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1 EXECUTIVE SUMMARY

1.1 ASSESSMENT AIMS

Statistical data have shown that the number of HIV positive people and AIDS patients in Vietnam have been on the rise over the years since the first report of AIDS cases in 1993. Injecting drug users were among the first cases of AIDS and make up the largest percentage of positive people. Surveys indicate that the number of drug users in Vietnam is increasing, which coincides with the increase in drug smuggling through Vietnam's long borders and major seaports. The incidence of HIV infection along these routes has also escalated.

Seafarers constitute a major mobile population at multiple ports along the lengthy coastline of Vietnam and are considered at risk of HIV infection and drug abuse. To date, no studies on their risk behaviour and the factors contributing to their vulnerability have been conducted to provide a better picture beneficial to intervention programming purpose.

The rapid assessment has been undertaken to gather data from working with seafarers and seafarer service staff which will pinpoint seafarer health care problems and how much health care access is available to them. In addition these data will help towards creating an improvement in seafarer skills in self-care, and community support.

The information gathered includes the current sexual and drug behaviour (including injected drug use) of seafarers; the extent of seafarer knowledge and that of their partners of health risk to themselves and others, safer behaviour, and reasons why such safer behaviour is not or may not be adopted; and areas where seafarers and seafarer service staff require assistance.

The overall aim is for the assessment to lead to developing of an intervention program that could provide improved skills in self-care; better access to overall support and advice; better understanding of and access to prevention through condom use; and better peer and community support.

1.2 METHODOLOGY

Four ports, namely, Hai Phong, Da Nang, Rach Gia and Can Tho, were selected as main survey sites by the Taskforce members. Considerations were focused on the volume of maritime industry at the port in relation to international communication link with neighbouring countries and existing domestic connection routes that linked seafaring to activities of other at risk groups. Besides, factors contributing to seafarers vulnerability, accessibility of the site and involvement of agencies in the area to facilitate the assessment were given important weight in the decision process.

Interview of key informants using a set of in-depth questionnaire prepared for specific groups of informants was the method for data collection. Four teams, each of which

carried out the survey at a port, comprised Vietnamese working in that part of the country where a port site is located. This was to ensure understanding of nuance/tones in responses due to language and local cultural differences. A training session on interviewing techniques was conducted with all interviewers to familiarize them with the task and the questions. Each team undertook data summaries of the findings before presenting them for further detailed analysis.

1.3 KEY FINDINGS

- Seafarers from all four ports are involved in casual sex activities evident from the report of CSWs and pharmacists that they are among their customers. Seafarers and their sex partners, mainly CSWs in this study, possess varied levels of knowledge on STDs/HIV/AIDS and of understanding on methods of disease prevention. The knowledge and understanding, however, remain superficial and have not effectively brought about either attitude or behaviour change.
- Like seafarers, CSWs are either locals of the four ports or migrants from neighbouring provinces/regions the majority of whom enter the profession with the hope to earn money to take care of families or start some business of their own. Female respondents who turn to commercial sex work experienced some form of family problems - break down either of their own or their parents', death or abuse and separation. The women seem to have a good understanding about disease protection through condom use but they lack negotiating power with their customers among whom are seafarers.
- Seafarers are mostly recruited from family connections or community connections – from the same village/area or dwelling in the coastal districts. Comradeship in the form of boat spirit is essential for the survival and job achievement of the men on board, a great number of whom see themselves in the work for a long time.
- Although seafarers are not identified as the major group of illicit drug users and contradictory statements from different respondents regarding their involvement exist, they are certainly among the users. Injecting is the main method of drug use with some smoking mentioned. Self-reporting indicates both self-possessing of a tool kit and sharing of injecting equipment because of money problem although they are not totally ignorant that there is a risk of HIV transmission.
- Peer pressure plays a significant role in ushering new comers into using drugs although depression and family problems emerge as pushing factors as well. A number of addicts have attempted to stop drug use but relapse is high because they return to the same environment that exerts overpowering influence on them.
- Attitudes of boat operators towards HIV positive seafarers range from dismissal to provision of suitable job to their health and arrange for medical treatment. Discrimination against positive people exists due mainly to the fear of contracting the disease if close contact is maintained. This indicates shallow understanding about the transmission and the need for in-depth education programs.
- At all four ports, it is clear that there is no effective and organized service where correct information and treatment on sexually transmitted diseases are provided. Health care personnel from administrators to health workers need more training on HIV/AIDS and the situation regarding the magnitude of the transmission has not been closely monitored. Both seafarers and CSWs resort to self-medication,

getting advise from friends and peers and buying medicine from vendors. When the symptoms persist, they approach private health care providers i.e. private doctors and pharmacists. The latter plays a role in providing treatment although few pharmacists have sufficient knowledge on sexually transmitted diseases especially HIV/AIDS. Requests come from a number of respondents for more information indicate an implication for a programme intervention.

1.4 SUMMARY RECOMMENDATIONS

The assessment findings do not portray seafarers as an outstanding group vulnerable to HIV and illicit drug use but indicate that they constitute that part of community at risk. It is important that intervention plans address prevention strategies with specific target populations like seafarers and CSWs as well as general community members and build up "living with AIDS" attitude. Summary recommendations are provided below:

- Collect or integrate available data on spouses and long-term partners of seafarers into the assessment in order to direct appropriate interventions to other members of seafarer's families/contacts.
- Provide training or refresher training on HIV/AIDS and its impact to health administrators and health workers and encourage their involvement in monitoring STD/HIV/AIDS situation in their area for the purpose of making support and treatment more accessible to communities. Participatory training where participants take part in determining existing or potential problems in their community, such as the use of PRA, is a good approach to bring about awareness and involvement.
- Initiate a program with pharmacists and medicine vendors to improve their knowledge on STD/HIV/AIDS diagnosis and establish a referral system for customers with serious symptoms to receive proper care and treatment.
- Approach different groups of seafaring ranging from boat companies to boat captains, boat operators to crewmembers to run education sessions on in-depth understanding of HIV/AIDS and behaviour change. Explore and utilise the concept of comradeship/boat spirit to enhance the acceptability of HIV positive seamen and reduce discrimination.
- Provide information on lifestyle of seafarers and risks associated with seafaring and the need to forethought for issues like health and first aid to potential new comers in seafarer source communities.
- Look into the source communities where women sex workers originate to improve the living conditions of potential new comers and provide occupational alternatives.
- Link awareness of HIV risks to the desire of both seafarers and CSWs to return home and to support the needs and lifestyle of family back home.
- Initiate education on safe use of injection and a harm reduction programme at port communities which should be complemented by rehabilitation assistance that involve community to provide support to addicts with a desire to stop drugs and monitor their progress.
- Promote 100 % condom use in communities across ports and reduce the feeling of embarrassment to purchase or come in contact with condoms. Make condoms

easily accessible to seafarers through their contacts both on board and ashore.

1.5 ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Assistance for International Development
CSW	Commercial Sex Worker
EAPRO	East Asia and Pacific Regional Office
HCMC	Ho Chi Min City
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
INGO	International Non Government Organisations
KAPB	Knowledge, Attitudes, Practice and Beliefs
MCH	Maternal and Child Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
PHC	Primary Health Care
PLWA	Person Living With AIDS
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Program on AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

1.6 TERMS, DEFINITIONS AND TRANSLATIONS

ENGLISH TERM	VIETNAMESE TERM (If this is relevant)	DEFINITION
Seafarers		In this Report seafarers refers to men working on ships including fishermen, boatmen, boat captains…..
Mobile group		A body of people working in jobs that take them away from family and community for significant periods of time
	Thou phien	Vietnamese word for opium used by pharmacists to refer to illicit drugs
	Bao cao su	A term for condom
	Beer Oms	
	Ao mua	Literary the term means 'rain coat'. Used as a slang to refer to condom.

2 THE RAPID ASSESSMENT OF SEAFARERS

Rapid Situation Assessments to develop action plans for seafarers, their source and host communities have been undertaken in Cambodia, Thailand and Vietnam by staff from local programming agencies using qualitative methods. This process was facilitated through identification of key sea-faring locations and populations at risk in each country. Targeting was followed by field research to identify practical means for preventing and caring for seafarers with HIV or drug dependency.

3 NEED FOR ASSESSMENT OF SEAFARERS IN VIETNAM

Vietnam is rapidly moving into a market-oriented economy and the expansion brings movement of labour towards sources of work, resulting in an increase in mobile workforce. Mobile groups are believed to carry a higher risk of contracting HIV and seafarers form a significant mobile group. International attention was drawn to the link between seafaring and HIV/AIDS in 1992 when cases of HIV-positive Thai fishermen were reported in Merauke, Irian Jaya, Indonesia (Ruj 1995). The study in Vietnam was initiated with the recognition that seafarers and their network in source and host communities have not been the subject of research in Vietnam.

Along the coast of the country, there are nineteen major ports where trading, smuggling and services that bring about instant gratification to both customers and host(esses) are found. There is a tradition of seamen and sex workers liaison and it is known from a number of documents that sex service is available on-shore and off-shore on boats and small islands off the port coasts. These CSWs on the islands have never been assisted to understand the danger of their work and the methods to protect themselves from disease transmission. It is also recognized that Vietnamese men in general are not in favour of condom use and sex workers do not possess the negotiating power for safe sex. Besides, illicit drug smuggling also takes place at major seaports like Hai Phong and there are reports where drug smuggling has intensified, the incidence of drug use and HIV infection rises along the route.

Although there is no surveillance data pinpointing high incidence of HIV/AIDS at port towns or among seafarers, HIV tests have indicated a steady increase in the number of infection cases. Drug users remain the group with the largest percentage of HIV cases while infection among heterosexual partners is on the rise.

Despite indicators showing that seafarers are at risk, no prevention programmes in Vietnam currently tailor services for seafarers. It is important to determine the scale and nature of the risk environment they and their network are in before initiating any intervention.

4 SELECTION OF ASSESSMENT SITES

The National AIDS Program played a focal role in identifying the main sites for port-based surveys of Key Informant groups. These comprised six site options with two each in the north, central and south of the country. These were subsequently narrowed to four sites following discussion among the taskforce members. The rationale for each individual choice is given below.

4.1 HAI PHONG

Hai Phong Port was chosen over Quang Ninh (on the Chinese coastal border) after discussion among Taskforce members. It was generally agreed that while reported drug abuse figures were higher for Quang Ninh, the relative ease of access to Hai Phong and the present involvement of Save the Children Fund UK at the site would facilitate research in what was primarily a *rapid* Assessment.

4.2 DA NANG

Similarly, the taskforce felt that Da Nang was the most accessible and largest of the three central ports. It had important road links with neighbouring Laos which were likely to generate sea-road interchange activity. An active World Vision program in Da Nang which has recently focussed on long-distance truck-driver HIV vulnerability further supported the choice to undertake research in a complementary sector.

4.3 RACH GIA

Rach Gia has important seafaring links with Cambodia and is the key port facing into the Gulf of Thailand.

4.4 CAN THO

Taskforce members were strongly of the opinion that the numerous rivers of the Mekong Delta supported a level of inland sailing activity of significant importance. Of particular interest were locations where river-based and sea port activities interacted. The options of Soc Trang and Can Tho were discussed (see **Table 1**) and Can Tho was adopted as the representative Mekong Delta site for the Assessment.

Table 1: Characteristics of site options for the Mekong Delta

SOC TRANG PORT	CAN THO PORT
• More remote location with more difficult transport	• Easier transport access
• River estuary location so both seafarers and freshwater sailors	• River location but also the major port of SW Vietnam so international and local seafarers as well as freshwater sailors. Relatively modern port.
• Relatively new province so weaker administrative capacity	• Relatively strong government agency capacity
• Khmer and Chinese ethnic sub-groups. Concern about generating ethnic stigmatisation of disease or drug vulnerability	• Overwhelmingly Kinh population
	• Many drug users and commercial sex workers
	• UNDP-Youth Union and DKT Project sites located here
	• Perceived to have many social problems due to being previous capital of the south-west

4.5 TEAM COMPOSITION

The Teams for the two northern and two southern sites comprised Vietnamese working in that part of the country. This was important to ensure that any key differences in language and local culture were recognised and documented in the Assessment. A special sub-taskforce was also created for the southern sites in recognition of the long distances involved for coordination of activities and to ensure that local agencies were involved.

5 HIV & DRUG ABUSE SITUATION IN THE COMMUNITY

Much attention has been given to the drug situation in Vietnam. The Vietnamese Government has summarised the situation (see [1] below) so as to enable the data presented in this report to be placed in a wider context.

5.1 DRUGS IN VIETNAM: AN EXPANDING PROBLEM

Injecting drug users were among the first to show cases of HIV/ AIDS and comprise the largest percentage of HIV-positive cases, although this figure could partly be due to mandatory testing among drug users.

[1] *Partnerships in Action: HIV/AIDS In Vietnam.* National AIDS Committee and UNAIDS, April, 1998

The Ministry of Labour, Invalids and Social Affairs (MOLISA) reported 185,149 drug addicts in 1995, and there were an estimated 69,000 IV drug users in 1997. Most are too poor to buy their own syringes. As a result, many go to "shooting galleries," where they use -- and share -- syringes supplied by their dealers. The most common drug injected is "black water" opium, which is sometimes mixed with other substances. Heroin use, which had largely disappeared after the American War, began to reemerge in the mid-1990s and has been steadily increasing, especially among young people.

Statistics show that the number of drug users in Vietnam is increasing, a trend that has been linked to a rapidly expanding drug smuggling trade. In the first six months of 1997, the number of drug offences increased by 24 per cent compared to the same period in 1996. Heroin seizures accounted for more than 70 per cent of these offences.

Although Vietnam has significantly reduced domestic opium production, repeated seizures in border areas have led to the confiscation of large quantities of opium, heroin, cannabis, and other substances. Recent seizures of these drugs in retail-sized doses indicates a growing consumer market within Vietnam.

Vietnam's long land and sea borders and multiple ports for export make it particularly attractive to drug smugglers. Typically, drugs are smuggled across the borders and major seaports of Hai Phong and Ho Chi Minh City.

Surveys of these routes have found that as drug smuggling has intensified, so has the incidence of drug use and HIV infection along these routes. In Lang Son and Quang Ninh provinces, both heavy smuggling areas, a total of 800 new cases were reported in 1997. Nearly 100 per cent of the victims were injecting drug users.

5.2 AIDS IN VIETNAM

The first cases of AIDS patients emerged in 1993 and have been steadily increasing. To date 1,159 HIV-positive people are known to have developed full-blown AIDS. Commonly reported health ailments among AIDS patients include tuberculosis (32 per cent), weight loss (17 per cent), chronic diarrhoea (16 per cent) and persistent fever.

The data collected in this research at the ports on this topic are not very deep but are of interest.

5.2.1 Da Nang

According to the police at Da Nang injecting drug use is decreasing (whilst drug dependence is not). The users are mainly men but those arrested were young men. No seafarer has been arrested for drug use. A very small number of men going into detoxification was reported (total 4) and unsubstantiated figures (also small) of PLWA (from 3-55) showing a general lack of awareness of the health providers interviewed at

Da Nang.

5.2.2 Rach Gia

At Rach Gia police interviewed reported a total of 30 arrests between them for drug abuse – three believe that some of these were seafarers although none for dealing in drugs. One police reported knowing HIV positive IVUs. Involvement in drug is the domain of men and youths. Health workers report PLWA as between 53 in 1998 to 720; administrators quoted 296 and increasing, the health workers did not report any people at detoxification centres but the administrators quoted 364. Again the lack of awareness of the real situation by the health providers is alarming.

5.2.3 Hai Phong

Hai Phong PLWA at end of 1997 was total of 388 (24 of these are women) and increasing with 9 HIV related deaths. Recorded drug admissions to hospital totalled 51 with no person admitted to a detoxification centre (Health Administrators). One health worker knew of two detox admissions and the numbers quoted for PLWA by health workers were 1/9 of what was quoted by the administrators. This group believes that drug use has increased “dramatically”, many being male, unemployed and undereducated. The police arrested 297 people (men, 30-45 years jobless) none of them being seafarers in 1997.

5.2.4 Can Tho

Can Tho has 29 PLWA and one HIV related death with no admissions to the hospital or the detox centres recorded by health workers in 1997. This is verified by the health administrators interviewed. Police arrested 38 people for possession/use of stimulants with this sort of drug use increasing amongst men who are older and jobless. The trend is for the user to become a dealer. It was unstated whether or not any of the PLWA or none arrested were seafarers.

5.2.5 Conclusions

Whilst the big picture in Vietnam shows a link between intravenous drug use and HIV infection, the data collected show that seafarers are not more involved in drug use than any other group of men in Vietnam.

The lack of knowledge about how many PLWA were in the community or, in detox centres, or arrested on drug charges amongst the people involved in health in the four ports of this study, shows that levels of communication between the sectors involved in the whole community services, are poor.

It could be suggested that, until communications improve and people in the communities begin to understand the situation and the ramifications of this as well as the actions needed to be taken to minimise family and community trauma, the situation will gradually deteriorate.

6 THE MARITIME INDUSTRY AT ASSESSMENT SITES

7 CREWMEMBER LIFESTYLES

7.1 SOURCE COMMUNITY RELATIONS & RECRUITMENT PROCESSES

Recruitment can follow from family connections, son following father or another family member into the trade, but also from community connections – the same village or area or dwelling in the coastal districts. 'Influence' from 'powerful figures' may also be a factor. Health, strength and a willingness to do hard work are key factors in a captain's choice of candidates. Obedience and experience are also mentioned, experience being apparently preferable in some cases to certificate-holding. The majority of the seafarers are of Kinh ethnicity coming from both Northern and Southern communities to work at a port except for Rach Gia where Khmer crew are predominant. Most seafarers cite money as the major incentive in pursuing this path.

7.1.1 Hai Phong

Figure 1: Map of source communities for Interviewed Hai Phong seafarers

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The 22 seafaring respondents from Hai Phong were aged 20-50 years old and came from fishing and cargo boats in equal numbers. All were of Kinh ethnicity. The fishermen originated in Do Son and Hai Phong and the cargo boat crew in Ha Tinh, Thai Binh, Ha Tay, Ninh Binh, Nam Dinh, Nha Trang, Quang Ninh (see Figure 1).

There is a marked difference between the education level of the two groups, the fishing boat crew being far less educated (primary to basic secondary school level) than the cargo crew (upper secondary and Maritime College graduates).

The boat captains interviewed (6) and the boat operators (2) verified that the relationship between crewmembers was both kith and kin due, partly, to the recruiting procedures utilised. Eight of the interviewees took the jobs because of father-to-son family connections within the industry or because they lived on the coast and became involved in fishing industries.

A number cited lack of any other skills as the reason to take a seafaring job instead of working on a farm or in the army. In general the crewmembers knew each other before

accepting the jobs.
Five of the seafarers have been working for only 1-4 years but the remainder have been employed for 8-24 years as boat crew. Most have regular contact visits to their homes, although one has not visited since "early 1998."

Whilst job satisfaction is clearly there, the dreams of these men centred around accumulating sufficient money for family security and comfort. Only a few dreamt of work outside this industry, in fact all but two see their jobs as long–term and fairly secure. They have no intention of leaving unless they have to do so.

None of the crewmembers were Buddhists, but ancestral worship (animism) predominated with some visiting temples when on shore. Those who did not follow this worship stated that they had no religion.

Single and married men are in the sample in almost even numbers. The married men had between 1 and 4 children. It is interesting to record that, in general, these men do not want their children to join the seafaring fraternity - steadfastly saying "no" or "never" when asked.

The wages of the seafarers in the study at Hai Phong were dependent on the type of boat and the type of activity as well as the method of calculating the "wage". Some had wages of between 700.000 – 800.000 dong per month paid by the ship owner. Other salaries were as high as 7.5 million dong per month. Fishing boat crew who received wages based on output cleared 1-2 million dong in a good month and, if the trips had been unsuccessful, would have to bear the costs themselves. One boat captain paid them either monthly or annually at about 2 million dong per month.

There appears to be a wide discrepancy between the wages of the men in this sample, but most men felt that the wages were sufficient. The better-educated crew of the cargo boats were more likely to feel that the wages could be higher, but fishermen are satisfied.

7.1.2 Da Nang

At Da Nang port twenty-five seafarers were interviewed. Ten were cargo boat crew and fifteen belonged to fishing boats. They were aged between 18 and 50 years. Five boat operators were interviewed, all from Vietnamese companies; four state-run with one a private company.

The staff of these companies varied greatly in size – one with six staff (private), two with 18, one had 150 staff whilst one state-run staff size was 1056. The latter was the oldest established company (1908) and was set up in Da Nang in 1975 (the end of the American war). The other companies were established as companies in Da Nang in 1975, 1978, 1991 and 1993.

According to these owners, members of crew increase, decrease or remain stable without a set trend or pattern, although one had halved its staff size since 1993 others

increase/decrease staff depending on needs. Whilst the senior staff of the state companies were located at the port, the private company had its senior staff located at the People's Committee of Thanh Loc, Da Nang which is the registered office of the company. This may mean that its status is not exactly "private" but a commercial arm of the local authorities (this is not verified).

Figure 2: Map of source communities for Interviewed Da Nang seafarers

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The six boat captains interviewed chose crewmembers on their "physical strength" and "skill". A desired attribute was also "industriousness". Two certificates were mentioned as being required – a health certificate and a marine certificate. One also required staff to have signed a labour contract. All the boat captains described the crewmembers as transient moving from boat to boat or leaving the boats altogether because of ill health, physical inability to cope or because no work is guaranteed. Most crew, it was said, transfer in groups. Subgroups included "single and older" and geographical origins (Hai Phong or Thanh Hoa). All the seafarers and boat owners interviewed were Kinh. The seafarers came predominately from Da Nang with three from Quang Nam, two from Hue, one from Phu Yen and five from Hai Phong (see Figure 2).

The seamen were educated to a range of levels all classing themselves as literate. The range was from level 4to 12 school to graduate of maritime college. Fishermen had lower education levels than did cargo crewmembers and fishermen were more commonly in the trade because of family history as fishermen. Most joined to "earn money for the family" and felt that it was "suitable for their abilities". A number number had been in the armed forces although a large number also had come directly from school or classed themselves as employed. One had a "love of the sea" as the reason to join a crew.

7.1.3 Can Tho

Sixteen seafarers in Can Tho were interviewed; nine of them were from fishing boats and seven were from cargo boats. They were aged from 20 to 52 years.

Five of the seafarers from cargo boats were born in the north of Vietnam. They were seafarers of a big state-owned cargo boat which travelled from Hai Phong port to Can Tho. They were older, from 40 to 52, with nearly 20 years work experience, and had high education levels at University standard except the mechanics, who had middle secondary education.

Of the seamen generally fishermen from the south, four of the interviewees were from Can Tho, three were from Soc Trang, two from Ben Tre, one from Long An and one from An Giang. Most of them are younger, from 20 to 35 years old. Their education levels are generally primary (basic) and secondary (lower to middle). One was a teacher before. One boat captain said that the majority of fishing vessels had crew from Can Tho.

Twelve of the seamen were married and had between one to three children. Fourteen said that they have no religion, one is a Catholic and one is a Buddhist.

Income for the seafarers on the cargo boats is between 800,000 dong and 3,000,000 dong per month. For fishing boat crews income is dependent on the fish harvested.

The numbers of staff employed on boats by the boat operators interviewed were 295 and 60 (both stable) and 40 and 136 (both decreasing). Staff are selected based on "demand, technical skill and a health certificate". One local boat owner (with 40 staff) wanted graduates from either high school or Maritime College. Turnover was not properly gauged in the interviews with the boat operators, however most of the seafarer interviews showed that they were long term employees. Recruitment can be either through relatives' and friends' introductions or through application.

The captains (6) interviewed choose crew on relationships, experience, health status or a combination of all three – health status and experience were the main prerequisites. The crews of these captains appear not to be long–term employees (this could be because of misinterpretation of the question as it conflicts with both the seafarers and the boat operators).

The crews had sub-groups based on home location: Tien Giang and Can Tho were mentioned.

7.1.4 Rach Gia

The seamen reported that on the boats there were two ethnic groups – Kinh , Khmer with Khmer being the newer crewmembers predominately. Generally they referred to their colleagues as "friends" and some were from the "same village" or "same district" – on one boat the entire crew were for Kampot province Cambodia.

Most seamen said they were of Buddhism religion. This refers to "term spirit ". But only half actually entered or visited a pagoda when on shore.

The interviewees came from a range of backgrounds with the commonality of poverty – farmers, jobless, soldiers, bicycle drivers, carpenters, motorbike repairers.

They predominately were at sea for "the money" although some followed their fathers' occupation with a few who joined brothers on the ship. They had aspirations of a better life, more training, starting a business, owning a boat, home comforts for family and better support to parents. For the time being, the money was "enough " the life was hard but interesting for most and their dreams were seen as possible if they continue into the near future taking trips. However almost all, when asked what they would "rather do", mentioned more prestigious jobs relating to shipping.

Crewmembers according to one boat operator should have 4th grade sailing licences for captains and vice captains with sailors having technical training over 18 months. This, however was not in fact the case amongst the seafarers in this study. "Skill" is a prerequisite for employment combined with good health and obedience.

Whilst the sample comprised of Khmer and Vietnamese from the local provinces, a boat operator said that 80% of the seamen were ex-soldier northerners and some were local farmers. It appears that there is a huge supply of potential and willing crew recruits and often there are "powerful people" behind those who actually are accepted for employment.

Wages are paid to the extent that profit is made within a system of bonuses and fines. "Profit gained is divided into two equal parts: one for the ship owner and one for the crewmembers". Quantity of work and of obedience (as judged by the master) earns bonus points which are translated into money. Money is also subtracted from "salary" on the same criteria.

The total number of staff of companies of three interviewed boat operators was 180, 711 and 40, showing a huge range in size. The largest one was a state run fishing company (Kien Giang). The three reported increasing staff levels and only the smaller company had Khmer as well as Vietnamese seamen. This smaller company had the fastest turnover of staff. The state owned company had health insurance, social insurance, labour accident insurance and labour protection for employees. The other two did not. This indicates a strong possibility that not all companies are adhering to the labour code i.e. the workers of non-state companies may not be registered and paying tax and thus are personally liable for all the above payments themselves.

A condition of an operating license however for the smallest company was to abide by the law (i.e. pay tax) so it is unclear why no benefits are available to the seamen. The two larger companies have permanent licenses with no conditions on one of them and the condition to " work effectively" placed on the other.

7.2 LIFESTYLES ABOARD SHIP

The work on board a boat is clearly strenuous ranging from staff management to steering, maintenance of machines and equipment, to net catching, guiding to fish, and

fishing. Shift work is the norm with 6 – 10 hours of solid work, although some are on 24-hour standby. Trips to sea can vary from a few days to 3 months and the ports of call are local as well as international. Many crew and boat captains agree that team spirit or boat spirit in the concept of comradeship between crewmembers is important. Although many admit to danger at sea, the rate of turn over varies: fishing boat crew at one port seeing themselves in the work for a long time while at another port storm or poor fishing season will increase resignation. While on board, health facilities range from access to health officers to self-medication.

Space on board a boat, especially a fishing boat, is quite limited. Accommodation standards thus vary from sleeping on deck to hammocks, to sharing a room with another crewmember and in certain cases a bed. Relaxing on board comprises mainly the activities that can be done in confined areas including listening to radio, watching TV/video, playing board games, gambling and reading. Sex is an activity and some boats allow women on board to provide sexual service.

7.2.1 Hai Phong

Sailing times varied from a few days to a typical three month-trip, but one captain said that the longest trip taken was six months. Cargo crews visited more ports than fishing crews, including Singapore, Hong Kong, Japan, China and South Korea. Fishing boats visited Vietnamese ports as far south as HCMC, with one crewmember going also to Can Tho and even Phu Quoc island.

Conditions on the ships seem to vary in space and quality. Some ships have bunk beds in shared rooms, others have space and mats for sleeping on the decks. Officers always have their own rooms.

According to the boat captains, working hours are in shifts of eight hours with overtime when necessary. The crew said this was usually in two shifts and they are on duty for the 24 hours in case of emergency. In the sample, the jobs carried out were on machines (7), hauling fishing nets (6), other (2), as deck hands with tasks including rolling cable cord and steering (3), or as deputy boat captain (3), which entails looking after the cargo and the personnel and navigation (1). They certainly work long hours and intensely for at least 8 hours per day.

As the boats are not spacious, recreation activities are of a confined nature. Listening to the radio and watching TV were the most popular. Reading the newspaper also was common. Gambling is popular as is looking at pornographic pictures (even video). Chatting together was only mentioned by one person, sleeping and resting were mentioned three times only. Other of the less common activities were walking, playing guitar, listening to music, singing karaoke and doing net repairs.

Some boats had health officers, but generally the sailors provided their own first aid kits, although most boats had the basics on board which, when used, the crew paid for themselves. When ill their duties are done by others in the crew and they can have time to rest. If too ill they “visit a doctor”.

The concept of spirit on the boats was confined to the concept of a comradeship between the crewmembers. All interviewees said that this was really strong and boat captains said it was essential. The concept of ship personnel as "a family" was stated by three of the six boat captains: "They consider the ship as their family, everyone loves each other". Crew said it was "essential for the work" but no crewmembers mentioned the "family" spirit, only the work spirit.

7.2.2 Da Nang

The boats are at sea for various lengths of time depending on the aims of the trips (1/2 day to "more than one month"). Weather also influences the lengths of the trips as well as the lengths of the port stays (according to six boat captains and five boat operators). Crew had visited Quang Ninh, Hai Phong, Binh Dinh, Thanh Hoa, Nghe Tinh, Hue, Qui Nhon, Khanh Hoa, Nha Trang, Cam Ranh, Phan Thiet, Hai Nam, Vinh and HCMC as local ports and international ports in China, Philippines, Hong Kong, Macau and Singapore.

The boats themselves varied as regards facilities which influenced lifestyle. Some crewmembers share beds, others have a bed each and share a room – these beds are sometimes bunk beds. Personal space is not mentioned as an issue but the boats were referred to as small and crowded, particularly the fishing boats. The confined space precluded any activity other them fairly sedentary ones – gambling, watching TV, videos or listening to radio, playing board games, reading, chatting. One sailor had space on his boat for table-tennis and football games. He was on a large cargo ship and had a qualification from the Maritime College.

Boat captains believed that the boat spirit (meaning team spirit) has to be and usually is very strong and is a requirement for survival. Crewmembers interviewed agreed.

Commercial sex workers were banned from getting onto the boats. However two seamen were on boats that permitted boarding by CSWs (one for "chatting only" and the other for "trading goods"). Crowded boats it was felt by the members of the forum, would make it difficult for the women to sell sex on site.

Basically it can be stated that most of the time whilst seabound, the crew are either working or on call "in case". Boat captains said that generally people work a twelve hour day in shifts of four hours but when busy, it was sometimes twenty-four hours. Seafarers agree with these statements but some worked consistently longer hours for particular tasks e.g. "catching cuttlefish" rather than in times of problems. The minimum time mentioned was two four-hour shifts for a day.

Wages vary according to products. Boat captains referred to the wage as "unstable" with a share of 50/50 – the boat/the crew of which cuttlefish fishermen are paid on quantity alone. One captain quoted a crew salary as being 1.1 – 2.5 million dong per month total and another 800.000 – 900.000 with an extra 10.000 dong for meals daily per month. Bonuses (sometimes in the form of gifts) are given and fines (e.g.50.000 –

100.000 dong for drunkenness) are incurred.

The local forum post-data collection described the lives of the fishermen thus:

"Fishermen are employees mostly having income according to products". There are many boat owners coming from "fortunate" fishermen, build boats and hire the villagers to be employees (regulation applied for these boats are often stricter but those boats are few). Boats are small, fishermen share meals and beds (this can prevent CSWs to be on board). Fishermen's family are poor with unstable incomes (except fishermen who are owners). Therefore, men bind their lives with the sea, even the fishing (traditional fishing) is very risky. The wives sell fishes, repair nets or do housework. Children are often neglected in their education and the proper concerns of parents. Therefore, the drop-out rate among fishermen's children is high. That is the reason that when children grow up they have to follow the fishing work of their ancestors. They don't have enough skills to do other jobs."

Fishermen, through interviews, admit the danger of their fishing jobs. But, different from cargo seafarers, they do not want to leave their current careers. They want to continue their career until they have not strength to do it any more. Their number one wish is to build a strong family economy and build their own boat.

The forum and the interview team also developed this matrix for the report, part of which may come from "common belief".

Table 2: Characteristics of fishermen and seafarers

Fishermen	Seafarers
Short time with family (few days after each trip).	Often landing but not in home-town.
20-30 days for each trip.	Short course (2-4 days or longest one week sea-travelling)
Poor facility on boat.	Enough facility on boat, ship.
Low knowledge, low comprehension to issues. Candid.	Medium knowledge, Quick response to issues.
Unstable income. Many children.	Stable income though not high.
Changeable work according to seasons.	Stable work for year.
Visit CSWs.	Frequently visit CSWs.
To bind the future with the present job. Don't want to change job.	Want to change to better job onshore. Continue with the present job if having high income.
Like the job	Young men consider job temporary, quit job after a certain time of work.

7.2.3 Can Tho

Ship life for the 16 seafarers has taken four of them to Indonesia, Singapore, Thailand and the others to Can Tho, Con Dao, Vung Tau, Soc Trang, Chau Doc, Hai Phong, HCMC, Long An, Dong Thap, Tien Giang, Con Son, Minh Hai and Kien Giang.

They are at sea for up to 30 days determined usually by the fish shoals and the weather for fishing boats and for cargo boats by the designated trip. A typical sailing cycle according to the four boat operators was 7 days or 2-3 days, 1-2-3 times per month or of a cargo boat 25 days on 9-10 trips a year.

Conditions on boats vary. Some boats have twin cabins for crewmembers to sleep in but others have space on the deck or hammocks in cabins. Some boats were described as “comfortable and well equipped”. These usually went on longer trips. Crew work 4-12 hours straight and are “on duty” for the full 24 hours. Payment systems vary. Some are paid on the product, sometimes this is shared 55/45 between captain/crew. One boat captain was tied to the “basic salary fixed by government regulations” plus bonuses on outputs. The regulatory wage is 800.000 – 3.500.000 dong a month according to one captain. Another quoted 600.000 dong.

Duties varied from “all duties” to net casting, steering, machinery maintenance, managing, fish cooling, rowing the guffa (to direct fish to net) captains’ aid (deputy) electrician and deck hand.

On-board relaxation is TV, videos (including pornography), gambling, drinking, computer games and listening to music. Some mentioned that “free time” was short as the captain fears what could happen if they socialised together too long at any one time.

On most ships women come on board for sexual services. Some crews leave cabin doors open for this. A few boats refuse to have women on board especially on the fishing boats.

Sacking occurs if crewmembers are found using drugs, breaking sailing regulations (e.g. leaving rostered duty), fighting and having CSWs on board. Captains appear to have discretionary powers in this following a system of “self-reports”.

On the bigger boats, health workers are on board and in some cases boats carry medical insurance. Others leave this to the crew individually. No crewmember mentioned that he was insured. For some the captain takes care of them when sickness occurs but the crewmember pays. On other boats the seafarers take care of their own needs. It was felt by the interviewers that one captain avoided these questions. All captains see that there is and must be a spirit of comradeship on board to ensure cohesion and co-ordination. Some boats carry Party staff to ensure this.

7.2.4 Rach Gia

Almost all the seamen believed that their boat has a spirit which was “essential for men away from home”. There appears to be a level of comradeship among the interviewees.

This may be real or the result of snowball sampling use in the research.

Sailors are at sea for lengths of time depending on the tide and the weather with the average days in a row of 20 but sometimes as many as 30 days.

The conditions on the boats vary. Ice is used for refrigeration and loaded at the ports. Food is provided and mostly the crews sleep on the decks although some boats provide cabins which are usually shared.

Men are on duty over the 24-hour period with busy times of between 6 – 10 hours of solid work. The work is said to be very stressful but the staff turnover is not particularly high, usually 3 years, but often after a storm or a poor fishing season resignations increase.

The interviewees were not really widely travelled. One captain only reported having been to Ha Tien and also to Cambodia. Crew reported Cambodia (Kampot), the islands off the Kien Giang coast, Nai Du, “around the sea in Vietnam” with one sailor having been to Thailand. (Five had never been to any other port than the one from which they had left).

The specific duties (although all were expected to share tasks when requested) of the 15 valid seafarer cases were steering, cooking, net catching, guiding to fish, fishing, selling, staff management with four responsible for maintenance of machines and equipment on board.

Relaxing on board comprises mainly the activities of “sleeping and resting”, but also gambling. Chinese chess was the most common game played. Generally “talking” was stated in conjunction with “resting” and “relaxing”. Sex is an activity. Women come on board (on some but not all boats) to sell sex. However no “girlie” posters or pictures are permitted at least on one ship “due to traditional conscience.”

7.3 LIFESTYLES IN HOST COMMUNITIES

In all four ports, contact with sex workers is reported amongst seafarers both on board and ashore. Gambling and drinking are mentioned as well as visits to hotels, bars and restaurants. Drug use is reported in some of the ports, and in one as increasing, but seafarers, perhaps for fear of the sack, say they do not partake although other seafarers do.

7.3.1 Hai Phong

Two port administrators tell of sailors leaving their boats with money to “drink and entertain” – one said to have sex with CSWs. This was verified by the one police respondent who added that from the port, women leave on small boats to sexually service the men on the boat itself.

Between 1,000-1,700 people at the port are employed in the maritime industry and the port has places for seafarer entertainment. A concern expressed about the behaviours of seafarers by authority figures is that simple manual labourers from the boats, who have "lack of knowledge", will behave poorly. This did not tally with the seafarers' own accounts of what they do.

The seafarers said that many peers went to commercial sex workers when ashore. One port administrator noted:

> "Promiscuous sex is often found among sailors of deep-sea boats or ships. Seamen just have certain small wages after their trips known clearly to their wives, so they do not/can not have commercial sex. However they do not want any women to get on board".

7.3.2 Da Nang

None of the three police interviewed are recorded as answering that they have problems with law enforcement of seafarers whilst ashore and none knew of any problems such as brawling that the seafarers may get into. However, the interviewees report the following:

"Total of arrested people related to drugs of the year 1996-1997 and early of 1998 are 78. It has reduced since March of 1998. The reason is that drug supply is controlled and there is a shortage".

"Seafarers (when on shore) pick young and nice CSWs and feel comfortable with girls at restaurants, bars, karaoke bars and hotels".

It appears that the behaviour at Da Nang port and surrounds of the seafarers causes no public problem.

7.3.3 Can Tho

The two police interviewed declined to discuss any problems that were associated with seafarers going ashore. However the three port administrators said that when ashore seafarers head for the city and are always "hunting for girls". One said that although regulations are strict, girls go on to boats for sexual services and this cannot be controlled. Other land-based sexual services are available at restaurants, dancing clubs, brothels, hotels and in the streets where there are "street girls". There is also a system of "call girls". One seafarer mentioned the services at the riverside houses at Xom Chai area.

Drugs are available, but the seafarers themselves said they do not generally partake, although they admit that other seafarers do. Generally they fear the sack if they use drugs.

7.3.4 Rach Gia

When docking at port other than their embarkation port, sailors report that they "relax". This includes visiting "girl friends" and obtaining commercial sex, gambling and drinking. Drug use is reported by the police as low but increasing with injecting rather than smoking.

The result of the relaxation, according to the police, is sometimes brawling between crews of different ships, although one police stated that this is not the case with state owned ships.

Commercial sex appears to be more likely to take place on the berthed ships than at the docks. Young women come to "sell" on the ship. This is expected. However "street girls" are also available but under the guise of hostesses in hotels and at a karaoke bars and "beer oms" at the ports.

The seafarers themselves reported that there are commercial sex workers at every port often just at the quay. The majority of informants knew exactly how to contact them and where to go for sex (commercial or social), although not all admitted going to them. These places include private houses, karaoke bars, hotels and bars. Named ports where sex is available were: Bach Dang, Rach Gia, Na Uy, Hon Soi and Hon Ngay (islands) Ha Tien, Punsen (Cambodia) Kompong Som (Cambodia). Sex workers are available for short or over-night encounters.

8 HEALTH & EMOTIONAL STATUS, HEALTH KNOWLEDGE

8.1 HEALTH STATUS

In all four ports crews are reported as in good health. Health facilities varied from port to port and from boat to boat. Cargo boats often carry a health officer but self-medication and help from fellow crewmembers is more common on fishing boats. Medicine provision on boats is basic, and crewmembers often carry their own medications on board with them. Some boat owners contribute towards medical expenses but the crewmember is often responsible. Standardised effective medical treatment for seafarers whilst at sea is not in evidence.

8.1.1 Hai Phong

The interviewers noted "health services are not good on big cargo boats and the same for fishing boats". On the cargo boats one of the better educated crew has the responsibility for the first aid and then sends ill seafarers to the nearest health centre when on land if more than first aid is seen to be needed. On fishing boats there is usually no one with any first aid knowledge and sailors bring their own basic supplies. If fishing boat crew get sick usually they would rest and take on lighter duties until well again. If they are very ill then they are transferred to land-based medical services. On both types of boats there was a reliance on the other crewmembers for help.

The boats all carry basic medical supplies but crewmembers say that they feel the need to have and own their own basic supplies of medicines. Diarrhoea and fever were the only illnesses mentioned for which medication is purchased. Boat-owned medicines usually have to be paid for by the ill person although one boat has a "commercial fund" and on another boat the company pays for serious cases. Costs for doctors were between 20.000 and 30.000 dong per visit and with seamen's salaries over 1.000.000 dong per month, they have sufficient money to cover health care. In general the men are fit and well and no one interviewed was a drug user (one had given up).

8.1.2 Da Nang

Three seafarers were crewmembers of boats which had medicines provided for them. These were basic. The other seafaring informants brought their own basic medicines with them to self-administer – for colds, flu, digestive ailments. Eight seafarers have been to the doctor over the past twelve months with ailments but most others have been for a regular "check-up". Treatments were said to be expensive for those without health insurance and most said that they could cover the costs.

Boat captains had different approaches to medical care. One had the crew contribute towards a "health fund" (15.000 VND per year). Another paid for the medicines for his own crew – one captain shared the costs 50/50 with the sick member, others leave payment to the team members to share and one captain carried insurance to cover costs.

In general, the crew were considered fairly healthy and to lose this status meant to lose the job.

8.1.3 Can Tho

As stated, different boats have different systems of medical support – state insurance, boat owner to organise, or seafarer to have control of service and payment. However a prerequisite for employment is good health, there are fewer chances of major health problems arising on the shorter trips whilst health officers are available for the longer trips of the cargo boats.

According to the seafarer respondents, medical supplies sometimes are not available so the individual carries his own supplies – "first aid medicines" for colds, flu and upset digestive systems. On the larger boats the type of medicines are the same but controlled by either the boat captain or the health officer.

Half of the seafarers have not needed to use medical facilities as they have not been ill over the past twelve months. Two had "check ups" and two others had STD tests. However the main reason for going to the doctors was for colds and flu. Two had suffered what seemed to be quite major boat accidents – one requiring foot surgery. They have generally found visiting the doctor "expensive" but had no difficulty in doctor – patient communication.

8.1.4 Rach Gia

One of the criteria for employment on seafaring vessels is "good health", however some boats do not carry medicines and the majority of seafarers bring their own medication and supplies: cold tablets, diarrhoea medicines, antibiotics, cotton wool and band aids. One boat captain said that the crew were insured and another stated that if the illness is more than could be cured or board, the ill are sent ashore at the expense of the boat owner. Treatment in general, it was said, is the financial responsibility of the boat owner.

One boat captain complained of the lack of medical facilities for both crew and passengers and believed that "health conditions and the environment for entertainment are at a low level". However only three of the seamen have actually required medical attention, one of these for an accident, and the doctor was easy to communicate with and the treatment was deemed of suitable standard. Medicines were paid for by the "boss" whilst the consultation were 5.000 dong. Most seafarers maintained that they are in good health and required little medical assistance.

8.2 EMOTIONAL STATUS

Most seafarers want to stay in their jobs for a long time despite the hard, tedious work they face and the loneliness and homesickness they mention experiencing, which deter them from having their children follow their footsteps. Worries about the future and the size of the catch which determines their earning contribute to stress. When personal problems arise, many resort to family members and friends off the boat for discussion and sharing, or keep them to themselves. Membership of a religious group is mentioned, but by no means all seafarers visit places of worship when ashore. Team spirit and helping each other provide fortitude, and admiration for colleagues is strong, helping to underpin team/boat spirit.

8.2.1 Hai Phong

Jobs in the sample of personnel at Hai Phong, were stable and turnover was almost non-existent other than for retirement. Sailors want to stay in their jobs and are basically contented – except for loneliness and homesickness when the trips are long (cargo ships).

There is a strong bond between the seafarers noted in most interviews. This is most likely due to the kith and kin relationships of crewmembers, rather than the actual team work. Few sailors used religion as a solace.

8.2.2 Da Nang

According to the boat operators, job stability is dependent on health, ability and the boat situation. Crews swap around companies. The seafarers interviewed had been employed between two and thirty years – many over ten years. A number saw the job

as long term saying that they will stay “ten more years”, “until retirement” or “a long time” but a small member said they “cannot predict” how long they will have the job. Older men tended to see this work as seeing them through to retirement. Younger men also saw it as fairly long-term. In answer to the question “what kind of work do you really want to do”. The majority named boat related work with a small member preferring land jobs - state worker, youth union, health worker. Most of them expressed their dreams and aspirations as being in water/boat related areas – albeit with more money and higher status. It appears that cargo crew are a little more mobile than fishing crew.

Religions mentioned by the seafarers were Buddhist and Ancestral Worship with eight informants not following any religion and nine people going to temples/pagodas when ashore – some having stated that they hold no religious beliefs.

The question asked on boat spirit elicited responses on team spirit which they believed essential for successful trips.

Only six seafarers were childless – being single or newly married. Most fathers do not want their children to follow in their footsteps as seamen – danger, better status job, more suitable. Most said a straight “no” to a desire to see their children follow their career.

Most of the interviewee seafarers have news from their families whilst on the boat – radio, phone and newspapers. Many boats have telecom systems. However others have no such facilities and news is swapped with families when they are ashore. Most men however said that they get homesick and named specific members of their families that they especially missed whilst at sea. Two said that homesickness has now gone because of the long trips and one drinks to ward off the feeling of homesickness.

It appears that whilst they express confidence in remaining in their jobs for long periods, there is a constant worry amongst them all about the elements which could minimise the catch and lower their incomes. They worry about their roles as family breadwinners and what could happen if they were sick or hurt.

All but three seafarers have no feelings of being taken advantage of. The three that felt in this position cited the boat owners (2) themselves and the actual wage (1) as the instigators. One older and very experienced seafarer (thirty years of work) said 80 – 85% of boat owners take advantage of crewmembers.

When personal problems arise most seafarers would wait to share these with close family and friends off the boat, but some feel comfortable talking to crew colleagues. Some explained that they have difficulty sharing inner feelings with one saying that no one could help anyway.

There was respect and admiration from the colleagues of the crew expressed by many of the seafarer sample, and those who did not express admiration for anyone felt that the equality and teamship on the boats meant that all were the same, not needing admiration. When seamen are ill work/tasks are generally shared to ensure continued

operation whilst the ailing seamen rests and "takes medicine". The phone to land is used in severe cases of illness.

However on one boat the seafarer said that he would get the meal allowance if he could not work provided the owner was "good".

Whilst some men saved money for days of sickness, childrens' school and expenses, most men gave their money to their wives to manage the savings (one man saves 20 million dong per year). A number simply do not save at all. No respondent said that they have any problem at all managing their money.

8.2.3 Can Tho

The four boat operators noted staff size and movement to other boats or out of the industry as stable or decreasing. Turnover appears to be low. They are all of Vietnamese ethnicity (Kinh) and can belong to worker groups/associations. There is general satisfaction with wages leaving sufficient to live on plus help family. The respondents generally have no problems managing their money but four stated that they are easily "seduced" into gambling as well as drinking and going to sex workers and other entertainment. However, money is said to often be a cause of stress - "will there be enough this month" - and work requirements cause tension. Port stay length can change plans and there is concern about this. The weather adds to concerns especially the probability of typhoons.

Three respondents are Buddhist, one a Christian and the others state that they have no religion affiliations but, like those with a religion, some attend temples when ashore.

Four of the seamen have no children, the others have between 1 and 3 children. Their aspirations for these children do not incorporate seafaring because it is "too hard" and "unstable". They generally prefer that these children obtain a higher education. There appears to be strong ties with family of the respondent groups, and contact is usually by phone and sometimes by mail. They report that they can on occasions feel home sick but generally they are too busy to think about it. They also, however, "miss the family" and some of them miss "siblings and parents".

Only four seamen shared problems. The others keep every problem, concern and worry to themselves. Some discuss problems outside their crew: one 23 years old discusses problems with people and, two others discuss emotional problems with friends and financial problems with wives. One man discusses his problems with his girl friend.

Additional comments by the interviewers included that a number of these men were confident and mature. Some also were well disciplined.

8.2.4 Rach Gia

The sailors appeared to be pleased to have work, although it was hard work and they

longed for letter times. They were not unhappy but were lonely at times. These groups did not generally go to sea consistently for long periods – often shorter trips so loneliness was not long term. Although most proclaimed Buddhism as their religion only half attended pagodas when on shore.

It appears that the Kien Giang groups interviewed chose private entertainment or group activities - sleeping, TV video, radio, reading on board. Group activities were talking together but mostly board games and gambling. The interview texts did not give a sense of particularly strong comradeship but certainly showed a willingness to "get on" with the team. Teamships in work itself appeared very strong and there appeared to be no feelings of antagonism between the Khmer and the Vietnamese groups.

8.3 HEALTH KNOWLEDGE AND BELIEFS

Many interviewees believe they are in good health, a pointer to the healthiness in seamen required by the job. Whilst many of them in all four ports had heard of STDs/HIV/AIDS, there was an across-the-board lack or insufficiency of knowledge in depth about how to deal with the dangers, recognise symptoms in men and women, avoid transmission and take preventive measures. A few interviewees personally know someone with HIV/AIDS. Cited among things to do if found positive are refrain from infecting other people but keep silent to avoid discrimination, seek medical treatment and commit suicide.

8.3.1 Hai Phong

The health status of the seamen reflects the fact that only "healthy men" are employed. They believe they are in good health and the captains also state this. If ill, the illnesses are minor – flu, stomach upsets, fever - and on larger boats health workers maintain a healthy crew, on smaller ships the men self-medicate and their fellow crewmembers relieve them of duties until fit again.

Only six of the sample interviewed had any cause to go to the doctor over the last twelve months, supporting statements of their good general health.

Every person asked had heard of AIDS. Their sources were predominantly radio, TV or "mass media". Some said friends and a few said from "school". All knew the modes of transmission but it is unclear if such an expression as "safe sex" was really understood.

Ideas about HIV are not consistent with real understanding. A man "identified" HIV positive people in order to avoid them, another is "fearful", some stated that they are protected because they are faithful, another does "nothing wrong". One said he could not get infected because "I only have sex with my lovers, never with a CSW. I shared injection equipment with other people only twice".

Avoidance was cited as a strategy for those who find themselves HIV positive. “They should be encouraged by friends and not tell everybody to avoid discrimination”. A number believe that the only option was abstinence – no one actually said condom protection. Only four people knew any person who had been or is HIV positive.

The men interviewed show a high level of confidence on their belief of their own ability to maintain good health.

8.3.2 Da Nang

Seafarers had a range of knowledge and beliefs about health. All but five men had heard of diseases transferred by having sex. The five, who appear from the activities they describe on board are all from fishing boats were:

(1) aged 46, father of five children, primary school education
(2) aged 32, one child, ninth year secondary school education
(3) aged 44, two children, ninth year secondary school education
(4) aged 25, two children, fifth year primary education (the interviewer commented that he/she re-explained the question to ensure clarification)
(5) aged 50, four children, basic secondary education (grade 7)

Gonorrhoea was mentioned by most of the men who had heard about STDs and two mentioned HIV/AIDS as a disease passed on by sexual activity, two mentioned syphilis.

Those that had heard about STDs described symptoms in women: genital discharge, smelling discharge, burning pain when urinating, swollen groin, itching. They could also describe symptoms in men: genital discharge, burning when urinating, genital ulcers and sores, groin swelling, inability to pull back the foreskin. No men had experienced either ulcers or genital discharge in the past twelve months. A small number said that if such symptoms occurred they would consult with a friend and then go to the doctor. One would stop having sex and another would use a condom. Only two men named a medicine as “antibiotic” and “paradol” – other respondents did not know the names of drugs used either specific or generic.

AIDS is well known from the media – only one man had not heard about it (same man as quoted in (1) above). How to avoid AIDS was explain by the respondents as:

Mode	Response
Barrier	
use a condom	7
Sexual	
not have sex with AIDS infected people	1
not have promiscuous sex	5
do not have sex	2
be faithful in marriage	3

no sex with people who have symptoms of STDs	1
limit sexual contact	1
Blood	
don’t share injecting needles	3
no blood transfusions	1
do not inject drugs	3
clear blood for transfusion	1
Other	
do not use drugs	6
do not infect others	1

The above data show that twenty-five of the men know some of the modes of transmission of HIV virus but it also shows that knowledge is not really enough amongst the majority, to be confident that these men could make decisions on risk based on sound understanding.

Twenty-one men believe that they are safe from the HIV virus because they are faithful to marriage partner (5), not promiscuous (5), not afraid (2), have decent life (1), are aware of AIDS (1), have no sex (1), trust themselves (1), actively prevent it (1), know how to prevent (1), use a condom (1), do not have sex with HIV positive people (1), and do not know PLWA (1). Three men did not know if they could contact the virus and two felt that it was possible for them to become infected – one because he does not know who is HIV positive and who is not when he is in contact (not mentioning sexual contact) and the other through hair cut and dental treatment.

The men felt strongly that people who think they are HIV positive should seek medical advice and not infect others. Some felt they should look after their health, lead decent lives and be optimistic.

Only one man had personal knowledge of HIV through a friend who committed suicide having found himself HIV positive after “having sex with a CSWs”. Two had heard from their village of HIV positive people and a number of others had read about them and seen them on television but never met them.

8.3.3 Can Tho

All sixteen seafarers knew that some diseases can be contracted through having sex. However only eight could describe symptoms of STDs in women. Two men could not describe symptoms of STDs in men and a further five said that they “could” do so (but did not). They described: genital discharge (smelling), warts, ulcers and sores, burning when urinating, groin smelling, “hot sex organ”. When ill the men went to friends and doctors

All sixteen have heard about AIDS from TV, newspapers, wives, CSWs, friends, “rumour” but predominantly from the mass media (five also said from their wives).

They believed that protection from the virus was through "wearing a condom with CSWs and not sharing injecting equipment". Being faithful was also cited as a protection.

Whilst three did not know how to answer this question of avoiding contracting the HIV virus, one believed he could be "watchful of CSWs with infected signs" and one said he could get infected because he cannot guarantee that his partner is always faithful but did not use protection when having sex with her. Others felt safe because they do not go for commercial sex, are faithful and "always use a condom".

Avoiding transmitting the disease was the prime suggested activity if a person thought he/she was HIV seropositive. Going to hospital for treatment by a doctor was another activity suggested. One man who is confident that he is not infected as he has "never had sex with a CSW" would commit suicide if he found himself HIV seropositive. Only one person in this group had ever known a person who was HIV positive.

8.3.4 Rach Gia

There is an awareness of the existence of sexually transmitted diseases amongst the seafarers. All but two respondents had heard about this. However more than half could not describe any symptoms in women, although those that could cited the following: genital discharge itchy, smelling, pale in colour and hot, and also burning when urinating. In men they described fairly similar symptoms, but added genital warts, sore or swollen groin, sores or warts.

No interviewee had experienced any discharge in the last twelve-months nor any genital ulcers. However their first port of call for advice would be to friends or to a doctor if they presented with symptoms. It is difficult to deduce that all these men are totally free of STDs because in answer to the question (75) "Did you stop having sex when you had symptoms?" Half said "yes", whilst the others did not record an answer at all.

All respondents but three had heard about AIDS. This was predominantly via the mass media and also leaflets, posters, friends and parents. One of the two men who have HIV positive status, had heard about HIV from the doctor at the diagnosis. Although half did not know how to reduce the risk of HIV, the others understood that condoms used in all sexual encounters and not sharing needles would reduce the personal risk. A large number denied having sex outside their marital agreement, so generally they feel risk free. Others believed that if they used condoms when having sex with CSWs, they were safe. No respondent talked of having sex with friends or girlfriends, so protection was not mentioned between these groups. One felt that sitting near a PLWA, one could "get HIV".

What to do if one is found to be HIV positive elicited a range of responses from suicide, acceptance of one's fate, to use one's own equipment, and not spread it to others. One respondent believed that isolation was necessary.

Three people have had the experience of knowing a person who has been HIV infected or who had died with AIDS.

A person who is HIV seropositive reported having had sex without a condom. His wife is however not infected. He has three children. The other man who claims HIV positivity is on a cargo boat. His four-year old child, along with his wife have died. He has two children aged twelve and seven.

Another seamen reported that recently his wife had committed suicide.

9 SEX PARTNERS OF SEAFARERS

The commercial sex partners interviewed are all Kinh who are either locals or have moved from other provinces to the port areas where clients are found. They are either brothel-based or indirect CSWs holding other service work as well. CSWs in all ports under review share in many cases a background of financial need, broken marriages, either their own or their parents', and dreams to save up enough to start own business and quit the job. Their education level differs – Hai Phong having the highest levels amongst the CSWs. Knowledge of the existence of STDs/HIV/AIDS is widespread, but knowledge in depth of the dangers and methods of transmission, STDs symptoms in both women and men, and prevention measures is very low in some cases and insufficient in many. Of 73 interviewees 23 have has STD symptoms in the last twelve months, showing a high level of vulnerability to the HIV virus. Although the majority of CSWs know of and where to buy condoms, they do not use them regularly especially when the customers refuse, highlighting the fact that CSWs do not always have sufficient say in the risk taking decision. CSWs have a range of clients and seafarers are among them. At Rach Gia the clients are predominantly seafarers.

9.1 HAI PHONG

Whilst the sample of crew members from Hai Phong leads one to believe that sexual activity outside permanent partnerships is not very common, the interviews with twenty of the ports' commercial sex workers tell a different story.

The twenty interviewees' ages ranged between 17 and 35 – all are of kinh ethnicity except one of Chinese origin. They came from Hai Phong (8), Quang Ninh (1), Thai Binh (2), Hai Duong (2), Ha Tinh (1), Thanh Hoa (1), Thai Nguyen (1), Ha Tay (1) (remainder did not respond to the question). Generally they were not part of a sub-group based on home location, but some that were from Thanh Hoa and Hai Duong, and "a group of 4-5 from Thai Binh work together as waitresses in hotels", others are from Quang Ninh (4-5). Two other respondents from Hai Phong were with a group of three and a group of six commercial sex workers.

Two of the sample are Catholics, one Buddhist and five are animists whilst the others recorded a "no" to membership of a religious belief group. Eight of them visit places of worship. Whilst two of the CSWs felt that they had been tricked into going to Do Son Township and forced into the commercial sex industry and one felt "enticed by a friend", almost all the others came from family situations which generally led to the

need to earn money quickly for survival of self and family – divorce, new step-parent, drug taking husband, abandoned with children, death of a parent or husband and financial responsibilities. So financial need played a major part in the decision to accept the situation at the port. Family ties are still strong with most of the respondents visiting family at least sporadically.

Two women live with permanent partners. Most of the others have been partnered at some time but at the interview were not married or in a de facto relationship.

All of them had jobs at some time before starting sex work or were students. These jobs were: fishing worker, seller, farmer, limestone burner, coal carrier, baby sister, seamstress, cobbler. Their education levels were such that only one had difficulty reading the newspaper. Six achieved level six or below whilst levels seven to nine were achieved by twelve respondents. Three completed secondary school year twelve.

The women as a group were not long-term in the industry. Six had been working for a maximum time of two years, six others for one year, five for between six and nine months, and the remainder three months or less. All of them dream of leaving and in three cases (there for only one month and “tricked”) of escaping. They want money for security for self and family and endure loneliness and homesickness for this pursuit. They are not particularly mobile whilst in their jobs; although three have been to China, most have remained in and around northern Vietnam.

A number of these women feel that they have been taken advantage of: serving sex without payment, forced into prostitution (including going to China), sexually exploited, deflowered, broken promises of clients, no wage for CSW for five months, lack of freedom of movement because of imprisonment at the brothel. Yet when they want to share these experiences and talk to others, they often cannot because of “shame”, “lack of trust”, “fear”, “lack of closeness to anyone”. Seven women had someone with whom they could talk over problems – restaurant owner, girl friend, brothel keeper. A few women said that they have been treated kindly from time to time by friends, clients and managers – lending them money, respecting them and treating them “fairly”.

Jobs vary for six of these women who belong to the sex plus service area: waitress steward, tailor, cleaner, cook. The majority are full-time sex workers with no other expected duties. They work between one hour to twelve hours and sometimes over night (24 hours). If sick they would try to work because otherwise they would receive no income – money being the reason for them working. Most women visit the doctor quite easily and purchase the prescribed drugs, or have the doctor visit the establishment for a consultation.

With the exception of six women, CSWs had between 15-80 clients in the previous month – mostly around 40-50 reflecting their full-time, brothel-bound situation.

Although some CSWs said other CSWs use drugs, none of those interviewed did so. Heroin was mentioned by these women as a drug used by others. A fourth said that some of her clients use drugs. They could throw no light on the methods of purchase

of drugs equipment other than it is “bought”.

All but four women have received medical treatment over the past year but little further information was given. For some it was “expensive”, one citing 60.000 dong, another 15.000-100.000 dong, for others it was “cheap”. For the remainder, as they work from brothels, the brothel owner foots the bill. Although most women felt comfortable with the doctor “it is easy to communicate”, one was “ashamed” when speaking to the doctor and another remarked that communication was easier with a woman doctor.

All the women had knowledge of diseases contracted sexually. Only three could not describe symptoms in women but eight could not describe symptoms in men. The symptoms described for both men and women were consistent with STDs. Whilst almost all the women have had a discharge themselves in the last twelve months, only three felt that they had the symptoms of STDs – two pains, and one genital inflammation. Further, one has had genital ulcers in the past but did not consider this a symptom of a STD.

When symptoms appear women say that they (would) get advice from the doctor or their friends. They expect that antibiotics or lotions would be prescribed. Some would treat themselves and, if necessary they would visit the hospital (obstetrics). None could name any medicines they may take or have taken in the past. Using condoms was a practice and so, if infection appeared women generally could continue work. A few women stopped work during such a time.

The women generally do not “take preventative measures before or after having sex “ against STDs other than using a condom. Those that do feel the need to take “medicine daily” or “prevention medicine”, “medicine to prevent the allergy caused by the condom”, “contraceptive pill”, “apply lotion-rose”.

The wages received by the majority (although one still has not received any promised wage) cover their expenses and give them sufficient to “save”, “Savings” are sent home for family support. Four women spend all their money on simply living. Two women save by giving the “restaurant owner” the money to keep for them. One remarked that “money would be lost if it is with me”.

Time-off activities are predominantly housekeeping and childcare or sedentary activities such as watching TV, listening to the radio, resting, sleeping. For some, time off allowed an opportunity to chat with colleagues. None of the recorded responses centred around group relaxation activities or social interaction outside the commercial sex scene or the family.

Those women who actually work from venues do not go on to ships themselves. Two women said that they do, one “at the quay with Vietnamese and foreign crews” and the other “on cargo ferry at Cho May Da market”. There is a general agreement in the summary meeting report from Hai Phong that there is a superstition surrounding CSWs going on board fishing boats, but it appears not to be widespread and certainly not felt for cargo boats. The report states “from other seafarers, CSWs and boat captains,

police and port authorities answers, CSWs are able to board the cargo boats for sexual services". And clearly they do this.

Whilst the women themselves are mostly full-time sex workers, the health workers are aware of others who work in restaurants, karaoke rooms and hotels. Their clients are "seafarers, youth and even officers". The police discussed the undercover nature of commercial sex work and again did not mention the brothels. One pharmacist said, "to me CSWs come from other provinces. The main types of venues are karaoke shops, hotels and beer oms. CSWs know of HIV, so they use condoms". Other pharmacists spoke of "call girls", "street walkers", and "women boarding ships". Every informant talked about the increase in availability of commercial sex.

Whilst the seamen interviewed were not all sexually active within the commercial scene, CSWs interviewed generally had seamen amongst their clients, although they were not the main category of their clients.

Condoms are known to give protection from disease and are said to be used in sexual encounters by most of the women all the time. Five women admitted that they do not always use condoms because the men do not like them. It appears also the full-time brothel-based women are more likely to have regularly used condoms whilst working. A number of women buy condoms themselves but more often they obtain them from where they work.

All the CSWs in the sample had heard about AIDS. They had heard through the mass media particularly through TV. All the women knew that using a condom during intercourse was a protection against AIDS but still some said that they cannot always do this because of the whim of the client. Most feel confident that, as they use condoms they will not be infected by the AIDS virus.

Only two CSWs knew people who have been infected by the virus or have died of AIDS but most had some idea of what advice they would give to an infected person: seek medical advice, leave the place where they live and keep silent, do not have any sex or always use a condom so as not to infect others. One woman, a full-time CSW, mother of two children and a widow, who said she could be infected "because I am a commercial sex worker" told of a colleague who died from AIDS related illnesses. She said that 10% of her clients simply will not conform to wearing a condom mainly because of the "interruption" associated with wearing one.

9.2 DA NANG

In general it is believed that commercial sex does not take place on board the boats of those interviewed (in all such groups) at Da Nang port. There was general agreement that seafarers (although not necessarily those interviewed) bought sex when at port. Three seafarers admitted that they had had more than one partner in the past twelve months. The remainder had their spouse as the partner or had not had sex at all. The three who had multi-partners were: 38 years, with year 7 schooling, married with three children, and also had never used a condom, "I do not get used to condom using"; 26

years, with year 6 schooling, married with one child, and had used a condom the last time he had sex with a CSWs; 42 years, with year 4 schooling, married with three children, and used a condom the last time he had sex but is not a regular user of condoms. It appears that in general the majority of the individuals in the sample of seamen have their wives as only their sexual partners.

Most men in the sample however could say where CSWs were to be found: at the quay, Bach Dang St., "pollarside" of Nguyen Van Troi bridge, in front of the port, Tran Phu street, in hotels and restaurants, karaoke places, beer oms and bars or through pimps as well as in every other port along the coast.

The twenty sex workers interviewed (aged between 19 and 45) said that seafarers were among their clients – usually under 30 years of age. Unlike the statements of the seafarers and the police the CSWs data was reported by the interviewers as followings:

> "Seafarers involved with CSWs much more than fishermen because they are often away from home, having much money and available CSWs. When landing, seafarers look for CSWs, or after drinking, they have sex with CSWs in near-by hotels. Some seafarers take CSWs on board. CSWs do not meet difficulty for port entry, because seafarers give money to port-guard, or claim CSWs to be their acquaintance to port-guards. It is easier for part-time CSWs to enter port areas with the title of "product purchasers". A CSW can allow for sharing sex on board with seafarers if she is paid "fair and square" money. Recently, CSWs can not enter port areas as easily as before due to police controls. However, it is safe for CSWs to sell sex on board because police do not go on board."

Education levels of the CSWs interviewed were low with only six reaching year nine and above, seven achieved between year eight and year nine and the remainder year three and below. Eight women had "difficulty reading" and may well be functionally illiterate. Most of these women were single with some divorced and two married. Thirteen women are mothers of between one and three children.

The women interviewed came from Hai Chau (8), Son Tra (1), Ngu Hanh Son (3), in Da Nang and from Phu Yen, Quang Nam, Hue provinces. One said she was previously homeless. They left home for economic reasons mainly but often these economic reasons were the result of poor family relationships and cruelty. Marital problems were another reason. Becoming a CSWs for most was a means of economic security for self and family. Most said that the money was sufficient and they intended to continue their work in the foreseeable future to enable them to achieve their dreams: sufficient capital for business development and their family security. Previous jobs were petty trading, farming, processing and service industry.

Some of the women feel homesick whilst most do not, perhaps reflecting the situation that forced them to leave. Half the sample have contact through mail with family. However many are stressed about what may be happening at home with the fear of disease as a result of sex work (one mentioning HIV/AIDS).

Six women feel that they have been taken advantage of – hotel owners, clients, friends

but the others state a “no” to this question. Amongst the groups there was no real trust that someone (even husbands) would help with problems if they relayed them so they generally lead private lives, although some will discuss things with girlfriends in some cases. Some admire other CSWs and some kind clients – generally they trust nobody, admire nobody and confide in few.

Most of the sample of women were “sex–plus” workers, that is they had additional tasks (jobs) which included selling sex on request. They were generally not full-time sex workers and not brothel based. The other daily tasks were: selling drinks, housekeeping, peddling (seafood, noodles tobacco) and waitressing; many of these activities were street based. However the CSWs moved from the venues of these jobs with clients for sex, to: hotels, motels, brothels and private houses. Almost all said that they go on board boats and have sex with seafarers.

Working hours for these women are very long because of their dual job role – many starting early for peddling. However sex work is an evening or all night task with some women having up to four clients.

When sick, tired or feeling poorly, the women must rest or go to clinic themselves. Most felt from experience that no one would look after them and they lose money whilst sick, which means that their families miss out on the support. The women felt that sufficient reasonably priced (or free in some cases) health services were available and many use them usually after self medication before going to the doctor/hospital/clinic. They purchase these medicines from the pharmacists (where a number also purchase their condoms). The women had no difficulty communicating with the health professionals and in general were very satisfied.

Although most people earn “sufficient money”, this includes the money made at the other jobs which the respondents appear to cite as their main jobs. The concept of “savings” appears to be what is spent of other than subsistence money. Women who had larger wages spent this “savings” on the family whilst others kept themselves and tried to “save”. Money management appears not to be a problem.

Unlike many women in this position in Vietnam, this group has had little chance to be mobile, having been to very few other places than Da Nang and their home towns. Their lives are very full with little time for relaxing. During “time off” they reported carrying out house keeping duties, child minding, chatting and sleeping.

Condom knowledge and condom use for disease prevention and for pregnancy prevention was stated by all the women. Also 17 women said that they had used a condom the last time that they had had sexual intercourse (three did not); although most “generally” use condoms with clients some do not unless: “client requests”, “clients (have) unclear appearance”, “clients not familiar to use” (5 women). Women generally use condoms to prevent disease and because they can not gauge the health status of newer clients, one because the hotel owner requests it. When clients do not agree or look healthy a small number of women would by-pass the use of condoms. Every woman could give one or two outlets from which they could buy condoms, although four have never purchased them. The prices range was from 1000 dong for

three to 2000 dong for three or 200 dong a piece, mainly "OK" brand because of its marketing and familiarity. Those that purchased them had no difficulty and could do this themselves in less than fifteen minutes, usually five or fewer minutes. The cited outlets were local pharmacy (15), peer enducators (7), hotel owners (3), karaoke restaurants (1), brothel owners (4), other sex workers and friends (3), clients (1), hotel staff including guards (2), drivers (1), Preventative Medical Centre (1) and "bad students" (1). Only one woman had problems using condoms and gave this as the reason for not always using them (previously this respondent had said that she generally uses condoms. She is 19 years old and brothel-based. She doubles as the housekeeper with 3-4 clients a day). Condom needs were gauged between "a few" per day and 20-30 per month.

All the women have heard about STDs and many named some diseases: syphilis, gonorrhea, "crest of the cock", ulcers, "women disease", HIV (only four women), skin disease. All women could name two or more symptoms found in men and women indicating to them an STD.

Symptoms cited	in women	in men
Smelly discharge (yellow)	x	x
Itching	x	x
Genital ulcers/sores		x
Groin swelling	x	x
Genital discharge	x	x
Burning pain when urinating	x	x
Inner genital ulcer	x	
Inability to have sex		x
Cannot pull back foreskin		x
Uneasy (discomfort) when having sex		x

Thirteen women have had one or more symptoms, six of them in the past twelve months. Mostly the women confer with friends and pharmacists regarding symptoms but some say they do nothing (other than clean genital parts daily). They have in the past been given injections (doctor) and medicines (doctor and pharmacists) and lotions for cleaning themselves. No women knew the names of any of the medication used. Three stopped having sex during the treatment and two used condoms with clients. The others continued with unprotected sex during that period.

When asked if they take preventative medicine before or after having sex, all said no with the reasons around already taking contraceptive measures: contraceptive pill IDV inserted, use 24 hour contraceptive pill (in lieu of condoms), and "applied permanent contraceptive measure.

Every woman interviewed had heard about AIDS – from mass media, friends, Womens' Union, peer educators, CSWs, brothel owners, Preventive Medical Centre. Most cited two or more sources. Every respondent said that people should use condoms to prevent AIDS – even those who personally do not take this precaution except with "strange" clients. There were other measures of AIDS prevention cited by the women: not have promiscuous sex, use clean or ones' own injection kit, do not

inject drugs, use only a private manicure kit (10) and not have "too much" sex. Six women believe that they are at risk of HIV infection because they do not always use a condom (one simply because she is a CSW therefore at risk), four are unsure of the risk and the remainder are very confident that they are safe: they use condoms, have clean injections at clinics, have private manicure sets, have only a few men for sex each month and clean themselves after each intercourse.

The women believed that if a person thought that they could be infected with the HIV virus, they should "have a blood test" via the hospital or a doctor. Three were unsure of what should be done. One also believed that the person should continue to live with the family and the community. Eight women have heard about people who are HIV positive from TV, peer education or a friend. One knew a member of an IDU group to be HIV positive and one woman said "there are many of them in Da Nang".

The police appear to be aware of commercial sex activities described by one as "both open and sneaking activities, both official and unofficial activities". However it was believed that the recent tight controls on such social evils have lessened the popularity of commercial sex activities. However one policeman said that difficulties in control stemmed from the problems with unity across government departments responsible. However the five health workers interviewed could cite a replica list of the types of commercial sex venues available of those cited by the CSWs and the seafarers. One did agree with the police that (at Thanh Khe District) "prostitutes are decreasing (because of) the social evils abolition policy "put in place".

9.3 CAN THO

A sample of seventeen commercial sex workers who had worked between a few months and seven years, between the ages of 16 and 51 years (all kinh) were selected and interviewed. Education levels were low although all but one woman was literate. One had achieved secondary school level, six had between 6 and 8 years of schooling, the remainder had five years (1) four (4) three (2) and two (2) years. One appears to have not gone to school at all (aged 33).

The sample came from Can Tho (9) Soc Trang (3) Bac Lieu (1) HCMC (2) Vinh Long (1) An Binh (1). They have no sub–groups living together but some said they have "local people" or a "sister". There were nine Buddhists and two Christians in the group – the others proclaiming no religious group ties, however some went to temples. All the women had been married/partnered at one time but at the time of interviews only five were living in a partnerships.

Whilst the need for money was an incentive to leave home, broken homes, cruelty, death, lover/spouse problems also featured. They moved into CSW for the money. The words "easy money" were used. Previous jobs included: home duties, government worker, petty trading, small scale manufacture, cook aid/waitressing, farming and hostessing. Their dreams and aspirations centre around having enough money for family needs – children, schooling, improved living conditions. For some finding happiness in love was a dream. A number want to set up businesses and reduce debts

to achieve their dreams.

Whilst the majority go home regularly and quite frequently some never visit family - one has not been home since she left seven years ago (aged 38 with secondary education and an initial need to "keep family away"). Some women will finish CSW in the near future, but most will stay until they have sufficient money for their "dreams". Nine are mothers. The mothers really miss their children and the others generally miss their families and both groups worry about them constantly. Phone contact is maintained in many cases.

Some share their worries, but others do not talk – "just keep them inside". Some feel they have no trust in anyone. These women have generally the feeling that they have not been taken advantage of, more an acceptance of the situation. Some mention that men, clients, bosses, lenders and friends have taken advantage of them. Very few have a person in their lives that they admire. "They are all the same," said one woman.

Only for some is the sole duty of "having sex".. Others work under the sex–plus system – sex with serving beer, selling candy or cigarettes, receptionist, dancing. Two worked 4-6 hours sometimes, at busy times up to 14 hours. Inability to work means lost of income so generally feeling tired or sick is ignored unless it is really serious. If it is serious, they will go to the doctor or even go home. Some simply take a rest. No medicines are available at the venues in all but two cases. No women have ever used drugs and no one answered any questions on these matters.

However, in the past year fifteen of these women have received medical treatment from doctors: tired and in pain (4), uterus swelling (1), venereal disease (1), "uncomfortable" (2), general visit (3), itching and discharge (1), to sell blood (1), scared of HIV/AIDS (1), sent from rehabilitation school (1). All were pleased with the treatment but two felt "uncomfortable". The costs were acceptable but one remarked that she needed sufficient clients to enable her to pay.

The income was sufficient for women with fewer family responsibilities but for others it was barely enough. If there are any savings the women wish to put it into houses, business capital, towards social life, for their children later, or for money lending to other people. Two played "hui" and one gambled. A number had no savings but very few felt that they had problems in managing their money.

They were not a particularly mobile group with the majority only "visiting" Can Tho and only seven visiting other places – all in close proximity to Can Tho. Recreation described was mainly home-based with very few group activities.

Five women do not ever go on to the boats, the others board boats for drink and sex with seamen. One said that she has "sex with 3-4 seamen but rarely with the captain". Another said "clients ask us to get on". Also a customer may "ask us to get on a small boat, then row to dark places or Xom Chai for having sex". Sometimes seafarers come to the CSWs establishment for a drink and invite women back to their boats for sex.

The number of clients in the previous night ranged from 1-5 with the women having

between 8 and 130 in the last month. Some could not remember. One said that 10 of her 60 customers for the previous month were her "regulars". Whilst some took no notice of the livelihood of their clients, the majority said that seafarers were among their clients – one said 70% of her 30 clients for the previous month were seafarers.

Condoms were known to fifteen of the women. Two had never heard of them nor used them. There two were women from Can Tho aged 20 and 27 years old with educational attendance of years 3 and 4. Both had farming backgrounds. The others had heard about condoms from partners, friends, doctor, TV and radio and from school No. 5. However, whilst all fifteen had used a condom, they do not use them regularly – "I believe my partner", "clients' request", " I don't know how to explain to customers". Half said they had experienced problems using condoms. Nine of the seventeen women did not use a condom the last time they had sex. Some said they "generally" used condoms with "just a few customers", "some customers I don't like", "all people requested", "not young customers", or "unreliable guests". They do not use condoms with partners or lovers.

Women who use condoms and most of those who do not were able to state that condoms prevent diseases and some mentioned STDs. Three of the women had not purchased condoms themselves and did not know where to get them. Two of these women have been mentioned earlier, the third also had education level of 3/12 but was 16 years old and never held a paid job prior to CSW. She had been working for 7 months and works 10-12 hours per day in the "beer om". Her older sister is also a commercial sex worker. The other women who had purchased condoms knew where to buy them and they could quote the correct price. They said it took them only a few minutes to buy and one sells them as part of her business. Condoms are available to the women with pharmacies as the main purchase place and also hotels, outlets close to the sex venue, and general shop. They purchased between 3 and 30 at a time. The brands were "OK" and "Trust" – no other brands were mentioned – "cheap", "durable", "easy to remember", "easy to use", "popular", "sometimes free of charge". The women said they would need a minimum of 20 and a maximum of 120 per month. Women felt that condoms should be available "in my wallet when I start with a customer", "in candy and cigarette boxes", "hotel anytime", "in my house, at the restaurant, any place for sex".

Four women did not know that disease can be transmitted while having sex, although two of them could describe some STDs in women and one had in fact had a "smelling discharge" at one time. The other women could describe the symptoms but one described these as simply "hot". Six had at one time some symptoms ("smelling discharge", "itching") and five of these over the past twelve months. Three women could not describe symptoms of STDs in men. The others described some or all of the following: burning pain when urinating, smelling discharge, genital ulcer. One said her "partner's groin was swollen and smelling".

When the women went for treatment they received medication – "antibiotics" and took them as prescribed. However two "did nothing" when they had symptoms other than self-medicate with "antibiotics". Women could not state any actual drug names, they used the generic terms "medicine" or "antibiotics". Some women did (or would) stop

having sex with such symptoms whilst treatment was in progress. Only one mentioned having sex with a condom, the others continued with having sex. A woman stated: "if I have money, I will take a rest. If not, I will still work but use cotton". A number of women said that they took preventative measures before and after sex but only two explained what they did – one "took contraceptives" and the other "sometimes used antibiotics because I am afraid of severe sickness. When itching I do have sex and use medicines." (Can Tho, aged 38, secondary education.)

Not all of the women in the sample had heard about AIDS – three had not. (Can Tho, aged 27, 4 years schooling; 25, Soc Trang, six years schooling; 22, Bac Lieu, 8 years schooling). Six women did not know any method of protection and a further three gave incomplete or incorrect methods. Condoms were mentioned but this was in only nine cases – one, "use a condom with strange guests".

Some women were unsure as to whether or not they could ever get infected with the HIV virus. Three felt they could become infected; one because she is uncertain if her lover is faithful, one "due to having sex with others", and two because of not using condoms every time they have sex.

However some of those that felt safe showed that in general they really had no depth to their knowledge: "use condom when finding sick clients", "don't have sex with many people". Two were unsure of the safety of the condoms and whether not using one could be dangerous.

Most women had no advice for a person who felt that they may be HIV positive other than to get tested and avoid transmitting it to others. Some attitudes were also shown: " Have all the family tested and communicate with others", "move to another place", "self-isolate or enter school No. 5". Four women have known people who were HIV positive or who have died from AIDS related illness. One said that, "one colleague who has HIV is still working without using condoms". One woman herself wants to be tested because she has had sex with a Thai who was "smelling" and she now has a uterus inflammation, but she is afraid about the money (she has 22 clients per month and uses condoms when customers request it; aged 25, Soc Trang, 6 years schooling ex-factory worker).

9.4 RACH GIA

Fifteen interviews were held with commercial sex workers. They were aged between 18 and 38 and they are from the following towns and provinces: Rach Gia City, Kien Giang Province (9), Baria Vung Tau (1), Ben Tre (1), An Giang Province, Chau Doc town (1), Long Xuyen (1), Thoai Son District (1) with one from rural Kien Giang. All were of Kinh origin. Friends also come from Dong Thap and Tien Giang and "other provinces". One has been working as a CSW for 10 years, others from 2 months to 8 years. There appears to be little bonded friendships between the informants. One stated this was because of "being shameful".

All but two stated that they are Buddhists with five visiting temples sometimes. One

has no religion and the other is an animist. Two did not read and one classed herself as illiterate.

Family life is varied (one still living at home). A number have been subjected to domestic assault, some have broken homes and although not stated by more than two, it would be correct to assume that with single parents or alone, poverty would be prevalent. Thus the reasons for embracing commercial sex work is strongly based on the need to get money quickly to support self, children, family, although one admits to simply a “vagabond life” after living in an “unhappy family” in which a new wife came to the father.

Most have had other work experiences: pretty trading, fish related small enterprises, ticket selling, teaching, factory work and farming. Three were students. They all have aspirations of returning to a higher level of their previous work: start a business, further study to get “more money” and have a “happy family”.

Five respondents are mothers of 1-3 children. These children are generally living with grandparents, but the women reported that they worry about them. These women and others feel homesick and worry about diseases, ill parents, future life and survival. They maintain home bonds.

Whilst most of the women do not feel that they have been taken advantage of some report such cases: cruelty when having sex with clients and also group rape (without payment). One believes that her lover took advantage of her. Certainly they do not feel that they are a severely disadvantaged group. Admiration of those in the trade and the clients is benevolent only – they understand that money, not sex is the underlying drive for all of them.

There are two elements to the job. One is simply to provide sex to customers, the other is to provide a service in conjunction with sex such as waiting, (coffee or beer) seducer, hairdresser or servant. All but one (who works as a beer “om” and it is unclear if she has private insurance) have none of the safeguards of occupational, health and safety accorded workers under the labor code: if they loose work, thus they loose pay. They work between four and 24 hours depending on the job itself and the customers.

Drugs are not part of the scene for the respondents as only one admitted knowing about (but not partaking in) drugs activities. She told of some people when idle using opium smoked with tobacco using locally purchased equipment.

None of the respondents currently had reason to go to doctors, but felt that if (and when in the past) they went, they would feel comfortable talking to them. Hearsay tells them that the cost is10.000 dong per visit as a basis, but, depending on the disease found, it would cost more.

Four respondents experience difficulties in making ends meet, whilst the others can save and send money home on their monthly takings. One states that she has 1.500.000 dong after rent and personal expenses related to work are deducted. Police vigilance

has been the reason for fewer customers for the four free-lancers who can not make ends meet. Only one had difficulty managing money because of peer spending patterns which she followed.

Some of the women work in other places such as the islands, but generally there is little movement among them. None of those interviewed board ships to find customers. Half of them have a permanent partner in their lives, yet in one month some has 60-80 different sexual partners with 3-4 on the previous night.

The boat crews are their predominant client group but they could not distinguish between different types of seafarers.

Condoms are known to this group of women but used infrequently. Use is tied with safety from disease. Non-use is tried to the need for money and client resistance to their use. Ten respondents knew where they could purchase condoms themselves. Pharmacies are the primary source. These respondents have purchased them themselves and could quote the current range of prices. Almost all could if they wanted to, and do purchase them themselves when they need to buy them, often buying 3 pieces or 10 pieces (10 pieces were cited on the maximum need per month) at a time. They take little time to buy from vendors, pharmacies. OK brand was the most often mentioned with Trust the second. (OK and Trust are products of the social marketing NGO-DKT)

There was no way of assessing whether or not men sometimes provided condoms which would augur well for safety, given some women had well over 10 different partners per month.

The commercial sex workers have sufficient knowledge about STDs to identify a range of symptoms in women but not in men. The information sometimes came from friends and workmates. They admit that they "don't know clearly" about STDs and only four said that they had been infected. However, only seven have stated that they have not had a discharge in the past 12 months. As these numbers do not tally, it is clear that there is a void in accurate knowledge. Those that stated that they have not been infected were among those who had a discharge. No respondent had ever had genital ulcers but a number did not answer the question, maybe because they do not understand "ulcers".

When infected only two went to the doctor, the others did or would go to a "seller" to self- medicate. In the first instance advice came from the "house hostess" and friends. Only if the self-medication did not work would they go to the doctor. No respondent knew the name of the medicine they did or would take, but some either stopped or would stop sexual contact or use a condom during the infected period, although for some this would "depend on the client".

As a prevention measure against STDs three women took "medicine" (unnamed) before having sex. Only one commercial sex worker interviewed had never heard of AIDS (often called SIDA in Vietnam) but two admitted knowing "very little" about it. Generally they had heard about AIDS via the Provincial AIDS Committee (PAC), from

leaflets and the newspapers, from general conversations and with friends, and also from the media and from school.

However the "knowledge" appears to be too superficial thus not enough to translate into protective behaviours. Only three knew the modes of transmission and the same number knew that condoms are a protection. Behaviour, even for these three, is not normally safe because "as I need the money I will comply with the clients". Some said that they are "careful", one commented that she is "not in touch with the infecting environment" (she had the second highest educational level of the sample and works on weekends as a hostess, remaining a student during the week, and is awaiting her first "client").

AIDS is still outside the personal experience of all but one woman (she knew a person who has since died) and they had no positive ideas of what people who find out that they are HIV seropositive should do other than use a condom (2 people) when having sex. Most said they simply did not know, others said to take medicines, die or commit suicide.

The research did not include data from permanent partners of the seafarers and so it is difficult to assess the risk level for this group of partners. Their level of assertiveness for sexual negotiation with their permanent partners may be higher than that of the sex workers although given the status of women in general, this seems unlikely.

10 CONDOM ACCESS AND USE

Seafarers and CSWs have the knowledge that condoms provide protection from diseases like STDs/ HIV and can be used for family planning but the actual use by both groups remains limited and irregular. Hospitals, clinics and pharmacies stock and sell condoms, which are also available at health centers although at certain centers they are made available mainly for family planning. Health workers from most studied ports do not promote the use of condoms and the sale is quite limited except at a port. Pharmacies do not promote condoms either but they do display condoms. Their customers are from both sexes and in the age range of 20s to 50s. Seafarers and CSWs are among them but not all seafarers know that condoms are stock at pharmacies and some have their wives purchase condoms for domestic use. The prices quoted show that condoms are affordable but reservation and embarrassment at buying them is reported from all ports. Supply of condoms is now adequate although a shortage is reported in 1997.

10.1 HAI PHONG

The eight health workers interviewed from Hai Phong agreed that hospitals and clinics had condoms available for sale and one knew a clinic which had free condoms. The pieces were priced at 300-350 dong per piece. However only one health worker has ever sold a condom personally. Prices quoted by the eight pharmacists went as low as 200 dong per piece. The most popular brands are "OK" and "Trust". The health workers believe that this is because of the TV and advertising campaigns of DKT. This

was agreed to by the eight pharmacists saying that of the two, "OK" was the more popular, one other brand was mentioned: "Pleasure". One pharmacy in the previous month sold ten more boxes of "Pleasure" than of "Trust" and "OK". The total sales at the pharmacies over the previous month ranged between 120 pieces to 30-45 boxes, each containing 144 pieces.

All the pharmacists said that the distribution of condoms was insufficient in 1997 but now it is sufficient to meet demand.

Condom buyers in pharmacies were more likely to be men up to 60 years old, mostly 30-50 years old and 18 years and over. Fishermen and sailors were among the buyers as were foreigners including Chinese. There were no restrictions on condom sales at pharmacies or amongst health workers. None of the pharmacies promote condoms but all put them on display. Six pharmacists recommend condoms to customers – "OK" and "Trust" – because of the belief that they are of better quality and less expensive than foreign ones.

Both groups say that condoms are available at any time and generally they are purchased "after work". People generally look at ease although young women, according to a health worker look less at ease. One pharmacist said that people prefer to buy from women and another felt that some 40-50 year old people feel embarrassed.

There are other names by which condoms are known besides the brands of "OK" and "Trust". These are: family-plan, rubber bag, stocking, raincoat, red and green pack, rubber tube, the champion. These names were given by pharmacists. Health workers knew only the brand names of condoms.

All the seafarers except one interviewed knew about condoms from family planning outlets, TV and newspapers. They knew condoms prevent disease and pregnancy and some mentioned particularly the HIV virus. Half the respondents had never used a condom and a proportion that had used them related it to family planning. A few use condoms with CSWs and one, who has a number of "girl friends" only has sex with them, so feels it unnecessary. Another only has "sex with lovers in time of safety". That condoms could be purchased at pharmacies and health clinics was known by eight seamen. Condoms have only been purchased by eight seafarers of the two groups and buying them was not a problem.

Places cited as suppliers and the places where one can get condoms are: pharmacies at Quang Trung fork-road, the junk shop owner at Cau Vong Market. No respondent has been to obtain condoms at doctors, health centres or family planning clinics. Prices quoted are 1000 to 2000 dong for 3 pieces and 300 dong each. The only brands mentioned by all the CSWs were "OK" and "Trust". They cite durability, client preference, quality and personal preference as the reasons for using "OK" and "Trust". Most respondents do not need to actually buy condoms themselves as they can get them easily through their place of work. At one time they "receive" (buy) 3-10 condoms. With the number of sexual encounters reported by these women, doubts arise about whether or not they really use them each time. They say they need between 50-200 per month.

10.2 DA NANG

Condoms were available at the places of work of two out of the five health worker interviewees. The prices quoted by two were 1000 dong for 3; 2000 dong for 3. Three health workers have actually sold condoms but condoms were free of charge to patients at all clinics until recently where one clinic has started to sell them.

The most popular brands are:

"Happy family" because it is being distributed
"Forget Me Not" because of its reliability
"OK" (2) because of the advertising, high quality; ease in use and safety.
"India" – no reason given.

"Trust", "OK" (advertising) and "Rose" were mentioned as second or third most popular. "Trust" was stated as being of lower quality than "Forget Me Not".

Two respondents had distributed a typical months supply 100 and 1552 but these were either not the brands that the people wanted or too few for the demand. Condoms are purchased by fisherman but not as the major customers. Customers were officers between 30-40 years old, people at age 30-40 mainly women, and men at the age of 35-45 at the three centres described. Any person can buy them or if they request it, get them free from some clinics.

Clinics give/sell the condoms during any hour - usually at the examining hours. People can obtain 10-20 pieces per month. It was believed by four health workers that the time of availability was suitable and that people know where to get them via word of month. Most condoms are called by their brand names but slang is "hat" and "raincoat". Two respondents reported a level of shyness in the customers.

Condoms are well known to the seafarers. They are seen by all (except one) as protection from diseases, STDs (some mentioning AIDS) and to prevent pregnancy/ for family planning. Most have heard about them from TV and married friends. Fifteen had not ever used them: "only have sex with wife" (7), bachelor, "do not have sex", "wife has IUD (or other contraceptive)", "not used to it", "they feel uncomfortable".

Seven men reported that they had used condoms the last time that they had sex. All were married with 6 using for contraception/family planning (aged between 30-44) and one (aged 26) for a commercial sex visit.

Generally the men had their wives buying condoms, meaning that they have no direct access to them when not at home. However a small number knew that they could be purchased at the pharmacy, with one believing that they could be obtained from CSWs. These men general never purchase them but believe they could purchase them if they needed to – five only could quote the current price of condoms. A small number could name a brand – the only two brands mentioned were "Trust" and "OK" – these two brands being "well advertised", "thin" and thus "comfortable". Six men said that they could require between 4-20 condoms per month (average 10) but most again repeated that they do not need them. Condoms, they believe, should be available at any time at

the pharmacy, in the home, beside the bed. Three men had problems with using condoms because their wives do not like them and two because they feel less comfortable using them.

The seven pharmacists interviewed have condoms for sale – four on display. Three were certain that fishermen were amongst their customers one saying "condoms are best sold in the rainy season for seamen do not have sea-trips". The number sold monthly were quoted as between 30 pieces to 100 pieces and 72 packs which they all believed were sufficient for their customers' needs, unlike 1997 when demand was higher than supply. Two pharmacies sell mainly to women but another three had predominately men customers – the others had equal numbers of men and women. Two remarked that "married persons" were the purchasers and one said that some youths buy condoms to re-sell to the CSWs at the port of Suoi Da. Customers across the board were between 25 – 45 years.

Only two brands are popular, "OK" and "Trust". One pharmacist added "Super-thin" and "Growena" to the popular brands. Pharmacies believed that brand identification has come from extensive advertising but this is supported by good products. "OK" and "Trust" are seen as safe, cheap, thin and now familiar. Costs range form 3-400 dong per piece to 700-800 dong per piece ("Trust" and "OK") or 1000 dong for three. However "Growena" and "Super-Thin" are more expensive. Four pharmacists make recommendations of brands to the customers. Condoms are sometimes called "raincoats" and "fam-plan-pack".

Whilst the pharmacists believe their costs are lower than in other places, they believe that people know from word of month that condoms can be obtained elsewhere – e.g. drug stores. There appears to be no embarrassment in buying condoms for the men customers but "sometimes women look embarrassed" – people all seem "in a hurry" when buying them. Purchases are greater in the late evening or at night and for one pharmacist in the day when the market is crowded.

10.3 CAN THO

Whilst most of the seventeen commercial sex workers in the sample generally can purchase condoms but irregularly use them, the seafarers who are a large percentage of their clients have generally purchased condoms themselves and understand the use of condoms for family planning and for protection against STDs. However few men use them regularly with non-spouse partners. This is related to experiencing diminished pleasure and inconvenience. Some seafarers get condoms from the CSWs (6) but others have been to pharmacies, the market, the health centre. They could quote the correct price and name two brands: "OK" and "Trust", which they have purchased or used. They state that these two brands are liked/preferred by CSWs, have a "strong feeling", are popular and "easy to use", cheap.

The crewmembers would like condoms available on the boats, in the seafarers room at anytime. Usage was low – the need was between nil and 4-5 with one person stating 10 needed per month (age 23, from An Giang, and only has sex with wife).

Of the three health workers interviewed only one said that the hospital/clinic has condoms for customers but could not give a price. One other said that the most popular brands were “Trust” and “OK” but named no other and felt that the reason for this popularity was the TV exposure given. None of the health workers had sold or given condoms in the previous month.

Only one health worker answered any questions on the customers which he/she said were people (gender undisclosed) who used them for family planning and that anyone could in fact purchase them with no restrictions but “society’s prejudice” makes purchasing them inconvenient. He/she said that people know where to buy condoms by introduction of the pharmacy or other “introductions”.

According to the pharmacists, people buy condoms without embarrassment, one said his/her customers were mainly CSWs. Another said only “a few” fishermen buy condoms. Men and women between 18-40 years purchased them. Like the health workers, the pharmacists said the most popular brand is “OK” with “Trust” the second most popular. Prices range for 300 dong to 500 dong each. Last month total sales at each pharmacy were 192, 720, 240, 720, 400, 144 (total 2416) but for three pharmacies this was not typical but sufficient supplies were available unlike, for one pharmacist, in 1997. No pharmacy had trade promotions although they all displayed condoms. The pharmacies believe it is “well known” that they have condoms for sale.

Condoms are also called “bao cao su” (Vietnamese name), “ao mua” (rain coat), “cabot” (from the French) or “planning bag” as well as the brand names “OK” and “Trust”.

10.4 RACH GIA

Condoms are available in each of the seven pharmacies canvassed, one even had them for free. The most popular brands were DKTs, OK and Trust due, it was believed, to the high profile given through the marketing and the low price. Other brands stocked were Happy, F Family. Chinese and Japanese condoms were also stocked but the brands were not devulged.

Total condom sales, mostly made in the evenings by both men and women, for the previous month from 6 out of 7 pharmacists was in excess of 8000 pieces. There are no buyer restrictions at pharmacies.

One pharmacist sold none but the month was both typical and sufficient according to 5 pharmacists. This is an improvement on 1997 distribution figures which were insufficient for the demand.

The buyers appear to be 60% men and 40% women, between 20 and 40 years of age. Fishermen were amongst these groups but not in significant observable numbers.

Condoms were displayed in only two shops but it was believed from experience that

"everyone knows that condoms are sold at drug stores". "They find out where to go via advertisements in the mass media".

The pharmacists reported that some people appeared embarrassed buying condoms and wait for women salespersons. Some insist on neutral packaging which the pharmacists provide on request.

Apart from brand names, condoms are called "balloons", "raincoats", "family plan pack" and "bags".

The people who go to the health workers to buy condoms are of the 18-40 age groups but predominantly married women . In fact, one of the four interviewed health workers only sold condoms to those who are married unlike at the pharmacies. The total number of condoms sold by the four health workers was 1780 (at about 10 per person per month), which was typical for three of them. The fourth recorded double the normal sales (number 760 given), usually 200-300 per month. The health workers too had insufficient stock in 1997 but this had been rectified.

People got condoms at health centres on referrals by pharmacists and some feel very embarrassed asking for them. One reason given is that they are "friends" with the health worker, this was not the case at pharmacies.

11 STD INFECTION AND TREATMENT

Enquiries about STDs and HIV/AIDS are made of pharmacists and health workers. The former varies in their dealing with the enquiries, which includes advice to consult a doctor, filling the prescriptions, and diagnosing and prescribing medication. Not all health workers can provide adequate responses to enquirers and many do not understand the situation of STD/HIV/AIDS in their areas. They know some figures about infection but not sufficiently to predict trends accurately – i.e. missing time scale for people presenting with symptoms or for advice. Few pharmacists report that they have enough knowledge on HIV/AIDS and some state that they need more information and pamphlets. Health workers have received some training on HIV/AIDS a few years back and evidently need more training. For people with STD symptoms, including seafarers and CSWs, they resort to assistance from friends and many seek self-medication through getting medicines from vendors. Treatment from private doctors is preferably sought due to privacy provided. The absence of an effective, organised, publicised and freely available service dedicated to providing information and help in finding rapid and suitable medical treatment for sexual infection is evident.

11.1 HAI PHONG

There were eight health worker respondents. Only one could give figures for STDs but they were not recorded within a time frame. The figures give the incidence and type of STD.

Type	Men	Women	Total	trend

Syphilis	5	15	20	decreased
Gonorrhoea	84	60	144	no change
Trichomona	0	9	9	increased
Candida	20	100	120	no change
Genital warts	120	60	180	increased
Total	229	244	473	

Another health worker added 45 cases of "gynaecological infection". Two recorded HIV/AIDS (no numbers given) and one "Trung roi".

Only one pharmacist (of eight) had customers inquiring/discussing STDs in the previous month which it was said was typical. Two names used were "lo ong khoi" and "social diseases". Another pharmacist who did not have an inquiry said that this was not typical. Neither mentioned gender and age. One said that people come in "to buy medicines as prescribed by the hospitals". That means that they already have the diseases diagnosed at the hospitals.

Two pharmacists gave advice: "see a doctor", "take a test" or instructed them in "what medicines to use", "listen to the description of symptoms, diagnose and advise them to have the full treatment".

The medicines for STDs sold over-the-counter in the previous month according to the eight pharmacies totalled as follows:

Name	Amount sold	Unit cost
(at the two pharmacists who said they deal directly with diagnosis)		
Peflaxin 400mg	200 capsules	10.000 dong/capsule
	20 + several blisters	20 -25.000 dong/blister
Prostanxin	200 capsules	9.000 dong/capsule
Ciprobay	40-50 caps	30.000 dong/caps
	3 boxes	50.000 -192.000 dong/box
Penicillin	"a lot"	800 dong/capsule
Clorodixin (injecting)	no amount tallied	25.000 dong/dose
Ofioxacin	no amount tallied	25.000 dong/dose
(at the pharmacies which only filled doctors' prescriptions)		
Lincocin	20 blisters	15.000 dong/blister
Trolicin	1 bottle	55.000 dong/bottle
Ampicillin	1000 capsules	2.000 dong/capsule
Ciprobay	3 boxes (250mg)	50.000 -192.000 dong/box
	1 box (500mg)	345.000 dong/box
Unasign (375mg)	12 boxes	123.000 dong/box

It was stated by all pharmacists that there is adequate stock.

Pharmacies say the private doctors are the most popular locations for STD treatment.

The second location rated was the medicine vendors. Only a few traditional healers were thought to treat STDs and no “quacks”.

Six pharmacists get requests for “morning after” contraceptives. Abortion (or menstrual regulation) was stated by all as the most used method to “treat unwanted pregnancies”. The pharmacist who had the STD clients seeking advice was the only one who had people asking about HIV. His/her advice is to “have tests”, but added that “this is a crowded place, no one comes and communicates about HIV”. In answer to the question about pamphlets/posters of HIV this pharmacist said that he had sufficient knowledge about HIV but the others said they need more. No pharmacist had ever heard of anyone who was HIV seropositive.

The health workers on the other hand, received training in HIV/AIDS generally since 1995 (three had training as early as 1991). Others receiving training were cadres and other health workers including those at restaurants and hotels (it is not verified but it appears that some health workers are located in these venues). Trainers were from the AIDS section of the Department of health, AIDS committee and preventative health staff.

Every seafarer interviewed had heard of sexually transmitted diseases – they mentioned gonorrhoea (7) and syphilis (6), AIDS, HIV/AIDS and HIV (9) as examples. They usually had heard about them via the mass media.

Nine men could describe STD symptoms (at least one symptom) in women but not in much detail. Six men could not describe the STD symptoms in men. Those that could described one or more of the following: genital discharge, burning pain when urinating, genital ulcers and sores, inability to peel back the foreskin, groin swelling, fever and genital warts. Some men described STDs as symptoms: HIV/AIDS, gonorrhoea and syphilis.

None of the seafaring interviewees had experienced any discharge or genital ulcers over the past twelve months. Generally if these had occurred, they could go to the doctor of advice or firstly talk to a friend. One could talk to the boat captain. The seamen had been given previously (or expected to be given) antibiotics, painkillers were expected to be prescribed. Two said that when they had an infection they would either stop sex or use a condom. A number were insistent that they had never had a STD and a small number that they did not have sex anyway.

Every seafaring interviewee had heard about AIDS from the mass media (especially TV), from other people and the health centre. When asked how to avoid “getting AIDS” every person said one or more of the following: use condom, have safe sex, do not share injecting kits or share materials, be faithful or do not “take drugs” or do not have promiscuous sex. These answers lack a level of exactness which suggests that the glib answers have no basis of sound knowledge

Could you get infected? This question elicited some responses that re-inforce the above possibility – that is, that knowledge was not deep enough to change either attitudes or behaviours. No: “I am careful with it”, “I am afraid very much”, “I know

how to prevent disease", "I do nothing wrong". One respondent who said it was possible for him to contract the HIV virus explained that he could not "identify people with HIV to avoid them" and he did not explain any protection measures. Most seamen explained that they were faithful or did not have sex at all.

Advice from those found to be HIV positive centred round testing and treatment, not having sex and "living in a healthy way".

11.2 DA NANG

Both seafarers and commercial sex workers would consult friends and then visit a doctor if symptoms of STDs were prevalent. A level of self medication is present (CSWs mainly). Pharmacists had a small number of people presenting with symptoms and wanting to discuss these – some of these people were thought to be fishermen but were usually women (30-40 years) and married. This concurs with the seafarers statements about wives buying condoms. One pharmacist explained "women come to complain about their husbands' long lasting diseases got from promiscuous sex during their long sea-trips". The advice from this pharmacist was to go to STD or Obstetrics – Gynaecology clinics. Other pharmacists advise seeing doctors, Maternal and Child Protection Centre, with one also prescribing drugs. One pharmacist refuses to sell drugs without prescriptions. Over the last month the seven pharmacists estimate that the following drugs and amounts had been sold to customers for STDs.

Name	Amount	Unit	Cost (VND)
Flagentyl	3	boxes	38.000 (box)
Ampicillin	60	capsules	600-1000 (capsule) (sells for 3500)
Flagyl	11-12	capsules	300 (capsule)
Neugam	100	capsules	1000 (capsule)
Tergynan	20	capsules	5000 (capsule)
Poligynex	no data		
Canesten	no data		
Mistazoiblu	30	capsules	1000 (capsule)
Lincocin	20	capsules	1500 (capsule)
Antiseptic (no brand)	20	capsules	300 (capsule)
Reflaxin	10	capsules	8500 (capsule)
Tetracycline			
Amoxiline	100	capsules	3500 (capsule)

The stocks were adequate for the demand. Five also get regular requests for the morning after contraceptive.

Pharmacists knew of other places for STD treatment. Private doctors were said to be the most popular because of confidentiality and the embarrassment of the disease for the patient. Vendors are popular for those who wish to self-medicate and traditional healers along with quacks are not involved in this area.

Unwanted pregnancies are treated via abortion and pharmacists advise women to go to the Maternal and Child Protection Centre, the Menstrual Regulation Centre or a hospital/clinic.

Only one of the pharmacists reported that he/she had been asked about HIV: "why are people infected with HIV", "what are the ways of prevention and cure", to which he/she answers "infected with HIV through sharing the same syringes and needles, blood, unsafe sex and mother to child". He/she feels he has sufficient information on the topic as do five other of the pharmacists (one says he/she still needs more information). None of these interviewees has had personal experience with a person who has been tested HIV positive, but they have seen such people and heard about them on TV and read about them in the newspapers.

All five health workers have been asked about STDs: as many as thirteen people over the last month and these include fishermen (who with farmers, according to one health worker, form 60% of the total clients). The inquirers are usually aged between 30 and 40.

Because one health worker has predominantly women inquirers and another has predominantly men, it may have something to do with the gender of the health worker. The health workers did not report slang used by patients but the advice, based on symptoms, given to them by three (no advice by two) was to go (both husband and wife) to get tested immediately and use condoms or avoid sexual intercourse. One health worker advised keeping "clean" as well.

Two health workers distributed drugs – one at no cost (Rocephin, Sporal, Docicily and Salno forni), the other said the clinic sold about 2000 capsules of each of the following: Neggram .5, Ampicillin .5 and Peflacin 400 mg, per month. Sufficient stock is available.

Morning after contraceptives are available at three of the clinics, one freely distributing them. Abortions were said to be the treatment for unwanted pregnancies.

Like the pharmacists, the health workers note that private doctors are far more popular than traditional healers or quacks because people "can easily talk to them". Some people go to vendors directly.

Four of the health workers had patients asking about HIV. The questions included symptoms, methods of infection and how to react if ones' husband is infected. Replies were centred around the necessity of testing if "symptoms" were present and that "prevention is based on knowledge". Two workers want more information and the others felt that they had sufficient at this stage.

11.3 CAN THO

Of the three health worker respondents only two could answer questions on STDs and

they gave almost identical answers. The number of people coming into the centre to discuss STDs in the last month was 39 (one said 16 women and 23 men). In one case this was typical for the other it was not. Fishermen were not among the 39 – they were mainly farmers and "xe loi" drivers. Women usually described their symptoms as "milk containing" and men "exhaust pipe broken". Both men and women were referred to the specialist and given medication which they were told to take to completion together with their partner and use a condom. The types of STD drugs sold were Cyprofloxacin, Oflovaccine, Extencycline (no amounts stated). One health worker has requests for morning after contraceptives and he/she also said that unwanted pregnancies were dealt with by abortion.

People, it was believed by the pharmacists, get treatment usually from one of the 6-7 specialist doctors or self medicate via a vendor. Quacks and traditional healers were not popular with people presenting with STD symptoms.

At the pharmacists between 2–20 people have asked about STD treatment last month. Most were young men but the age range was 20-50 years. They usually came at night but some came in the day. They had symptoms of itching, burning and pain when passing urine. Two of the pharmacists referred them to doctors, another simply filled doctors prescriptions, the other three diagnosed and prescribed. The prescribed drugs were to be taken for 3 days and, if symptoms persisted a doctor consultation was recommended.

	Number of pharmacist	Amount of dose	Unit cost
Thiopenicol	*1	6 pills per time	200 dong/pill
	*2	20 pills per time	2800 dong/pill
	1	15 pills per time	3000 dong/pill
Peflacine	*2	15 pills	900 dong/pill
	1	2 pills per time	9000 dong/pill
Ciprobay 500ng.	*1	6 pills per time	200 dong/pill
Mictasol blue	*1	12 pills per time	200 dong/pill
Oflocd	1	2 pills per time	5000 dong/pill

(The drugs given by the pharmacists that diagnosed and prescribed treatment are marked with *.)

One pharmacist gave a list of other places for STD treatment as being: traditional healers, private doctors and other pharmacists, two gave private doctors and pharmacists and three did not know where else treatment could be obtained (two of these had treated patients themselves). All pharmacists had requests for morning after contraceptives. Abortions were not mentioned as a way of dealing with unwanted pregnancy, but any women presenting would be advised to visit the hospital/doctor.

Only eight of the seafarers could describe symptoms of STDs in women and 14 could describe them in men.

Four of the seamen had found themselves with symptoms over the past twelve months. These symptoms were: genital discharge, burning pain when urinating, smelling

discharge, warts and ulcers. Two of those with ulcers said "no" to the question about whether or not they had had ulcers, yet previously had cited their symptoms as a "discharge". Those who did not have the symptoms said that if symptoms had occurred they would go the doctor, visit specialists, one saying "immediately", however those who had actually experienced symptoms recently went to friends first and then to the doctor. One of these consulted with "older friends, taking medicines, then consulting a doctor". They were treated with "antibiotics" and two stopped having sex, one of these "because when I got it, my health is bad and I feel uncomfortable". One used a condom whilst having sex and the other continued having unprotected sex.

All the seafarers had heard about HIV/AIDS (one had terminated the interview at this stage). They heard from the mass media – particularly TV and some from their wives.

11.4 RACH GIA

Pharmacists have up to ten people asking about STDs per month. These include fishermen, but two pharmacists recorded that the inquirers were "mostly women". The ages of inquirers are between 18 and 40 years. Pharmacists gave advice "use condoms and do not have sex with CSWs" or simply "use a condom". Two advised the buyers to use the sold medicines (presented by the pharmacist or by the buyer) until finished and one of these added that going to the doctor should be the next step. The pharmacists recorded adequate stock of medicines required: Quinolone group, Peflacine, Trobicin, Ofchoxacine, Augmentin, Noroxin, Polygynax and Mycostatin.

The health workers record an increased rate of all STDs presented :

	Men	Women	Total
Gonorrhoea	21	11	32
Urinary infection	15	21	36
Germ (Trung roi)	11	0	11
Candida	5	15	20
Genital warts	20	4	24
Genital ulcers	1	0	1
Syphilis	2	0	2
Chancroid	3	0	3
Totals.	78	51	129

(The period of time for these figures was not recorded.)

All except 3 cases of gonorrhoea were diagnosed at one health center. Another center refers all potential cases to the dermatology center so keeps no records of the breakdown and the other had no cases for the month.

A range of people presented at the four health centers and were between 16-49 years of age. Fishermen were included as were married women. People were given medication (Septiagon, Doycylin, Cyprobay, Mycostatin, Flagyl, Amypho) and told to use condoms.

There are other places to go to find STD assistance: pharmacists said the most popular are the private doctors, the second most popular are the vendors who sell the drugs direct. Traditional healers/ doctors made up the third group. This was agreed to by the health workers. One health worker added "friends" as a used source of assistance. Both groups believed that the privacy, in fact secrecy, of the private doctor was the advantage he/she had over other places for STD treatment.

In Kien Giang it appears that the service for STD are available on the shore for seafarers but not on the boats, that they use services when needed but at a lower rate than would be expected. Self-medication (i.e. use the condom) is the main method of treatment.

12 SEAFARERS LIVING WITH HIV/AIDS

Data collected shows very little evidence of there being many seafarers in this position, although they may not have been included in the research or mentioned in the interviews. Most respondents, except three health workers and four drug users in Rach Gia, do not have sufficient personal encounter with HIV positive people. It is difficult to gauge the attitudes of health workers, while boat operators demonstrate mixed attitudes ranging from putting positive people ashore for treatment and to adjust the type of work to suit their health, to applying no discrimination and to dismissing them in order to prevent the spread of transmission towards other seafarers.

12.1 HAI PHONG

According to the two boat operators, sailors found to be HIV positive should be brought ashore and given work there or simply brought to the hospital for treatment. Neither knew of any cases. No pharmacist knew of any HIV positive person. If there are HIV positive sailors, they were not included in this research.

12.2 DA NANG

To date, according to two health administrators there were seven PLWA and one death had occurred in 1997. The total now stands at twenty six men and four women (30) living with the virus and seventeen men have died from AIDS related illnesses.

Neither the health workers nor the pharmacists knew personnally of any cases of PLWA other than those mentioned in the media. One drug user himself is PLWA and another drug user knows of others, but in general, the respondent groups have insufficient personal experience to assist with this part of the research.

One boat operator advocates HIV testing for crew so that "boat operator companies know about that in order to prevent infection for others and to assign suitable work for them". Other boat operators voice support and non-discrimination for PLWA.

12.3 CAN THO

Only one boat operator stated that the policy of his boats was to follow the government's regulations as regards what happens to seamen who are HIV positive. The "policy" was not outlined.

Two of the three health workers had been asked about HIV – both about how the HIV virus was transmitted. One believed he/she needed more information about this. All three had heard of someone being HIV seropositive. Their situations were described by the health workers thus: "thin, pale, exhausted", "pregnant and gave birth normally", "some are normal, others are critical". These comments were more general than those of one pharmacist: "lose weight, fear of water, diarrhoea, cannot do anything". The other pharmacists knew nothing about this.

In all the interviews, seafarers were not mentioned in relation to them living with HIV/AIDS.

12.4 RACH GIA

Amongst the seafarers of Kien Giang interviewed, two are HIV sero-positive. These two appear to be working at the same levels as their peers with no extra problems at the time of the interviews. However, boat operators (all three of them) stated that if it was known that a crewmember was HIV positive he would be asked to "quit the job". An interviewee remarked about one of the operators, "There is a need to hold a campaign of communication on HIV/AIDS at these places", and about a second operator, "the company follows instructions to ask HIV-positive seamen to quit their jobs for fear that the community will be infected". There was no HIV/AIDS policy as such in any of the three companies. Knowledge about HIV of boat operators was low.

Pharmacists had very little direct experience with HIV/AIDS and appeared to have poor levels of knowledge only one saying he had sufficient knowledge, the others saying they "need more". Three pharmacists had come across an HIV positive person, one was a sailor in a "bad situation", one was "very thin with many ulcers on the body".

Three of the four health workers have known of an HIV positive person. The four described then as "normal at first but later "thin", with "pustules" all over their body".

Of the drug users interviewed four have known people to have died from AIDS related illnesses – two have known "many" such people.

13 SEAFARER DRUG ABUSE

Seafarers are not mentioned as a group that uses drugs more than other groups but there are reports of increasing drug use in general from three of the four ports under study. Research finding on seafarers and drug abuse is inconclusive as there remain contradictory views but evidently there are seafarers connecting with illicit drug use. Heroin, morphine, opium and Dolgarnan are the drugs commonly mentioned and mainly injecting is the method of use with some resort to smoking. Sharing equipment

is not uncommon although a number of users possess their own kit and reuse syringes and needles for fear of contracting HIV. Methods of cleaning kits were mentioned but not known or used by all. Most users start using drugs very young at the average age of 20s, citing peer pressure as the most common cause. Depression was also mentioned at all sites. Efforts to stop the use led a number of them to detox centers but most relapse back to embrace the habit. Places where drugs are available are well-known to the addicts and venues to use the drugs are mostly ashore for using on board a boat can lead to dismissal.

13.1 HAI PHONG

This section outlines the data on drug use in general rather than only amongst the seafarer community.

According to pharmacists drug use is on the increase. It was stated that the increase started in 1995-96. People have changed (are changing) from smoking to inhaling and to injecting, with heroin the major drug. The majority of users are under 30 years and men. Some buy needles, syringes and distilled water from the pharmacists. It seemed to the pharmacists that it was easy for the young users to purchase drugs and injecting equipment. Whilst pharmacists call drugs by either their name for opium "thou phien", users call them "marble" and "white death".

Detox centres are available, some addicts go to receive acupuncture, but the most popular detoxification medicine stored was hafusa to be used at home. Pharmacists were unsure about how new drug users sought treatment.

Seafarers were not actively involved in drug use. Three were previous users (heroin) but a few believed that some seafarers did use drugs. One admitted addiction to tobacco. One had the doctor inject morphine. Neither had treatment.

Eleven port-based (no gender mentioned) drug addicts (users) were interviewed. All started using in Do Son District of Hai Phong Province. Their ages of drug use commencement ranged between 18 and 36 years. The majority were 20 years and under. Although generally starting with heroin, four had started with morphine. Predominantly they are still on heroin but some are also on morphine and opium mainly by injection. Some started smoking but changed to injection. There is a belief that they started because they were induced by "friends" who initially gave it freely. One added depression about family and study and from simply "I wanted to try".

Six users had given up at some stage but injected when with peers. Drugs are obtained at many places in Hai Phong especially Do Son – pavements, railway and coach stations, at Duong roundabout, at drink stand Ngoc Hai Ward and also about 5 kms away in Le Chan District at Pho Cate roundabout.

The venues of drug use are home, Do Son in karaoke rooms, on boats and deserted places, stadium and shooting gallery.

Drugs are often shared as is equipment, although some own their equipment which is easy to buy at 1.000 dong per syringe. Sharing occurs because of lack of money and some users are aware of the risk. Most users only used the kit “one time” or session. Keeping needles sharp appeared to be unimportant due to the “once” use of the kits. Needles are “cleaned” before using in some cases (boiled water) usually by the informant.

Drugs cost (per dose) varied between 15.000 dong and 50.000 dong with the lower price range for injecting only. The users interviewed spend between 200.000 dong (50% of wage) per month to 700.000 dong – three users said that they had sufficient money and some of the others are supported by family.

Those users from boats appeared to have used regularly whilst ashore but usually not at an intensive rate.

Four informants knew of one or more HIV/AIDS cases. The users believe they need help in giving up drugs and keeping away from selling venues and they should be given stable employment away from fishing villages. Young ones need entertainment. One user felt that arresting the drug dealers would be of assistance.

13.2 DA NANG

The seafarers interviewed said that they were not drug users themselves and all but one said that seafarers did not take drugs or that any drug use at all was unknown to them. Two mentioned that fishermen needing to be healthy and strong would not be able to take drugs any way. One said that he had heard that there were IDUs in other villages.

Drugs named by the seafarers were Suduxen and Opium. One said it was easy to buy injection kits. The three drug user informants, all seafarers, said that only a few seafarers used drugs because they fear sacking. One said that those that do, feel stimulated and stronger. The interviewees started using in their early 20s on Dolargan, Morphine, Heroin and opium at Da Nang – two for pain relief and the other from peer pressure. One currently uses opium by injection if a needle is available, but eating or drinking it if not. He had changed after two years of Dolargan and Morphin to Opium. The second had remained on opium from the start because of its’ cheapness and continues to inject. One changed in 1981 from opium but now has “given up”. Two have given up in the past and one, who continues to be in pain, finds opium cheaper than prescribed drugs. All three have/had their own equipment and two used in a group, the other alone in a deserted place or polyclinic. Stadium, station or home were the group venues. Plastic syringes and needles are used and purchased easily at the drug stores.

Sharing kits is said to be not common for fear of AIDS and one-off use is the norm, so sharpening, cleaning and storing are not problems to these men.

Current dose price is between 10.000 – 20.000 VND (opium) paid in cash. Current costs are between 30.000 –35.000 VND average per day (20% of earnings) which they

said is easily affordable. They inject once (at least) per day when ashore.

According to these three men, giving up is very difficult and they know of others who have tired but return, although they believe the local efforts to help them e.g. credit from DOLISA are good. Only sympathy and support from the community and the family, coupled with a steady job, they believe, can help drug users.

Pharmacists like the others interviewed said that there was little drug use amongst seafarers, but usage in general had increased, mainly for men. They were unaware of any methods of use changes. Drugs they feel, are readily available.

Health workers agree that drug use is increasing and call for stricter punishments for the providers with both punishment and assistance (detox) for the users. Unlike the pharmacists they believe drugs are difficult to purchase, listing common usage as being: Heroin, Morphine, Dolargan, Cocaine and Opium administered by syringe and needle. It is believed by health workers that the IDUs share equipment, although getting new kits is very easy.

Three health workers have been insulted by IDUs because "they are badly in need of drugs" and "beg for money". Three workers have had IDUs seeking treatment from them.

Health workers report that detoxification methods are "psychological, medical and mental". One specific professor doctor was mentioned as the local expert. Families have, they believe, only one avenue – get the IDU to the detox centre. (no figures were available on admissions via the health administrator or detox centre admission).

Police did not identify seafarers as a specific drug using group but noted that Heroin and Opium were decreasing whilst stimulants and marijuana use was increasing. They note that drug users were mainly men and youth.

13.3 CAN THO

The history of drug use is very limited as described by the six pharmacists. One said drug users were young and two of them said there has been a long history of drug use. All agreed that users were men. Two said pleasure was the motive to use drugs whilst one indicated addiction from prescribed drugs was the cause.

Because drug use is forbidden, one pharmacist said that this had caused it to decrease. Two contradicted this assessment believing that drug use has increased. Three cited changes in the method of use from inhaling to injecting over the period of time. The drugs named were Morphine, Dolargan, "brown", Heroin injected via syringes and needles. It was believed that this equipment was generally shared and easy to buy. Some pharmacists have received insults from addicts when they refuse to supply medicines.

The police (2) added opium, marijuana and amphetamines (generic) to the list given by

the pharmacists. They see also that there has an increase in drug use in "opium for poor people and heroin for rich people". Drugs were not mentioned by the police as a problem encountered with seafarers whilst ashore.

Health workers said that drug abuse existed before 1975, one said it had increased, one said it had decreased. The move to inject was verified as was that men were the prime users.

The interviews with the seafarers themselves showed that they believe that other seafarers are drug addicted. None admitted drug use but one said he had tried drugs some years ago. The fact that sacking would be the result of being discovered taking drugs was mentioned as a deterrent. Only two could offer information about drug use: one said the drug of use was mainly heroin the other said that seamen get drugs at the coffee shop near the port when they go ashore.

It is clear that seamen are not interested in talking about drugs. They may or may not all be drug free as stated, thus research findings for seamen and drug use are inconclusive.

Turning to the self-confessed drug users on shore, of which there were fifteen, five were not seafarers. The other ten had apparently been at least once on a boat. On shore they have been "shooting up" between once and three times a day.

The group of drug addicted men interviewed said that they started their drug use at between sixteen years and thirty years – predominantly under 22 years of age and all started with either opium or heroin except one – marijuana. Thirteen had started their use of drugs in Can Tho with two in HCMC. They explained their start as the result of a combination of factors such as sufficient money to purchase drugs, depression (e.g. death in family, divorce) and encouragement by friends. Two had come across drugs as younger people: one had bought heroin for an American soldier and used it free of charge and one explained "in my area there were many drug users. When I was a boy, I prepared the lamp service for drug users".

Drugs used now by this group are: opium, heroin and opium mixed with Diazepam, Phenobarbital, Promethazine. Other drugs used prior to now have been Suduxen, Immethiazine, Amphetamines, Binoctal. Two mentioned the forced change from heroin to opium because heroin has become too expensive. All are injectors of drugs: arm, thigh, neck, groin.

All but one informant has tried to stop drug use, one four times, generally via the detox centre, but all returned to drug use because of inner sorrow, lack of support, boredom, annoyance coupled with friends' influence. Most had friends who had tried to give up but also re-used again. One man knew of someone who had been "clean for 8 years". Currently drugs are obtained through friends (even home delivery) and sellers directly at the following named venues: Bin Thuy commune, Nguyen Truong To St., Tan An, bus stations (both the old one and the new one), park in front of the provincial polyclinic, "xi ke" alley, Cach Mang Thang Tam Street, An Thoi. They inject generally alone (four with friends) at home or at one of the following venues: boats (5), Hang

Duong, Bai Cat, Saigon Bus Station, Binh Thuy, park, Binh Thuy bridge. The mode of use is generally self injection. One injector (home) uses impregnated cotton wool in the mouth when he has no money for injections. Two share needles with friends (sometimes) the others own and use their own equipment of needles and syringes. The word "disposable syringe" was used in all cases but this may be an interviewer error, as a number appear to be too poor to pay for this type of kit.

Fear of HIV is the reason some gave for not sharing equipment. The informants use the needles up to four times – some only once. Used needles are said to be cleaned in "clean water", "boiled water" by the user himself and are kept sharp by using "aluminium paper of the cigarette pack", or "covering with cotton wool" or "carefully keep them at good places".

Drugs must be paid for in cash and they currently cost 4000 dong per hit to 20.000 dong per dose. The informants spend between "nearly all my income" to "one third of my income" on drugs. Some feel they can afford this, but most say they cannot.

One interviewer described one of the respondents thus:

"He has four brothers who make their living by fishing. He has two successive wives, two children (boy 8, girl 5 years) He is 41. Dreams of having a boat for his own business. He is strong and brave after having an injection. He is afraid of water when hungry for drugs. If he quits, he can do nothing, he will have no money. So, his family does not ask him to quit. He uses condoms when having sex with CSW, but not with his wife. Since 1992-93, he has used his own injection equipment. Twice he had gone to the detox center. He cleans equipment with river water".

13.4 RACH GIA

In Kien Giang 19 drug users were interviewed. They started using drugs between the ages of 15 and 33 years using heroin (5) opium (10) with three starting on marijuana (one did not answer). They started drug use generally in Kien Giang Province: Rach Gia town (11) but also in Cao Dong (1), Vung Tau (1), HCM (4), Hue (1), An Giang (1) Provinces prior to moving to Rach Gia. All except one explained their introduction as being induced by friends although two added that they were depressed as well. One gave the reason of "snobbishness". The range of drugs used in the past other than the above mentioned first drug is: Liquid Sudexen, Dolargan and Pepolphin with current drug use mainly opium and heroin. Whilst five interviewees smoke the drug the others (except one who has given up use) currently inject into their veins.

Five have not attempted to give up drug use, the others have given it up a number of times- up to seven times. Reasons for re-use were few but they centred around the fact that the situation of destitution and the circle of friends were the same as prior to giving up so return to use was easy.

The local places where drugs can be purchased are well known to the users. These places are: the market at Rach Gia, Minh Luong, at the bridge Kien river (Rach Gia

bridge) the church area and Tam Quan gate, the coach station and Rach Soi. As well as these specific locations there is a neighbourhood of peddlers, addicts and friends, who supply the needs of the addicts interviewed.

There is a range of venues for drug use. Some are associated with the place of purchase, others are not: toilet, park, hospital, friends or own homes. Some preferred their own house because of the privacy, but more than half go to places where up to 30 friends share the experience together. All but three inject themselves, the others have friends to do this. Eleven have used their own equipment – three since hearing about HIV/AIDS, the others share with friends usually because of lack of money to purchase more equipment. The equipment described was minimal plastic syringe and needle. There was no mention of other paraphernalia (bowls, spoons etc) other than the pipe for the few who smoke only.

Generally it was said that the needle (not the syringe) was used for one time only. Some mentioned about washing before re-using in distilled water and wiping with cotton. These people used needles up to five times. There was no mention of boiling or the use of bleach to clean needles. Sharpening was believed to be ensured by the use of distilled water prior to storage in a plastic bag.

The price of one dose was either 10.000 dong or 15.000 dong consistently paid in cash but one person paid only 5000 dong. Nine users had sufficient money whilst the others did not and had to know a buy on credit. The costs per month were between 300.000 and 1.500.000 - some could not estimate, but said a percentage of wage (70%). It was 100% of one respondent's income.

A number did not answer the question about drug use related to how long they were ashore last time. Those that did averaged drug taking twice a day from the duration of the stay, which they said was typical of their drug use.

14 SUMMARY SHEETS

14.1 SEAFARERS

Seafarers (including captains) Total 110	**Hai Phong Sample No 22+6**	**Da Nang Sample No 25+6**	**Can Tho Sample No 16+6**
Age range	20 – 50	18 – 50	20 – 52
Regular men's behaviours	A large proportion of Vietnamese men seek sex outside their partnerships Much of this is entertainment enjoyed after going out with male frien hometowns.		
Specific behaviours	On shore drinking and some visits to CSWs – seek entertainment on shore. Work hard on boats. Some condom use	Seek CSWs (fewer fishermen do). Choose young CSWs. Have fun. Many have only one partner. Low level condom use. Work hard on boats	Seek CSWs go "hunti for girls" "call girls" port, some drugs. Sor condom use. Work ha on boats
Knowledge of HIV/AIDS	All "knew". Unclear about "safe sex" concept	Know the modes of transmission, not full knowledge	All heard abo HIV/AIDs. Three c not know abo protection
Knowledge of STDs	Most know STDs (six did not)	Know STDs	Not every man knew, b most did know

Seafarers (including captains) Total 110	**Hai Phong Sample No 22+6**	**Da Nang Sample No 25+6**	**Can Tho Sample No 16+6**
Knowledge of condoms	Know (except one) linked with family planning and disease	Know (except one) linked with family planning and disease	Know them linked family planning disease
Level of understanding About HIV/STD/condoms	Not deep understanding. No one with full understanding	Not deep enough to decide to protect oneself	Quite superficial enough to pr oneself
Had STD experience in last twelve months	No	No	4
Protective behaviours	Half say they use condoms but not always	Condoms not believed needed generally because sex usually with wife	Only a few use with non-spouse part
Health seeking behaviours	Ask friends, then go to doctor, some self-medication	Ask friends then go to doctor, some self-medication	Ask friends, go to dc (one goes to dc immediately), some medication
Drug use	Some drug use on shore but not on boats (three previous users)	Not users themselves but knew other seamen who were	Cannot gauge this (1 drug users were sea before)

Seafarers (including captains) Total 110	Hai Phong Sample No 22+6	**Da Nang Sample No 25+6**	**Can Tho Sample No 16+6**
Women on boats	Yes (via small boats)	Banned but sometimes go on board	When ships are berthed yes.
Ethnicity	Kinh	Kinh	Kinh
Education	Mostly secondary with 6 college and 3 at year 12	Mostly secondary with 2 college	Mostly secondary with college graduates
Level of support for PLWA	Most do not know	Most do not know	Do not know
HIV + persons on boats	Not mentioned	Not mentioned	Not mentioned

Comments: These primary data show that seafarers behave like other men in Vietnam when on holidays v the port of berth (such as the Da Nang sample) do not generally partake in "holiday" entertainment at th ports). The behaviours were similar across ports for those who are "visiting". Commercial sex is an impor HIV/AIDS, STDs, and condoms but the understanding across the port population sampled is superficial a men to make decisions or protection.

Friends (peers) are influential agents for information about action in times of physical problems and sel general, the seafarers are quite well educated groups with those at Rach Gia being decidedly less educated

14.2 HEALTH PROFESSIONALS

Health Professionals (Administration and workers) Total 29	**Hai Phong Sample No 2+8**	**Da Nang Sample No 2+5**	**Can Tho Sample No 3+3**
Understanding of situation	Administrators know but often workers do not	Administrators know but often workers do not	Administrators kno but often worker do no
Training in HIV/AIDS	Top level are trained but need more. Workers not knowledgeable	Top level trained need more. Workers need more information	Top level trained nee more. Workers nee training
Condom promotion	Not really	Not really	Not really
Attitude towards PLWA	None of there informants know enough to make any real statements about pe administrators know the number of PLWA but it is difficult to gauge their attitu		

Comments: There is a pattern across the four ports of health administrators having had exposure to ST workers having very little understanding or experience at all. As key people in health service provisio attention if the state system of health is to work.

It appears that private doctors are much more trusted by people but there were no data collected to feel c sound training in STD/HIV/SIDS or drug addiction. Pharmacist data show that they are key people in h not have sufficient knowledge even perhaps communication skills for this task.

14.3 POLICE/ADMINISTRATORS

Police and port administrators Total 23	**Hai Phong Sample No 1+2**	**Da Nang Sample No 3+4**	**Can Tho Sample No 2+3**
Problems with seafarers	Yes – drinking, sex workers, and "entertainment", poor behaviour	CSWs/entertainment only. Police say no fights or public upsets. Believe CSW is decreasing	Police did not sa Administrators sa CSWs cause problems the port
Problems with drugs	Available	Yes – reduced since 1998 with control of supply (did not identify this with seafarers)	Are available and on th increase

Comments: Police and administrators did not paint a picture of unruly wild groups of sailors disembarkir to be normal "holiday" behaviours expected.

Lack of full knowledge and of HIV/AIDS methods of protection and personal attitudes of male invincibilit found in the data will increase the risk of HIV virus spread – entertainment sex and drug use – at every po practices safe. Alcohol consumption would add to the risk of HIV/AIDS transfer when partaking in the ab

14.4 DRUG USERS

Drug users **Total 48**	**Hai Phong Sample** **No 11**	**Da Nang Sample** **No 3**	**Can Tho Sample** **No 15**
Number of seafarer who are drug users	No number given but some seafarers are drug users	All three seafarers (pharmacists said few seafarers were drug users)	10 seafarers
Current drug use	Injecting – heroin, opium	Injecting heroin, opium	Injecting opium heroin plus opium mix with diazepam (o married woman).
Share equipment	Yes, often	Not common	Sometimes with friends
Condom use	Not gauged	Not gauged	Not gauged
Health seeking behaviours	Peer pressure	Peer pressure	Peer pressure

Comments: The data show that there is a connection between men who at least have been, if not still a Equipment sharing is quite common but a number of users understand the HIV virus risk of this. Peer p of activities around drug use. Drug use tends to be an on shore activity as use on boats will lead, if disc

14.5 COMMERCIAL SEX WORKERS

Commercial sex workers Total 73	**Hai Phong Sample No 20**	**Da Nang Sample No 20**	**Can Tho Sample No 17**
Age range	17 - 35	19 – 45	16 – 51
Regular CSWs	Not long-term (under 2 years) majority full-time	Long term (5-10 years) part-time	Part-time also otl entertainment jobs. (M will give up when ha money)
Venues	Generally brothel based	Dual CSW + other work. Not brothel based. Hotels, restaurants etc.	Bars, "oms", hote restaurants.
Drug use	Said others use drugs but not themselves	Not involved	Not involved
Knowledge of HIV/AIDS	Know about this virus about protection	Know/heard about HIV/AIDS. Belief that manicure sets can spread virus	Three had not hea about AIDS. V unclear understanding
Knowledge of STDs	Know about STDs in women. Nearly half do not know about STDs in men	All heard about STDs could name 2 or more symptoms in both men and women	Four did not know abo STDs at all. Others cou describe some sympton
Knowledge of condoms	Yes, know about disease prevention using condoms	Yes, know about disease protection and pregnancy	All but two knew. Ha used but not regularly

Commercial sex workers Total 73	**Hai Phong Sample No 21**	**Da Nang Sample No 20**	**Can Tho Sample No 17**
Level of understanding	Know they must use condom but cannot always because men do not like	Believe "clean" men are not infected so not need condoms. Use with "strange clients". Poor understanding	Poor understanding use of condoms and ne for them
Protective behaviours	Use condom. Some take "medicine" to protect	Generally use condoms but also "clean genitals" for safety	Use condoms with "jus few clients" (9 used 1 time had sex)
Health seeking behaviours	Advice from doctor and/or friends. Some self treat, others simply rest	Self-medication first then visit doctor, confer with friends, take a rest	Do nothing or se medicate first then rest
Had STDs over past twelve months	4(?) (unclear)	6	5
Power to demand safety	A level of power for brothel based, but 10% refusal rate by men	Very little power	Willing to not u condoms. Power n mentioned
Seamen clients	Yes, but not the majority of clients	Yes, under 30 years of age	Yes, one said 70% clients
Place of origin	Mainly Hai Phong and northern provinces	All Da Nang or close provinces	Local, but from oth delta provinces a HCMC
Commercial sex workers	**Hai Phong Sample**	**Da Nang Sample**	**Can Tho Sample**

Total 73	**No 21**	**No 20**	**No 17**
Education	Majority post primary years 7-9. Year 12 = 3. All literate	Many less than primary. But most part of lower secondary. 8 with reading difficulties (none illiterate)	Only one at second level – rest lower prim level. One illiterate

Comments: The commercial sex workers have moved to the port areas because that is where clients are f situations of commercial sex workers. Generally the workers are all Kinh but with different education lev amongst the CSWs. Literacy is not a great problem with 3 out of 15 CSWs at Rach Gia being illiterate a Nang, out of thirteen interviewees.

The general feeling that CSWs are all illiterate as expressed by the fora port data collection etc is a myth.

Twenty-three women (of 73 total) have had STD symptoms in the last twelve months. This represe vulnerability to the HIV virus.

CSWs are brothel based in Hai Phong where working conditions appear better – more power, long-t However where sexual service in coupled with other jobs (sex + work) or having two part-time jobs, edu condom use – Da Nang, Can Tho. These deficits are also present in Rach Gia, but even worse.

Hai Phong CSWs have a range of clients, Rach Gia has predominantly seafarers as clients and also ha records 4/21. Knowledge and understanding of STDs/HIV/AIDS is slightly more in Hai Phong port and d

14.6 SUMMARY OF DATA BY TYPE OF PROBLEM

Type of problem	Extent	Groups affected	Comments
1. HIV vulnerability	High Maybe	Commercial sex workers Drug user-seafarers Seafarers Sex-partners of CSWs Spouses of seafarers Other seafarers (see comments)	No data were collecte partners of seafarers. T vulnerable to HIV inf sex on board ship wer possible that this occu as regards education fo
2. Drug abuse	Medium Low	Seafarers Sex workers	Cigarette smoking as a assessed. No data avail
3. Alcohol abuse	High	Seafarers	Drinking appears to seafarers on and off tl addressed as an issue
4. Health service provides including pharmacists	High Medium	Health workers little knowledge Health administrators more knowledge Pharmacists lack knowledge	Unless these groups ar will remain the same a via information from fr

15 COMMUNAL RESPONSE TO SEAFARER VULNERABILITY

15.1 SEAFARER PEER GROUP RESPONSES

Peer support varies on different boats. For the older seafarers family is the most important support in their lives whilst younger ones tend to turn to work peers. It appears that in general there is strong support for activities relating to work, even helping one another when ill, but that off shore comradeship does not extend to real social support across the board.

15.1.1 Overcoming barriers

To be completed by designated UNICEF personnel.

15.2 SEAFARING FAMILY RESPONSES

Communication with families is dependent on technology and boats varied in the levels of communication technology, becoming for some a barrier to relationship continuity and perhaps even strength. (Data do not extend beyond this).

15.2.1 Overcoming barriers

(No data were collected which could address this)

15.3 GENERAL COMMUNITY RESPONSES

(No data were available to answer this but CARE has finished a document from which this could be drawn in general. This could be included with UNICEF permission)

15.4 INDUSTRY RESPONSES

The private sector has only recently become interested in the situation of HIV/AIDS in Vietnam. Few steps have been taken by any of them. The Vietnam Chamber of Commerce and Industry (VCCI) has partnered CARE International in the first workplace training Programmer in HIV/AIDS in Hanoi.

15.5 ROLE OF GOVERNMENT

Part of the civil response to the HIV/AIDS situation in Vietnam is involvement of the mass organisations (non-profit organisations) established and part-funded by the government to implement social programmes and inform and support the Government laws, directions, philosophy and priorities. Of the mass organisations the following are actively involved in HIV/AIDS programming throughout the country: The women's Union, the Youth Union and Vietnam Red Cross.

In addition to these organizations, there are more than 150 registered non-profit organisations nationwide, more than 600 provincial operations and about 10,000 smaller organisations – many of which are involved in the local addressing of the HIV/AIDS situation – and most is undocumented.

The Vietnam Tourism Administration has also entered the HIV/AIDS Programme by training cadres and staff involved in the tourist industry in aspects of commercial sex work and drug abuse where they pertain to the spread of the HIV virus and the movement of people from place to place.

The government is concerned about mobile groups and their vulnerability to HIV/AIDS. The Vietnamese NAC document **"Partnership in Action: HIV/AIDS in Vietnam"**, NAC, UNAIDS, April 1998 – page 8 describes the knowledge base as follows:

> "Vietnam's rapid transition to a market-oriented economy has boosted mobility, both to other countries and within Vietnam. Emerging development and industrial zones have encouraged many unemployed workers to migrate to other areas where they can find work, while others seek work in other countries. More companies, both international and domestic, are requiring workers (often male) to leave their homes to work in isolated areas.
>
> So far, no comprehensive research has been conducted on Vietnam's emerging floating workforce. Yet it is believed that social norms are generally more relaxed at long-distance work sites, where men are separated from their wives and families for long periods of time. Mobile groups such as construction workers, truck drivers, fishermen and traders are believed to carry a higher risk of contracting HIV, and of spreading it to others".

Bi-lateral assistance has been available through AusAID, Canada Fund, GTZ, Royal Netherlands Government.

INTEGRATED PLAN OF ACTION FOR THE SOCIALIST REPUBLIC OF VIETNAM OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) AND THE VIETNAMESE GOVERNMENT. 1998-1999

NAC has defined nine areas where external support is required to complement the national efforts. These strategic initiatives are:

1. To strengthen the capacity of the National AIDS Committee to plan, manage and co-ordinate HIV/AIDS related activities.

2. To improve counseling, support and care skills and services for people living with HIV/AIDS.

3. To improve harm reduction programmes targeting injecting drug users and commercial sex workers by using innovative approaches.

4. To build and develop a partnership with the private sector.

5. To raise the level of public awareness on AIDS prevention issues and to promote behavioural change.

6. To strengthen condom use, promotion and distribution.

7. To improve the prevention and control of STDs.

8. To strengthen the safety of blood transfusion and blood products.

9. To promote compliance with infection control and universal precautions.

The UNAIDS Plan of Action in Vietnam for the period 1998-1999 will carry out these nine strategic initiatives by lending project support and funding.

NATIONAL AIDS COMMITTEE OF VIETNAM (NAC)
Established in 1990 by the Government

CHAIRMAN
The Vice-Premier
Nguyen Khanh

PERMANENT BOARD

1. Prof. Do Nguyen Phuong, Permanent Vice-Chairman of NAC, Minister of Health
2. Prof. Chung A, Vice-Chairman of NAC, Director of the National AIDS Bureau
3. Mr. Phan Quang Trung, Vice-Chairman of NAC, Vice-Minister of MPI
4. Mrs. Nguyen Thi Hang, Permanent Member of NAC, Vice-Minister of MOLISA
5. Prof. Tran Xuan Nhi, Permanent Member of NAC, Vice-Minister of MOET

NATIONAL AIDS BUREAU (NAC Secretariat)
Director: Prof. Chung A
Consists of 4 units
Planning and Finance; External Relation;
IEC and Intervention; & Administration

NAC-UNDP Project Office

NAC-GTZ Project Office

16 Ministry, Sector or Mass Organisation Members of NAC

Father Land Front	Ministry of Education & Training	Ministry of Culture and Information	Ministry of Interior
Specialist Group	AIDS Division	Specialist Group	Specialist Group

Ministry of Foreign Affairs	Ministry of Justice	Ministry of Finance	Ministry of Planning & Investment
Specialist Group	Specialist Group	Specialist Group	Specialist Group

Ministry of Defense	Ministry of Health	Ministry of Labor, War Invalids & Social Affairs	General Tourism Department
AIDS Division	AIDS Division	Specialist Group	Specialist Group

Trade Union	Women Union	Youth Union	Red Cross Society
AIDS Division	AIDS Division	AIDS Division	Specialist Group

5 SUB - COMMITTEES

Epidemiological Surveillance	STD Prevention	Safety of Hacmatolo-gy & Blood Transfusion	Treatment & Care	Mother &New-born Protection

61 PROVINCIAL, AIDS COMMITTEES

15.6 ROLE OF INGOS AND OTHER DONORS

Whilst there are INGOs working in the area of HIV/AIDS prevention and care, there are few projects targeting seafarers (although some work with other mobile groups has been done). CARE International has collected information of a generic type on involvement of NGOs in the area of HIV/AIDS. It is taken from the document "An overview of the situation is relation to HIV/AIDS in Vietnam" (CARE International 1997:68-71) and is presented below:

15.7 INTERNATIONAL NON-GOVERNMENT ORGANISATION (NGO) RESPONSE

According to the People's Aid Co-ordinating Committee (PACCOM) there are over 400 international NGOs with a registered interest in Vietnam. Approximately 120 international NGOs are estimated as having some ongoing program or project contact in Vietnam. It is important to note that all international NGOs operating in Vietnam · implement projects in partnership with Vietnamese partners. The following summary highlights the activities of some of those known to be conducting activities in the area of HIV/AIDS prevention.

15.8 AUSTRALIAN RED CROSS

The Australian Red Cross commenced working in Vietnam from August 1995 with the Vietnamese Red Cross on the HIV/AIDS Prevention Program. An initial study recognised three key areas, namely the development of participatory training programs in youth peer education, counselling for people prior to, during and after HIV testing and care for people living with HIV/AIDS. The overall aim of the program is to support the HIV/AIDS programs of the VNRC through the development of participatory training programs in youth peer education, care and counselling.

To date the program has succeeded in producing a Youth Peer Education Manual on HIV/AIDS involving extensive pre-testing. The first year has focused primarily on the development and production of the Youth Peer Education Manual and the design of an integrated, supportive and sustainable training model.

15.9 CARE INTERNATIONAL IN VIETNAM

CARE International has been working in Vietnam since 1990 and in the area of HIV/AIDS in Vietnam since 1991.

CARE conducts action research into social aspects of HIV/AIDS in Vietnam, produces IEC materials, works with the National AIDS Bureau and Provincial AIDS Committees as well as mass organisations to enhance their capacities, conducts local and national education and awareness campaigns and pilots projects working directly with female and male commercial sex workers and intravenous drug users in an effort to ensure harm minimisation.

Among projects currently being conducted by CARE International in Vietnam are:

- the production of a 30 part television series dealing with HIV/AIDS
- the preparation of materials and implementation of assertiveness training courses for women to assist in protection against HIV/AIDS
- the production of oral history books telling the story of people living with HIV/AIDS
- working with a provincial AIDS Committee trailing strategies for enhancing their capacity and mainstreaming approaches to HIV/AIDS
- the preparation of information and policy documents assisting international donors strategies to assist the Government of Vietnam in dealing with HIV/AIDS.

CARE International in Vietnam is also co-operating with regional projects dealing with HIV/AIDS, mobility and the development of cross-border strategies on HIV/AIDS.

16 REFERENCES

CARE International, (1997): "An overview of the situation is relation to HIV/AIDS in Vietnam." CARE International, Hanoi.

CARE International, (1997): "HIV/AIDS, seafarers and sexual partners" (proposal). CARE International, Hanoi.

Ruj Komonbut (1995): *Thai Fishermen and their Local Contacts in Irian Jaya: An Assessment of Issues Related to the Spread of HIV/AIDS in Merauke, Merauke,* PATH Indonesia.

17 SURVEY GUIDELINES/ QUESTIONAIRES (ENGLISH)

17.1 KEY INFORMANT CHECKLISTS

1. **PORT ADMINISTRATION/ DEPT. OF FISHERIES**
2. **HEALTH ADMINISTRATION**
3. **POLICE**
4. **HEALTH WORKERS**
5. **PHARMACISTS (includes traditional healers, vendors, quacks)**
6. **BOAT OPERATIONS**
7. **BOAT CAPTAINS**
8. **SEAFARERS**
9. **DRUG USERS**
10. **SEX WORKERS**

17.2 KEY INFORMANTS FOR SEAFARERS STUDY

NOTE: Interviews do not need to be held with all informants listed. Other useful informants can be added to the list. The following groups are examples only and may not exist or have these names in Vietnamese.

AGENCY / GROUP	POSSIBLE KEY INFORMANT
Local government:	
Leaders	• Retired local community heads, party leaders • Relevant village leaders
Staff	• health (District Medical Officer, Health Assistant, nurses, clinic staff, inoculation staff, family planning, IEC staff, GPs, pharmacists, street sweepers) • education (local teachers) • Director, Divisional Fishing Department or equivalent • Fishing boat checkpoint staff • Port authority management/ harbour master • Tug-boat operators and pilots. • Dock-workers • labour transfer/ export agencies • planning office or government research office • police, border control, judiciary, military police • immigration and customs staff
Mass organisations:	• Seafarers Trade Union or Association • Medical Association
Community groups:	Religious groups and their leaders, women's groups, youth groups, migrant organisations, clan associations/ temples
Businesses:	
Managers and workers in	• sea-going fishing • sea-cargo • ocean-going passenger boats • re-fueling ship operators • refrigeration ship operators • Marine product companies • health (clinics, pharmacies, traditional healers, blood banks or other blood storage services, hospital emergency ward staff, family planning staff) • construction (in town and remote location) • eateries (roadside diners, beer shops, snack stalls) • entertainment places (pool hall, disco, karaoke bar)
Eg. cashiers, waitresses, waiters, doormen, other patrons	• beauty salons, hairdressers, massage parlours • direct and indirect sex work (pimps, CSW) • money lending, pawn shops • taxi and cycle drivers
Seafarers:	• Captains, engineers, master mariner (Chief Mate), fish-finders, cooks, divers, able seamen, doctor (?) etc.
Others:	• previous seafarers • previous sex workers • tea-shop, shooting gallery professional injectors, owners • other injecting drug users • detox/ rehab centre staff • academics • development project staff. • Other migrants from seafarer's hometowns • Naval officers

17.3 KEY QUESTION CHECKLIST: PORT ADMIN./ DEPT. OF FISHERIES

Topics:
- Get an overview of the port and port-provided facilities
- Get an understanding of regulations or procedures which affect boat movement and crew behaviour

Mapping:

- Is there a map of the port showing all registered berths? Is it possible to obtain a copy to assist interviewing?
- Indicate facilities for berthing (for different types of boats), unloading, refuelling, refrigeration, accommodation, formal meetings
- On a regional map indicate main shipping routes showing usual stopover ports and destination ports by types of vessels
- Indicate places where boats stop for temporary shelter (eg. off-shore islands)
- Main fishing grounds, pearling locations, sources of other major marine produce

Questions:

1. How big a role does the maritime industry play in the economic well-being of this port?

___

2. Roughly what proportion of all employed workers are in the maritime industry? ___

3. Numbers of different types of boats in 1997; (note that these categories can be adjusted if the statistics are collected by different designations)

	Fishing boats	Fish Transporters	Refrigeration boats	Cargo boats
Domestic registration				
Foreign registration				
Unregistered				
Trend in numbers				
Reason for trend				

4. Numbers of;

	Fishing fleets	Fishing firms	Passenger firms	Navy boats
Based in this port				
Using this port				

5. Are boat licences resold to subcontract boats? No ( ) Yes ( ) ________________________
6. Are any boats jointly managed? No ( ) Yes ( ) approximately ________________.
7. Who has day-to-day management responsibility for jointly-managed boats? _____
8. Which agency issues licences? ____
9. Any recent violation of licences? Indicate when ______________________________
10. What factors affect the length of time in dock? ___________________________
11. Do fishing boats notify their sailing cycle? Yes ( ) No ( )
12. How long is a typical trip? _____________Longest? __________ Shortest? ________
13. How many fishing boats are expected to dock this month? ___________________
14. How many berths are there in the port? _________ Is this adequate? Yes ( ) No ( )
15. Are there any plans for expansion or relocation? ___________________________
16. How are relations between fishing boat companies (both domestic and international) ____
17. Any concerns regarding fishing boat crews? __________________________________
    ____

ADDITIONAL NOTES:

17.4 KEY QUESTION CHECKLIST: HEALTH ADMINISTRATION

Mapping:

- Location of public health facilities
- Location of pharmacies

Statistics:

1. Number of;

SERVICE TYPE	NUMBER IN 1997	TREND IN NUMBER
state-run health centres		
Private clinics		
Private pharmacies		
Private sector doctors		

2. Top ten infectious diseases of men and of women in this location in 1997.

RANK	INFECTIOUS DISEASE	CASES	MALE	FEMALE	TREND
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3. Any past history of epidemics in the port? No ( ) Yes ( ) ____________________

____

4. PLWA situation in 1997: Other statistical information which can be provided on these groups.

PLWA STATISTICS				HIV RELATED DEATHS			
Total	Male	Female	Trend	Total	Male	Female	Trend

5. Drug use admissions in 1997:

HOSPITAL ADMISSIONS				DETOX CENTRE ADMISSIONS			
Total	Male	Female	Trend	Total	Male	Female	Trend

6. STD RATES:

STD type	Total	Male	Female	Trend

7. Have staff received HIV training? (1995 – 1997)

YEAR	AGENCY WHICH TRAINED	TRAINED WHO?	HOW MANY	TRAINED WHERE

8. History, costing and availability of HIV testing facilities in the private sector

   History: ____

   Costing: ____

   Availability: ____

9. What methods are used to control drug;

- Supply:
  Nationally: ____

  Locally: ____

- Demand:
  Nationally: ____

  Locally: ____

Administrative functions:

1. Organogram of local health structure

2. Major responsibilities for HIV/AIDS activities: ______________________

____

3. Are you undertaking any key focus or campaign(s) this year? ______________

____

4. What key projects or activities do you have planned for next year? ___________

____

5. Allocated and actual number of agency staff (can write on organogram)

6. Amount of staff turnover and reasons : _______________________

____

7. How do you rate current agency workload? Are there any problem areas?

____

8. Which types of staff visit seafarers? For what purposes? What frequency?

____

9. What information does the agency routinely collect about seafarers?

____

10. Have any surveys of seafarers been undertaken by your agency? No ( ) Yes ( ),

____

11. Is your agency a member of any groups organised by the national or provincial AIDS agency? No ( ) Yes ( ) If so, what does the membership actually involve?

____

12. Does your agency obtain information about AIDS? No ( ) Yes ( ) How?_______

____

13. Do you cooperate with any other agencies on a regular basis regarding HIV/AIDS? No ( ) Yes ( ) ____

14. Which other agencies provide information on HIV/AIDS here? How?

Agency:	How:

15. Is there a need to develop or strengthen cooperation with any other agencies regarding HIV/AIDS? No ( ) Yes ( ) _________________________________

ADDITIONAL NOTE SPACE:

17.5 KEY QUESTION CHECKLIST: POLICE

1. Have there been arrests for use and possession of drugs/ drug use? No ( ) Yes ( )

	HEROIN	AMPHETAMINES	___________	____________
No. of arrests in 1997				
Trend in arrests				
Characteristics of arrested (sex, age, ethnicity, job)				
Involvement of seafarers				

2. Have there been any seizures of drugs?

	HEROIN	___________	___________	____________
Amount in 1997				
Trend in seizures				
Involvement of seafarers				

3. Please describe the situation in your port regarding;

- Current drug scene: ____
- Production locations: ____
- Trafficking routes: ____
- Transit areas: ____
- Street sales: ____

4. Drug names used by police; heard by police

DRUG NAME	NAME USED BY POLICE	NAME USED BY USERS
Heroin		
Amphetamines		

5. What are the main drugs in use?

	HEROIN	AMPHETAMINES	______________	______________
Ranks number …				
Trend in use				
Change in method				
Purity/ quality				

6. What methods are used to control;

- Supply: Nationally: ______________________________

  Locally: ______________________________

- Demand: Nationally: ______________________________

  Locally: ______________________________

7. What problems do you encounter with enforcement? (eg. legislation, resources)

   ____

   ____

8. What sort of problems do seafarers get into? (eg. brawling) ______________

   ____

9. What sort of commercial sex activities are there in this port? (eg. numbers and trend)

   ____

10. Police perception of difficulties in addressing the issue: ______________

    ____

If the interviewee is enthusiastic and informed then try asking other questions from the:

a) health workers questions on drugs b) drug users questions

17.6 KEY QUESTION CHECKLIST: HEALTH WORKERS

Statistics:

1. Infectious diseases:

RANK	INFECTIOUS DISEASE	CASES	MALE	FEMALE	TREND
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2. PLWA:

PLWA STATISTICS				HIV RELATED DEATHS			
Total	Male	Female	Trend	Total	Male	Female	Trend

3. Hospital and detox centre admissions for drug use in 1997:

HOSPITAL ADMISSIONS				DETOX CENTRE ADMISSIONS			
Total	Male	Female	Trend	Total	Male	Female	Trend

4. Other forms of detox or rehabilitation available? No ( ) Yes ( ) _______________

5. STD rates by type for males and females

STD type	Total	Male	Female	Trend

6. Have staff received HIV training?

YEAR	AGENCY WHICH TRAINED	TRAINED WHO?	HOW MANY	TRAINED WHERE

Condom use:

1. Hospital/clinic has condoms for sale? No ( ) Yes ( ) for what price: _____/ piece. Ever sold to anyone? No ( ) Yes ( ). Are there condoms for free? Yes ( ) No ( )

   (obtain a sample piece/ packet of each brand and type - check any expire date. Price. Note any attitude of provider and other people around to the question).

2. Which brands are most popular? Why?

BRAND NAME	RANKED	WHY?

3. Condoms distributed last month: Is the supply of the types people wanted enough?

NO. DISTRIBUTED LAST MONTH	TYPICAL?	enough of types people wanted?	Did stock run out in '97?
______________ pieces	Y ( ) N ( )	Y ( ) N ( ) ____________	N ( ) Y ( ) ________

4. Which people come to ask about or obtain condoms? [gender, approximate age etc. Do fishermen come? Yes ( ) No ( )] ________________________________

   ____

5. Are there any restrictions on who can get condoms? No ( ) Yes ( );

- At what time can people get condoms: __________________________________
- What are the criteria for a person to be eligible to get condoms (what are the general rules for dispensing condoms: ___________________________________

  ____

- How many condoms do you usually give a person at one time? _______________

6. Are condoms available when and where people want them? Yes ( ) No ( ); _____

   ____

7. How do people know where condoms are available? _______________________
8. What words do they use for describing condoms? _________________________
9. Do they look at ease/ comfortable when they want to ask about condoms? Yes ( ) No ( ) ____

STDs:

10. Do people come to discuss or ask about STD's? No ( ) Yes ( ) ______last month, and that was typical: Yes ( ) No ( ) _____. It included fishermen: Yes ( ) No ( ).

What gender and approximate age were the people who came? ________________
____.

11. What (local or slang) words do they use to describe their symptoms, the STDs and the medication. ____

12. What advice, treatment is given? ____

____

13. Where do people wait? ___________where are discussions held? _____________

14. Sales of over-the-counter STD medicines and antibiotics last month

NAME OF MEDICINE	AMMOUNT SOLD	UNIT COST	TYPICAL?	ADEQUATE STOCK?
			Yes ( ) No ( )	Yes ( ) No ( )

15. Other locations where STDs can be treated are:

OTHER LOCATIONS	RANKING OF POPULARITY	NOTES
Traditional healers		
Private doctors		
Vendors		
Quacks		

16. Do you get requests for morning-after contraceptives? No ( ) Yes ( ) __________

17. How can unwanted pregnancy be treated? _________________________________

18. Commercial sex activities. Describe types, trends, clients etc. ________________

____

____

____

HIV/AIDS:

19. Does anyone ever ask about HIV? No ( ) Yes ( )

What sort of questions? ____

How did you reply? ____

Have you ever seen any pamphlets or posters about HIV? No ( ) Yes ( )

How do you feel about your own knowledge of HIV? Enough ( ) Need more ( )

20. Have you heard of anyone who is HIV-positive? No ( ) Yes ( ) What is their situation? ____

Drug use:

1. History of drug use in the area and reasons (eg. therapeutic uses, community acceptance) ____
2. Trend in drug use: Less ( ) Same ( ) More ( ) ______________________
3. What methods are used to control drug;

- Supply:
  Nationally: ____

  Locally: ____

- Demand:
  Nationally: ____

  Locally: ____

4. Change in method of use? __________ Type of drugs used ____________
5. Are there more male or female intra-venous drug users: ________________
6. Availability of drugs: ____
7. Names used for drugs and popular image of the drug eg. class of user, trendiness,

NAME USED BY PHARMACIST	NAME USED BY USERS	IMAGE OF THE DRUG

8. What equipment is used by drug abusers to inject drugs? ________________
9. Do you know if users consult you? No ( ) Yes ( ) For what? ____________
10. Advice or treatment given: ____
11. Detoxification methods available (chemical, herbal, spiritual, other etc.) ______

    ____
12. New drug users seeking treatment No ( ) Yes ( ) ______________________

13. How about conditions of family support for drug users? ______________________
14. Do users share needles and syringes? No ( ) Yes ( ) ________________________
15. Is it easy to get syringes and needles? No ( ) Yes ( ) ________________________
16. How do you dispose of your used syringes and needles? _____________________

ADDITIONAL NOTES:

17.7 KEY QUESTION CHECKLIST: PHARMACISTS

Checks: Is this location on the map of pharmacists? If not, add it to the map.

Topics: Probe where appropriate on interaction with seafarers

Questions:

Condom use:

21. Hospital/clinic has condoms for sale? No ( ) Yes ( ) for what price: _____/ piece.
    Ever sold to anyone? No ( ) Yes ( ). Are there condoms for free? Yes ( ) No ( )

(obtain a sample piece/ packet of each brand and type - check any expire date. Price. Note any attitude of provider and other people around to the question).

22. Which brands are most popular? Why?

BRAND NAME	RANK	POPULAR BECAUSE	TOTAL SALES LAST MONTH
	1		
	2		
	3		

23. Condoms distributed last month: Is the supply of the types people wanted enough?

no. distributed last month	typical?	enough of types people wanted?	Did stock run out in last three months
___________ pieces	Y ( ) N( )	Y ( ) N ( ) ____________	N ( ) Y ( ) ________

24. Which people come to ask about or obtain condoms? [gender, approximate age etc. Do fishermen come? Yes ( ) No ( )] ________________________________
    ____

25. Do you display any promotional materials about condoms? No ( ) Yes ( ) ______
26. Do you display any condoms? _________________ Condom packaging? _______
27. Do you recommend different condom brands? No ( ) Yes ( ) on the basis of ____
    ____
28. Are there any restrictions on who can get condoms? No ( ) Yes ( );

- At what time can people get condoms: __________________________________
- What are the criteria for a person to be eligible to get condoms (what are the

general rules for dispensing condoms: ___________________________________

____

- How many condoms do you usually give a person at one time? _______________

29. Are condoms available when and where people want them? Yes ( ) No ( ); _____

____

30. How do people know where condoms are available? _________________________
31. What words do they use for describing condoms? ___________________________
32. Do they look comfortable when they want to ask about condoms? Yes ( ) No ( ) because ____
33. What time of the day/ night do they prefer to come to buy condoms, why?

____

STDs:

34. Do people come to discuss or ask about STD's? No ( ) Yes ( ) ______last month, and that was typical: Yes ( ) No ( ) _____. It included fishermen: Yes ( ) No ( ). What gender and approximate age were the people who came? ________________ ____.
35. What (local or slang) words do they use to describe their symptoms, the STDs and the medication. ____
36. What advice, treatment is given? ____

____

37. Where do people wait? ___________where are discussions held? ______________
38. Sales of over-the-counter STD medicines and antibiotics last month

NAME OF MEDICINE	AMMOUNT SOLD	UNIT COST	TYPICAL?	ADEQUATE STOCK?
			Yes ( ) No ( )	Yes ( ) No ( )

39. Other locations where STDs can be treated are:

OTHER LOCATIONS	RANKING OF POPULARITY	NOTES

Traditional healers		
Private doctors		
Vendors		
Quacks		

40. Do you get requests for morning-after contraceptives? No ( ) Yes ( ) __________
41. How can unwanted pregnancy be treated? ________________________________
42. Commercial sex activities. Describe types, trends, clients etc. ________________

    ____

    ____

    ____

HIV/AIDS:

43. Does anyone ever ask about HIV? No ( ) Yes ( )

    What sort of questions? ____

    How did you reply? ____

    Have you ever seen any pamphlets or posters about HIV? No ( ) Yes ( )

    How do you feel about your own knowledge of HIV? Enough ( ) Need more ( )

44. Have you heard of anyone who is HIV-positive? No ( ) Yes ( ) What is their situation? ____

Drug use:

17. History of drug use in the area and reasons (eg. therapeutic uses, community acceptance) ____
18. Trend in drug use: Less ( ) Same ( ) More ( ) ____________________________
19. Change in method of use? _____________ Type of drugs used _______________
20. Are there more male or female intravenous drug users: _____________________
21. Availability of drugs: ____
22. Names used for drugs and popular image of the drug eg. class of user, trendiness,

NAME USED BY PHARMACIST	NAME USED BY USERS	IMAGE OF THE DRUG

23. What equipment is used by drug abusers to inject drugs? ____________________
24. Do you know if users consult you? No ( ) Yes ( ) For what? ________________
25. Detoxification methods available (chemical, herbal, spiritual, other etc.) ________

    ____
26. New drug users seeking treatment No ( ) Yes ( ) __________________________
27. How about conditions of family support for drug users? _____________________
28. Do users share needles and syringes? No ( ) Yes ( ) ________________________
29. Is it easy to get syringes and needles? No ( ) Yes ( ) _______________________
30. How do you dispose of your used syringes and needles? ____________________

17.8 KEY QUESTION CHECKLIST: BOAT OPERATIONS

Questions:

1. <u>Company:</u>

- Name of company: _________________ Nationality of company: ____________
- Location of head office: This port ( ) Other: ______________________________

2. <u>Structure</u>:

- Ownership is: state ( ) collective ( ) joint-venture ( ) private ( ) Other: ______

3. <u>Established</u>: Year established: _______ Year established here: _________

4. <u>Staff</u>: (is it possible to get information from company staff records minus names)

- Total number in 1997: _____________ Trend: ____________________________
- Nationality/ ethnicity of senior company staff __________ boat crews _________
- location of senior staff? This port ( ) Other place: _________________________
- Recruitment requirements for seafarers? (Note any mention of HIV test. Do not prompt) ____
- Level of able seaman job turnover: _____________ why? ___________________
- Go where when leave? ____________________Work at what? ______________
- What work do able seamen do before coming to work in this company? ________ _________________________________Where? __________________________
- Are there any worker groups eg. associations, teams etc. No ( ) Yes ( ) ________ _________________ What services are provided? _________________________
- Are there any meetings which boat crew attend? No ( ) Yes ( ) _______________
- Does the company provide any medical examinations or health facilities? No ( ) Yes ( ) ____

5. <u>Licences</u>: period of licence: _______________ conditions ___________________

6. <u>Boats:</u> number of boats operated by the company _____ Are boats hired in:

   No ( ) Yes ( )

7. What factors affect the length of time in dock? ______________________________

8. How long is a sailing cycle? Typically ________________ Range: ______________

9. <u>Future plans:</u>

   Plans for expansion in boat numbers? No ( ) Yes ( ) ________________________

   New port locations? ____

   New fishing grounds? ____

   New equipment (sonar fish finding, refrigeration) ____________________________

   Will the fleet move port? No ( ) Yes ( ) __________________________________

   Are new fleets or other countries' fleets likely to come in? No ( ) Yes ( ) _______

10. Competition between types of fishermen e.g. local and international, near shore and deep sea

    ____

11. Quality of relations between boat companies? _____________________________

    ____

12. Quality of relations between boat companies and government? ________________

    ____

13. What happens to HIV positive seamen? __________________________________

ADDITIONAL NOTES:

17.9 KEY QUESTION CHECKLIST: BOAT CAPTAINS

Mapping: (if these are not suitable to map publicly then add to map after interviews)

Use a regional map to have captain show;

- Route take on last trip including stops and length of days for each stage
- Typical boat route (if this differs from the one just shown)
- Places for obtaining gasoline/ refuelling etc

Use a port and vicinity map to have the captain show;

- Main meeting points for senior crew when they first go ashore
- Places used for accommodation
- Places for buying daily necessities
- Places for eating meals, snacks
- Places for drinking
- Places for entertainment (eg. singing, dancing, gambling, snooker)
- Health services used by senior crew
- Other main locations visited by senior crew or where they hang-out
- Direct and indirect sex services
- Tea-shops and other places where drugs are available

Questions:

1. What determines how long you are at sea? ________________________________
2. Length of time at sea: last trip ______days. Usually _______ Longest time: ____
3. How do you do:

Refuelling	
Refrigeration	
Loading ice	
Transferring fish	
Restocking provisions	
Repairs to boat	
Repairs to net	
Avoiding storms at sea	

4. Do captains keep contact at sea & arrange activities together? Yes ( ) No ( ) No equipt ( )
5. Do boats arrange to dock together? No ( ) Yes ( )
6. How do you recruit crew? ____
7. Length of time crew have worked on ship, ______________________________
8. Do groups transfer together? No ( ) Yes ( ) ______________________________
9. Are there sub-country groups in the crew eg. based on home location or dialect? No ( ) Yes ( )
10. How are the rooms/ beds allocated? _____________________________________
11. Normal working hours? _________________ Working hours when busy? ______
12. How are wages paid?____

    Bonuses and fines: ____
13. What sorts of rules are there about behaviour on board: _____________________

    ____
14. When someone is ill, who looks after them? __________ Pays for treatment? ______________
15. Does this boat have a boat spirit? No ( ) Yes ( ) so we should ________________

ADDITIONAL NOTES:

17.10 KEY QUESTION CHECKLIST: SEAFARERS

Mapping: (if these are not suitable to map publicly then add to map after interviews)

Use a pot and vicinity map to have seamen show;

- Main meeting points for seamen when they first go ashore
- Places used for accommodation
- Places for buying daily necessities
- Places for eating meals, snacks
- Places for drinking
- Places for entertainment (eg. singing, dancing, gambling, snooker)
- Health services used by seafarers
- Other main locations visited by seafarers or where they hang-out
- Direct and indirect sex services
- Tea-shops and other places where drugs are available
- Places where fights break out?
- Any other important places?

Observation:

16. Facilities for bathing and toilet and washing clothes
17. Personal space eg. bunks and possessions

Evaluate:

1. Perception of self worth, risk, aspirations and ability to control or change life direction
2. Sense of trust, shared activity. Groupings, hierarchies.
3. Images and phrases which stimulate good feeling eg. from home description, tattoos, any sayings, gestures etc.

Questions:

Biographical (Questions marked with a vertical line need to ask each interviewee)

1. Age ____ ethnicity _______________ home location _________________________
2. Education level _________ Comfortable reading newspaper text? Yes ( ) No ( )
3. Are there sub-country groups in the crew eg. based on home location, relations or dialect? No ( ) Yes ( ), ____
4. Religion: ___________ do you visit temples when you go ashore? Yes ( ) No ( )
5. Does this boat have a boat spirit? No ( ) Yes ( ) so it is necessary to __________________
6. Why left home? ____

7. Why took this job? ____
8. What was your previous job? ____
9. What were your dreams and aspirations? ________________________________
10. And now? ____
11. What kind of work do you really want to do? ____________________________
12. How long have you worked on the ship? _____years. Last trip home: __________
13. How long do you plan to work on the ship? _______________________________
14. Then what? ____
15. Do you have children? No ( ) Yes ( ) I have ________ children.
16. What about their future? Want them to be seafarers?_________________________
17. How do you get news from your home area and news from your family?

    ____
18. Do you feel homesick? Are there things about home that you miss?

    ____
19. What things do you worry about? _______________________________________
20. Have you been taken advantage of?_______________________________________
21. When you have a problem do you keep it to yourself? Yes ( ) because__________
22. No ( ) Who do you talk to____
23. Is there anyone on this boat whose behaviour you admire? Yes ( ) No ( )
24. Why? ____

Health and drugs (Questions 26-35 marked with line need to ask each interviewee)

25. What are your duties on the ship? ______________________________________
26. Normal working hours? (shifts) ______________________when busy: __________
27. What happens if you can't work? Eg. you get sick? _________________________
28. How do you handle getting tired or feeling pain? ___________________________
29. What medicines and medical services are available on board ship? _____________
30. Do seafarers use drugs? No ( ) Don't Know ( ) Yes ( ). (How about you? _____)
31. Which ones?__________________________ When use, and why?_______________
32. Were they used before current job? _______________________________________
33. Why started/ stopped? ____
34. How are drugs and injecting equipment obtained? ___________________________

35. Have you had treatment from a doctor this year? No ( ) Yes ( ) for ___________
36. Could you communicate easily with the doctor? ___________________________
37. Was the treatment expensive?____

Money:

38. Can your earnings cover your costs? Yes ( ) No ( ) because _________________
39. What do you want to do with your savings? ______________________________
40. Problems managing money or savings? __________________________________

Sexual:

41. Different places within the country and overseas which have been visited:

____

42. On-board relaxation and activities_____________________________________(prompt)

tattoos -why do (camouflage needle marks?), favourite pictures, who does, needles shared; gambling, pornographic magazines, porno videos, calendars, masturbation, penal implants

____

43. Do women or CSW ever board the ship (where, how, how find, have sex with whom)

____

Formal sexual survey: (need to ask each interviewee questions marked with a line)

Sex:

44. Are you currently married or living with a sexual partner? Yes ( ) my ___________________,

No ( ) Have you ever been married or lived with a sexual partner? No ( ) Yes ( )
45. Have you ever had sexual intercourse? No ( ) Yes ( ) How old were you? ____years-old
46. Have you had sex in the last 12 months? No ( ) Yes ( )

47. With how many people have you had sex in the last 3 months _____ 12 months _____.
48. In which ports/ places were the sex workers* ______________________________
49. In what type of locations were the sex workers* ____________________________

Condoms:

50. Have you ever heard of a condom? No ( ) Yes ( ) how? _____________________
51. Have you ever used a condom? Yes ( ) No ( ) because____________ *********** **[If the reply was No, then go to question 63]**
52. Did you use a condom the last time you have sex? No ( ) Yes ( )
53. Do you use condoms every time? Yes ( ) No ( ) Why not?____
54. Do you know of any place or person where you can get condoms? No ( ) Yes ( )____places. Put on the map.
55. Have you ever bought a condom? No ( ) Yes ( ), How much does a condom cost? ________
56. Can you obtain a condom every time you need one? Yes ( ) No ( ) because_______________
57. How long does it take to get a condom? ________min. Over one hour ( )
58. Have you ever had any problems using a condom? No ( ) Yes ( ) ________________________
59. How many pieces do you usually buy at one time? _______ pieces
60. Which brand have you bought? ____
61. Why that brand? ____
62. If condoms were available for each time you have sex, how many would you need each month? ____
63. Where should condoms be made available?________________________When? _____________
64. Had you been drinking the last time you had sex? No ( ) Yes ( )

STDs

65. Have you heard of any diseases which are transferred by having sex? No ( ) Yes ( )

____

66. Can you describe STD symptoms in women? abdominal pain ( ) genital discharge ( ) smelly discharge ( ) burning pain when urinating ( ) genital ulcers/ sores ( ) groin swellings ( ) itching ( ) others __________________________________
67. Can you describe STD symptoms in men? genital discharge ( ) burning pain when urinating ( ) genital ulcers/ sores ( ) groin swellings ( ) can't pull back foreskin ( ) others

    ____
68. Have you had any discharge in the last 12 months? No ( ) Yes ( )
69. Have you had any genital ulcers in the last 12 months? No ( ) Yes ( )
70. What did you do when these occurred? Nothing ( ) First advice from___ then ___
71. Advice was ______________________ Did you get the medicine No ( ) Yes ( ).
72. Type of medicine ________. Did you take all the medicine as prescribed? Yes ( ) No ( )
73. Did you stop having sex when you had symptoms? No ( ) Yes ( ) Use a condom? No ( ) Yes ( )

HIV/AIDS

74. Have you heard of AIDS? No ( ) Yes ( ) from ___________________________
75. What can people do to avoid getting AIDS? Don't know ( ) Know ( ) They can:____

    ____
76. Could you get infected with HIV? No ( ) because_________________________ Don't know ( ) Yes because ( ) ______________________________________
77. If somebody thinks that they have been infected with HIV, what should they do?

    ____
78. Do you know anyone who has been infected with or died of AIDS? No ( ) Yes ( )

17.11 KEY QUESTION CHECKLIST: DRUG USERS

NOTE: This study aims at intervention not to finely measure addiction prevalence.
Try to keep this interview like a conversation rather than a formal survey

1. Checks

These questions are additional to those on HIV/AIDS in the general survey. Were those questions also asked?
Get references to other IDU seafarers for interviewing. Ensure confidentiality.
Note the words used for the drugs, equipment etc.

2. Topics

Fears and concerns (arrest, family finding out, illness etc.)
Group behaviour (role of friends, other users, sharing, trusting, respect who)

3. Questions

1. How old when first started using drugs? ______years old. Started using ________
2. Started using at what town _____________ District/Province? _______________
3. Why did you start using drugs? ____
4. What kind of drugs were you using? ________________What do you use now?

   ____
5. Have you changed the drugs or drug-taking method since you started? No ( )

   Yes ( ) because ____
6. How do you take drugs now (method)? _________________________________
7. Have you ever stopped using drugs? No ( ) Yes ( ) Why? (Why did you restart?)

   ____
8. Where are drugs obtained? ____
9. Where are they used? (describe location and conditions, map) ________________
10. With whom? ______________________Who injects you? Me ( ) Other _______
11. Do you have your own equipment? No ( ) Yes ( )
12. Get a description of the equipment eg. needles, syringes etc. used______________

__________________________Are any made by users themselves? No ( ) Yes ( )

13. Do people lend, borrow or share equipment? No ( ) Yes ( ) Who? ____________

    Why? ____

14. How long are needles used? ____
15. How are they kept sharp? ____
16. Are needles cleaned between injections? No ( ) Yes ( )

    How? _____________________________By who? __________________________

17. Cost of a hit of drug used? ________________ How is this paid for? _________________
18. Do you know anyone who has gone for detox or rehabilitation? No ( ) Yes ( )
19. Results? ____
20. Where did they go? ____
21. What kind of service was provided? ______________________________________
22. Are there professional injectors? No ( ) Yes ( ) ____________________________
23. What do you estimate that you spend on drugs of your total income? ___________
24. Do you always have enough money to buy drugs? Yes ( ) No ( ) _____________
25. How long were you ashore last time? _____ How many hits/ injections did you have? ______

    Is this typical? Yes ( ) No ( ) ____

26. Do you know anyone with HIV/AIDS? No ( ) Yes ( ) _____________________
27. What sort of help would be useful for drug users like yourself? _______________

    ____

ADDITIONAL NOTES:

17.12 KEY QUESTION CHECKLIST: CSWS

Mapping: (if these are not suitable to map publicly then add to map after interviews)

Use a port and vicinity map to have CSWs show;

- Main meeting points for seamen when they first go ashore
- Places used for accommodation
- Places for eating meals, snacks
- Places for drinking
- Places for entertainment (eg. singing, dancing, gambling, snooker)
- Health services used by Commercial sex workers
- Other main locations visited by seafarers or where they hang-out
- Direct and indirect sex services
- Tea-shops and other places where drugs are available
- Any other important places for Commercial sex workers?

Evaluate:

1. Perception of self worth, risk, aspirations and ability to control or change life direction

Questions:

<u>Biographical (Questions marked with a vertical line need to ask each interviewee)</u>

1. Age ____ ethnicity _______________ home location _________________________
2. Education level __________ Comfortable reading newspaper text? Yes ( ) No ( )
3. Are there sub-country groups among CSW eg. based on home location, travel together?No ( ) Yes ( ), ____
4. Religion: ____________ do you visit temples? Yes ( ) No ( )
5. Why left home? ____
6. Why took this job? ____
7. What was your previous job? ____
8. What were your dreams and aspirations? ___________________________________
9. And now? ____
10. How long have you worked as a CSW? _____years. Last trip home: ____________
11. How long do you plan to work as a CSW? _________________________________
12. Then what? ____
13. Do you have children? No ( ) Yes ( ) I have ________ children.
14. How do you get news from your home area and news from your family?

____

15. Do you feel homesick? Are there things about home that you miss? No ( ) Yes ( )

    ____

16. What things do you worry about? ______________________________
17. Have you been taken advantage of?______________________________
18. When you have a problem do you keep it to yourself? Yes ( ) because________
19. No ( ) Who do you talk to___________________________________
20. Is there anyone here whose behaviour you admire? Yes ( ) No ( )
21. Why? ____

Health and drugs (Questions 26-35 marked with line need to ask each interviewee)

22. What are your duties here? ___________________________________
23. Normal working hours? (shifts) _________________when busy: ________
24. What happens if you can't work? Eg. you get sick? ___________________
25. How do you handle getting tired or feeling pain? _____________________
26. What medicines and medical services are available here? ________________
27. Do CSWs use drugs? No ( ) Don't Know ( ) Yes ( ). (How about you? ________)
28. Which ones?____________________ When use, and why?____________
29. How are these drugs used (method)? _____________________________
30. Were they used before current job? ______________________________
31. Why started/ stopped? _______________________________________
32. How are drugs and injecting equipment obtained? _____________________
33. Have you had treatment from a doctor this year? No ( ) Yes ( ) for _______________
34. Could you communicate easily with the doctor? ______________________
35. Was the treatment expensive?__________________________________

<u>Money:</u>

36. Can your earnings cover your costs? Yes ( ) No ( ) because _____________
37. What do you want to do with your savings? _________________________
38. Problems managing money or savings? ____________________________

Sexual:

39. Different places within the country and overseas which have been visited:

    ____

40. Off-work relaxation and activities____

____

41. Do CSW ever board ships (where, how, how find, have sex with whom)

    ____

Formal sexual survey: (need to ask each interviewee questions marked with a line)

Sex:

42. Are you currently married or living with a sexual partner? Yes ( ) my ____________,

    No ( ) Have you ever been married or lived with a sexual partner? No ( ) Yes ( )
43. With how many people have you had sex with last night _____ last month _____.
44. What sort of clients are seamen? ____

Condoms:

45. Have you ever heard of a condom? No ( ) Yes ( ) heard from _________________

*********** **[If the reply was No, then go to question 58]**

46. Have you ever used a condom? Yes ( ) No ( ) because ______________________
47. Did you use a condom the last time you has sex? No ( ) Yes ( )
48. Who do you generally use condoms with? __________________________________
49. Why?____
50. Do you know of any place or person where you can get condoms?

    No ( ) Yes ( )____places. Put on the map.
51. Have you ever bought a condom? No ( ) Yes ( ), How much does a condom cost? ________
52. Can you obtain a condom every time you need one? Yes ( ) No ( )

because___________

53. How long does it take to get a condom? ________min. Over one hour ( ) Who buys? ______
54. Have you ever had any problems using a condom? No ( ) Yes ( ) _______________________
55. How many pieces do you usually buy at one time? _______ pieces
56. Which brand have you bought? ____
57. Why that brand? ____
58. If condoms were available for each time you have sex, how many would you need each month? ____
59. Where should condoms be made available? ______________________When? _____________

STDs

60. Have you heard of any diseases which are transferred by having sex? No ( ) Yes ( ) ____
61. Can you describe STD symptoms in women? abdominal pain ( ) genital discharge ( ) smelly discharge ( ) burning pain when urinating ( ) genital ulcers/ sores ( ) groin swellings ( ) itching ( ) others ___________________________________
62. Have you had any of the above? **(circle the items which the woman says she had)**
63. Can you describe STD symptoms in men? genital discharge ( ) burning pain when urinating ( ) genital ulcers/ sores ( ) groin swellings ( ) can't pull back foreskin ( ) others ____
64. Have you had any discharge in the last 12 months? No ( ) Yes ( )
65. Have you had any genital ulcers in the last 12 months? No ( ) Yes ( )
66. What did you do when these occurred? Nothing ( ) First advice from______ then ______
67. Advice was _______________________ Did you get the medicine No ( ) Yes ( ).
68. Type of medicine __________. Did you take all the medicine as prescribed? Yes ( ) No ( )
69. Did you stop having sex when you had symptoms? No ( ) Yes ( ) Use a condom?

No ( ) Yes ( )

70. Do you take preventative medicine before or after having sex? No ( ) Yes ( ) ______________

HIV/AIDS

71. Have you heard of AIDS? No ( ) Yes ( ) from ______________________________
72. What can people do to avoid getting AIDS? Don't know ( ) Know ( ) They can:____
    ____
73. Could you get infected with HIV? No ( ) because____________________________
    Don't know ( ) Yes because ( ) ____
74. If somebody thinks that they have been infected with HIV, what should they do?
    ____
75. Do you know anyone who has been infected with or died of AIDS? No ( ) Yes ( )

18 SURVEY GUIDELINES/ QUESTIONAIRES (VIETNAMESE)

18.1 KEY QUESTION CHECKLIST: PORT ADMIN./ DEPT. OF FISHERIES

BAÛNG CAÂU HOÛI DAØNH CHO:
CHO NHAØ QUAÛN LYÙ CAÙC CÖÛA KHAÅU, CAÛNG, NGÖ CAÛNG
(Ban Quaûn lyù caûng, Sôû Thuûy saûn)

Chuû ñeà: - Coù moät caùi nhìn khaùi quaùt veà caûng, cöûa khaåu vaø haï taàng cô sôû cuûa noù.
- Coù moät hieåu bieát veà luaät leä vaø thuû tuïc aûnh höôûng ñeán söï di chuyeån taøu beø vaø haønh vi cuûa thuyû thuû

Baûn veõ qui hoaïch:

! Coù hay khoâng moät baûn veõ cho bieát caùc choå neo, ñaäu thuyeàn, taøu beø coù ñaêng kyù? Coù theå coù moät baûn ñeå giuùp cho coâng taùc phoûng vaán khoâng ?

! Haõy moâ taû caùc tieän ích, haï taàng cô sôû cho vieäc neo taøu beø (cho caùc loaïi thuyeàn, taøu beø khaùc nhau), boác xeáp, cung caáp nhieân lieäu, cô sôû ñoâng laïnh, khaùch saïn, nhaø troï, hoäi tröôøng.

! Treân baûn ñoà vuøng, haõy chæ roõ nhöõng ñöôøng di chuyeån taøu beø chính, nhöõng caûng taïm döøng vaø caûng ñích cuûa moãi loaïi taøu.

! Haõy cho bieát nhöõng nôi thuyeàn gheù ñeå taïm thôøi laùnh naïn.(Ví duï treân moät hoøn ñaûo)

! Nhöõng nôi ñaùnh caù chính, nôi moø ngoïc trai hoaëc nguoàn haûi saûn chính khaùc.

Caâu hoûi:
1- Ngaønh kyõ ngheä haûi saûn giöõ moät vai troø quan troïng nhö theá naøo ñoái vôùi kinh teá cuûa ñòa phöông (Thaønh phoá, thò xaõ)?

2- Öôùc tæ leä soá coâng nhaân laøm vieäc trong laõnh vöïc kyõ ngheä haûi saûn.__________

3- Soá lieäu caùc loaïi taøu beø ñeán taïi caûng trong naêm 1997(chuù yù laø caùc loaïi taøu coù theå theâm neáu soá thoáng keâ ñöôïc thu thaäp töø nhöõng loaïi taøu beø khaùc nhau)

	Taøu ñaùnh caù	Taøu chôû caù	Taøu ñoâng laïnh	Taøu chôû haøng
Ñaêng kyù trong nöôùc				
Ñaêng kyù quoác teá				
Khoâng ñaêng kyù				
Chieàu höôùng gia giaûm				
Nguyeân nhaân taêng giaûm				

4- Soá:

	Ñoaøn taøu ñaønh caù	Xí nghieäp caù	Thuyeàn khaùch	Taøu thuyeàn haûi quaân
Ñoùng taïi caûng naøy				
Söû duïng caûng naøy				

5- Giaáy pheùp ñi bieån vaø hôïp ñoàng mua baùn thuûy saûn coù ñöôïc thueâ hoaëc nhöôïng laïi cho caùc thuyeàn khaùc khoâng? Khoâng ( ) Coù ( )

6- Coù caùc thuyeàn lieân doanh khoâng? Khoâng ( ) Coù ( ) Bao nhieâu thuyeàn_______
Vôùi nöôùc naøo____

7- Ai coù traùch nhieäm quaûn lyù haèng ngaøy nhöõng taøu lieân doanh?___________________

8- Cô quan naøo caáp giaáy pheùp? (Sôû thuûy saûn)_______________________________________

9- Coù vi phaïm giaáy pheùp khoâng, trong lónh vöïc naøo, thôøi gian naøo?__________________
____

10- Nhöõng yeáu toá naøo aûnh höôûng thôøi gian thuyeàn, taøu naèm taïi beán?_______________

11- Caùc thuyeàn ñaùnh caù coù khai baùo thôøi gian ra khôi cuûa mình khoâng? Coù ( ) Khoâng ( )____________

12- Haønh trình thöôøng daøi bao laâu? ___________ Daøi nhaát?________ Ngaén nhaát?_____

13- Coù bao nhieâu taøu ñaùnh caù xa bôø caäp beán thaùng naøy?____________________________

14- Coù bao nhieâu choã neo thuyeàn trong beán caûng?_________ Coù ñuû khoâng? Coù ( ) Khoâng ( )

15- Coù keá hoaïch phaùt trieån hoaëc di chuyeån caûng khoâng?__________________________

16- Quan heä giöõa caùc coâng ty ñaùnh caù ra sao? (Keå caû trong nöôùc laãn quoác teá)______
____
____

17- Coù gì löu yù veà thuûy thuû ñoaøn thuyeàn ñaùnh caù?
____

Nhöõng nhaän xeùt theâm khaùc:

18.2 KEY QUESTION CHECKLIST: HEALTH ADMINISTRATION

Quaín lyï haình chênh vãö Y tãúú

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG LAÌ: NGÆÅÌI QUAÍN LYÏ HAÌNH CHÊNH VÃÖ Y TÃÚ

Láûp baíng âäö:

- Vë trê caïc trung tám y tãú
- Vë trê caïc hiãûu thuäúc

Thäúng kã:

1. Säú læåüng:

Loaûi Dëch Vuû	Säú læåüng trong nàm 1997	Chiãöu hæåïng vãö säú læåüng
Trung tám y tãú thuäüc nhaì næåïc		
Phoìng khaïm tæ nhán		
Hiãûu thuäúc tæ nhán		
Baïc sé trong laînh væûc tæ nhán		

2. Mæåìi loaûi bãûnh truyãön nhiãùm haìng âáöu åí nam giåïi vaì phuû næî åí âëa phæång Anh/Chë trong nàm1997 :

Xãúp loaûi	Tãn bãûnh truyãön nhiãùm	Træåìng håüp	Nam	Næî	Chiãöu hæåïng
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3. Nåi naìy âaî tæìng xaíy ra dëch bãûnh khäng? Khäng ( ) Coï ( )________________________
____
____

4. TÇnh hçnh ngæåìi nhiãùm AIDS trong nàm 1997: Coï thãø cung cáúp nhæîng thäng tin thäúng kã khaïc cho caïc nhoïm sau âáy:

5.

Thäúng kã ngæåìi nhiãùm				**Chãút do AIDS**			
Täøng cäüng	Nam	Næî	Chiãöu hæåïng	Täøng cäüng	Nam	Næî	Chiãöu hæåïng

6. Säú ngæåìi cai nghiãûn âæåüc tiãúp nháûn trong nàm 1997

Vaìo trung tám cai nghiãûn			
Täøng cäüng	Nam	Næî	Chiãöu hæåïng

7. Caïc loaûi bãûnh láy qua âæåìng tçnh duûc åí nam vaì næî (trong nàm 1997) ?

Loaûi bãûnh	**Täøng cäüng**	**Nam**	**Næî**	**Chiãöu hæåïng**

8. Cäng taïc âaìo taûo huáún luyãûn HIV/AIDS? (trong 3 nàm 1995-1997)

Nàm	**Cå quan âæïng ra huáún luyãûn**	**Âäúi tæåüng tham dæû**	**Bao nhiãu ngæåìi**	**Huáún luyãûn taûi âáu**

9. Âëa phæång coï cå såí xeït nghiãûm HIV khäng? ____
Coï tæì bao giåì: ____
Chi phê cho mäüt xeït nghiãûm: ____
Coï dëø cho ngæåìi dán tiãúp cáûn khäng: ____

10. Nhæîng biãûn phaïp kiãøm soaït âäúi våïi:

- Ngæåìi cung cáúp ma tuïy:
  cáúp quäúc gia:____
  Cáúp âëa phæång: ____
- Ngæåìi sæí duûng ma tuïy:
  cáúp quäúc gia: ____
  Cáúp âëa phæång: ____

<u>Chæïc nàng haình chênh</u>:

1. Så âäö täø chæïc väö cáúu truïc y tãú taûi âëa phæång

2. Caïc traïch nhiãûm chênh trong hoaût âäüng phoìng chäúng HIV/AIDS: ____ ____

3. Anh/Chë coï âaím nháûn caïc hoaût âäüng chênh hay caïc chiãún dëch naìo trong nàm nay khäng?
   ____
   ____

4. Dæû aïn hoaût âäüng chuí chäút naìo Anh/Chë dæû âënh cho nàm tåïi? ____________________
5. Phán cäng vaì säú læåüng thæûc cuía nhán viãn cå quan (coï thãø láûp thaình biãøu âäö)
6. Säú læåüng nhán viãn hoaìn âäøi vaì lyï do? ____
   ____
7. Anh/Chë âaïnh giaï khäúi læåüng cäng viãûc hiãûn taûi cuía cå quan ra sao? Coï lénh væûc naìo coï váún âãö khäng? ____
8. Säú nhán viãn naìo thæåìng thàm viãúng ngæ dán? Vç lyï do gç? Coï thæåìng xuyãn khäng?

____
____

9. Thäng tin naìo thæåìng âæåüc cå quan Anh/Chë thu tháûp åí ngæ dán?

____
____

10. Co quan âaî tiãún haình cuäüc khaío saït ngæ dán láön naìo chæa? Chæa ( ) Coï ( )

____
____

11. Coï phaíi cå quan Anh/Chë laì mäüt thaình viãn trong caïc nhoïm âæåüc täø chæïc båíi Cå quan phoìng chäúng AIDS cáúp trung æång vaì cáúp tènh? Khäng ( ) Coï ( )
    ____
____

12. Cå quan Anh /Chë coï thu tháûp thäng tin vãö AIDS khäng? Khäng ( ) Coï ( ) Nhæ thãú naìo?
    ____

13. Nhæîng cå quan naìo khaïc cung cáúp thäng tin vãö HIV/AIDS åí khu væûc Anh/Chë:

Cå Quan	**: Cung cáúp nhæ thãú naìo**

14. Coï cáön tàng cæåìng håüp taïc våïi caïc cå quan khaïc trãn lénh væûc phoìng chäúng HIV/AIDS? Khäng ( ) Coï: ____
    ____
    ____

18.3 KEY QUESTION CHECKLIST: POLICE

Cäng an

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG LAÌ: CÄNG AN *(Cäng an caíng, cäng an cáúp huyãûn thë)*

1. Coï caïc vuû bàõt giæî ngæåìi sæí duûng vaì taìng træî ma tuyï naìo khäng? Khäng ( ) Coï ( ).

	Heroin	**Thuäúc Amphetamines -Cháút kêch thêch**		
Säú vuû bàõt giæî trong nàm 1997				
Chiãöu hæåïng tàng giaím				
Âàût âiãøm ngæåìi bë bàõt (giåïi tênh, tuäøi, dán täüc, nghãö nghiãûp)				
Coï ngæ dán, thuíy thuí bë bàõt khäng				

2. Coï thu giæî ma tuïy khäng?

	Heroin			
Säú læåüng thu giæî trong nàm 1997				
Chiãöu hæåïng tàng giaím cuía säú læåüng ma tuïy				
Coï ngæ dán, thuíy thuí ?				

3. Xin miãu taí tçnh hçnh cuía caíng nåi Anh/Chë âang laìm viãûc theo caïc muûc sau:

- Tçnh hçnh ma tuïy hiãûn taûi:____
- Caïc âiãøm saín xuáút:____
- Âæåìng váûn chuyãøn Ma tuïy: ____
- Khu væûc trung chuyãøn:____
- Baïn daûo ngoaìi âæåìng: ____

4. Tãn goüi ma tuïy maì cäng an thæåìng duìng vaì thæåìng nghe

Tãn ma tuïy	**Cäng an goüi laì gç**	**Ngæåìi sæí duûng goüi laì gç**
Heroin		
Thuäúc Amphetamines (Cháút kêch thêch)		

5. Nhæîng loaûi ma tuïy naìo âang âæåüc duìng phäø biãún nháút?

	Heroin	**Cháút kêch thêch**		
Phán loaûi				
Chiãöu hæåïng sæí duûng				
Thay âäøi caïch sæí duûng				
Tinh khiãút/cháút læåüng				

6. Nhæîng biãûn phaïp kiãøm soaït âäúi våïi:

- Ngæåìi cung cáúp ma tuïy:
  cáúpquäúc gia:____________________
  Cáúp âëa phæång: ____________________
- Ngæåìi sæí duûng ma tuïy:
  cáúp quäúc gia: ____________________
  Cáúp âëa phæång: ____________________

7. Váún âãö naìo Anh/Chë gàûp phaíi trong khi thi haình nhiãûm vuû (vê duû: vãö phêa phaïp luáût, nhán læûc)____________________
   ____

8. Váún âãö naìo maì thuíy thuí, ngæ dán thæåìng hay dênh lêu (vê duû: Âaïnh nhau)____________________
   ____

9. ÅÍ caíng naìy coï nhæîng loaûi hoaût âäüng maûi dám naìo? (Vê duû säú læåüng vaì khuynh hæåïng)
   ____
   ____

10. Quan niãûm cuía cäng an vãö nhæîng khoï khàn trong viãûc giaíi quyãút váún âãö liãn quan trãn:
    ____
    ____

Nãúu ngæåìi âæåüc phoíng váún toí ra nhiãût tçnh vaì tham gia táút thç nãn hoíi thãm nhæîng cáu håíi vãö:

a) Cáu håíi vãö ma tuïy daình cho nhán viãn y tãú b) Cáu hoíi daình cho ngæåìi sæí duûng ma tuïy

18.4 KEY QUESTION CHECKLIST: HEALTH WORKERS

Nhán viãn Y tãú

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG: NHÁN VIÃN Y TÃÚ

Thäúng kã: *- Saín, truyãön maïu*

- Ràng haìm màût.

1. Caïc bãûnh truyãön nhiãùm:

Xãúp loaûi	Tãn bãûnh truyãön nhiãùm	Træåìng håüp	Nam	Næî	Chiãöu hæåïng
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2. Ngæåìi nhiãùm AIDS:

Thäúng kã ngæåìi nhiãùm				Chãút do AIDS			
Täøng cäüng	Nam	Næî	Chiãöu hæåïng	Täøng cäüng	Nam	Næî	Chiãöu h

3. Säú ngæåìi cai nghiãûn âæåüc tiãúp nháûn vaìo caïc bãûnh viãûn vaì trung tám cai nghiãûn

Nháûp viãûn				Vaìo trung tám cai nghiãûn			
Täøng cäüng	Nam	Næî	Chiãöu hæåïng	Täøng cäüng	Nam	Næî	Chiãöu h

4. Coï sàón nhæîng hçnh thæïc cai nghiãûn naìo khäng? Khäng ( ) Coï ( )

5. Caïc loaûi bãûnh láy qua âæåìng tçnh duûc åí nam vaì næîî

Loaûi bãûnh láy nhiãùm qua âæåìng tçnh duûc	Täøng cäüng	Nam	Næî	Chiãöu hæåïng

6. Cäng taïc âaìo taûo huáún luyãûn HIV/AIDS? (trong 3 nàm 1995-1997)?

Nàm	Cå quan âæïng ra huáún luyãûn	Âäúi tæåüng tham dæû	Bao nhiãu ngæåìi	Huáún luyãûn taûi âáu

Sæí duûng bao cao su:

1. Bãûnh viãûn/phoìng khaïm coï baïn bao cao su? Khäng ( ) Coï ( ) Giaï bao nhiãu:…………….. /mäüt bao.
   Anh/Chë coï bao giåì baïn bao cao su chæa? Chæa ( ) Coï ( ). Coï bao cao su âãø phaït khäng? Coï ( ) Khäng ( ).
   (Láúy trong mäùi häüp cuía mäùi loaûi mäüt bao cao su – kiãøm tra thåìi haûn sæí duûng, giaï. Ghi cheïp thaïi âäü cuía ngæåìi traí låìi vaì nhæîng ngæåìi ngäöi xung quanh trong luïc cáu hoíi âæåüc âàût ra.)

2. Nhaîn hiãûu naìo phäø biãún nháút? Taûi sao?

Nhaîn hiãûu	Phán loaûi	Taûi sao?
		…

3. Säú bao cao su baïn vaì cho thaïng væìa qua: coï âuí cho nhu cáöu cuía ngæåìi duìng khäng?

Säú læåüng phán phäúi thaïng væìa qua	Tiãu biãøu	Âuí cho ngæåìi duìng yãu cáöu	Thiãúu haìng nàm 97
………………………bao	Coï ( )Khäng( )	Coï ( ) Khäng ( )………	Khäng ( ) Coï ( )…

4. Ngæåìi naìo âãún mua bao cao su? [giåïi, tuäøi æåïc chæìng. Ngæ dán coï âãún mua? Coï ( ) Khäng ( ) ____
5. Coï giåïi haûn naìo âäúi våïi ngæåìi mua bao cao su khäng? Khäng ( ) Coï ( );

- Ngæåìi mua bao ca su thæåìng vaìo luïc naìo trong ngaìy:_________________________________
- Våïi tiãu chuáøn naìo thç ngæåìi mua bao sao su âæåüc pheïp mua (Coï nhæîng luáût lãû chung naìo phán phäúi bao caosu: ____
  ____
- Mäùi láön, Anh/Chë thæåìng cung cáúp bao nhiãu bao cao su cho mäüt ngæåìi?______________

6. Bao cao su coï sàôn åí nhæîng nåi vaì luïc maì ngæåìi mua cáön? Coï ( ) Khäng ( )__________
   ____
7. Laìm sao ngæåìi mua biãút nåi naìo baïn bao cao su?____________________________________
8. Hoü duìng låìi leî naìo âãø diãùn taí bao cao su?____
9. Luïc mua bao cao su, ngæåìi mua träng thoaíi maïi/ïcaím tháúy dãù chëu? Coï ( ) Khäng ( )___
   ____

Bãûnh qua láy âæåìng tçnh duûc (bãûnh STD):

10. Moüi ngæåìi coï âãún thaío luáûn vaì hoíi vãö caïc bãûnh láy qua âæåìng tçnh duûc khäng? Coï ( ) Khäng ( ). Thaïng væìa qua coï bao nhiãu ngæåìi ___________.
    Coï phaíi laì âiãøn hçnh khäng : Coï ( ) Khäng ( )________. Coï ngæ dán khängû: Coï ( )

Khäng ( ).

Giåïi vaì tuäøi æåìc læåüng cuía ngæåìi âãún thaío luáûn?________________________________

____

11. Ngän tæì (âëa phæång, tiãúng loïng) âæåüc hoü sæí duûng âãø diãùn taí caïc triãûu chæïng, caïc bãûnh STD vaì caïch chæîa trë.____

12. Anh/Chë cung cáúp låìi khuyãn, caïch chæîa trë naìo cho hoü?___________________________

____

13. Moüi ngæåìi âåüi åí âáu? __________________________ Cuäüc thaío luáûn diãùn ra åí âáu?__________________

14. Säú læåüng baïn taûi quáöy thuäúc âiãöu trë caïc bãûnh STD vaì thuäúc khaïng sinh trong thaïng træåïc:

Tãn thuäúc	**Säú læåüng baïn ra**	**Âån giaï**	**Âiãøn hçnh**	**Haìng âuí baïn khäng**
			Coï ( ) Khäng ( )	Âuí ( ) Khäng ( )

15. Nhæîng nåi khaïc chæîa trë ngæåìi bë bãûnh STD:

Chæîa trë taûi	**Mæïc âäü phäø biãún**	**Ghi chuï**
Tháöy thuäúc y hoüc dán täüc		
Baïc sé tæ		
Ngæåìi baïn thuäúc		
Tháöylang		

16. Hoü coï âãún yãu cáöu vãö thuäúc traïnh thai duìng sau khi giao håüp? Khäng ( ) Coï ( )_____

17. Laìm thãú baìo âãø xæí lyï mäüt khi coï thai ngoaìi yï muäún?____________________________

18. Anh /Chë coï biãút gç vãö caïc hoaût âäüng maûi dám taûi âëa phæång ..v.v…______________

____

____

____

HIV/AIDS:

19. Coï ai tæìng hoíi Anh/Chë vãö HIV chæa? Khäng ( ) Coï ( )

    Cáu hoíi naìo thæåìng gàûp?____

    Anh/Chë traí låìi nhæ thãú naìo?____

    Anh/Chë coï bao giåì tháúy tåì bæåïm hay aïp phêch naìo noïi vãö HIV chæa? Khäng ( ) Coï ( )

    Anh/Chë caím tháúy kiãún thæïc cuía mçnh vãö HIV nhæ thãú naìo? Âuí ( ) Cáön tçm hiãøu thãm næîa ( )

20. Anh/Chë coï bao giåì biãút mäüt ngæåìi naìo âoï bë nhiãùm HIV dæång tênh khäng ? Khäng ( ) Coï ( ) Tçnh traûng cuía hoü ra sao?____

Sæí duûng ma tuïy:

1. Ma tuïy âæåüc sæí duûng trong vuìng tæì bao giåì vaì lyï do (vê duû duìng âãø trë bãûnh, âæåüc cäüng âäöng cháúp nháûn) ____

____

2. Chiãöu hæåïng sæí duûng thuäúc: it âi ( ) váùn nhæ thãú ( ) Cao hån ( ) ________________________________

3. Nhæîng biãûn phaïp kiãøm soaït âäúi våïi:

- Ngæåìi cung cáúp ma tuïy:
  - cáúp quäúc gia:____
  - Cáúp âëa phæång: ____
- Ngæåìi sæí duûng ma tuïy:
  - cáúp quäúc gia: ____
  - Cáúp âëa phæång: ____

4. Thay âäøi caïch thæïc sæí duûng?___________________________ Duìng loaûi thuäúc ______________________

5. Giåïi naìo tiãm chêch ma tuïy nhiãöu hån: ____

6. Mæïc âäü coï sàôn ma tuïy:____

7. Tãn caïc loaûi ma tuïy âæåüc sæí duûng vaì hçnh aính thæåìng tháúy vê duû nhæ giåïi chåi ma tuïy, chaûy theo máút,

Tãn nhán viãn baïn dæåüc pháøm duìng	Tãn maì ngæåìi nghiãûn duìng	Hçnh aính cuía ma tuïy

8. Duûng cuû naìo âæåüc ngæåìi nghiãûn duìng âãø tiãm ma tuïy? ___________________________

9. Anh/Chë coï bao giåì bë ngæåìi nghiãûn nhuûc maû chæa? Khäng ( ) Coï ( ) Vç lyï do gç?__________________

10. Anh/Chë cung cáúp låìi khuyãn, caïch chæîa trë naìo cho hoü?____________________________

11. Caïc phæång phaïp cai nghiãûn coï sàón (hoïa cháút, dæåüc thaío, tám linh hay caïc caïch khaïc v.v..)____

    ____

12. Nhæîng ngæåìi måïi nghiãûn coï tçm caïch cai khäng? Khäng ( ) Coï ( )__________________

13. Gia âçnh coï âiãöu kiãûn giuïp âåí ngæåìi nghiãûn nhæ thãú naìo? ________________________

14. Ngæåìi nghiãûn coï duìng chung äúng chêch kim tiãm? Khäng ( ) Coï ( )__________________

15. ÄÚng chêch kim tiãm coï dãù mua khäng? Khäng ( ) Coï ( ) ____________________________

16. Anh/Chë xæí lyï äúng chêch vaì kim tiãm sau khi sæí duûng nhæ thãú naìo? _______________

PHÁÖN GHI THÃM:

18.5 KEY QUESTION CHECKLIST: PHARMACISTS

Nhán viãn baïn dæåüc pháøm

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG LAÌ: NHÁN VIÃN BAÏN DÆÅÜC PHÁØM

Kiãøm tra: Nåi âang laìm viãûc coï trãn baín âäö caïc hiãûu thuäúc khäng? Nãúu khäng, xin thãm vaìo baín âäö.

Tiãu âãö: Thàm doì nåi thuáûn tiãûn cho viãûc gàûp gåî våïi caïc thuíy thuí.

Cáu hoíi:

Sæí duûng bao cao su:

1. Bãûnh viãûn/phoìng khaïm coï baïn bao cao su? Khäng ( ) Coï ( ) Giaï bao nhiãu:……………. /mäüt bao.
   Anh/Chë coï bao giåì baïn bao cao su chæa? Chæa ( ) Coï ( ). Coï bao cao su miãùn phê? Coï ( ) Khäng ( )
   (Láúy màùi loaûi mäüt bao – kiãøm tra thåìi haûn sæí duûng, giaï. Ghi cheïp thaïi âäü cuía ngæåìi traí låìi vaì nhæîng ngæåìi xung quanh trong luïc cáu hoíi âæåüc âàût ra.)

2. Nhaîn hiãûu naìo phäø biãún nháút? Taûi sao?

Nhaîn hiãûu	Phán loaûi	Taûi sao phäø biãún	Täøng säú haìng baïn thaïng væìa qua

3. Säú bao cao su phaït ra thaïng væìa qua: coï âuí cho nhu cáöu cuía ngæåìi duìng khäng?

Säú læåüng phán phäúi thaïng væìa qua	Âiãøn hçnh	Âuí cho ngæåìi duìng yãu cáöu	Thiãúu Haìng nàm 1997
………………………bao	Coï ( ) Khäng( )	Coï ( ) Khäng ( )……………..	Khäng ( ) coï ( )………

4. Ngæåìi naìo âãún mua bao cao su? [giåïi, tuäøi æåïc chæìng. Ngæ dán coï âãún mua khäng? Coï ( ) Khäng ( )] ____
5. Anh/Chë coï thæûc hiãûn khuyãún maîi trong viãûc baïn bao cao su khäng? Khäng ( ) Coï ( )
6. Anh/Chë coï træng baìy bao cao su khäng?________________________ Goïi bao cao su? __________________
7. Anh/Chë coï giåïi thiãûu caïc nhaîn hiãûu bao cao su khaïc nhau khäng? Khäng ( ) Coï ( ) trãn cå så ____
   ____
8. Coï giåïi haûn naìo âäúi våïi ngæåìi mua bao cao su khäng? Khäng ( ) Coï ( );

- Ngæåìi mua bao cao su thæåìng vaìo luïc naìo trong ngaìy:___________________________________
- Våïi tiãu chuáøn naìo thç ngæåìi mua bao sao su âæåüc pheïp mua (Coï nhæîng luáût lãû chung naìo cho viãûc phán phäúi bao cao su: ____

___

- Mäùi láön baïn, Anh/Chë thæåìng cung cáúp bao nhiãu bao cao su cho mäüt ngæåìi?__________

9. Bao cao su coï sàôn åí nhæîng nåi vaì nhæîng luïc maì ngæåìi mua cáön? Coï ( ) Khäng ( )____
___

10. Laìm sao ngæåìi mua biãút nåi naìo baïn bao cao su?_____________________________________
11. Hoü duìng ngän tæì naìo âãø diãùn taí bao cao su?_______________________________________
12. Luïc mua bao cao su, ngæåìi mua träng thoaíi maïi/ïcaím tháúy dãù chëu? Coï ( ) Khäng ( )____
___

13. Ngæåìi mua thæåìng thêch mua bao cao su vaìo thåìi gian naìo ban ngaìy/ban âãm, taûi sao?
___
___

Bãûnh qua láy âæåìng tçnh duûc:

14. Moüi ngæåìi coï âãún thaío luáûn vaì hoíi vãö caïc bãûnh láy qua âæåìng tçnh duûc? Coï ( ) Khäng ( ) . Thaïng væìa qua coï bao nhiãu……ngæåìi. Vaì âoï laì âiãöu âiãøn hçnh: Coï ( ) Khäng ( )________. Ngæ dán tham dæû: Coï ( ) Khäng ( ).Giåïi vaì tuäøi æåïc læåüng cuía ngæåìi âãún thaío luáûn?____
___

15. Ngän tæì (âëa phæång, tiãúng loïng) naìo âæåüc hoü sæí duûng âãø diãùn taí caïc triãûu chæïng, bãûnh STD vaì caïch chæîa trë.____
16. Âæåüc cung cáúp låìi khuyãn, caïch chæîa trë naìo?_____________________________________
___

17. Moüi ngæåìi chåì åí âáu?_______________________ Cuäüc thaío luáûn diãùn ra åí âáu?____

18. Thaïng træåïc baïn væåüt quaï âënh mæïc thuäúc âiãöu trë bãûnh STD vaì thuäúc khaïng sinh:

Tãn thuäúc	**Säú læåüng baïn ra**	**Âån giaï**	**Âiãøn hçnh**	**Haìng dæû træí âuí baïn khäng**
			Coï ( ) Khäng ( )	Âuí ( ) Khäng ( )

19. Nhæîng nåi khaïc chæîa trë ngæåìi bë bãûnh STD:

Nåi	**Mæïc âäü phäø biãún**	**Ghi chuï**
Tháöy thuäúc y hoüc dán täüc		
Baïc sé tæ		
Ngæåìi baïn thuäúc		
Lang bàm		

20. Anh/Chë coï nháûn âæåüc nhæîng yãu cáöu vãö thuäúc traïnh thai duìng sau giao håüp khäng?Khäng( ) Coï ( )
21. Laìm thãú naìo âãø xæí lyï thai ngoaìi yï muäún?____
22. Caïc hoaût âäüng maûi dám. Xin miãu taí caïc hçnh thæïc, chiãöu hæåïng, khaïch haìng ..v.v…____

____

____

____

HIV/AIDS:

23. Coï ai tæìng hoíi vãö HIV chæa? Khäng ( ) Coï ( )
    Loaûi cáu hoíi naìo?____
    Anh/Chë traí låìi nhæ thãú naìo?____
    Anh/Chë coï bao giåì tháúy tåì bæåïm hay aïp phêch naìo vãö HIV chæa? Chæa ( ) Coï ( )
    Anh/Chë caím tháúy kiãún thæïc vãö HIV nhæ thãú naìo? Âuí ( ) Cáön tçm hiãøu thãm næîa ( )
24. Anh/Chë coï bao giåì biãút mäüt ngæåìi naìo âoï bë nhiãùm HIV dæång tênh? Chæa ( ) Coï ( )
    Tçnh traûng cuía hoü ra sao?____

____

Sæí duûng ma tuïy:

25. Lëch sæí sæí duûng ma tuïy trong vuìng vaì lyï do (vê duû duìng âãø trë bãûnh, âæåüc cäüng âäöng cháúp nhá ûn) ____

____

26. Chiãöu hæåïng sæí duûng thuäúc: it âi ( ) váùn nhæ thãú ( ) Cao hån ( ) ___________________________________
27. *27.* Thay âäøi caïch thæïc sæí duûng?___________________________ Loaûi thuäúc âæåüc duìng ___________________
28. Giåïi naìo tiãm chêch ma tuïy nhiãöu hån: ____
29. Ma tuïy coï dãù tçm khäng:____
30. Tãn caïc loaûi ma tuïy âæåüc sæí duûng vaì hçnh tæåüng thæåìng tháúy cuía ma tuïy vê duû nhæ giåïi duìng ma tuïy, chaûy theo mäút,

Tãn ngæåìi baïn dæåüc pháøm duìng	Tãn ngæåìi nghiãûn duìng	Hçnh aính cuía ma tuïy

31. Duûng cuû naìo âæåüc ngæåìi nghiãûn duìng âãø tiãm ma tuïy? ___________________________
32. Anh/Chë coï bao giåì bë ngæåìi nghiãûn nhuûc maû chæa? Chæa ( ) Coï ( ), Vç lyï do gç?__________________
33. Caïc phæång phaïp cai nghiãûn coï sàôn (hoïa cháút, dæåüc thaío, tám linh v.v..) ____________

____

34. Nhæîng ngæåìi måïi nghiãûn coï tçm caïch cai nghiãûn khäng? Khäng ( ) Coï ( )___________
35. Gia âçnh taûo âiãöu kiãûn giuïp âåî ngæåìi nghiãûn nhæ thãú naìo? _______________________
36. Ngæåìi nghiãûn coï duìng chung äúng chêch kim tiãm? Khäng ( ) Coï ( )__________________
37. ÄÚng chêch kim tiãm coï dãù mua khäng? Khäng ( ) Coï ( ) ____________________________
38. Anh/Chë væït boí äúng chêch vaì kim tiãm nhæ thãú naìo? ________________________________

PHÁÖN GHI THÃM:

18.6 KEY QUESTION CHECKLIST: BOAT OPERATIONS

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG: BAN QUAÍN LYÏ-CHUÍ HAÎNG TAÌU

Cáu hoíi:

1. Cäng ty:
- Tãn cäng ty: ________________________ Quäúc tëch cuía cäng ty: __________________
- Truû såí chênh cuía cäng ty: Caíng naìy ( ). Caíng khaïc: ______________________________.

2. Mä hçnh:
- Quyãön såí hæîu: Nhaì næåïc ( ) cäø pháön ( ) liãn doanh ( ) tæ nhán ( ) khaïc:

3. Thaình láûp: Nàm thaình láûp: __________________. Nàm thaình láûp åí âáy: _____________.

4. Nhán sæû: (Nãúu coï thãø, láúy thäng tin tæì häö så nhán viãn, khäng cáön danh saïch tãn)
- Säú nhán sæû trong nàm cuäúi 1997: ______________. Xu hæåïng: ________________________.
- Quäúc tëch/dán täüc cuía caïn bäü cao cáúp: .___________ cuía thuyí thuí âoaìn: _____________
- Nåi laìm viãûc cuía caïn bäü cao cáúp: Caíng naìy ( ) Nåi khaïc: _______________________.
- Tiãu chuáøn tuyãøn choün thuyí thuí? (Ghi laûi báút cæï xeït nghiãûm HIV. Khäng gåüi yï) ____.
- Thuíy thuí thæåìng boí viãûc åí cáúp báûc naìo?: __________________ taûi sao? ___________.
- Hoü âi âáu khi nghè viãûc? _____________________ Laìm viãûc gç? ____________________.
- Cäng viãûc gç thuíy thuí laìm træåïc khi vaìo laìm cho cäng ty naìy? _____________________. __________________________________ ÅÍ âáu? ________________________________.
- Coï täø chæïc cuía cäng nhán khäng vê duû nhæ nghiãûp âoaìn, täø nhoïm v..v. Coï ( ) khäng ( ) ___________________________________ cäng nhán âæåüc cung cáúp nhæîng dëch vuû gç?___________________________________
- Coï caïc cuäüc hoüp våïi thuíy thuí âoaìn khäng? Coï ( ) khäng ( ) _______________________.
- Cäng ty coï khaïm hay trang bë nhæîng duûng cuû y tãú chæîa bãûnh cho cäng nhán khäng? Coï ( ) khäng ( ) ___________________.____.______

5. Giáúy pheïp hoaût âäüng: thåìi gian ___________ caïc âiãöu kiãûn: _____________________.

6. Taìu: Säú taìu cäng ty âiãöu haình: __________ coï thuã taìu khäng? Coï ( ) khäng ( )

7. Nhæîng nhán täú naìo taïc âäüng âãún thåìi gian nàòm bãún ____________________________.

8. Chu kyì cuía mäüt chuyãún âi biãøn laì bao láu? trung bçnh _____________ Khoaíng _______.

9. Kãú hoaûch tæång lai:

Coï kãú hoaûch tàng thãm taìu khäng? Coï ( ) khäng ( ) ______________________________.

Måí räüng hoaût âäüng taûi nhæîng caíng måïi? ____.

Måí räüng hoaût âäüng taûi ngæ træåìng måïi? ____.

Thãm phæång tiãûn âaïnh bàõt? (maïy táöm ngæ sonar, maïy âäng laûnh) _________________.

Âäüi taìu coï chuyãøn sang caíng khaïc khäng? Coï ( ) khäng ( ) _________________________.

Coï âäüi taìu khaïc hoàûc âäüi taìu åí âëa phæång khaïc muäún âãún caíng naìy khäng? Coï ( ) khäng ( ) ____.

10. Coï caûnh tranh giæîa caïc nhoïm thuíy thuí khäng? vê duû baín xæï våïi næåïc ngoaìi, gáön båì vaì biãøn sáu____

11. Cháút læåüng quan hãû cuía caïc cäng ty taìu? ____________________________________. ____.

12. Cháút læåüng quan hãû giæîa caïc cäng ty vaì chênh phuí? ___________________________. ____.

13. Âiãöu gç xaíy ra våïi thuíy thuí coï HIV dæång tênh?

PHÁÖN GHI THÃM:

18.7 KEY QUESTION CHECKLIST: SEAFARERS

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG LAÌ: THUÍY THUÍ VAÌ NGÆ DÁN

Veî baín ââö: (Nãúu veî baín ââö mäüt caïch cäng khai khäng thuáûn tiãûn, seî veî thãm sau khi hoíi)

Duìng baín ââö caíng vaì vuìng phuû cáûn ââø thuíy thuí coï thãø chè ra;

- Nhæîng nåi táûp hoüp chênh ââø hoüp cuía caïc thuíy thuí cho chuyãún âi âáöu tiãn.
- Nåi duìng ââø åí.
- Nåi mua nhæîng thæï cáön duìng haìng ngaìy.
- Nåi àn cåm, àn nheû.
- Nåi uäúng næåïc
- Nåi giaíi trê (ca haït, khiãu vuî, cåì baûc, bida)
- dëch vuû y tãú cho thuíy thuí
- Nhæîng nåi chênh thuíy thuí ââún hoàûc nhæîng nåi quen thuäüc
- Nhæîng dëch vuû tçnh duûc træûc tiãúp vaì giaïn tiãúp.
- Caïc quaïn caì phã vaì nhæîng nåi maì ma tuïy coï sàôn ââø duìng
- Caïc cuäüc âaïnh nhau xaíy ra åí âáu?
- Nhæîng chäù quan troüng khaïc?

<u>Quan saït</u>

1. Phæång tiãûn cho viãûc tàõm, giàût vaì vãû sinh
2. Chäù sinh hoaût caï nhán vê duû giæåìng nguí vaì taìi saín caï nhán

Âaïnh giaï:

1. Nháûn thæïc vãö giaï trë cuía baín thán, nguyãûn voüng vaì khaí nàng kiãøm soaït hoàûc thay ââøi cuäüc säúng.
2. YÏ thæïc vãö loìng tin, chia seí hoaût âäüng. Táûp trung thaình täø, nhoïm, tän ti trát tæû
3. Nhæîng hçnh tæåüng hay cáu noïi khieïn baûn coï caím giaïc dãø chëu vê duû nhæîng miãu taí vãö gia âçnh, vãút xàm, nhæîng låìi noïi, nhæîng âiãöu bäü.

Cáu hoíi:

Tiãøu sæí (Nhæîng cáu hoíi âæåüc âaïnh dáúu * cáön hoíi riãng tæìng ngæåìi)

*1. Tuäøi ______ dán täüc ___________ nåi åí ________________________________.
*2. Trçnh âäü hoüc váún ________________ coï thãø âoüc baïo dãø daìng? Coï ( ) khäng ( ).
3. Coï nhæîng nhoïm nhoí trong säú thuíy thuí âoaìn laì ââöng hæång âi chung våïi nhau khäng?
4. Coï ( ) khäng ( ) ____.
5. Tän giaïo ________ baûn coï âi thàm ââön âaìi, khi âi biãøn vãö khäng? Coï ( ) khäng ( ).
6. Taìu naìy coï tinh tháön ââöng âäüi khäng? khäng ( ) Coï ( ) vç noï cáön thãút cho ______.
7. Taûi sao baûn råìi nhaì? ____.
8. Taûi sao baûn choün nghãö naìy? ____.
9. Baûn laìm gç træåïc khi thaình thuíy thuí?____ ________
10. Nhæîng må æåïc vaì nguyãûn voüng cuía baûn laì gç?ì ________________________________.
11. Vaì báy giåì? ____.
12. Loaûi viãûc naìo maì baûn thát sæû muäún laìm? ____________________________________.
13. Baûn âaî laìm viãûc trãn taìu bao láu räöi? ____ Nàm. Chuyãún vãö thàm nhaì gáön âáy nháút: ____.
14. Baûn dæû tênh seî laìm viãûc trãn taìu trong bao láu? _______________________________.
15. Vaì sau âoï baûn seî laìm gç? ____.
16. Baûn coï con khäng? Khäng ( ) coï ( ). Baûn coï ______ con.
17. Tæång lai cuía caïc con ra sao? Coï muäún caïc chaïu tråí thaình thuíy thuí khäng? _______ ________
18. laìm thãú naìo baûn nháûn âæåüc thäng tin åí quã nhaì vaì gia âçnh baûn? ________________. ____.
19. Baûn coï nhåï nhaì khäng? Khi baûn nhåï nhaì thç baûn nhåï âãún nhæîng gç? ____________.

____.
20. Nhæîng gç laìm baûn æu phiãön? ____.
21. Baûn âaî tæìng bë lâüi duûng? ____

22. Khi baûn coï váún âãö baûn giaÿí kên mäüt mçnh? Phaíi ( ) Lyï do ______________________.
23 Khäng ( ), ai laì ngæåìi baûn seî thäø läü? ____________________________________.
24. Trãn taìu haình vi ngæåìi naìo laìm baûn khám phuûc? Coï ( ) khäng ( )
25. Taûi sao? ____.

Sæïc Khoíe vaì Ma tuïy (cáu hoíi säú 26 âãún 35 coï âaïnh dáúu *, cáön hoíi tæìng ngæåìi)
*26. Nhiãûm vuû cuía baûn åí trãn taìu laì gç? ____

*27. Säú giåì laìm viãûc thäng thæåìngû? (ca) ____________ luïc báûn räün: ________________.
*28. Chuyãûn gç seî xaíy ra khi baûn khäng thãø laìm viãûc? Vê duû baûn bë bãûnh? ____________.
*29. Khi mãût moíi hay caím tháúy âau âåïn baûn giaíi quyãút nhæ thãú naìo? ________________.
*30. Caïc dëch vuû y tãú vaì nhæîng thuäúc gç coï sàôn åí trãn taìu? ________________________.
*31. Trong säú thuíy thuí baûn biãút coï ai nghiãûn ma tuïy? Khäng ( ) khäng biãút ( ) coï ( ). Coìn baûn thç thãú naìo?____.
*32. Loaûi ma tuïy naìo? __________________ Duìng khi naìo vaì taûi sao? _______________.
*33. Hoü âaî nghiãûn ma tuïy træåïc khi haình nghãö hiãûn taûi? ____________________________.
*34 Taûi sao bàõt âáöu/tæì boí? ____.
*35. Laìm sao coï âæåüc ma tuïy vaì duûng cuû tiãm chêch? ______________________________.
36. Nàm nay baûn coï âi baïc sé láön naìo chæa? Coï ( ) khäng ( ) vç_____________.
37. Baûn noïi chuyãûn våïi baïc sé coï dãù daìng khäng? __________________________________.
38. Chi phê cho chæîa bãûnh coï âàõt khäng?____.

<u>Tiãön baûc</u>

39. Thu nháûp baûn âuí säúng? Coï ( ) khäng ( ) lyï do ______________________________.
40. Baûn laìm gç våïi säú tiãön âãø daình? ____.
41. Coï khoï khàn gçö trong viãûc quaín lyï tiãön hay âãø daình tiãön? ______________________.

<u>Tçnh duûc:</u>

42. Nhæîng nåi khaïc nhau trong næåïc vaì næåïc ngoaìi maì baûn âaî âãún: ________________.
____.
43. Trãn taìu baûn laìm gç khi nghè ngåi: ____________________________________.
(gåüi yï) xám mçnh-taûi sao (nguûy trang kim xám), nhæîng tranh æa thêch, ai laìm, tiãm chung, cåì baûc, taûp chê khiãu dám, bàng video khiãu dám, lëch, thuí dám, dáúu áún nhæîng hçnh phaût.
____.
44. Coï phuû næî hoàûc gaïi maûi dám coï lãn taìu khäng? (åí âáu, nhæ thãú naìo, laìm sao tçm âæåüc, quan hãû tçnh duûc våïi ai) ____.

<u>Khaío saït chênh thæïc vãö tçnh duûc: (cáön hoíi riãng tæìng ngæåìi cho caïc cáu hoíi coï dáúu *)</u>

Tçnh duûc:

*45. Hiãûn taûi Baûn âang laì ngæåìi coï gia âçnh hoàûc âang säúng cuìng våïi baûn tçnh cuía mçnh khäng? Coï ( ) __________ cuía täi.
Khäng ( ) baûn âaî tæìng coï gia âçnh hoàûc âaî tæìng chung säúng våïi baûn tçnh cuía mçnh Chæa? Coï ( ) khäng ( )
*46. Baûn âaî tæìng bao giåì coï quan hãû tçnh duûc chæa? Coï ( ) khäng ( ) Láön quan hãû âáöu tiãn baûn bao nhiãu tuäøi? ____ tuäøi.
*47. Baûn coï quan hãû tçnh duûc trong 12 thaïng qua khäng? Coï ( ) khäng ( ).
*48. Säú ngæåìi Baûn âaî quan hãû tçnh duûc trong 3 thaïng gáön âáy ______ 12 thaïng ______.
*49. Bãún caíng/âëa âiãøm naìo coï gaïi maûi dám? ___________________________________
*50. Hçnh thæïc hoaût âäüng cuía ngæåìi maûi dám? ___________________________________

<u>Bao cao su</u>

*51. Baûn coï bao giåì nghe noïi âãún bao cao su chæa? Coï ( ) khäng ( ) nghe nhæ thãúì naìo
____

____
*52. Baûn âaî tæìng duìng bao cao su chæa? Coï ( ) khäng ( ) lyï do _________________.
*********** **(Nãúu traí låìi laì khäng thç tiãúp tuûc hoíi tæì cáu säú 63)**.
*53. Baûn coï duìng bao cho láön quan hãû tçnh duûc gáön âáy nháút khäng? Coï ( ) khäng ( )
*54. Baûn luän duìng bao cao su khi quan hãû tçnh duûc ? Coï ( ) khäng ( )
Taûi sao khäng? ____.
*55. Baûn coï biãút chäø naìo hay ai âãø baûn coï bao cao su? Coï ( ) khäng ( ) åí nhæîng nåi ____. Veî noï trãn baín âäö.
*56. Baûn âaî tæìng mua bao cao su bao giåì chæa? Coï ( ) khäng ( ) . Giaï mäüt bao: ____.
*57. Bao cao su luän coï sàôn khi baûn cáön khäng? Coï ( ) khäng ( ) båíi vç __________
____.
*58. Máút bao láu âãø coï âæåüc mäüt bao cao su? ____ Phuït. Quaï mäüt giåì ( ).
*59. Baûn coï gàûp tråí ngaûi gç khi duìng bao cao su? Coï ( ) khäng ( ) ________________.
*60. Trong mäùi láön mua baûn thæåìng mua bao nhiãu bao cao su? ___ Caïi.
*61. Baûn mua bao cao su hiãûu gç? ____.
*62. Taûi sao phaíi laì hiãûu âoï? ____.
*63. Nãúu bao coï sàôn cho mäùi láön quan hãû tçnh duûc, thç baûn cáön bao nhiãu bao cho mäùi thaïng ____.
*64. Bao cao su coï sàôn åí âáu? _____________________ Khi naìo? ____________.
*65. Láön quan hãû tçnh duûc gáön âáy nháút baûn coï uäúng ræåüu khäng? Coï( ) khäng ( )

Bãûnh láy qua âæåìng tçnh duûc:
*66. Baûn coï bao giåì nghe noïi âãún bãûnh bë nhiãùm qua con âæåìng tçnh duûc?
*67. Khäng ( ) Coï ( ) ____.
*68. Baûn coï thãø cho biãút caïc triãûu chæïng bãûnh láy qua âæåìng tçnh duûc åí phuû næî? âau buûng ( ) bäü pháûn sinh duûc coï muí ( ) muí coï muìi häi ( ) âi tiãøu raït, soït buäút ( ) sæng haûch haïng ( ) ngæïa ( ) caïc triãûu chæïng khaïc ______________________.
*69. Baûn coï thãø cho biãút caïc triãûu chæïng bãûnh láy qua âæåìng tçnh duûc åí nam giåïi ? Bäü pháûn sinh duûc coï muí ( ), tiãøu raït, soït buäút ( ), låí/loeït åí bäü pháûn sinh duûc ( ), sæng haûch haïng ( ), heûp bao qui âáöu ( ) caïc bãûnh khaïc ______________.
*70. Baûn âaî coï bë chaíy muí trong 12 thaïng gáön âáy nháút? Coï ( ) khäng ( ).
*71. Baûn coï bë låí loeït bäü pháûn sinh duûc trong 12 thaïng gáön âáy khäng? Coï ( ) khäng ( )
*72. Baûn âaî laìm gç khi mçnh màõc bãûnh? Khäng laìm gç? ( ) âáöu tiãn hoíi yï kiãún tæì __.
____________________________ sau âoï ______________________________________.
*73. Låìi khuyãn laì _________________ Baûn âaî duìng thuäúc trë bãûnh? Coï ( ) khäng ( ).

18.8 KEY QUESTION CHECKLIST: DRUG USERS

BAÛNG CAÂU HOÛI DAØNH CHO:
CHO THUÛY THUÛ VAØ NGÖ DAÂN NGHIEÄN MA TUYÙ

Chuù yù: Nghieân cöùu naøy khoâng nhaém ñeán vieäc ño löôøng chính xaùc söï traøn lan cuûa nghieän huùt

Coá gaéng thöïc hieän phoûng vaán naøy nhö moät cuoäc noùi chuyeän bình thöôøng hôn laø cuoäc phoûng vaán.

Kieåm tra:

! Nhöõng caâu hoûi naøy phuï theâm vaøo nhöõng caâu hoûi veà HIV/AIDS trong cuoäc phoûng vaán bình thöôøng. Nhöõng caâu hoûi ñoù coù ñaõ ñöôïc hoûi khoâng?

! Tham khaûo caùc hoà sô thuyû thuû nghieän huùt khaùc cho cuoäc phoûng vaán. Baûo daûm söï bí maät.

! Chuù yù nhöõng töø duøng cho thuoác, duïng cuï v.v....

Chuû ñeà:

! Nhöõng moái lo sôï vaø quan taâm (bò baét, beänh taät, khaùm phaù cuûa gia ñình vv)

! Haønh vi nhoùm (Vai troø cuûa baïn beø, nguôøi huùt khaùc, taâm söï vôùi ai, tin töôûng ai, kính troïng ai?)

Caâu hoûi:

1- Laàn ñaàu tieân söû duïng ma tuyù luùc bao nhieâu tuoåi?_______ tuoåi, duøng loaïi thuoác____

2- Baét ñaàu duøng ma tuyù ôû ñaâu? Thaønh phoá______________ Quaän/huyeän___________

3- Taïi sao baét ñaàu chôi ma tuùy?____

4- Baïn ñaõ duøng loaïi ma tuùy naøo? Hieän nay duøng loaïi gì? ________________________
____

5- Cho ñeán nay, Baïn coù ñaõ töøng thay ñoåi loaïi ma tuyù vaø caùch duøng ma tuyù? Khoâng ( ) Coù ( ). Lyù do: ____

6- Baây giôø baïn duøng ma tuùy theo caùch naøo? __________________________________

7- Baïn coù töøng cai chöa? Chöa ( ) Coù ( ) Taïi sao baïn laïi chôi ma tuyù laïi? ____

8- Ma tuyù mua ôû ñaâu?____

9- Noù ñöôïc söû duïng ôû ñaâu? (Haõy taû ñòa ñieåm vaø ñieàu kieän, chæ treân baûn ñoà) ____

10- Chôi ma tuyù vôùi ai? ____________Ai chích cho baïn? Toâi ( ) Ngöôøi khaùc _______

11- Baïn coù söû duïng duïng cuï rieâng hay khoâng? Khoâng ( ) Coù ( )

12- Haõy moâ taû duïng cuï ñoù,ví duï kim, bôm tieâm, v.v..., ñöôïc duøng______________ Coù duïng cuï naøo do baïn laøm hay khoâng? Khoâng ( ) Coù ( )

13- Ngöôøi khaùc coù möôïn, cho möôïn, hay duøng chung duïng cuï khoâng? Khoâng ( ) Coù ( ) Ai vaäy ? _______ Taïi sao möôïn? ______________________________________

14- Kim chích xaøi ñöôïc bao laâu?____

15- Laøm sao giöõ cho kim beùn, nhoïn ñöôïc?____

16- Kim chích coù ñöôïc laøm saïch tröôùc khi duøng hay khoâng? Khoâng ( ) Coù ( )
Baèng caùch naøo?_____________________ Do ai laøm?_____________________________

17- Giaù cuûa moät lieàu duøng?________________ Caùch traû tieàn?__________________________

18- Baïn coù bieát ai ñi cai nghieän chöa? Chöa ( ) Coù ( )
19- Keát quaû cuûa vieäc cai nghieän?____
20- Baây giôø hoï ñi ñaâu? ____
21- Sau khi cai hoï coù ñöôïc hoå trôï khoâng (ví duï vieäc laøm…) ?______________________

22- Coù nhöõng ngöôøi chích chuyeân nghieäp khoâng? Khoâng ( ) Coù ( ) ___________

23_ Baïn coù öôùc löôïng baïn ñaõ chi cho ma tuyù bao nhieâu trong toång soá baïn kieám ñöôïc?
____

24- Baïn coù luoân luoân ñuû tieàn mua ma tuyù khoâng? Coù ( ) Khoâng ( )

25- Laàn gaàn ñaây nhaát, baïn leân bôø trong bao laâu?___________ Baïn ñaõ chích bao nhieâu laàn roài? _______ Ñoù coù phaûi laø ñieån hình khoâng? Coù ( ) Khoâng ( )

26- Baïn coù bieát ai bò nhieãm HIV /AIDS khoâng? Khoâng ( ) Coù ( )

27- Theo baïn, söï giuùp ñôõ naøo laø höõu ích cho nhöõng ngöôøi nghieän huùt nhö baïn?
____

PHAÀN GHI THEÂM:

18.9 KEY QUESTION CHECKLIST: CSWS

CÁU HOÍI DAÌNH CHO ÂÄÚI TÆÅÜNG LAÌ: NGÆÅÌI HAÌNH NGHÃÖ MAÛI DÁM

Veî baín âäö: (Nãúu veî baín âäö ra cäng khai khäng thuáûn tiãûn, veî thãm sau khi hoíi)

Duìng baín âäö caíng vaì caïc vuìng phuû cáûn âãø nhæîng ngæåìi hoaût âäüng maûi dám chè ra:

- Nhæîng nåi táûp hoüp chênh cho caïc thuíy thuí træåïc khi ra biãøn láön âáöu tiãn.
- Nhæîng nåi duìng âãø åí.
- Nhæîng nåi duìng cho viãûc àn cåm vaì àn nheû.
- Nhæîng nåi duìng cho viãûc uäúng
- Nhæîng nåi giaíi trê (vê duû nhæ ca haït, khiãu vuî, cåì baûc, bi da)
- Ngæåìi baïn dám coï sæí duûng caïc dëch vuû y tãú.
- Thuíy thuí âãún nhæîng nåi chuí yãúu khaïc hay nhæîng nåi quen thuäüc.
- Nhæîng dëch vuû tçnh duûc træûc tiãúp vaì giaïn tiãúp.
- Caïc quaïn caì phã vaì nhæîng nåi coï ma tuïy sàôn âãø duìng.
- Coï nhæîng nåi quan troüng khaïc cho ngæåìi haình nghãö maûi dám khäng?

Âaïnh giaï:

1. Nháûn thæïc vãö giaï trë cuía baín thán, nguy cå, nguyãûn voüng vaì khaí nàng kiãøm soaït hay thay âäøi cuäüc säúng.

Cáu hoíi:

Tiãøu sæí (nhæîng cáu hoíi âaïnh dáúu * cáön hoíi riãng tæìng ngæåìi)

1. Tuäøi ______ dán täüc ___________ âëa chè nhaì _______________________________.
2. Trçnh âäü hoüc váún _______________ coï thãø âoüc baïo dãø daìng? Coï ( ) khäng ( ).
3. Coï nhæîng nhoïm nhoí trong säú ngæåìi maûi dám laì âäöng hæång âi chung våïi nhau ? Coï ( ) khäng ( )_______________________________
4. Tän giaïo _____________ baûn coï âi thàm caïc âãön, thaïnh tháút khäng? Coï ( ) khäng ( ).
5. Taûi sao baûn råìi nhaì? _______________________________
6. Taûi sao choün nghãö naìy?_______________________________
7. Laìm gç træåïc khi laìm viãûc naìy?_______________________________.
8. Nhæîng må æåïc vaì nguyãûn voüng cuía baûn laì gç?ì _______________________________.
9. Vaì báy giåì? _______________________________
10. Baûn âaî haình nghãö maûi dám bao láu räöi? ____ Nàm. Láön thàm nhaì gáön nháút ______.
11. Baûn dæû âënh haình nghãö maûi dám trong bao láu? _______________________________.
12. Vaì räöi sau âoï?_______________________________
13. Baûn coï con khäng? Coï ( ) khäng ( ). Täi coï __________ con.
14. Laìm thãú naìo baûn nháûn âæåüc tin tæïc tæì quã nhaì vaì gia âçnh baûn?
15. Baûn coï tháúy nhåï nhaì khäng? Coï nhæîng gç laìm baûn nhåï âãún nhaì? Coï ( ) khäng ( ) _______________________________.
16. Nhæîng gç laìm baûn lo nghé ? _______________________________.
17. Baûn âaî tæìng bë læûi duûng? _______________________________.
18. Khi coï váún âãö, baûn khäng cho ai biãút? Phaíi ( ) båíi vç _______________________________.
19. Khäng ( ) ai laì ngæåìi baûn seî thäø läü? _______________________________.
20. Coï ai åí âáy coï haình vi laìm baûn khám phuûc? Coï ( ) khäng ( )
21. Taûi sao? _______________________________.

<u>Sæïc khoíe vaì ma tuïy (nhæîng cáu hoíi tæì 22 âãún 31 coï âaïnh dáúu * cáön hoíi riãng tæìng ngæåìi)</u>

*22. Cäng viãûcû cuía baûn åí âáy laì gç?_______________________________.
*23. Säú giåì haình nghãö trong ngaìy? ___________Vaìo ngaìy âàng khaïch: _________________.
*24Chuyãûn gç seî xaíy ra khi baûn khäng laìm viãûc? Vê duû baûn bë bãûnh? _________________.
*25. Khi mãût moíi hay caím tháúy âau âåïn baûn giaíi quyãút nhæ tãú naìo? _________________.
*26. Caïc dëch vuû y tãú vaì nhæîng thuäúc gç coï sàôn åí âáy? _______________________________.
*27. Âäöng nghiãûp cuía baûn coï sæí duûng ma tuïy khäng ? Khäng ( ) khäng biãút ( ) coï ( ).

Coìn baûn thç thãú naìo?____
*28. Loaûi ma tuïy naìo? ________________________ Duìng khi naìo vaì taûi sao? _____________.
*29. Nhæîng loaûi ma tuïy âaî näu âæåüc duìng nhæ tãú naìo? _________________________________
30. Hoü âaî nghiãûn ma tuïy træåïc khi haình nghãö hiãûn taûi? _________________________________
*31. Taûi sao bàõt âáöu/ngæng duìng? ____
*32. Laìm sao coï âæåüc ma tuïy vaì duûng cuû tiãm chêch? _________________________________
*33. Nàm nay baûn coï âi khaïm bãûnh láön naìo chæa? Coï ( ) khäng ( ) do _____________.
*34. Baûn noïi chuyãûn våïi baïc sé coï dãø daìng khäng?.____________________________________
*35. Chi phê cho chæía bãûnh? ____

Tiãön baûc:

36. Thu nháûp baûn coï âuí trang traîi cho cuäüc säúng khäng ? Coï ( ) khäng ( ) lyï do________.
____

37. Baûn laìm gç våïi säú tiãön âãø daình?____.
38. Coï khoï khàn gç trong viãûc quaín lyï hay âãø daình tiãön khäng?__________________________

Tçnh duûc:

39. Nhæîng nåi khaïc nhau trong næåïc vaì næåïc ngoaìi maì baûn âaî âãún: ____________________.
____.
40. Baûn laìm gç vaìo luïc raînh räùi?:____
____.
*41. Âäöng nghiãûp hay baûn coï lãn taìu khäng? (åí âáu, nhæ thãú naìo, laìm sao tçm âæåüc, coï quan hãû tçnh duûc våïi ai)____.
____.

Khaío saït chênh thæïc vãö tçnh duûc: (cáön hoíi riãng tæìng ngæåìi cho caïc cáu hoíi coï dáúu *)

Tçnh duûc:
*42. Hiãûn taûi baûn âang coï gia âçnh hay säúng cuìng våïi baûn tçnh cuía mçnh? Coï ( ) ___ cuía täi. Khäng ( ) Baûn âaî tæìng láûp gia âçnh hoàûc tæìng säúng våïi mäüt ngæåìi baûn tçnh? Coï ( ) khäng ( )
*43. Baûn âaî quan hãû tçnh duûc våïi bao nhiãu ngæåìi vaìo täúi häm qua? _____ Thaïng træåïc _.
*44.. Coï thuíy thuí trong säú khaïch mua dám khäng? ______________________________________.

Bao cao su

*45. Baûn coï bao giåì nghe noïi âãún bao cao su? Coï ( ) khäng ( ) nghe tæì âáu_____________.
*********** **(Nãúu traí låìi laì khäng thç tiãúp tuûc hoíi tæì cáu säú 58)**.
*46. Baûn coï duìng bao cao su chæa? Coï ( ) khäng ( ) lyï do ____________________________.
*47. Baûn coï duìng bao cao su cho láön quan hãû tçnh duûc gáön âáy nháút khäng? Coï ( ) khäng ( )
*48. Noïi chung baûn duìng bao cao su våïi âäúi tæåüng naìo?________________________________.
*49. Taûi sao? ____.
*50. Baûn coï biãút nåi naìo hay ai giuïp baûn coï bao cao su? Coï ( ) khäng ( ) åí nhæîng nåi _. ____. Chè noï trãn baín âäö.
*51. Baûn coï mua bao cao su bao giåì chæa? Coï ( ) khäng ( ) . Giaï mäüt bao cao su: _______.
*52. Baûn coï âæåüc bao cao su báút cæï luïc naìo khi cáön khäng? Coï ( ) khäng ( ) båíi vç __.
*53. Thåìi gian âãø coï mäüt bao cao su? _____ Phuït. Trãn mäüt giåì ( ). Ai mua? ___________.
*54. Baûn coï gàûp tråí ngaûi gç khi duìng bao cao su? Coï ( ) khäng ( ) ___________________.
*55. Trong mäùi láön mua baûn thæåìng mua bao nhiãu bao cao su? ___ Caïi.
*56. Baûn mua bao cao su hiãûu gç? ____.
*57. Taûi sao phaíi laì hiãûu âoï? ____.
*58. Nãúu bao coï sàôn cho mäùi láön quan hãû tçnh duûc, thç baûn cáön bao nhiãu bao cho mäùi thaïng ____. ____.
*59. Bao cao su âæåüc tçm tháúy åí âáu? _____________________ Khi naìo? _________________

Caïc bãûnh láy qua âæåìng tçnh duûc:

*60. Baûn coï bao giåì nghe noïi âãún bãûnh bë nhiãùm qua con âæåìng tçnh duûc?
*61. Coï ( ) khäng ( ) ____

*62. Baûn coï thãø mä taí caïc triãûu chæïng cuía bãûnh láy qua âæåìng tçnh duûc cuía phuû næî?
âau buûng ( ) bäü pháûn sinh duûc coï muí ( ) muí coï muìi häi ( ) âi tiãøu raït, soït buäút ( ) sæng haûch haïng( ) ngæïa ( ) caïc triãûu chæïng khaïc ______________________.

*63. Baûn âaî coï caïc triãûu chæïng noïi trãn (**khoanh troìn triãûu chæïng naìo maì ngæåìi phuû næî noïi coï)**

*64. Baûn coï thãø mä taí caïc triãûu chæïng bãûnh láy qua âæåìng tçnh duûc åí nam giåïi? bäü pháûn sinh
duûc coï muí ( ) âi tiãøu raït, soït buäút ( ) âau/loeït bäü pháûn sinh duûc ( ) sæng haûch åí haïng ( ) ngæïa ( ) heûp bao qui âáöu ( ) caïc triãûu chæïng khaïc ___________________.

*65. Baûn coï huyãút traõng nhiãöu trong thåìi gian 12 thaïng væìa qua khäng? Coï ( ) khäng ( )
*66. Baûn coï bë ung nhoüt åí haïng trong thåìi gian 12 thaïng træåïc âáy? Coï ( ) khäng ( )
*67. Baûn âaî laìm gç khi bë caïc triãûu chæïng trãn? Khäng laìm gç ( ) âáöu tiãn baûn nháûn låìi khuyãn taûi __________räöi taûi____
*68. Låìi khuyãn laì: __________________________ baûn coï âæåüc duìng thuäúc khäng? Coï ( ) khäng ( )
*69. Baûn duìng loaûi thuäúc gç? _______. baûn coï uäúng hãút thuäúc theo âån khäng? Coï ( ) khäng ( )
*70. Baûn coï ngæng quan hãû tçnh duûc khi coï caïc triãûuû chæïng khäng? Khäng ( ) coï ( ) coï duìng bao khäng? Khäng ( ).
*71. Baûn coï duìng thuäúc phoìng ngæìa bãûnh træåïc hay sau khi quan hãû tçnh duûc?
Coï ( ) khäng ( )

<u>HIV/AIDS</u>

*72. Baûn coï nghe noïi vãö AIDS chæa? Khäng ( ) coï ( ) taûi âáu__________________________
*73. Moüi ngæåìi laìm thãú naìo âãø âãö phoìng nhiãùm AIDS? Khäng biãút ( ) biãút ( ) Hoü coï thãø ____.
*74. Baûn coï thãø bë láy truyãön HIV khäng? Khäng ( ) lyï do ______________________________
Khäng biãút ( ) Coï ( ) båíi vç ____
*75. Theo baûn, nãúu coï ngæåìi nghé raìng hoü âaî nhiãùm HIV, hoü seî phaíi laìm gç? ________.
____.
*76. Baûn coï biãút ai âaî bë nhiãùm hay chãút do AIDS khäng? Coï ( ) khäng ( ).

19 ALPHABETICAL CONTACT DETAILS FOR THE RESEARCHERS A

*** indicates a report researcher**

AGENCY NAME	KEY PERSON(S)	PHONE	FAX	WORK A
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RAPID ASSESSMENT OF SEAFARER VULNERABILITY TO HIV/ AIDS AND DRUG ABUSE:

VIETNAM FINDINGS

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