

VIETNAM REPORT 2013

USAID Social Marketing for HIV Prevention Project



**Vietnam (2013): 2012 Behavioral Survey among Male Injecting Drug Users.
USAID Social Marketing for HIV Prevention Project**

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We would like to acknowledge the support provided by the VAAC and the Provincial AIDS Centers (PACs) in facilitating the study design and implementation in 8 provinces. In addition, we would like to express our gratitude to those who participated in this study for their willingness to share their experiences to inform the development and implementation of evidence-based harm reduction interventions serving injecting drug users and other key populations at risk. Finally, we are grateful for financial and technical support from USAID/PEPFAR, which made the study possible.

Josselyn Neukom

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BACKGROUND & RESEARCH OBJECTIVES

There are an estimated 208,866 people living with HIV in Vietnam, of which more than 37% are people who inject drugs (PWID)¹. According to 2012 sentinel surveillance data, an estimated 11.6% of PWID are living with HIV.² In 2010, PSI conducted a survey among male PWID in seven provinces to inform and assess social marketing activities and other harm reduction programming in Vietnam. The objective of the 2012 behavioral survey among male PWID was to collect a second round of data for comparison against the first round and to inform future harm reduction program interventions.

The 2012 study was designed to achieve the following objectives:

- Monitor trends in key HIV prevention behaviors and risk factors among PWID linked to the USAID Social Marketing for HIV Prevention Project's monitoring and evaluation plan;
- Identify factors associated with consistent condom use and VCT uptake among PWID to inform future harm reduction programming;
- Generate data relevant to needle/syringe distribution programming including measurement of syringe access behaviors, factors influencing purchase choices and experience using low dead space, and perceived risks associated with needle sharing;
- Assess associations between exposure to social marketing and other harm reduction programming and changes in HIV prevention behaviors.

PROGRAM DESCRIPTION

PSI Vietnam has implemented harm reduction programs targeting male and female PWID since 2008 with support from the USAID Social Marketing for HIV Prevention Project. Activities have included targeted distribution and promotion of HIV prevention products including condoms and low dead space syringes, as well as promotion of voluntary counseling and testing for HIV through Chan Troi Moi campaigns. During the year preceding this survey, the USAID Social Marketing for HIV Prevention Project designed and implemented the “Nho Toi Moi Lan” (“Remember me every time”) campaign in collaboration with the Ministry of Health (MOH) and other implementing partners. The “Nho Toi Moi Lan” campaign was endorsed by the MOH and implemented in conjunction with related 100% Condom Use Program activities. Campaign materials targeting male PWID were disseminated using print, community events and through outreach workers managed by Provincial AIDS Committees (PACs) and civil society organizations (CSOs). The USAID Social Marketing for HIV Prevention Project's support for male PWID outreach teams (previously implemented through PACs in select provinces) was phased out in 2011. Chan Troi Moi campaign messages were disseminated through billboards in addition to print, outreach and targeted event channels.

¹ VAAC case report, 2012

² MOH/NIHE Sentinel Surveillance report, 2012

METHOD

Study Population

Survey participants were recruited from 8 PEPFAR priority provinces throughout Vietnam: Ha Noi, Hai Phong, Quang Ninh, Dien Bien, Nghe An, Ho Chi Minh City, Can Tho and An Giang, based on the following selection criteria:

Inclusion Criteria

- Male
- Age 18 – 40
- Injected drugs at least once in the last month
- Injected drugs for at least 3 months but less than 10 years
- Lived in one of the study provinces for more than 6 months
- Provided consent to participate in the study

Exclusion Criteria

- Current or former peer educator experience
- Participated in another research activity in the previous 3 months

Sampling

Respondents were recruited through respondent-driven sampling (RDS), a chain-referral procedure where samples were selected through the social networks of male PWID. Between 6-12 initial 'seeds' were recruited in each province. Initial seeds were identified using outreach workers, peer educators and CSO members were working with male PWID populations. These groups were given criteria for seed recruitment and asked to approach potential participants. Potential participants were given an overview of the study and, if they did not express a wish to withdraw at that stage, were referred on to the fieldwork team. The fieldwork team then administered the screening questionnaire and informed consent protocol. All seeds were required to meet the inclusion criteria for the sample and a coupon system was used to facilitate respondent recruitment

A total sample size of 1,500 PWIDs was calculated as the sample requirement for the survey (allowing for 5% possible non-response rate) based on the need to measure significant changes against key program indicators. Within each of the 8 chosen provinces, urban districts were selected for sampling based on geographic coverage of PSI and partner interventions targeting PWID. The sampling across provinces was influenced by the following considerations: i) provincial samples of sufficient integrity to facilitate analysis of key behavioral indicators at provincial level; ii) estimated size of PWID population by province; and iii) resources/time available for the study.

Table 1: Sample Distribution by Province

Province	Estimated PWID Population	Sample Size
Hanoi	26,821	300
HCMC	25,573	300
Hai Phong	5,477	175
Dien Bien	8,895	175
Quang Ninh	3,919	150
Nghe An	3,964	150
Can Tho	1,735	150
An Giang	1,772	150
Total	78,154	1,550

Data Analysis

Data analysis was conducted using the Respondent Driven Sampling Analysis Tool (RDSAT 6.0.1) and STATA (Version 10). RDSAT was used to adjust for proportions across the eight provinces for the extent of social network connectivity and equilibrium within province samples. It was also used to produce individual weights for aggregated level estimates.

STATA was used to analyze aggregated estimates across the eight provinces. These estimates were calculated by combining the case weights generated in RDSAT, and provincial weights to adjust for approximated population size. Because Dien Bien province was not included in the 2010 survey, this province was not included in comparisons between 2010 and 2012.

Logistic regression technique was used to identify factors associated with HIV risk behaviors, and also to identify correlations between program exposure and behavioral outcomes.

SURVEY FINDINGS

Demographic Profile of PWID Respondents

The demographic profile of respondents is shown in *Table 2*. In both rounds of the study, most respondents were single and less than one quarter were married. The majority of respondents had at least a secondary education. The average number of years of injecting experience was approximately 4.5 years. The average monthly income was VND 4.2 million (USD 200.)

³ Vietnam HIV/AIDS Estimates and Projections 2007-2012, VAAC, MOH.

Table 2: Demographic Profile of PWID Respondents

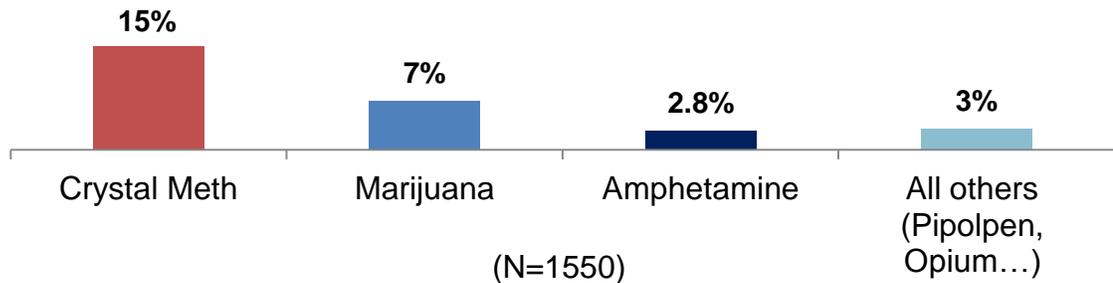
Indicators	2010	2012	Sig
Age	30.0	31.5	***
Highest attended level of education			
- Primary school	17.8%	15.7%	N.S
- Secondary school	44.4%	44.1%	
- High school and Above	37.7%	40.2%	
Marital status			
- Girlfriend, not live together	15.9%	5.0%	***
- Cohabiting	6.7%	2.7%	
- Divorced/ separated /widowed	14.6%	19.2%	
- Single (never been married)	45.9%	50.1%	
- Married	16.9%	23.0%	
Occupation			
- Un-employed	18%	10.4%	***
- Manual labor	62%	61.3%	
- Do small business	5%	9.9%	
- Employer for business	2%	7.7%	
Average monthly income (<i>million VND</i>)	4.8	4.2	***
Average of injecting duration (years)	4.5	4.6	N.S
	(N=1093)	(N=1550)	

*** *Statistical significance*

Drug Use Experience

In addition to using heroin (100%), some respondents reported using other drugs, including Crystal Meth (15%), Marijuana (7%), and Amphetamines (2.8%).

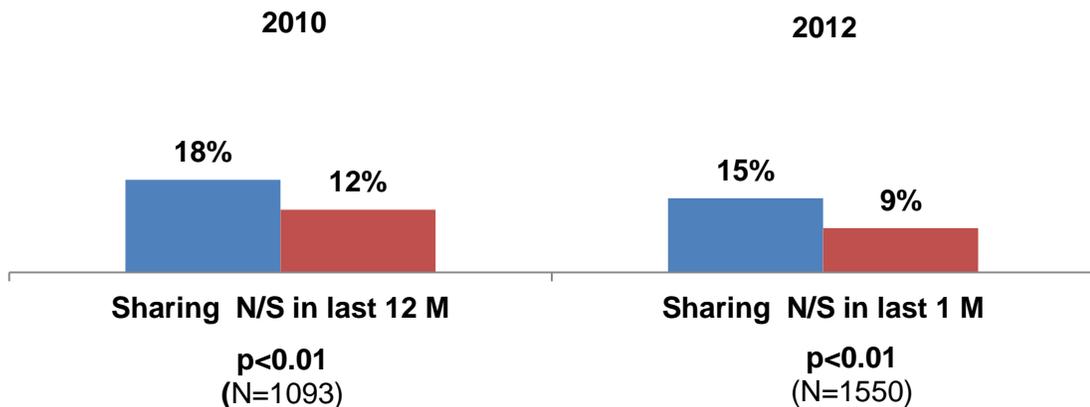
Figure 1: Drug Use in the Last 12 Months in 2012



Injecting Behaviors

More than 85% of PWID surveyed reported injecting every day with an average of 2.2 injections per day. The percentage of respondents reporting sharing a needle/syringe in the past 12 months decreased from 18.2% in 2010 to 12.3% in 2012. Reported sharing in the last month also significantly decreased from 14.6% in 2010 to 8.7% in 2012.

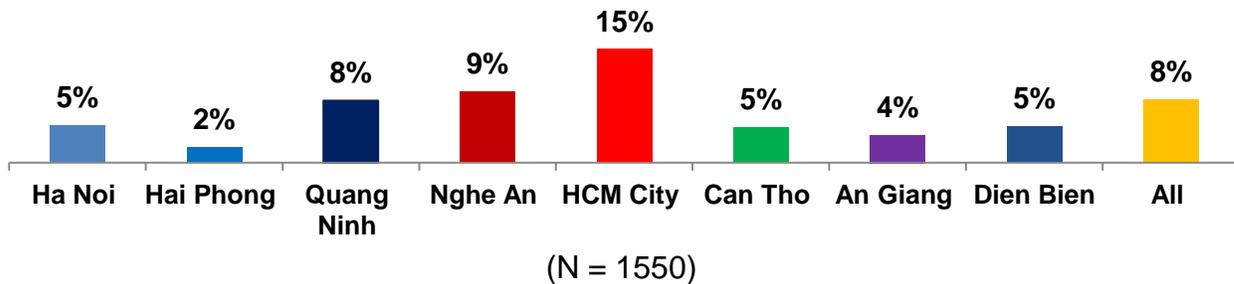
Figure 2: Needle/Syringe Sharing in 2012 and 2010



Sharing practices vary significantly by province, ranging from 2% in Hai Phong to 14.8% in Ho Chi Minh city (HCMC). HCMC, Nghe An and Quang Ninh had the highest percentage of respondents reporting N/S sharing in the past month (14.8%, 9.3% and 8.1%,

respectively). Close to half (45.7%) of all respondents reported ever sharing liquefied drugs with injecting partners before injecting and 15% reported that they had helped another drug user inject for the first time in the last 6 months.

Figure 3: Needle/Syringe Sharing in Last Month by Province



Factors Associated with Sharing N/S in the Last 12 months among Male PWIDs

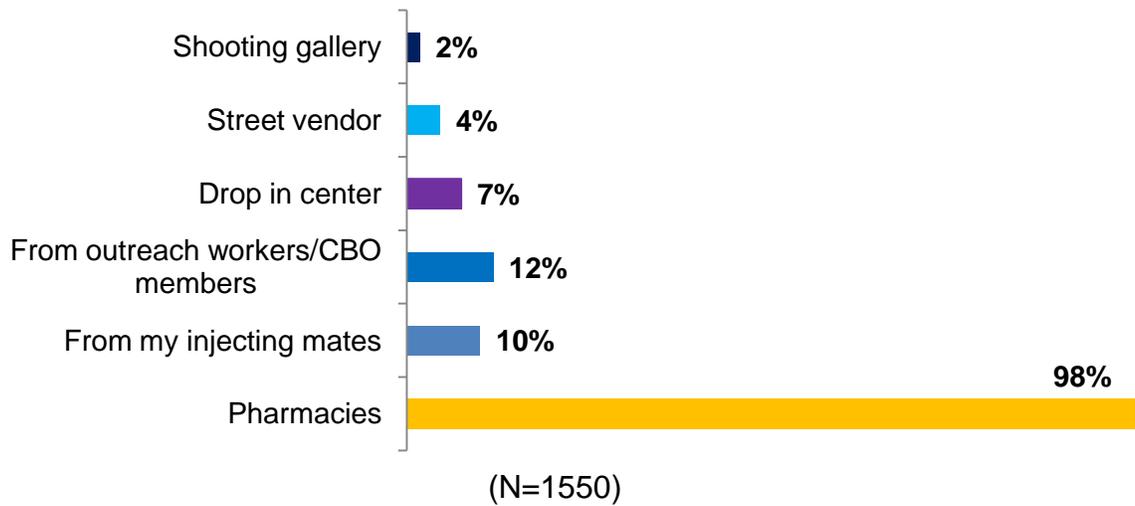
Two factors were identified as being associated with sharing N/S among male PWIDs in the last 12 months ($p < .05$):

- Previous experience sharing liquefied drugs with an injecting partner/s before injecting (OR= 6.62)
- Experience injecting for more than 24 months (OR = 2.04)

Source of Needle/Syringe

Almost all respondents (97.9%) reported purchasing N/S in pharmacies in the past month, with around 10% reporting that they had obtained N/S from outreach workers and friends in the past month.

Figure 4: Places Where Male PWID Report Obtaining N/S in the Last Month

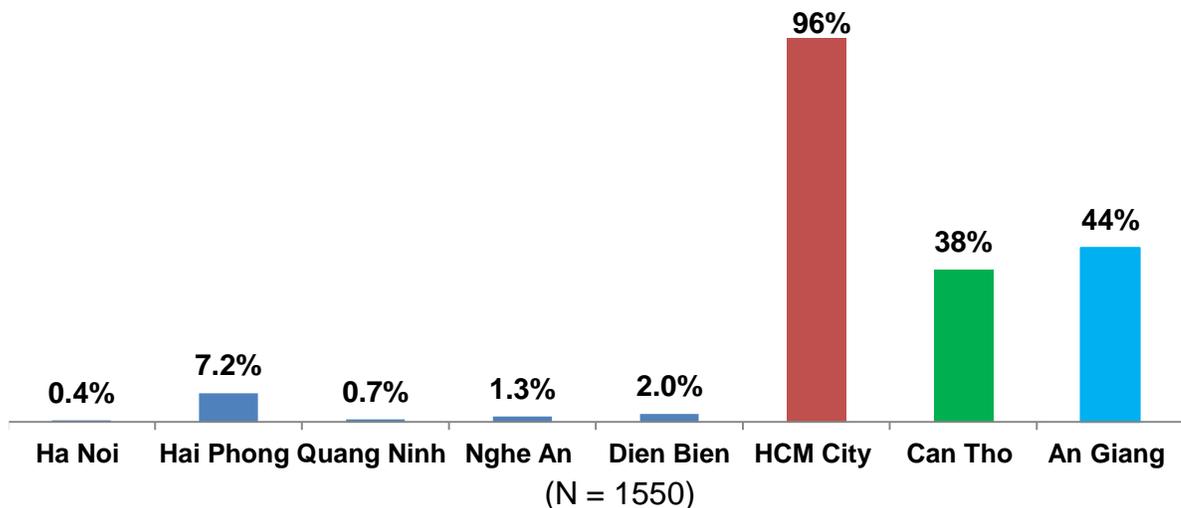


The average amount paid for syringe varied by type: with an average of 3,084 VND paid for a single low dead space syringe (LDSS) compared to 1,886 VND paid for a single high dead space syringe (HDSS.) Less than 3% of all respondents (2.8%) reported receiving all of their syringes for free in the past month, indicating close to 97% paid for some or all syringes in the last month.

Use of Low Dead Space Syringes (LDSS)

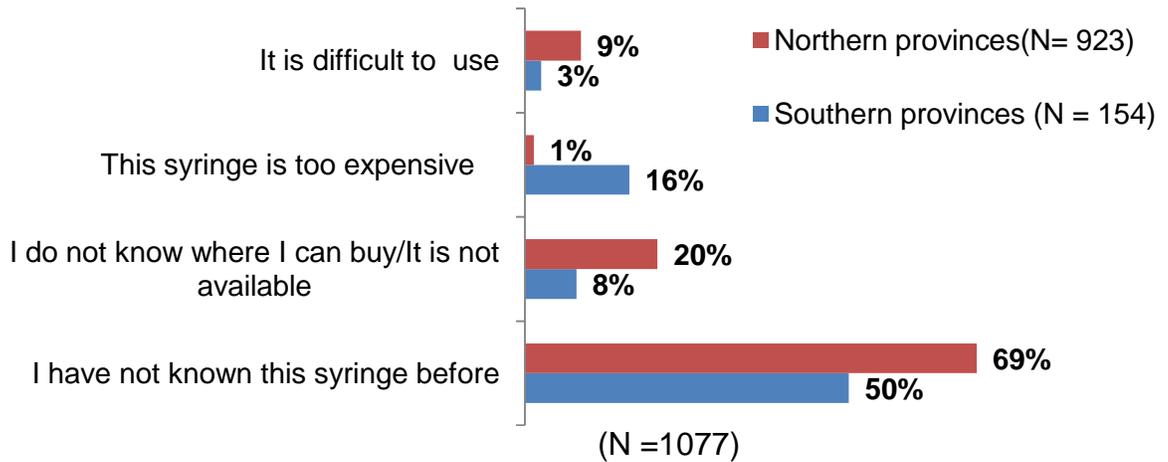
Experience using LDSS is limited to the southern provinces. In HCMC, 96% of respondents reported having ever used LDS syringes. In Can Tho and An Giang, the percentages of respondents who reported ever using of LDS syringes remains at 38% and 43.6% respectively. In the other provinces, few respondents reported ever use of LDS syringes.

Figure 5: Ever Use LDSS by Province



Reasons given for not using LDS syringes vary between northern and southern provinces. In the Northern provinces the key barriers were lack of awareness of LDSS, and inability to locate, find, or purchase LDSS. Barriers to using LDSS in the south included limited awareness, perceived high price of LDSS or difficulty accessing them.

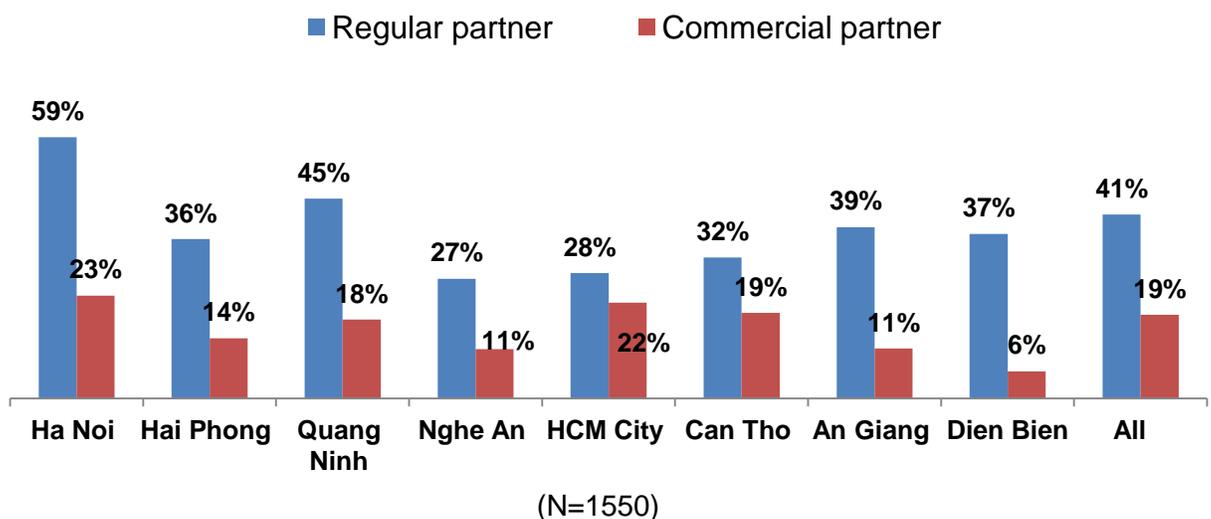
Figure 6: Reasons for Not Using LDSS among Those Who Did Not Use in the Past Month



Sexual Behaviors and Condom Use

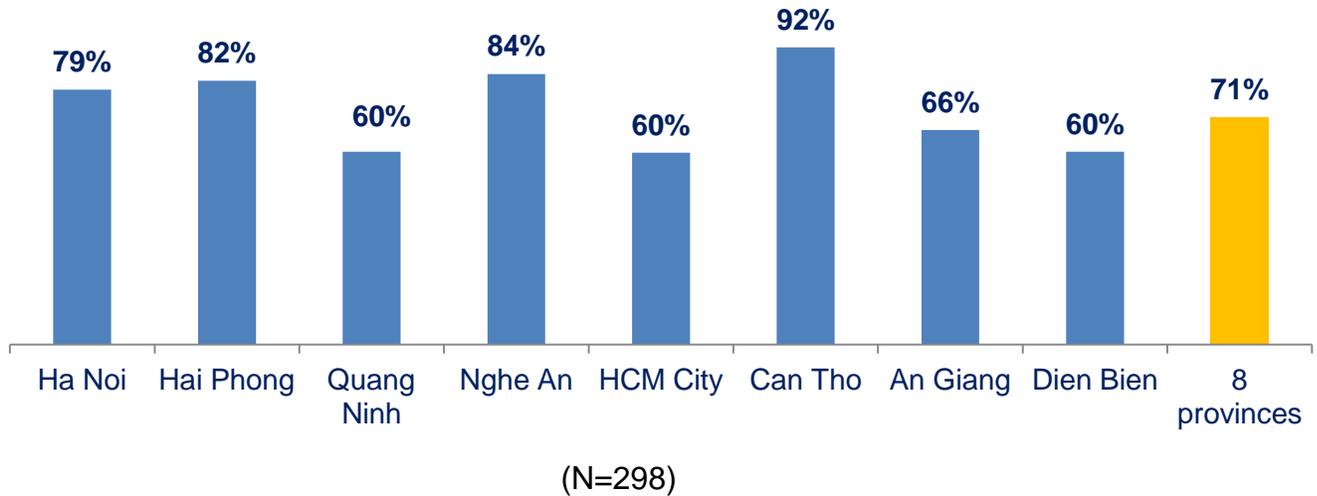
Close to one out of every five respondents (18.8%) reported commercial sex in the past 6 months. Commercial sex rates are highest among male PWID in Hanoi (23.1%) and lowest in Dien Bien (6.1%). (Figure 7)

Figure 7: Sexual Partners in the Last Six months



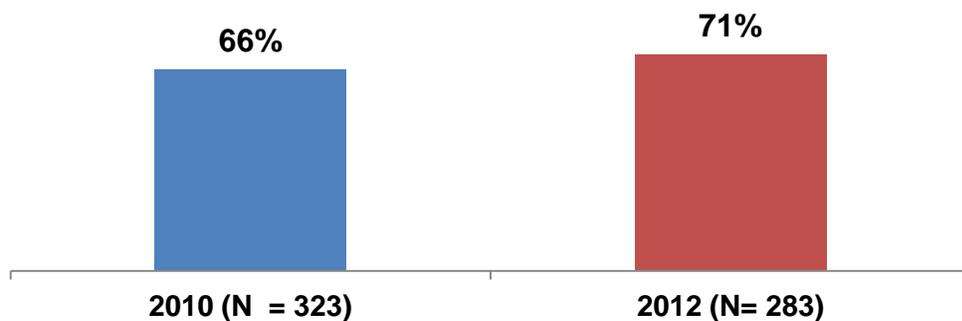
Consistent condom use was defined as using a condom during every single sex act in the past six months. Estimates for consistent condom use with female sex workers and regular partners were produced. Self reported consistent condom use with sex workers was 70.6%, while 28.7% reported consistent condom use with regular partners. Consistent condom use varies by province, with lowest reported rates in HCM city (59.7%), and the highest rate in Can Tho (92.5%).

Figure 8: Consistent Condom Use with SW in Last Six Months by province



There was no significant change in consistent condom use with a commercial partner between 2010 and 2012.

Figure 9: Consistent Condom Use with SW in the Last Six Months in 2010 and 2012



Factors Associated with Consistent Condom Use with a Commercial Partner

The following factors were identified as being associated with consistent condom use with a commercial partner. Two factors increased the likelihood of consistent condom use ($p < .05$):

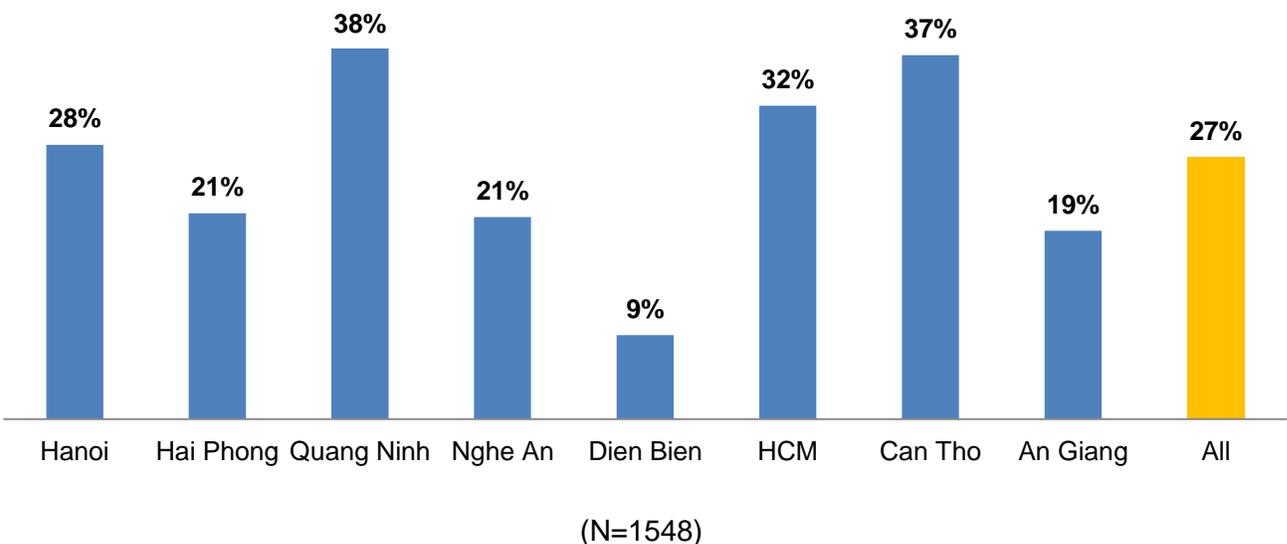
- Belief that a condom should be used with sex worker even if she is young (OR = 3.8)
- Belief that it is important to use a condom even if a sex worker is assessed as having a low risk of having HIV (OR= 3.5)

In addition, PWID who were single, inject more than once per day, and are regular clients of a commercial sex worker were found to be less likely to consistently use condoms ($p < .05$.)

Coverage of HIV Prevention Programming

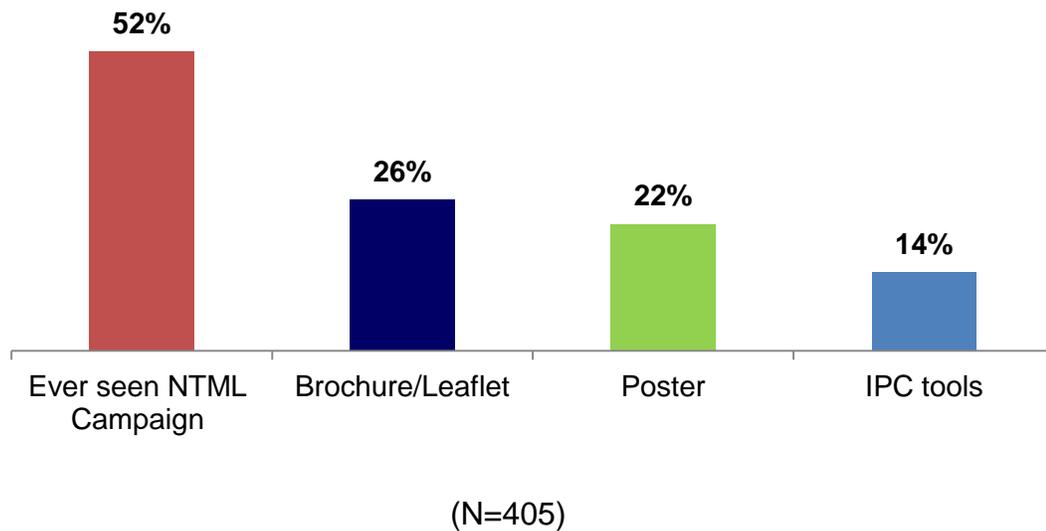
Less than one-third of all respondents (26.8%) reported having been reached by an outreach/peer educator from any HIV prevention program/project in last 12 months. Outreach coverage of male PWID varied by province, from a low of 8.6% in Dien Bien to a high of 37-38% in Quang Ninh, An Giang and Can Tho.

Figure 10: Respondents Reached by Outreach Last 12 Months, by Province



Among respondents who were reached by peer educators/outreach workers in the past 12 months, a little more than half (54.2%) reported having been exposed to the "Nho Toi Moi Lan" campaign associated with the national 100% Condom Use Program (100% CUP.) Among those exposed to Nho Toi Moi Lan messages, 26.4% were exposed to leaflets, 22.2% to posters, and 13.7% were exposed to interpersonal communication (IPC) tools.

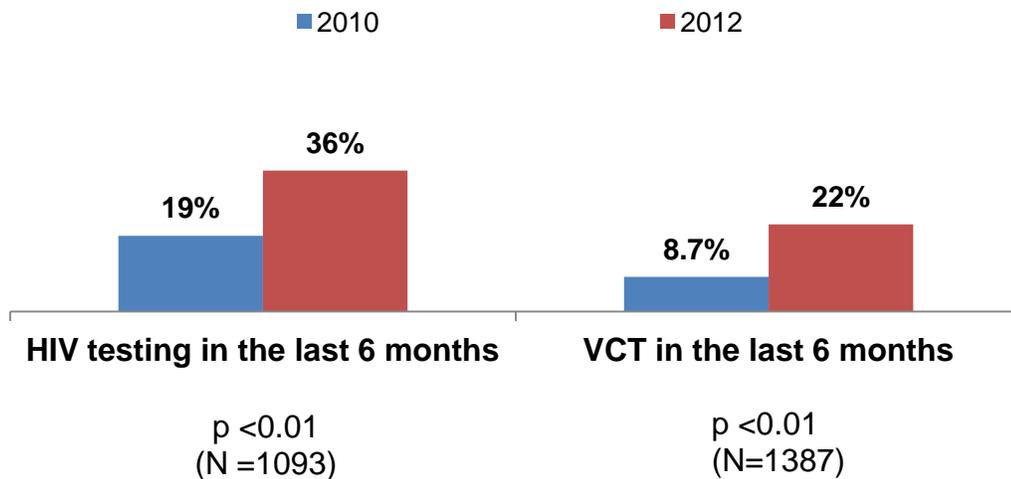
Figure 11: Exposure to “Nho Toi Moi Lan” Campaign Materials, by Channel



HIV Testing and VCT Uptake

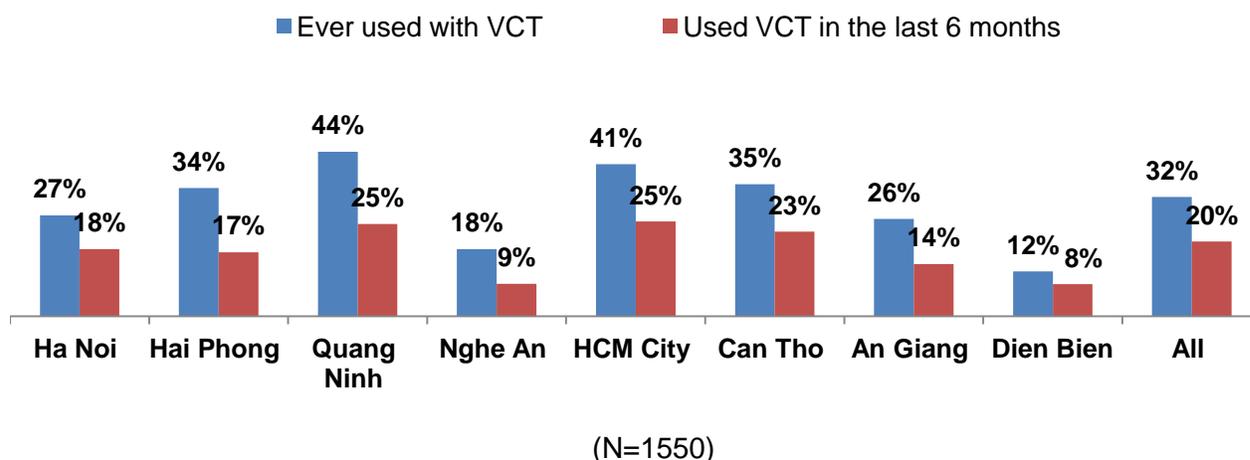
57.9% of survey participants reported ever having been tested for HIV and 32% reported ever using VCT services. Recent use of VCT/HIV testing services (in the last six months) increased between 2010 and 2012.

Figure 12: HIV Testing and VCT Uptake in Last Six Months, 2010 & 2012



Similar to other risk reduction behaviours, use of VCT varies by province. Rates of reported use of VCT ever or last 6 months are higher in provinces such as Quang Ninh, HCM, Hai Phong and Can Tho, compared to Dien Bien, Nghe An, Hanoi and An Giang.

Figure 13: VCT uptake by province in 2012



Factors Associated with VCT Use

The following factors were found to be associated with VCT use in the last six months:

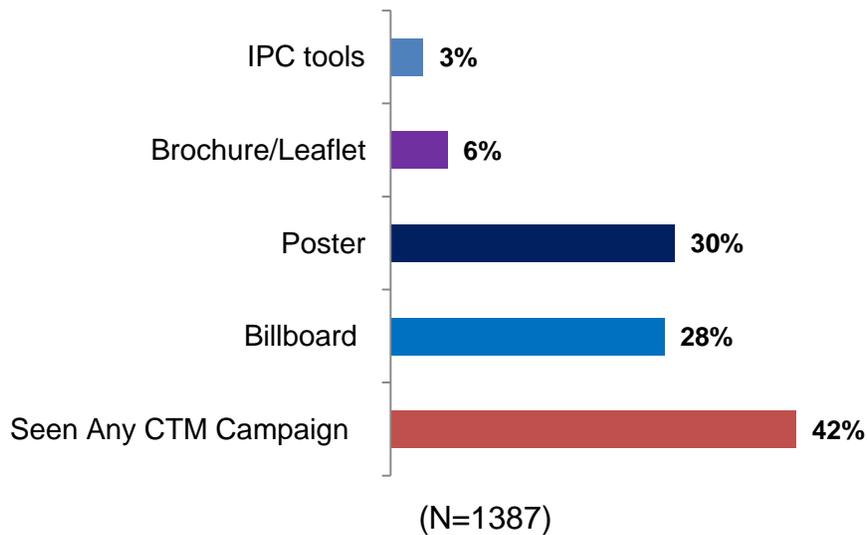
- Believes that he would be treated respectfully by staff at HIV testing and counseling sites (OR = 1.66)
- Wants to know his HIV status in order to protect himself (OR = 1.53)
- Believes that HIV testing frees a person from worry (OR = 1.52)
- Believes his test result will be kept confidential (OR= 1.39)
- Perceives that he is at high risk of contracting HIV (OR= 1.36)

In addition, PWID with a regular sex partner who knows they are a PWID, and/or are experienced (# years) injecting drugs are more likely to have used VCT services in the past 6 months.

Exposure to Chan Troi Moi (CTM) and Association with Use of VCT Services

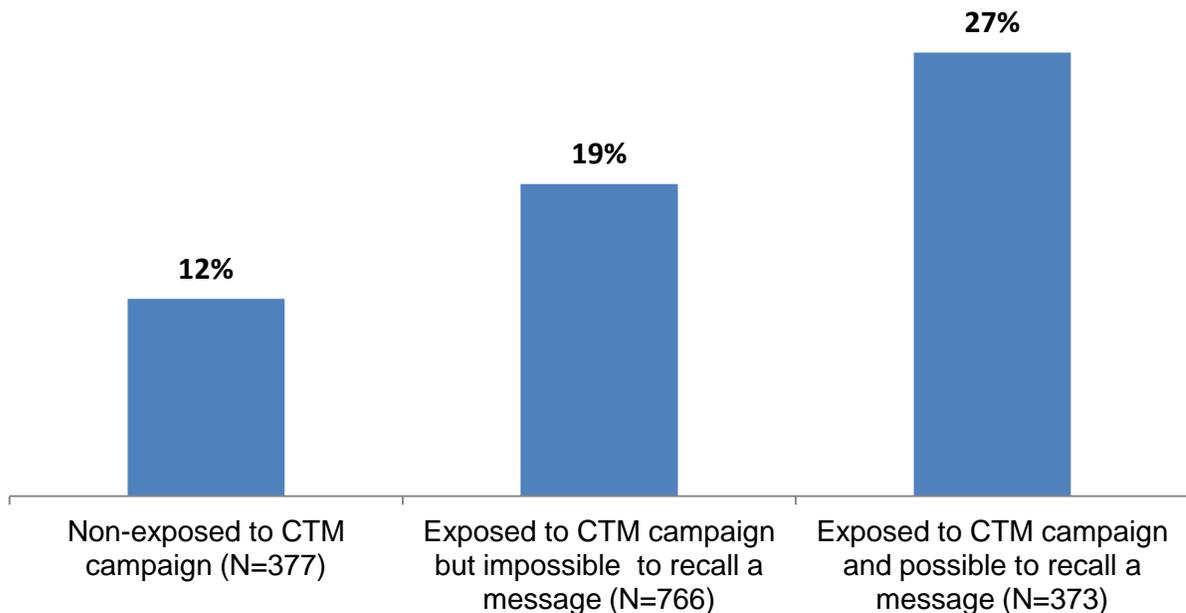
42.1% of respondents reported having seen the Chan Troi Moi (CTM) campaign. Among these, 28.4% reported exposure through billboards, 29.5% through posters, 5.9% through brochures/leaflets and 3.4% through IPC tools.

Figure 14: Exposure to CTM Campaign, by Channel



Male PWIDs who were exposed to Chan Troi Moi and who could recall at least one message were more than 2.78 times as likely to have used VCT services compared to those who were not exposed to Chan Troi Moi (OR=2.78, $p < .005$).

Figure 15: VCT Use in the Last Six Months by CTM Campaign Exposure Status



CONCLUSIONS

1. N/S sharing rates have declined but remain high, particularly in HCM City

The percentage of respondents who reported sharing a needle or syringe in the past 12 months decreased from 18.2% in 2010 to 12.3% in 2012. Reported sharing in the last month also decreased from 14.6% in 2010 to 8.7% in 2012.

2. There is almost no low dead space N/S use in the north due to major gaps in access & information

Use of LDS syringes was almost entirely restricted to the three provinces surveyed in the south of Vietnam, with very little or no use of LDS syringes in the other provinces. In HCMC, 96% of respondents reported ever uses LDS syringes. These figures in Can Tho and An Giang are 38% and 42%, respectively. In the other provinces, few, if any, respondents reported using LDS syringes.

In the northern provinces of Hanoi, Hai Phong, and Quang Ninh, 89% reported that their main reason for not using an LDS syringe was because they were unaware of them, did not know where to buy them, or that they were not available.

3. There is an urgent need to increase awareness of and convenient and affordable access to LDSS

Even in the southern provinces (outside of HCM), where some PWID have used LDSS previously, lack of awareness of LDS syringes was still the most commonly cited reason for non-use (49.6%). Cost is cited as a barrier among 16% of those not using LDS syringes who identify LDSS price as the reason for non-use.

4. Unprotected commercial sex remains high among male PWID

Almost one-fifth of respondents (18.8%) reported commercial sex with a female sex worker in the past 6 months, with almost one-third of these (29.4%) reporting that they did not use a condom consistently.

5. The *Chan Troi Moi* campaign has contributed to increased use of VCT services among male PWID

Male PWID who were exposed to Chan Troi Moi campaign and could recall at least one message were close to 3 times as likely to have used VCT services in the past 6 months compared to male PWID who were not exposed to the campaign.

6. Coverage of male PWID by harm reduction interventions remains limited

26.8% of respondents reported having been reached by an outreach/peer educator from a HIV prevention program in last 12 months; and the majority have never been tested for HIV

7. Almost all respondents report purchasing their needles/syringes at pharmacies; very few rely on the free distribution.

98% of respondents report purchasing their N/S from pharmacies and only 3% report relying exclusively on free distribution. Further work is needed to assess other aspects of N/S access through pharmacy channels.