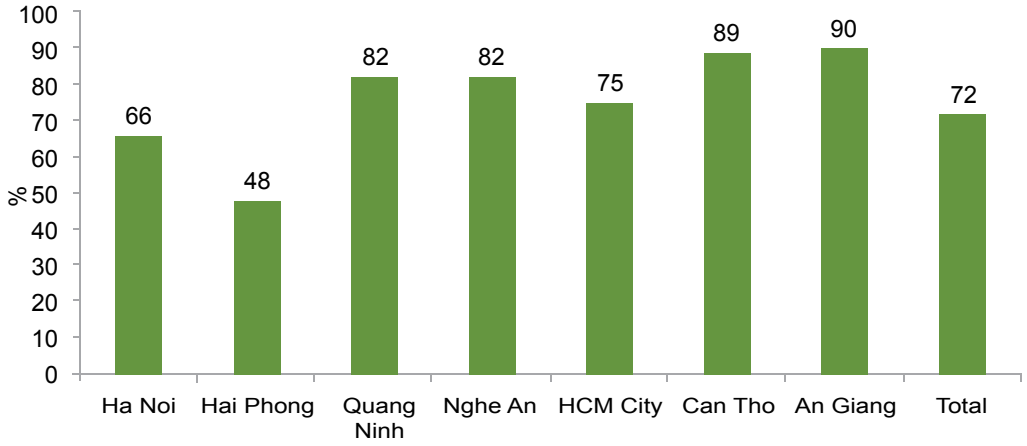
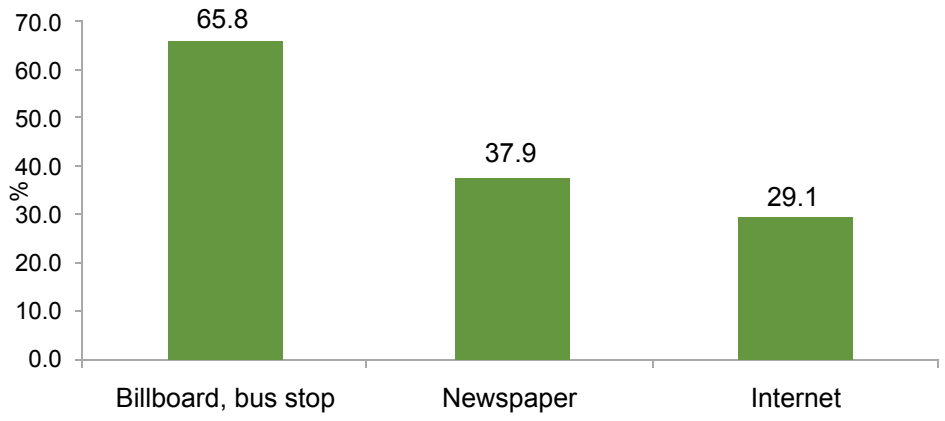


Figure 20: **Frequent exposure to Chan Troi Moi mass media campaign, by channel**



Almost two thirds of those exposed to VCT promotion mass media campaign (65.8%) reported having frequently seen the campaign on billboards or at bus stops. A further 37.9% had seen it in newspapers and 29.1% through the internet[6].

EVALUATION OF EXPOSURE TO PROJECT INTERVENTIONS

Evaluation analysis is conducted to identify whether those that are exposed to program interventions are more likely to be performing desired behaviors than those that are not exposed to program interventions[7].

The analysis presented explores:

i) the cumulative effect of outreach contacts, combined with mass media exposure, on consistent condom use; and

ii) the effect of mass media on VCT take up, plus the additional effect of participation in outreach activities.

The aim of the analysis was to identify what levels of exposure to interventions are associated with significantly higher levels of consistent condom use and uptake of VCT services.

CONSISTENT CONDOM USE: COMBINED EFFECTS OF OUTREACH CONTACTS AND EXPOSURE TO MASS MEDIA OUTPUTS

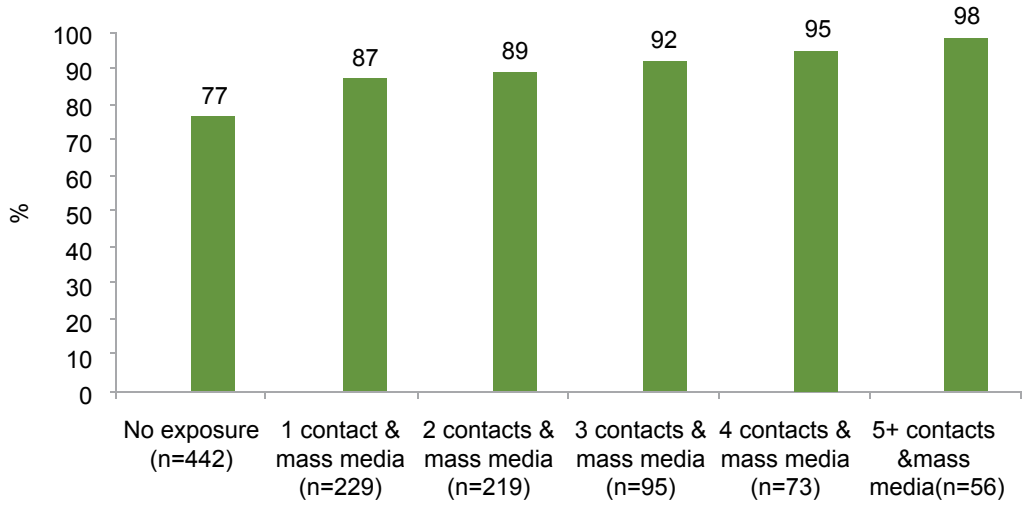
Male clients who have had contact with outreach sessions and exposure to mass media outputs for KWTP, KWTS show higher levels of consistent condom use than male clients with no exposure to mass media and no contact with outreach teams ($p<.05$). 87% of male clients who reported having seen the KWTP, KWTS media campaign, and who reported one contact with outreach teams, were consistent condom users with female sex workers in the past three months. This compares with 77% who reported consistent condom use among male clients who were not exposed to mass media and had no contact with outreach teams (**Figure 21**).

[6] These figures includes only respondents who reported seeing the campaign 'sometimes' or 'often'. They exclude respondents who reported that they had seen the campaign only 'rarely' from each source.

[7] Evaluation tables are produced through UNIANOVA analysis. The analysis controls for key social, economic and demographic differences that may exist between the different exposure categories.

Consistent condom use in the past three months with female sex workers was 98% among male clients who reported five or more outreach contacts and who also reported exposure to the KWTP, KWTS mass media campaign.

Figure 21: Consistent condom use with sex workers by number of contacts with outreach activities (p<.05)

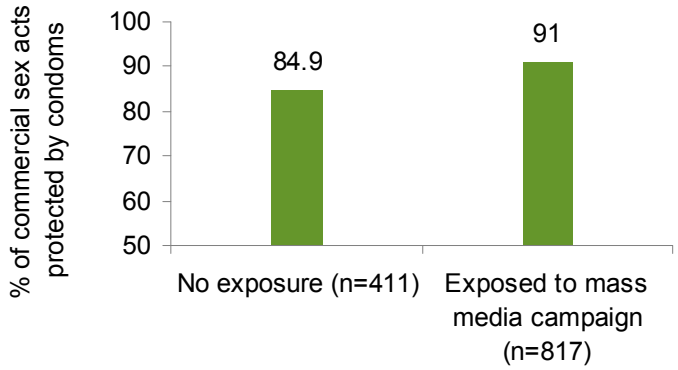


These figures suggest a strong association between consistent condom use and participation in outreach sessions, particularly when combined with mass media.

High levels of consistent condom use make it difficult to look at the independent effects of the mass media campaign on consistent condom use. However, whilst here is no significant difference in *consistent* condom use among male clients who have been exposed only to the KWTP, KWTS campaign, exposure to the campaign is associated with a higher proportion of commercial sex acts being protected by condoms (**Figure 22**).

Among those exposed to the mass media campaign, male clients reported that 91% of all commercial sex acts were protected by condoms. This compares with 84.9% of all commercial sex acts being protected among those not exposed to the campaign (p<.001)

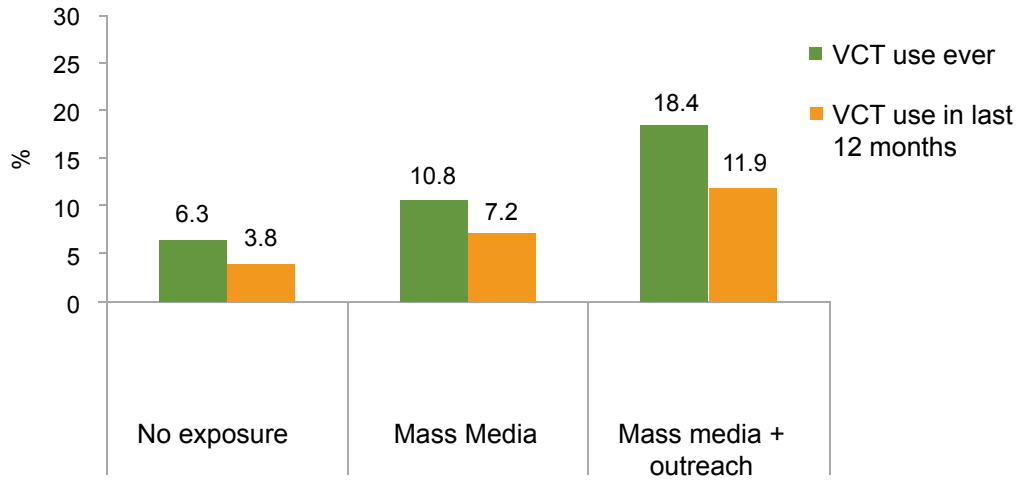
Figure 22: Proportion of all commercial sex acts in the past three months that are protected by condoms (p<.001)



USE OF VCT SERVICES: COMBINED EFFECTS OF MASS MEDIA AND OUTREACH CONTACTS

Male clients who were exposed to the VCT mass media campaign were significantly more likely to have accessed VCT services than male clients who had not been exposed to the campaign. 10.8% of male clients who had been exposed to the CTM campaign reported having used VCT services. This compares with only 6.3% of male clients with no mass media campaign exposure (**Figure 23)**. Of male clients exposed to outreach and the mass media campaign, 18.4% had used VCT services. Use of VCT services in the past 12 months is also higher for those exposed to mass media, and higher again for those who have had contact with outreach teams.

Figure 23: Access of VCT services by exposure to CTM mass media campaign and contact with outreach teams (p<.001)



CONCLUSIONS AND PROGRAMMATIC RECOMMENDATIONS

- The outreach program should continue to target entertainment venues for engaging male clients of female sex workers. A high proportion of men using these venues are male clients and it is an environment that allows for outreach sessions to engage with the male clients to promote behavior change.
- The program should target male clients who are having more frequent sex with sex workers. They show lower rates of consistent condom use and are also more likely to have casual sex partners. Men that do more socializing in entertainment venues are also more likely to be male clients who report having more commercial sex. Targeting these venues allows access to this high-risk population.
- Mass media campaigns have a very high reach, indicating that outputs are appearing in the right places and are being seen by their target audience.
- The program is showing success:
  - Outreach, when combined with mass media exposure, does have a positive association with higher levels of reported consistent condom use. Mass media alone has an

association with a higher proportion of sex acts protected by condoms. This suggests that both channels – outreach and mass media campaigns – are adding value to the effort to raise levels of consistent condom use.

  - The mass media campaign alone does have a positive association with higher uptake of VCT services. VCT use is relatively low and so less intense forms of intervention may have a greater capacity to change behavior, compared with consistent condom use where the majority of male clients are behaving in the desired way. Having said this, contact with outreach does have an association with even higher uptake of VCT services, strongly suggesting that it is adding real value to the overall intervention package.

- The key message focus of PSI's outreach campaign – you cannot judge the level of risk of a commercial sex partner simply on their looks or how much you trust them – is the right one for the male client target group. Male clients with more positive beliefs on this issue are more than three times more likely to be consistent condom users. PSI's research with female sex workers suggests strongly that the factor works both ways: those similar beliefs about risk, appearance and trust are key in determining whether female sex workers are using condoms with their clients.

- The program should continue to target its condom distribution at high-risk venues, mostly hotels and guesthouses, where the majority of commercial sex is taking place. Although male clients are accessing female sex workers at a range of venues, more than eight out of 10 commercial sex acts take place in hotels and guesthouses.

- A number of changes should be made to program design to enhance and strengthen success to date:

  - The program should try to substantially enhance and increase the number of contacts that outreach teams make with male clients. Outreach is key in influencing both consistent condom use and VCT uptake, but less than one fifth of male clients in intervention areas are currently report exposure to the outreach teams.

  - The program should scale down the mass media campaign by removing less efficient channels for reaching male clients. Focusing on channels with high reach, and improving the overlap between mass media and outreach should be a key objective going forward.

  - The program should enhance VCT promotion activities. The proportion of male clients reporting use of VCT services is still relatively low and there is scope for increasing the number of male clients reporting VCT uptake.

ANNEX A: SAMPLE SIZE REQUIREMENTS

CONSISTENT CONDOM USE

- 85% of male clients of sex workers use condoms consistently (PSI Behavior Survey Round 1, December 2007)
- 5% change in consistent condom use each year to be monitored
- 15% difference in the related bubbles between consistent condom users and inconsistent condom users
- 7.5% difference in consistent condom use with sex workers between male clients with high exposure vs. low exposure to PSI outreach activities
- 10% difference in bubbles related to consistent condom use with sex workers between male clients with high exposure vs. low exposure to outreach activities of PSI
- 35% of male clients with high exposure to BCC activities of PSI based on the exposure index
- 10% change in bubbles related to consistent condom use each year to be monitored

VOLUNTARY COUNSELING AND HIV TESTING SERVICES

- 10% change in VCT use and related bubbles each year to be monitored

GENERAL

- 100% of target population are at risk (having sex with sex workers in the last three months) since we do screening before interview

- 10% refusal rate

ANNEX B: QUESTIONNAIRE

MAIN QUESTIONNAIRE
Study on health among Vietnamese men

- **Follow the questionnaire, circle the code of the answer or if blank was provided, write down the answer**
- **If the men agreed to interview, write your name and sign in to affirm his voluntary participation.**

Interviewer: Name: _____ Interviewer Code:_____

Signature: _____

Date of interview: ___ / ___ / 2009 Starting time: ____:____

City/Province of interview:

1 = Hanoi 2 = Hai Phong 3 = Quang Ninh

4 = Nghe An 5 = Ho Chi Minh city 6 = Can Tho 7 = An Giang

PART A. BACKGROUND INFORMATION

Read out loud:

- To be able to design a health program that meets the needs of men as you and me best, please answer as honest as possible
- There is nothing Right or Wrong

No	QUESTION	RESPONSES	CODES	SKIP
A1	What year were you born?	Year of birth	19____	Out of '69-'91 → STOP
A2	Now I'm going to ask you about the main job, the job for which you spend most of your working time Which type of office do you work for? ➢ **Read out options**	Government office/Union	1	
		Private company	2	
		International office/company	3	
		Your own business	4	
		Work as order	5	
		Student and pupil	6	6→ A4
		Un-employed	7	7 → A4
A3	What is your job?	Construction worker or worker in the industry zone	1	
		Trucker	2	
		Seafarer	3	
		Other types of manual labor	4	
		Do small business	5	
		Employer for business and services area	6	6 → A5

No	QUESTION	RESPONSES	CODES	SKIP
		White-collar worker Soldier, policeman Other (Specify): _____	7 8 9	7 → A5 8 → A5
A4	Do you stay in an inn for people from other provinces or from suburban areas of the city?	Yes No	1 2	
A5	Do you have children?	Yes No	1 2	
A6	What is your current marital status?	Single (never been married) Married Living together but not married Divorced/ separated /widowed Other (specify): _____	1 2 3 4 5	
A7	What is your highest level of education?	The highest grade that you completed **(Never been to school = 0 Above Grade 12 = 13)**	_____	
A8	Including all sources, before expenditure, in the last 6 months, what is your average monthly personal income?	Amount (million VND) Do not answer	_____ 99	

PART B. SEXUAL BEHAVIORS AND CONDOM USE WITH SWS

- **Read out loud:**
  - ✓ Now, I am going to ask you the times you had sex with sex workers (SWs) in the last three months.
  - ✓ Sex workers are women whom you have to pay by cash to have sex with her.
  - ✓ "Have sex" means vaginal sex and anal sex. Oral sex is not counted.
  - ✓ "In the last 3 months" was 90 days counted from today.

No	QUESTION	RESPONSES	CODES	SKIP
B1	In the last three months, how many SWs did you have sex with?	Number of SWs	_____	0 → STOP
B2	Are you a regular client of any SWs with whom you had sex in the last three months?	Yes No	1 2	
B3	In the last three months, how many times did you have sex with SWs (both vaginal and anal)? If you had sex twice with a SW during one visit, please count 2	Number of times **B3 < B1 → ask B1 & B3 again**	_____	

No	QUESTION	RESPONSES	CODES	SKIP
B4	Among those times, how many times did you use condoms?	Number of times **B4 > B3 → ask B3 & B4 again**	_____	0 → B7
B5	➢ **Show Number One condom** How many times did you use Number One condoms with SWs in the last three months?	Number of times **B5 > B4 → ask B5 & B4 again** Don't know/Don't remember	_____ 99	
B6	In the last three months, was there ever a time you did not use condoms when having vaginal sex with SWs?	There are times I did not use condom I always use condom	1 2	 2 → B8
B7	What were the reasons for not using condoms those times? ➢ **Multiple choice** ➢ **After the response, interviewer probes more "Are there any reason else?**	Condom was not available Condom was too expensive Condom was inconvenient to buy/get I thought I was not at risk I thought condom reduced my sexual pleasure I did not know how to use condoms I was too drunk I thought SWs were safe Other (specify): _____	1 2 3 4 5 6 7 8 9	If B4 = 0 and any response in B7 → B9
B8	In the last three months, during the times that you used condoms when having vaginal sex with SWs, did you always use condom from start to end of sexual intercourse? "From start to end" means from the penetration till ejaculation	Yes No	1 2	
B9	Did you have anal sex with SWs in the last three months?	Yes No	1 2	 2 → B11
B10	In the last three months, how often did you use condoms when having anal sex with SWs? ➢ **Read out options**	Never Rarely Sometimes Most of the times All the times	1 2 3 4 5	

No	QUESTION	RESPONSES	CODES	SKIP
B11	Please tell me all the places where you access the SWs who you had sex with in the last three months? ➢ **Multiple choice** ➢ **After the response, interviewer probes more: " Are there any place?"**	Street/Park/Public area Brothel Café Beer hall Restaurant Message pallor Karaoke bar Barbershop Hotel/Guest house Discotheque Via telephone call Via internet Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11 12 13	
B12	Please tell me all the places where you actually had sex with SWs in the last three months? ➢ **Multiple choice** ➢ **After the response, interviewer probes more: " Are there any place?"**	Street/Park/Public area Brothel Café Beer hall Restaurant Massage pallor Karaoke bar Barbershop Hotel/Guest house Other (specify): _____	1 2 3 4 5 6 7 8 9 10	If B4 = 0 and any response in B12 → B15
B13	In the last three months, when you had sex with SWs, can you tell me the times at which condoms were got/bought? ➢ **Read out options** ➢ **Multiple choice** ➢ **After response, interviewer probes more "Are there any time?"**	On the way to meet a SW Once I met the SW The SW had it on her Had a condom with me already I did not use condoms when having sex with SWs in the last three months Other (specify): _____	1 2 3 4 5 6	

No	QUESTION	RESPONSES	CODES	SKIP
B14	Please tell me all the places where you bought/got condoms when you had sex with SWs in the last three months. ➢ **Show the card with the list of places for interviewee to choose** ➢ **Multiple choices** ➢ **After response, interviewer probes more "Are there any place?"**	From the SW Hotel/Guest house Beer hall/Restaurant Karaoke bar Massage parlor Cafe/Refreshment shop Tea stall Pharmacy Health facility Supermarket Grocery Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11 12	
B15	If you could get condoms anywhere when having sex with SWs, what are your preferred locations? ➢ **Show the card with the list of places for interviewee to choose** ➢ **Multiple choice** ➢ **After response, interviewer probes more "Are there any place?"**	From the SW Bar Restaurant Hotel/Guest house Barber shop Karaoke bar Massage parlor Where one can buy magazines and newspaper Where one can buy cigarettes Where one can drink coffee/tea Where one can drink beer Where one can buy petrol Supermarket Grocery Street vendor Pharmacy Health facility Where you have sex with SWs Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	If B4 = 0 and any response in B15 → B19

No	QUESTION	RESPONSES	CODES	SKIP
B16	The last time you used condom with SW, did you buy that condom or use it for free?	Bought Free	1 2	
B17	In the last three months, what brands of condoms did you use with SWs most often?	Don't know Number One OK VIP Young lover Starling Choice Durex Okamoto Other (specify): _____	1 2 3 4 5 6 7 8 9 10	1 → B19
B18	Did you often use the condom brand that you have just mentioned or other band before?	Use the different condom brand Use the same condom brand Don't know/Don't remember Did not use condom before	1 2 3 4	
B19	What condom brand would you prefer to use with SWs?'	Number One OK VIP Young lover Starling Choice Durex Okamoto Other (specify): _____	1 2 3 4 5 6 7 8 9	If B4 = 0 and any response in B19 → C1
B20	In the last three months, how many times did condoms break when you had sex with SWs?	Never Once More than once	1 2 3	
B21	In the last three months, how many times did condoms slip off when you had sex with SWs?	Never Once More than once	1 2 3	

PART C. PERCEPTION, KNOWLEDGE, AND OPINIONS ABOUT CONDOM USE DURING VAGINAL SEX

- **Show the color card, explain the interviewee how to use it**
- **Read out loud: Now, I would like to ask about your thinking about condom use during vaginal sex with SWs.**
  - ✓ Please note that this is your thinking in the last 3 months
  - ✓ There is no Right or Wrong answer, tell me what you really think
  - ✓ Please, use the following card to tell me whether you Strongly Disagree, Disagree, Agree, or Strongly Agree with each of the statement below
  - ✓ Some questions seem to be same with others but they are different, please be patient.

No	STATEMENT	SDA	DA	A	SA
	OPPORTUNITY				
	AVAILABILITY				
	Geographic Access				
C1	There were times I did not find condoms at places where I have sex with SWs	1	2	3	4
C2	There were times the SW did not have a condom	1	2	3	4
C3	There were times I needed to travel far to get a condom to use with SWs	1	2	3	4
	Planned Access				
C4	I always carry condoms on me when I need them for sex with SWs	1	2	3	4
C5	I carry condoms on me when I am going to have sex with SWs	1	2	3	4
C6	I carry condoms with me when I think I might visit SWs	1	2	3	4
	PRODUCT ATTRIBUTES				
	Product Failure				
C7	I think condoms slip off easily during sex	1	2	3	4
C8	Condom brands that are available in Vietnam break easily during sex	1	2	3	4
	Reduced Pleasure				
C9	Condoms spoil the real feeling of sex with SWs	1	2	3	4
C10	Condoms reduce pleasure during sex with SWs	1	2	3	4
C11	Condoms destroy the continuity of sex with SWs	1	2	3	4

	SOCIAL NORM				
	Use with SW				
C12	Everybody uses condoms with SWs	1	2	3	4
	Single items				
C13	Condoms are quite expensive at the places where I have sex with SWs	1	2	3	4
C14	Only low quality condoms are available at the places where I had sex with SWs	1	2	3	4
	ABILITY				
	Social Support				
C15	My friends remind me to carry a condom when visiting SWs	1	2	3	4
C16	There was a time that SW persuaded me to not use condom	1	2	3	4
C17	SWs will not sell sex if I do not use condoms	1	2	3	4
	SELF-EFFICACY				
	Courage				
C18	I am hesitant to buy condoms from a shop where lots of people are around	1	2	3	4
C19	I will be embarrassed to ask for condom at the places where I have sex with SWs	1	2	3	4
C20	I will be embarrassed if people know that I carry condoms	1	2	3	4
	MOTIVATION				
	OUTCOME EXPECTATIONS				
	Key Reward				
C21	If I use a condom with a SW I can prolong the time of sexual intercourse	1	2	3	4
C22	If I use a condom with SWs then I do not worry about getting diseases	1	2	3	4
	ATTITUDE				
	Physical assessment				
C23	I do not need to use condom with SWs who are young	1	2	3	4
C24	I do not need to use condom with SWs who are attractive	1	2	3	4

C25	I do not need to use condom with SWs who look healthy	1	2	3	4
C26	I do not need to use condom with SWs who are clean	1	2	3	4
	Safe Feeling/Judgment				
C27	If I feel a SW is not at risk of HIV infection, I do not need to use condom with her.	1	2	3	4
C28	If I am sure a SW uses condoms with others, I do not need to use condom with her.	1	2	3	4
C29	If a SW is guaranteed by a person I trust, I do not need to use condom with her.	1	2	3	4
C30	I do not need to use condom with a SW I visit regularly	1	2	3	4
C31	I do not need to use condom with a SW I know well	1	2	3	4
C32	I do not need to use condom with SWs from the sources that I think it is guaranteed.	1	2	3	4
	THREAT				
	Severity				
C33	Every fifteen minutes, one more person gets HIV in Vietnam	1	2	3	4
	Susceptibility				
C34	I can't get HIV if I have sex without a condom with a SW just once or twice	1	2	3	4
C35	Sexual pleasure is more important than the risk of HIV infection	1	2	3	4
C36	Having sex with more than 1 sexual partner increases the risk of HIV infection	1	2	3	4
	LOCUS OF CONTROL				
	Controlled by Alcohol				
C37	After drinking, I often do not remember that I have to use condom with SW				
C38	The amount of alcohol I drink affect my ability to put on a condom correctly	1	2	3	4
C39	When I have been drinking I do not care about using condoms when I am with a SW	1	2	3	4
	Controlled by Desire				
C40	When I am aroused, I do not remember that I have to use condom with SW	1	2	3	4

C41	When I am aroused I do not care about using condoms	1	2	3	4

PART D. SEXUAL BEHAVIORS AND CONDOM USE WITH PARTNERS

- **Read out loud: Now, I am going to ask you about having sex with <u>regular partners</u> in the last three months.**

No	QUESTION	RESPONSES	CODES	SKIP
D1	"Regular partners' are your spouse/girlfriends In the last three months, did you have sex with regular partners?	Yes No	1 2	 2 → D8
D2	How many regular partners did you have sex with in the last 3 months?	Number of partners	_____	
D3	How many times did you have sex (both vaginal and anal sex) with all the regular partners in the last three months?	Number of times **If D3<D2 → ask D3 and D2 again**	_____	
D4	Among those ___ times, how many times did you use a condom?	Number of times **If D4>D3 → ask D4 and D3 again**	_____	0 → D8
D5	How many times did you use Number One condom with regular partners in the last three months?	Number of times **If D5>D4 → ask D5 and D4 again**	_____	
D6	The last time you had vaginal sex with the regular partner, did you use condom?	Yes No Don't remember	1 2 99	
D7	What brands of condoms did you use with regular partners most often in the last three months?	Don't know/Don't remember Number One OK VIP Young lover Starling Choice Other (specify): _____	1 2 3 4 5 6 7 8	

- **Read out loud: "Now, I am going to ask you about having sex with casual partners in the last three months."**

No	QUESTION	RESPONSES	CODES	SKIP
D8	"Casual partners" are women who are not your spouse/girlfriends but you do not need to pay to have sex with them. In the last three months, did you have sex with casual partners?	Yes No	1 2	 2 → D16
D9	How many casual partners did you have sex with in the last 3 months?	Number of partners	_____	
D10	How many times did you have sex (both anal sex and vaginal sex) with all the casual partners in the last three months?	Number of times **If D10<D9 → ask D10 and D9 again**	_____	
D11	Among those ___ times, how many times did you use condoms?	Number of times **If D11>D10 → ask D11 and D10 again**	_____	0 → D16
D12	In the last three months, how many times did you use Number One condoms with casual partners?	Number of times **If D12>D11 → ask D12 and D11 again**	_____	
D13	The last time you had vaginal sex with the casual partner, did you use condoms?	Yes No Don't remember	1 2 99	
D14	In the last three months, was there ever a time you did not use condoms when having vaginal sex with casual partners?	There are times I did not use condom I always use condom Don't remember	1 2 99	
D15	In the last three months, what brands of condoms did you use with casual partners most often?	Don't know Number One OK VIP Young lover Starling Choice Other (specify): _____	1 2 3 4 5 6 7 8	
D16	Have you had or suspected yourself having any STD or STI in the last 12 months?	Yes No	1 2	

PART E. HIV COUNSELLING AND TESTING

- **<u>Read out loud:</u> Now, I am going to ask you about HIV counseling and testing. <u>You do not need to tell me your HIV status</u>.**

No	QUESTIONS	RESPONSES	CODES	SKIP
E1	Have you ever been tested for HIV?	Yes No Do not know/Do not answer	1 2 9	1 → E3 9 → F1
E2	Why have you not been tested for HIV? ➢ **Multiple choice** ➢ **After response, interviewer probe more "Are there any reason?"**	Believe that I am not HIV-infected I don't need to know my HIV status Afraid of + result Don't know where to get tested Lack of confidentiality Too expensive Unfriendly service providers Afraid of pain/taking a blood sample Afraid of stigma Afraid of waste time Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11	Any answer → F1
E3	Were you informed about your HIV test result?	Yes No	1 2	
E4	Where did you get tested? ➢ **Multiple choice** ➢ **If the respondent mentioned 'Chan troi moi' center in a Public health facility, mark in "Chan Troi Moi center"**	Chan Troi Moi center Public health facility Private health facility Other (specify): _____	1 2 3 4	
E5	"Voluntary counseling and testing" is a service where you <u>voluntarily</u> go for counseling and testing for HIV. The HIV testing and counseling that you received <u>mandatory</u> as a part of a medical treatment protocol or other procedures **will NOT be considered VCT.** Have you ever got tested for HIV at VCT center?	Yes No	1 2	 2 → F1
E6	In the last 12 months, did you get HIV	Yes	1	

No	QUESTIONS	RESPONSES	CODES	SKIP
	test at VCT center?	No	2	2 → F1
E2	Did you receive the result of that HIV test in the last 12 months?	Yes No	1 2	
E3	Please tell me the name and address of the VCT center where you got HIV tested in the last 12 months as precisely as possible. ➢ **If the respondent do not mention Chan Troi Moi, interviewer uses the list of Chan Troi Moi sites to check if the interviewee received VCT at a Chan Troi Moi site** ➢ **If the respondent receive VCT at many sites, select 1 answer with the priority from top down** ➢ **If the man had VCT at many sites but not Chan Troi Moi, interviewer writes down name and address of all those VCT centers.**	Chan Troi Moi (the interviewee himself mentions this name) Chan Troi Moi (justified by the interviewer) Other (specify): Site 1: Name: _____ Address: _____ Site 2: Name: _____ Address: _____ Site 3: Name: _____ Address: _____	1 2 3	

PART F. EXPOSURE TO PSI/VIETNAM INTERVENTION PROGRAMS

No	QUESTIONS	RESPONSES	CODES	SKIP
	Interpersonal communication (IPC) programs			
F1	➢ **Show three logos of Know when to play, know when to stop, Chan Troi Moi, and Number One** Interpersonal communication session is the small group talking about HIV using games and brochures, leaflets at beer halls/popular restaurants, MM sites, and TS sites Have you ever received interpersonal communication sessions that related to one of these symbols?	Yes No Never seen these 3 logos	1 2 3	 2 → F4 3 → F7
F2	In the last three months, how many such interpersonal communication sessions did you receive?	Number of times:	_____	
F3	In the last 12 months, how many such session in total did you receive?	Number of times:	_____	

No	QUESTIONS	RESPONSES	CODES	SKIP
		F3 < F2 → ask F2 & F3 again		
	Mid media programs (events)			
F4	Have you ever attended the events/performances including games at beer halls, popular restaurants, or public areas that related to one of these symbols?	Yes No	1 2	 2 → F7
F5	In the last three months, how many events/performances that related to one of these logos did you attend?	Number of times:	_____	
F6	In the last 12 months, how many performances in total that related to one of these symbols did you attend?	Number of times: **F6 < F5 → ask F5 & F6 again**	_____	

MASS MEDIA

- **Show the BCC materials of PSI on Know when to play, know when to stop, Number One, and Chan Troi Moi from F7 to F12**

F7	How often did you see these advertisement boards in the street, at bus stops, or posters? ➢ **Read out options**		Know when to play, know when to stop & Number One	Chan Troi Moi
		Never	1	1
		Rarely	2	2
		Sometimes	3	3
		Often	4	4
F8	How often did you see these advertisement or articles on newspapers or magazines? ➢ **Read out options**		Know when to play, know when to stop & Number One	Chan Troi Moi
		Never	1	1
		Rarely	2	2
		Sometimes	3	3
		Often	4	4
F9	How often did you see these advertisement on websites? ➢ **Read out options**		Know when to play, know when to stop & Number One	Chan Troi Moi
		Never	1	1
		Rarely	2	2
		Sometimes	3	3
		Often	4	4

F10	Did you read them?	Yes No	1 2	1 2
F11	Did you receive these brochures, leaflets? ➢ **Read out options**		Know when to play, know when to stop & Number One	Chan Troi Moi
		Never Rarely Sometimes Often	1 2 3 4	1 2 3 4
F12	Did you read them?	Yes No	1 2	1 2

No	QUESTIONS	RESPONSES	CODES	SKIP
	Determinant of exposures (for PSM)			
F13	In the last three months, how often did you access Internet? ➢ **Read out options**	Not at all Rarely Sometimes Often	1 2 3 4	1 → F15
F14	Which website did you most often access in the last three months, excluding mail and searching pages?	_____		
F15	In the last three months, how many times did you visit beer halls/restaurants?	Less than 1 time/week 1-2 times/week > 3 times/week	1 2 3	
F16	In the last three months, did you usually go to the same beer halls/restaurants?	Yes No	1 2	
F17	In the last three months, how often did you come to **this** beer halls/restaurants? ➢ **Read out options**	Only this time Rarely Sometimes Often	1 2 3 4	

PART G. WILLINGNESS TO PAY FOR NUMBER ONE

No	QUESTION	RESPONSES	CODES	SKIP
G1	➢ **Show a pack of Number One condom (containing 3 condoms)** Will you be willing to pay 3,000 VND for this pack of 3 Number One condoms?	Yes No	1 2	 2 → G3
G2	Will you be willing to pay 4,000 VND for this pack of 3 Number One condoms?	Yes No	1 2	Any answer → G4
G3	Will you be willing to pay 2,000 VND for this pack of 3 Number One condoms?	Yes No	1 2	
G4	The last time you purchased Number One condom, how much did you pay for 1 pack of 3 condoms?	Amount of money (VND) **If the respondent bought 1 separate condom, multiply the price by 3 times** Don't remember Never bought Number One condoms	_____/1 pack of 3 condoms 99 88	

Ending time of the interview: ____:____

- **Ask the respondent to wait for 5 minutes.**
- **Check if all the questions were answered and the information is consistent. For missing questions, ask the respondent to answer them. For inconsistent information, ask the respondent the questions again.**
- **Thank and give the incentive to the respondent.**
- **Answer the below question, then submit the questionnaire to the supervisor.**

Is the interview completed?

1 = Yes

2 = No. Reason: _____

_____

_____

For supervisor

- **Check if all the questions were answered and the information is consistent.**

Evaluation: _____

Name: _____ Signature: _____ Date: ___ / ___ / 2009

ANNEX C:
PSI BEHAVIOR CHANGE FRAMEWORK

PERForMance Framework for Social Marketing (PERForM)

This study design is guided by PSI's PERForM framework. PERForM describes the social marketing research process, identifies key concepts important for designing and evaluating social marketing interventions, and mirrors the four levels and concepts in the logical framework (goal, purpose, outputs, activities).

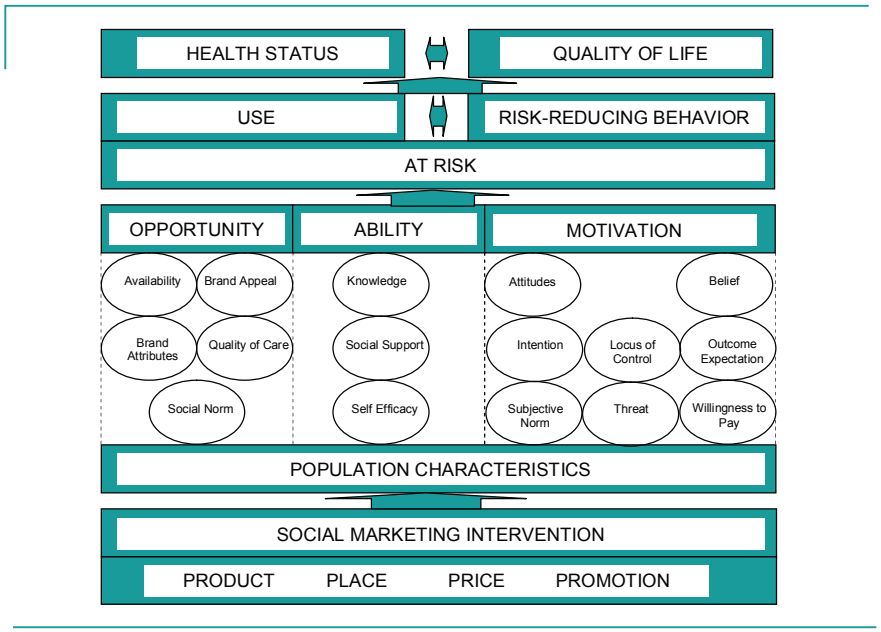
The top level consists of the goal of social marketing for any health promotion intervention, namely improved health status and, for interventions relating to coping with sickness or disability, quality of life.

The second level consists of the objectives of social marketing stated as product or service use on the left side and other risk-reducing behaviors that do not involve the use of a product or service on the right side. The adoption or maintenance of these behaviors in the presence of a given risk or need for health services is causally antecedent to improving or maintaining health and quality of life.

The third level consists of the determinants in PSI's Behavior Change Framework categorized in terms of opportunity, ability and motivation, given population characteristics such as age and sex. Opportunity, ability and motivation characteristics are mutable whereas population characteristics are not.

The fourth level consists of the characteristics of the social marketing intervention: the four Ps.

PERForM and Proposed Behavioral Determinants



Behavior Change Framework

The PSI Behavior Change Framework is embedded within the third level of PERForM and categorizes mutable determinants of behavior into three groups: opportunity, ability and motivation. The 16 behavioral determinants known as “bubbles” are the most widely used for project and marketing plan decision-making within PSI and for designing segmentation, monitoring and evaluation studies. The bubbles are generic to all behaviors promoted by PSI across HIV/AIDS, reproductive health, family planning, maternal and child health, including malaria prevention and treatment. Definitions of opportunity, ability, and motivation are based in the disciplines of consumer behavior, marketing, advertising, public health, social psychology, and economics. Specifically, OAM can be defined as follows:

- Opportunity is institutional or structural factors that influence an individual’s chance to carry out a promoted behavior.
- Ability is an individual’s skills or proficiencies needed to carry out a promoted behavior.
- Motivation is an individual’s arousal or desire to carry out a promoted behavior.

Opportunity-based PERForM indicators, such as social norms, are measured in individual surveys, while some other opportunity-based PERForM measures, namely coverage, quality, equity of access, and efficiency, are measured at an aggregate level. Ability and motivation factors are measured at the individual level as they are unique to each person.

Project TRaC proposes a survey method for collecting data on the behaviors and determinants outlined in the Behavior Change Framework.

ANNEX D:
ANALYSIS PROCESS AND SYNTAX STRUCTURES

SEGMENTATION ANALYSIS

Segmentation analysis combines four analytical procedures:

- Exploratory Factor Analysis (EFA)
- Reliability testing of scaled constructs
- Logistic regression
- UNIANOVA

EFA using Principal Axis Factoring (PAF) is run on all scaled determinant items to first establish which items may work together to form multi-item scales.

Once items are identified, reliability analysis is conducted. Where a Cronbach's Alpha score of ⩾.70 is the outcome, the scale is accepted as reliable.

Scaled constructs, along with other singular scaled items are then added to the list of variables considered relevant for the segmentation analysis.

All variables are tested for multi-colinearity. A decision is then made about variables found to be correlated as to which is most appropriate to enter into the regression model in the first instance. The variable that is most closely correlated to the dependent variables is often retained for the regression model.

All remaining variables are then entered into a logistic regression model. Significant variables are retained, and non-significant variables ($p<.05$) are removed from the model.

Each removed variable is then entered back into the model, one at a time. If the variable is significant ($p<.05$) and no other variables lose significance, then the variable is retained in the model. If not, it is removed from the model.

Finally, each of the independent variables in the model is run through UNIANOVA and the estimated marginal means are reported in the segmentation analysis (either as a proportion or as a mean, depending on the variable). The UNIANOVA syntax takes the following syntax structure:

```
UNIANOVA X BY Y WITH A B C D
 /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(Y) WITH(A=MEAN B=MEAN C=MEAN D=MEAN)
COMPARE ADJ(LSD)
  /PRINT=ETASQ
  /CRITERIA=ALPHA(.05)
  /DESIGN=A, B, C, D, Y
```

Where:
X is the variable for which the estimated marginal means are to be reported
Y is the dependent variable from the logistic regression
A, B, C, and D are covariates. For segmentation analysis, covariates used are the other independent variables from the final regression model.

EVALUATION ANALYSIS PROCEDURE

Evaluation analysis is conducted using UNIANOVA. The following syntax structure is used:

```
UNIANOVA X BY Y WITH A B C D
/METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(Y) WITH(X=MEAN A=MEAN B=MEAN C=MEAN D=MEAN)
    COMPARE ADJ(LSD)
  /PRINT=ETASQ
  /CRITERIA=ALPHA(.05)
  /DESIGN= X, A, B, C, D
```

Where:
X is the dependent variable. In evaluation tables, this is either the behavioral indicator (e.g. consistent condom use with regular partners) or a scaled determinant.
Y is the variable that categorizes exposure.
A B C and D are covariates. For evaluation analysis, covariates used are the key study design variables plus demographic variables collected.

ANNEX E:

STATEMENTS USED FOR 'SAFE SEX WORKER' SCALED CONSTRUCT

Safe sex worker: items for scaled construct (Cronbach's Alpha = 0.882)
I do not need to use condoms with sex workers who are young
I do not need to use condoms with sex workers who are attractive
I do not need to use condoms with sex workers who look healthy
I do not need to use condoms with sex workers who are clean
If I feel a sex worker is not at risk of HIV infection, I do not need to use condoms with her
If I am sure a SW uses condoms with others, I do not need to use condoms with her.
If a sex worker is guaranteed by a person I trust, I do not need to use condoms with her.
I do not need to use condoms with a sex worker I visit regularly
I do not need to use condoms with a sex worker I know well
I do not need to use condoms with sex worker from the sources that I think it is guaranteed.

Population Services International
4th Floor, Side B, Toserco Building
273 Kim Ma, Ba Dinh, Hanoi
Tel: (84-4) 3944 6326 • Fax: (84-4) 3944 6323
E-mail: psi@psi.org.vn
Website: http://www.psi.org