

Forced Sex Work in Northern Viet Nam: Perceptions and Risk

Rosanne Rushing

INTRODUCTION

Gender and Migration

Many young women from rural areas in developing countries feel it is their duty to migrate to urban areas to help relieve family poverty. Women and girls who migrate are highly vulnerable to sexual exploitation and to sexual violence. They have left their familiar environment and now live in a city without support. It is here that they are often exposed to high risk situations for which they have inadequate skills (Zwi and Cabral 1991). This state of instability and vulnerability often leaves female migrants prey to exploitation and vulnerable to HIV.

In a survey conducted in the Mekong Sub-region by Prybylski (1999), commercial sex workers interviewed were predominantly young, uneducated, poor women and girls from rural areas. Sex workers are at a heightened risk for acquiring HIV due to the fact that they service many sexual contacts per day and use condoms inconsistently. Sex workers, especially those new to the sex industry, are also most vulnerable to becoming HIV infected during their first six months of sex work, when they have minimal bargaining power (Kilmark et. al. 1998).

Their entry into a high-risk situation is frequently characterized by powerlessness and limited to no control over their sexual lives and well-being (Zwi and Cabral 1991). Many young sex workers are faced with more immediate matters such as instability, loss of family environment, forced sex, violence, and social exclusion. In light of this, the risk of AIDS does not emerge high on their list of priorities (Brown 2001; Wallman 1998,2001).

Filial Piety

It is the gendered dimensions of migration, such as demand for young women in the sex industry and perceived higher profit from daughters, which make them more vulnerable to exploitation. In addition, traditions of filial piety in Viet Nam may facilitate a female child's migration and her obligation to remain in the city.

Filial piety or obligation (the sense of duty towards one's parents) is primary to Confucian doctrine in Viet Nam (Hong 1997; Le Bach 2002). A study of Vietnamese female migrant sex workers in Cambodia, found that families understood that their

daughters would be engaged in the sex industry and exposed to high risk situations. Yet parents still considered this a viable option for themselves and their daughters. Girls in Viet Nam are conditioned to believe in obligations towards parents and in their duty to honor and assist their parents. They may also believe that it is the parent's wish for them to remain working in the city, as they have often been asked to migrate by the parents. In this way, they may be forced to accept risk situations as part of their obligation, as 'filial piety is the compass by which these girls direct their actions' (ibid). Additionally, in Viet Nam, self-perception of risk may be altered by filial piety (ibid).

HIV

Sex workers worldwide are more vulnerable to HIV due to their work environment. Numerous factors increase their risk of contracting HIV. Two main factors are violence and lack of condom use. Both may be related to weak negotiation skills and position. Literature purposes that both of these are influenced by gender and powerlessness.

Universally, literature cites sex workers as key players in the transmission of HIV/AIDS. They are believed to be remarkably exposed to HIV infection due to the number of sexual partners and in turn, sex workers infected with HIV may then spread the virus to their clients (Day, Ward and Harris 1988). In this way, sex workers are commonly referred to as a 'high-risk' group for both HIV/STI transmission and acquisition (Varga 1997).

Violence is another area that can increase a woman's risk through non-consensual sex or by limiting her inclination or capability to get her partner to use a condom (Heise 1994). Therefore, it is vital to know how far individuals are able to resist unwanted sexual activity or to shape the terms upon which it takes place (Wallman 1998). In the negotiation of condom use and safe sex, personal power is essential (UNAIDS 2002). 'A condom is only as strong as the capacity to negotiate its use' (Wallman 1998).

Although some sex workers may report condom use with clients (even if inconsistent), they frequently do not report the use of condoms with boyfriends, regular partners or lovers (Liao 1998; Varga 1997). The nature of the non-client relationship is commonly expressed through this behaviour (Brown 2001). Condom use in intimate, personal sex circumstances is viewed as disrespecting the trust and emotions associated with the non-client relationship. In this way, sex workers can disassociate their work from their personal lives through unprotected sexual behaviour (Varga 1997).

In a largely unstable environment, sex workers may seek out personal 'love' relationships. Within these relationships sex workers feel the need to separate the act of sex with a client from the act of love with a partner. For this reason the bonding

associated with unprotected sex is essential. It was found in a study conducted in South Africa that the act of unprotected sex with a 'boyfriend' was so meaningful that condoms were not used even in situations where one partner was known or suspected of being HIV positive (Varga 1997). Therefore the emotional benefits of unprotected sex far outweigh any perceptions or realities of risk.

Sex Work and Violence

Literature indicates that violence is a reoccurring theme and constant threat for sex workers, especially migrant sex workers who are young and not familiar with their environment. "Violence, confinement, coercion, deception and exploitation can and do occur within migration and employment" (Anderson and O'Connell 2003). Migrant sex workers are commonly forced into situations of fear, violence and dependency on their pimp (hotel/karaoke bar owner). Violence is also used as a means of control or subordination by both pimps and clients (Vu Ngoc Binh 2002).

Violence towards sex workers is often justified through the perception of a sex worker as an employee who needs to be controlled or as a service provider of all forms of sex and fulfilment. Clients often view sex workers as purchased merchandise and through payment for services, the girls 'belong' to them (Anderson and O'Connell 2003). Sex workers, particularly migrant sex workers, are customarily thought of as non-entities. They do not belong to the community in which they work, and their sole purpose is to satisfy the demands of a client. By dehumanising them, clients may exonerate their treatment of sex workers as objects.

The idea that violence and rape can be perpetrated against a sex worker is a new concept (Garcia-Moreno and Watts 2000). Additionally, a more recent concept is the examination of the health and welfare of sex workers. In stating this, it must be said that globally, literature most commonly explores the issue of violence and health from an HIV/AIDS framework. The ways of thinking with these ideas and issues are not currently being brought together to address the interplay of all variables effecting a sex worker's life. More importantly is the missing link between violence perpetrated during the entire process from migration to sexual exploitation. The literature discusses violence of sex workers by clients and pimps and thus her increased risk and vulnerability. However, literature rarely discusses the multiple factors acting at various levels in the lives of sex workers that are also equally exploitative and damaging.

Historically research has not placed importance on the larger role of sexuality in the context of the life of individuals in specific cultures and societies (Gagnon 1988). Since the beginning of the epidemic, data collection has centred on issues associated with

biological HIV transmission, such as prevention through use of the barrier method, rather than the broader social and psychological conditions of the sex worker's life as they influence transmission or behaviour change (ibid).

The fact is that all humans are biologically susceptible to HIV, and transmission occurs through the behavioural acts of specific individuals. However, an extended concept of social factors that fix some individuals and groups in situations of increased vulnerability has more fully enabled the perception of the ways in which social inequality and injustice, prejudice and discrimination, oppression, exploitation, and violence continue to function in ways that have precipitated the spread of the HIV epidemic especially in the population of young migrant women (Parker 1996).

Focusing on the question of social vulnerability of young women may bring about a better understanding of consequences, with regard to HIV/AIDS, and of the sexual stigma and discrimination faced by these young women (Parker 1996). Poverty, powerlessness and stigmatisation create an environment ripe for exploitation. In this environment, young women often have limited choices over their lives and well-being (Haour-Knipe and Grondin 2003).

Methods

This study aimed to better understand the process of young women's migration and entry into sex work and its effects on their health and well-being. This research is grounded on the premise that female youth exploitation through migration and sex work is not determined by one factor, but is influenced by a complex interaction of multiple (social) factors functioning at a national, communal, familial and individual level.

This study was conducted in Vietnam between March 2002 and September 2003 in two sites, rural households and urban 'red-light' districts. Semi-structured in-depth interviews were conducted with 23 families known to have a female child migrant working in the city; with 20 young migrant women currently working as sex workers; and with 18 key informants. Separate guidelines for the interviews were developed for the three groups included in this study: households in rural areas, young women in the city (now working as sex workers) and key informants. The guidelines were based on an ecological framework and a model of push and pull factors of migration and trafficking. The guidelines were designed to be complementary, with each exploring issues of decision-making, influences leading to migration and the migrant's life in the city. Different translators and sampling were used for the two interview sites. Sampling for households was conducted through an NGO working with child-sponsored families

who had migrant children while sampling for the sex workers took place through a snow-ball technique at the 'brothel' level. The focus of the household interviews was not to identify households explicitly linked to known sex workers, but instead to focus on interviews with households known to have a migrant daughter working in the city; therefore the households and the young women interviewed were not matched. However, migration patterns from the rural level to the urban level were matched. Most of the parents reported their daughter's migration to the same province in which the sex worker interviews were conducted.

Three rural provinces for interviewing households and key informants were (Nam Ha, Phu Toc and Quang Tri) selected from a larger sample. These rural areas were chosen because they were part of an NGO child sponsorship project and were known for child migration, due in part to their relatively close proximity to larger industrial cities. Two to four communes were selected from each of the provinces as they had documented statistics on increased migration of young people in these areas. Interviews were conducted with 23 families known to have a migrant daughter working in the city.

Interviews in urban red-light districts were conducted in two areas of Hai Phong Province. While Hai Phong is characteristic of other provinces throughout Vietnam it is of particular concern in that it has the second highest HIV/AIDS rate in the country (UNAIDS, 2002; McCoy et al., 2004). The urban interview sites were Do Son Township, a location known for its casino and hundreds of hotels and karaoke bars offering the services of young female sex workers, and Thien Loi Street, Hai Phong City. This is another popular location where young migrant women are exploited into sex work. Interviews took place with 20 young migrant women between the ages of 16 to 27 years, currently working as sex workers in hotels and bars in these areas.

In both rural and urban areas, interviews took place with 18 key informants such as commune leaders, child protection workers, police, women's union members and provincial health authorities.

Each of the interviews (for all three groups) explored perceptions of why daughters had migrated, who was responsible for this decision, what influenced this decision, what was the awareness level, perceptions and expectations of the daughter's work in the city including any risks to her. Similar issues were explored with key informants, and were compared to reports from the young women exploited in sex work.

A topic guideline was used to guide the general flow of the interviews and helped to ensure that broadly, the same topics were used for each participant, but also enabling each participant to speak to what they felt was important. No names were taken during

the interview process therefore; pseudonyms have been given to the young women in place of their study code number. The study was ethically approved by the Ethical Review Board at the London School of Hygiene and Tropical Medicine and study clearance was granted from the Vietnamese government (Provincial AIDS Committee).

The Local Context for this Study

In Viet Nam, sex work is conducted from two main venues. The first is from an entertainment venue such as a karaoke bar¹, hotel, or restaurant; the girls who work here are considered 'indirect' sex workers. Indirect sex workers are commonly younger, prettier and have a fairer complexion. The second venue is street based; these young women are categorised as 'direct' sex workers. Generally, the girls begin work at an entertainment venue and move (within a year or two) to direct sex work as they begin to 'mature' (Brown 2001).

As sex work is illegal in Viet Nam, brothels are not officially recognised. Therefore, these entertainment establishments mask approximately 70% of all sex work according to the Ministry of Labour, Invalids and Social Affairs (MOLISA) (2000; Elmer 2001; Walters 2003).

Definition of Terms

The use of the term "**sex worker**" is an attempt to choose a label that is as respectful as possible of the lifestyle of individuals who exchange sex for money, drugs or favors. It is recognized that the term "sex worker" may not be appropriate in all languages or for all situations. However, it is commonly used in Viet Nam (adapted from Ghee et. al. 1997). The terms 'prostitute' and 'sex worker' may bring up negative images. In the context of Vietnamese ideology, they are associated with 'social evils'. The term 'sex worker' is used here to describe girls/women working in the sex industry. No intention of stigma or disrespect is meant to the young women who gave generously of their time and shared their stories.

The term **sexual exploitation** defines exploitation related to sexual violence, abuse, prostitution, sex tourism, forced sex (rape) or sexual harassment (adapted from Article 3 of United Nations Convention Against Sexual Exploitation – CATW).

¹ Karaoke-based sex workers are defined as women who meet their clients in entertainment establishments such as karaoke bars, coffee and tea bars, and beer bars. They are considered to be indirect sex workers who work in various establishments selling drinks or food, but earning much of their income through sex work with clients they meet at the establishments (Nyugen et. al. 2001).

The term **'youth'** or 'young person' (thanh thieu nien) in Viet Nam, refers to a person who is 10-24 years old. In this way, 'youth', 'girls' or 'young woman' will be used to describe the females in that category for the purpose of this study (Hong 2003).

Who are the Young women?

Eighteen of the twenty young women sex workers interviewed were in their late-teens to early twenties. They had all migrated from a rural area and work (at the time of the interview) as sex workers at an entertainment venue. The number of clients each girl had ranged from 4-7 per day. The hotel/bar owner (pimp) charges the client approximately \$8 per sex act and pays the young women a fraction of this amount (an approximate average of 20,000 (\$1.20) to 40,000 VND per client). In general, the young women work from around 10am to midnight. It is reported that the busiest time of the day is around noon when state employees take their lunch break and weekends are busiest with tourists. According to literature, the employer (pimp) generally makes around \$2,000 per month from sex sold at his/her establishment, making this a highly profitable business (Le Bach 2002). The hotel owners are often female and come from the same village or have networks with certain villages or communes (ibid). The sex industry here operates openly, although the average person may not realise that the waitress, hair dresser or seamstress also sells sex.

Unlike other areas in Viet Nam or the Mekong region, a girl's family is not given money upfront (as the vast majority of the families reported not being aware that their daughter had become a sex worker. If an intermediary brought the girl to the hotel/bar, a small sum (USD \$20-50) was generally given to them.

Findings

The Recruitment Process

The following section focuses on information from the young migrant women. The young women were asked to talk about their expectations, how they came to the city, the circumstances and decision-making processes that encouraged their migration and facilitated their entry into sex work. The young women were also asked to talk about their experiences with clients and their lives in the city. The data was then compared to that of the rural household interviews and the key informant interviews to gain an insight into the differences and commonalities in perceptions.

Young women in Vietnam would generally not migrate without established networks and contacts. However, a common element of the networks appeared to be deception about the nature of employment. The decision to migrate (either by the parents or the girl) frequently took place after an offer of work had been made by a contact. Although in some cases the families sought out networks to facilitate the migration for work process. It was most commonly reported by the young women that friends who were already working in the sex industry recruited them from their village but did not mention what would be expected. In other instances it appears as if the recruitment was through deception. The young women were informed by a friend, family member, villager or intermediary that they would be provided with a service job, only to find themselves lured into selling sex. These situations are illustrated in the interviews below.

A few of the young women were tricked into leaving their home and becoming sex workers.

“My sister told me to come here (to the hotel/bar) to wash bowls. One week after that I began with sex work. My villagers think I am a garment worker.” (Thanh – Do San)

“The (hotel/bar) owner came to my village to ask me to work here (Do San) as a servant. He asked other girls in the village too. My friend and I came with the man here – my friend already went back. He said we would work as servants...we never worked as servant, after one week I found out about the sex work. My parents think I am a market seller in Hai Phong.” (Nga – Do San Township)

“I have an aunt working in Hai Phong, I work for her as a servant – my Uncle is (molesting) me. I was tired of the work (I went once) in a cyclo around the city and he (the cyclo driver) showed me here (the bar) with the price of 500,000 Viet Nam dong to the cyclo driver from the bar owner. The bar owner said I must receive clients because he paid 500,000 for me. My aunt didn't want me to leave and my uncle also wanted me to stay for his reasons. I never told anyone about my uncle, I don't want my parents to be worried about that. And my aunt doesn't know anything.” (Hien – Thien Loi Street)

“A woman from my commune told me to go to Do San to work as a dishwasher. I discussed it with my parents and they agreed I could work as a servant. I came with the woman to Do San and (she) gave me to the bar owner. When I got there I was forced to sell sex. I was locked in a room and after one week they sold my virginity to a middleman. ” (Bian – Thien Loi)

While young women felt the decision for them to migrate was based on a legitimate job offer, it was only once they arrive in the city that they were able to comprehend they would be selling sex.

At the village level the young women may have felt a sense of empowerment to be able to migrate for employment. However, when they arrived in the city and were lured or forced into sex work they often reported feeling a sense of disempowerment.

Respondent's Awareness About Work

The young women were asked about their awareness of the job offer and what they actually understood it to mean. The respondents could be divided into 4 main categories: 1) Those that chose to enter sex work and had previously had intercourse, therefore understood what to expect (2 women); 2) those that reported voluntarily entering sex work but had not previously had intercourse and therefore had a limited understanding of what would be experienced (2 young women); 3) those that reported they agreed to work in a service or entertainment venue, were virgins and did not know they would be selling sex or what to expect (12 young women); and 4) those that were tricked/forced into sex work, were still virgins before entering sex work and did not know what to expect (4 young women).

Four of the young women reported that they voluntarily entered into sex work, as the money made in sex work far exceeded what could be earned in a factory. Although these young women were often not aware of the conditions in which they would work in the sex industry nor the consequences of their choice. Two of these women reported 'knowing what was expected of sex work', were older (24 and 27 years) and had previously had sex with a non-client partner. However, the majority of young women were not aware of what they would be doing or about the physiological, emotional and psychological implications of sex work.

Sixteen of the young women were aware that they were migrating to the city to work in an entertainment venue (2 of these reported they would possibly sell sex) and were introduced to the hotel/bar owner by a 'friend'. However, the young women often reported that they thought they were going to work in a bar, but not in sex work. In addition, as 18 of the 20 young women reported being virgins prior to entering sex work, their understanding of sex and more importantly sex work may have been limited or second-hand at best. The following quotes illustrate two different levels of understanding of the job offer and the reality:

"My friend told me I can make money and she made it clear about my job. My friend told me something about the job – but not exactly reality." (Hoa – Do San)

“My friend told me about work here and I followed her. She said I would work in a karaoke bar. I realised after coming here I would do this work (sex work).”
(Phuong – Do San)

Even though a few young women had made the decision to do sex work, this often this did not mean that they understood what they were really expected to do. Once the young women realized what sex work actually meant they first report feeling frightened by the first sex act and then a feeling of resignation.

First Sex with Client

Violence and fear was a reoccurring theme throughout the data findings as sex workers discussed forced sex as their first sexual experience with a client.

The young women who reported voluntarily entering into sex work (as virgins), also reported that their first sex experience with a client was frightening. However, the vast majority (16 out of 20) of the young women interviewed did not enter sex work voluntarily and although some did not describe forced sex, they were also scared by the first sex experience with a client.

“I was very frightened during the first sex act – no one explained to me what would happen.” (Anh – Thien Loi)

The reports suggested that forced sex was the norm for initiating the young women into sex work. Nearly all of the young women interviewed reported being forced by the hotel/bar owner to have sex with customers both for their first sexual encounter and subsequent clients.

“When I had my first sexual client, I cried. The bar owner arranged for my sex. The bar owner told me to come to a room and take some medicine and I fell asleep. When I woke up I realize I lost my virginity. I stayed at that bar for one and a half years. I never told anyone about my first experience. I have not returned to my home – I have no where to go.” (Thu – Thien Loi)

“I worked as servant for one day – then the bar owner said I had to makeup (put on makeup). I asked why I have to makeup. The bar owner continued making questions – ‘what were you here (for)?’. The bar owner said I must receive clients to repay debt². For the first and second client I was against receiving clients. The third client came into room, I took off my clothes and accepted. I don’t care what

² This girl was sold to the bar by a cyclo driver – therefore incurring debt.

happen to me and I was crying. I felt nothing, I don't care what happens." (Hien – Thien Loi)

"I didn't want to have sex but he (the bar owner) said if I had sex he would bring me back home. A day after that I had to receive 4 to 7 clients, one month after I still did not receive money from the bar owner – he did not permit me to go home." (Bian – Thien Loi)

The young women often felt a loss of power and control of their situation especially during the first sex act when they did not know what would take place, what they were expected to do and how they would be treated.

In addition, for the first sex act with a client many of the young women did not (or were not permitted) to use a condom as the majority of the young women had been bought for their virginity. So while young migrant women reported a possible 'understanding' or expressed their expectation of their employment in the city, the harsh reality for most was quite different from their original perceptions.

Condom use with First Client

First sex with a client most commonly took place shortly after arriving in the city, as reported by the sex workers interviewed. As discussed in the previous sections, the majority of young women did not have a choice in their initiation of sex.

While the majority of young women reported condom use with clients, they also reported that they did not have the 'power' to insist on condom use, especially at the initiation of sex.

Nearly all (16 of 20) of the young women interviewed reported that they did not have a 'choice' in their initiation into sex and sex work. Forced sex was the norm for these young women. In addition, for the first sex act with a client many of the young women did not (were not permitted) to use a condom.

"For first time virginity broken (we used) no condoms." (Dao – Thien Loi)

The majority of the young women had been bought for their virginity so that the client was not at risk of infection, and hence did not want to use a condom. At this stage, the young women were extremely vulnerable and lacked power to control their situation. While risk can be seen as increasing over time (i.e., more clients, exposure to drug use, movement to street based – all of these will be discussed in the following sections) it was at this first stage when a sex worker may have been most vulnerable and must adjust quickly to her new lifestyle.

Knowledge about Condom Use

The young women were asked about their condom use and why (and if) they used condoms. They generally reported limited knowledge of HIV/AIDS and condom use while still in the village. It was frequently reported that they had learned about condom use through 'older girls' working at the bar/hotel.

“The older girls teach me about condoms in the bar. I never heard about HIV in my village.” (Dao – Thien Loi)

“I didn't know about it (condom use) before leaving my village.” (Bian – Thien Loi)

Many of the young women reported learning about condom use for the first time after they had already been initiated into sex work. When the young women first arrived their low knowledge levels equalled lower levels of power (i.e. lack of knowledge about condom use and negotiation). After first sex, at this stage in sex work there was a sharp learning curve which may have led to a decrease in risk through the newly acquired skills to negotiate and use condoms. New, young sex workers reported learning from the more seasoned sex workers about HIV/AIDS/STIs and how to prevent infection.

When a condom was used with clients, the sex workers reported having to purchase it themselves and initiate its use. Condoms were most commonly bought by the sex worker; it was reported that the client rarely brought his own condom. The sex workers were able to purchase the condoms at a pharmacy or sometimes the hotel/bar owner sold them to the young women.

“I get condoms from the pharmacist and now the bar owner. I use condom for STI and pregnancy (prevention). I heard about HIV positive through mass media and strengthen my knowledge (here in Hai Phong).” (Lien – Thien Loi)

This quote illustrates that while young women initially do not have the choice to use a condom, the data suggests that in later stages they have acquired knowledge about condom use and are able to purchase and potentially negotiate with clients.

Difficulties with Condom Negotiation

Although young women reported the ability to purchase condoms locally, they also reported being afraid to be seen with condoms outside the hotel/bar as this is grounds for arrest (proof of being a sex worker). Young women and key informants interviewed also stated that male clients do not want to be seen with condoms because they were afraid that police or their wife may find them. Therefore, the responsibility of obtaining the condom belonged to the sex worker, while the power to negotiate its use and/or non-use generally belongs to the client.

An additional aspect of the difficulties in negotiating condom use arose with the threat of violence.

Client violence and fear were a constant undercurrent for the sex workers. Many women interviewed (especially the younger women) were afraid of the clients and knew there was a high risk of violence.

“I know this job is very dangerous. I know the dangers of drunk clients. I would like to have another job. Some days ago I was very afraid.” (Kim – Thien Loi)

“Many clients are very cruel and they fight with me if I cannot satisfy them. Some girls are used to it – I cannot.” (Hien – Thein Loi)

It was reported by the sex workers and key informants interviewed that clients often mistreated the young women as they had paid for their services. Violence experienced by the young women may have increased their feelings of powerlessness and lack of control. Negotiating condom use was reported by the young women as difficult, when adding alcohol and violence to the situation, condom negotiation was challenging at best. However, there were areas in the sex workers' lives that they reported feeling in control and empowered, this was generally with a non-client/ non-paying partner (boyfriend).

The Power to Negotiate Love and Condom Use

It appeared from the reports of the young women that negotiating power for condom use increased after the initial stage. Many of the young women had learned about HIV/STIs from other sex workers in the hotel/bars. The majority of the young women reported condom use with clients after the first sex act. While the young women reported condom use, this did not always mean that condom use was proper or consistent. In fact, in one interview, the sex worker reported condom use, however she also reported having had an STI, therefore although the young women are reporting condom use, it cannot be assumed that they have the power to negotiate its use in all situations.

However, although young women did seem to increase their ability to negotiate condoms with clients they also seemed to become vulnerable in other ways, through their non-commercial relationships that developed over time. Even if condom use was reported with clients, those young women with boyfriends reported that condoms were not used within this 'love' relationship – irrespective of whether the partner knew that she was a sex worker or not.

“I have a boyfriend but we do not use condoms. My boyfriend doesn't know what work I do. I will never tell my boyfriend what kind of work I did here.” (Thi – Do Son)

“I use condoms with clients. I do not use (condoms) with my boyfriend. He is a vendor. He knows I am doing this work (sex worker).” (Hoa – Do Son)

At this stage, many of the sex workers have been involved in sex work for a few months and are able to develop meaningful relationships in which they feel they may have a sense of equality or respect. While this has increased a sex worker's power, it may also increase her vulnerability to infection. Generally, the sex workers reported that their boyfriends were unskilled migrant labourers. They often met the boyfriends through their work as many boyfriends were regular clients who then become boyfriends. In this way, both were in high risk groups and are at risk for infection. Therefore, power and risk may exponentially increase.

Mobility and Increased Vulnerability

Often young women and key informants reported that the sex workers were moved from a more popular area to a less desirable area and finally to street-based sex work during the 'later' stages (6 months to 2 years after they had arrived). While no street-based sex workers were interviewed for this study, several of the young women reported being moved from Do Son Township to Thien Loi Street. With this move, the young women's ability to negotiate condom use and power may wane due to age or length of time in a selected area as a need for 'fresh' girls arose.

While it may appear that some young women chose to stay in the sex industry, several factors acted as barriers to their return and reintegration back to the village. Many young women felt obligated to remain in the city in order to continue helping their family. In addition, if the young women returned to their homes they may face family and community rejection due to social stigmas that have rendered them as damaged goods or of tarnished reputations. This can leave many young women with sex work as their only means of survival. Therefore, in the life cycle of a sex worker, it has been recognized that different levels of power and control occurred at different stages in her employment. However, in an environment such as Viet Nam, the power to leave sex work (a reported wish of all the young women interviewed) and reintegrate into society may be the most challenging.

Discussion

Young women have been in high demand in sex establishments in Viet Nam. Multiple factors within the sex industry and society, such as cheap, renewable and exploitable labour coupled with the acceptance of this exploitation, help promote the demand of sex work. This in turn renders young women vulnerable to infections, violence and abuse. The sex workers interviewed for this study have all migrated from a rural area in

search of work. The majority have been introduced to work by a friend and exploited once introduced to their employer.

The majority of the young women report using condoms with clients. However, a few also report having had sexually transmitted infections. The young women state that they use condoms to prevent disease and to prevent pregnancy, while many of them had not heard of condoms or HIV/AIDS prior to leaving their village. They learnt about condom use and HIV/AIDS through 'older' sex workers.

A significant theme that emerged during the data analysis was non-condom use with boyfriends. Almost all of the young women reported that they did not use condoms with their boyfriends or sweethearts. Only one young woman stated that she uses condoms with her boyfriend to prevent pregnancy. Condom use with boyfriends is seen as a breach of trust and the relationship is then little different from that of a client-sex worker relationship. Even when young women are involved in a 'high-risk' relationship (i.e., with an HIV+ partner, IDU or mobile worker) they feel it is important to not use condoms with their boyfriend. The personal nature and possible empowerment of the relationship outweighs the risks of infection. This question of non-condom use with boyfriends was of importance as young women may not have viewed unprotected sex in a personal relationship as 'risky'. Intervention messages were often aimed at condom use with clients only. This may have been limiting to the effectiveness of preventing infections.

Violence and fear were also a persistent theme throughout the interviews. The young women often experienced forced sex as their initiation into sex work. In addition, the majority of the young women are not allowed to use a condom for this sex act as they are commonly purchased for their virginity. The dynamics of violence and condom negotiation often leave a sex worker feeling powerless and vulnerable.

Young sex workers (notably those from rural areas who have just arrived) are ill-equipped to negotiate condom use with clients. It is at this time they are most vulnerable to infection and exploitation. They are often forced to service many clients a day (7 on average) and have very little control over their lives. Although the majority of young women in this study were not bonded and were 'free' to come and go, there are also different levels of control and coercion that keep them there. The control and coercion come not only from the hotel owners but also from their families.

Migration, sex work, condom use and HIV/AIDS are in fact inextricably linked in this context. A young woman who has migrated and has become a sex worker is at an increased risk of being exposed to all of these factors. She has entered a new

environment where she has been forced to participate in risky behaviours. As a result she may develop her own risk behaviours as a coping mechanism or a survival strategy. Young migrant sex workers will continue to be vulnerable to infections, and sexual exploitation, unless policies and programmes work towards effective strategies to protect them.

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