



POLICY BRIEF

MARCH 2012

NATIONAL STUDY ON DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV/AIDS IN VIETNAM: FINDINGS AND RECOMMENDATIONS FOR POLICY AND PROGRAM ACTION

Since 2004, Vietnam's legal and policy framework on HIV/AIDS has evolved to include provisions to protect the rights of people living with and most vulnerable to HIV/AIDS (PLHIV) ^{a,b,c,d}. Implementation of these laws and policies, however, has been challenging. Stigma and discrimination against PLHIV or members of vulnerable groups remain significant obstacles to effective prevention, treatment and impact mitigation ^{e,f,g}. Yet until 2010, no systematic study had been conducted to document the magnitude and types of discrimination experienced by PLHIV and to inform policy makers about violations of the HIV/AIDS law that need to be addressed.

Table 1: Percent of survey reporting discrimination in the last 12 months by type of discrimination

Type of Discrimination	N	%
Experienced ANY of following discrimination	1199	44.6
Denied health service	1033	1.5
Tested w/o consent	1199	0.4
Status disclosed w/o consent	1199	14.9
Abstinence advised	1199	31.6
Abortion advised	20	0.7
Sterilization advised	424	1.9
Child denied school because of parent's status	625	1.4
Children denied school b/c of child's status	102	5.2
Lost job	1102	4.3
Evicted from housing	1199	1.8
Denied social services	931	2.9
Experienced extortion	1108	0.6
Physically harmed	1199	1.5
Emotionally harmed	1199	12.5

With funding from USAID through Health Policy Initiative Vietnam and Health Systems 20/20 (both implemented by Abt Associates Inc.) a team of researchers from Boston University Center for Global Health and Development (CGHD), USAID/Health Policy Initiative Vietnam (HPI) and Health Systems 20/20, the Center for Community Health Research and Development (CCRD), and the Center for Creative Initiatives in Health and Population (CCIHP) conducted the first study to provide national estimates of PLHIV experience with discrimination and to inform policy and program development and implementation to prevent and mitigate the impact of discrimination¹. The study, conducted between July and November 2010, employed a cross-sectional survey with 1200 PLHIV in 17 provinces and focus group discussions with 129 PLHIV in seven PEPFAR-focus provinces in Vietnam.

KEY FINDINGS

Discrimination against PLHIV is widespread and varied and touches many different aspects of their lives. **Nearly half of the study survey population experienced at least one form of discrimination and many experienced up to six different types of discrimination. The most common forms of discrimination included** advice, primarily from health care providers, to abstain from sex; having HIV status disclosed without consent, with the latest such disclosure occurring after the HIV/AIDS law went into effect in 2007; and emotional harm (Table 1).

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Detailed logistic regression was conducted to determine if certain PLHIV (women vs. men; PLHIV living in different regions of the country; PLHIV who had had their HIV status disclosed without consent; PLHIV paying higher median transportation costs to access health services; and PLHIV who were members of a support group vs. non-members) were significantly more likely to experience specific types of discrimination.

Women were more likely than men to experience discrimination. Women were significantly more likely to have been denied health services, had their HIV status disclosed without their consent, had their children denied schooling, been evicted from their residence, and/or been physically and emotionally harmed. However, men were much more likely to report having been tested without consent (Table 2).

PLHIV living in different regions of the country experience different types and levels of discrimination.

PLHIV living in the south compared to those living in the north were significantly less likely to have had their HIV status disclosed without consent, or to have been denied social services. PLHIV in the central region compared to those in the north were less likely to have been tested without consent, denied social services, and been physically harmed. PLHIV in the central region were less likely to be tested without consent or been physically harmed, but much more likely to be evicted from their homes than PLHIV in the south. Although not statistically significant, PLHIV in the south are more likely to report being advised to be abstinent. Yet,

interestingly, there were no significant differences found between the experiences of PLHIV living in urban areas compared to those living in rural areas.

PLHIV whose HIV status was disclosed without consent were significantly more likely to experience other kinds of discrimination and to report a higher mean number of discrimination experiences. PLHIV who had their status disclosed without consent were significantly more likely to have been denied social services, experienced emotional harm, and had their children denied schooling because of parents' or child's HIV status (Table 2).

Higher health-related transportation costs were positively associated with experience of discrimination.

Experience of discrimination, including denial of health services, testing without consent, advice to be sexually abstinent, HIV status disclosure without consent, denial of child's schooling because of parent's status, and experience of emotional harm, were all significantly associated with incurring greater mean transportation costs in obtaining health services (data not shown). These results indicate that PLHIV may have traveled farther from home to avoid being identified when seeking health services.

Table 2: Logistic Regression: PLHIV Group by Specific Type of Discrimination

Type of Discrimination	Women versus Men Odds Ratio (95% CI)	Status Disclosed versus Status Not-Disclosed Odds Ratio (95% CI)	PLHIV Support Group Member vs. Non-Member Odds Ratio (95% CI)
Denied health service	9.59 (1.86, 49.52)**	2.13 (0.97, 4.70)	2.73 (0.37, 20.34)
Tested w/o consent	0.13 (0.02, 0.87)**	8.73 (0.74, 103.21)	2.39 (0.28, 20.74)
Status disclosed w/o consent	3.50 (1.73, 7.09)**	0.97 (0.19, 4.95)	1.32 (0.65, 2.66)
Abstinence advised	1.31 (0.84, 2.05)	0.54 (0.23, 1.29)	0.88 (0.57, 1.38)
Sterilization advised	1.18 (0.37, 3.77)	0.58 (0.13, 2.67)	0.75 (0.22, 2.54)
Child denied school because of parent's status	2.39 (0.32, 17.99)	13.18 (2.29, 75.77)*	5.78 (1.10, 30.43)**
Children denied school b/c of child's status	24.84 (1.99, 308.54)**	13.51 (1.48, 123.06)*	3.23 (0.41, 25.74)
Lost job	0.85 (0.26, 2.73)	3.58 (0.66, 19.57)	1.02 (0.35, 3.02)
Evicted from housing	41.09 (8.62, 195.85)**	7.81 (0.95, 64.17)	0.38 (0.09, 1.45)
Denied social services	1.12 (0.31, 4.09)	9.02 (2.13, 38.23)**	2.71 (0.92, 8.01)
Experienced extortion for services	0.99 (0.17, 5.94)	1.05 (0.15, 7.39)	171.62 (20.32, infinite)**
Physically harmed	53.31 (9.52, 298.57)**	1.63 (0.27, 9.93)	0.46 (0.07, 3.05)
Emotionally harmed	3.09 (1.45, 6.62)**	4.93 (1.87, 13.02)**	1.36 (0.71, 2.61)

*p<.05; **p<.01

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Membership in a PLHIV Support Group was positively associated with experience of discrimination. Members of PLHIV support groups were more likely to report that their children were denied schooling because of their parents' status and to have experienced extortion by providers of health and social services. Although causation cannot be determined, membership may empower PLHIV to recognize their rights, understand rights violations, and therefore report discrimination. On the other hand, members in a support group might be known by the community to be HIV positive and therefore be more discriminated against compared to those whose status is not known (Table 2).

Focus Group Discussions yielded valuable data on discrimination in health care, education, and employment. PLHIV in the focus group discussions reported rights violations, mistreatment, and abuse by health and social service providers, local authorities, and employers. One particularly troubling finding was the discussion of violations of reproductive and sexual rights of PLHIV including reports of coerced sterilization or sterilization without consent. PLHIV in six of the seven provinces reported that for women to obtain a birth by Caesarian section (one of the measures to prevent mother-to-child transmission), they were required to sign an authorization form, which also authorized sterilization at the time of the Caesarian. While PLHIV in the focus group discussions said that many forms of overt discrimination had become less common (e.g. refusal of treatment or school entrance), more subtle forms of discrimination (e.g. long wait times, continuous referral to other services, and isolation of HIV affected children in school) present significant challenges to obtaining quality health and social services and to attaining physical, mental and emotional well-being.

The following recommendations at the program and policy levels suggest ways to prevent and address discrimination and improve the quality of life of PLHIV in Vietnam.

RECOMMENDATIONS

Policy recommendations include policy dialogue and reviews by Party, government, NGO, and PLHIV groups on:

- Aspects of the HIV/AIDS law that are not being adequately enforced including privacy, confidentiality, protection from discrimination in employment, housing, reproductive health, and schooling of children infected and affected by HIV/AIDS.
- Structural abuse, rights violations, and barriers to services and means for remedying them, including health sector discrimination and rights violations especially related to sexual and reproductive health decision-making and the right to privacy and confidentiality.
- Gender and regional differences in experience of discrimination at national and local levels.
- Availability and accessibility of health and social services to address the needs of PLHIV and their families, especially reproductive and sexual health, economic strengthening, education, and legal aid.
- PLHIV and civil society involvement in policy and program decisions.
- Mechanisms, involving PLHIV and civil society organizations (CSOs), to monitor implementation of and make recommendations to strengthen enforcement of the HIV/AIDS law.

Program Recommendations:

- Establish PLHIV-centered high quality health and social services and associated referral networks at the community level.
- Develop integrated HIV and reproductive health services for PLHIV.
- Train health care providers, peer educators, family and friends of PLHIV in sexual and reproductive health, rights, and services to meet client needs, including sexual health counseling, pregnancy prevention, fertility services and safe motherhood.
- Train commune, district and provincial health care providers on the prevention and mitigation of stigma and discrimination.
- Establish local patient advocate programs to ensure PLHIV are provided high quality health and social services.

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- Strengthen and expand the existing health insurance program to ensure access by PLHIV.
- Train PLHIV, health and social service providers as well as police on relevant laws, rights and rights violations, gender, and the greater involvement of PLHIV (GIPA).
- Expand effective legal aid services for PLHIV through integration with existing legal aid providers.
- Engage PLHIV groups and other CSOs to take active roles in: 1) implementation and monitoring of the national AIDS law; 2) education of fellow PLHIV on rights; 3) provision of legal support for PLHIV experiencing discrimination; and 4) assistance and support to PLHIV to resolve specific cases.
- Engage the community on stigma, discrimination and rights regarding access to education, health, employment and housing through community dialogue, theater and mass media.
- Create monitoring and accountability mechanisms involving PLHIV groups and CSOs, to enforce rights protections within programs.
- Implement capacity building programs for PLHIV groups and other CSOs to strengthen their involvement in the development, implementation, monitoring and evaluation of anti-discrimination programs.
- Employ members of PLHIV groups to work in health and social service programs at all levels of engagement from peer educators to program managers.

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